



## 保單重發申請表 Application for Reissue Policy Contract

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 Insurance Intermediary's Information	
保險中介人姓名 Name of Insurance Intermediary <input type="text"/>	
保險中介人編號 Insurance Intermediary's Code <input type="text"/>	聯絡電話 Contact No. <input type="text"/>

### 重要須知 Important Notes

- 本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 請以正楷填寫本表格。任何資料如有更改。保單持有人必須在更改的地方簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature.
- 保單持有人之簽署必須與本公司之記錄相符。The signature of the Policyholder must correspond with the Company's record.
- 保險中介人或銀行職員收到此表格並不代表本公司亦已收受。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
- 本公司有權隨時更新此申請表。並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 [www.chinalife.com.hk](http://www.chinalife.com.hk) 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website [www.chinalife.com.hk](http://www.chinalife.com.hk) to view and download the latest version of the form.
- 如申請未能符合本公司的有關規定。本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s).
- 申請保單複製本須繳付港幣 200 元/人民幣 200 元/美金 25 元(視乎本保單的幣種而定)之行政費用。若保單持有人繳付的行政費用與本保單的幣種不同。須補回因貨幣匯率變動而產生的差額。An administrative fee of HKD200/CNY200/USD25 (Depends on the currency of this policy) will be charged for applying a duplicate policy contract. If the paid premium by the Policyholder is different from the currency of this policy, it should be bear the difference in arrears due to change in exchange rate.

### 第一部份 領取指示 Part 1 Collection Instruction

- 請將保單之複製本以掛號形式郵寄往本人/我們的通訊地址。  
Please send the duplicate policy contract to my/our correspondence address by registered mail.
- 本人/我們將親自到本司灣仔客戶服務中心領取保單之複製本。  
I/We shall collect the duplicate policy contract at our service center in Wan Chai.

### 第二部份 其他指示 Part 2 Other Instruction

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### 第三部份 聲明及授權 Part 3 Declaration and Authorization

- 本人/我們。上述保單之保單持有人。謹此聲明本人/我們已不再持有上述保單及確認上述保單經已遺失。並在本人/我們盡力尋找下未有尋獲。如該報失保單今後被尋獲。本人/我們同意將盡快交回 貴公司。I/We, the Policyholder of the above policy(ies), hereby declare that the said policy(ies) is not in my/our possession and further declare that it was lost and cannot be found to the best of my/our effort. Should I/we subsequently recover the policy(ies) now reported as lost, it will be returned to the Company immediately.
- 本人/我們謹此申請一份上述保單之複製本。並同意在此聲明訂立前之原有保單及任何其他保單的複製本均為無效。I/We hereby apply for a duplicate copy of the above policy contract(s) and understand that the original policy and any duplicate policy copy(ies) issued before this declaration shall be rendered void.



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**第三部份 聲明及授權(續) Part 3 Declaration and Authorization (Continued)**

3. 本人/我們現申請辦理上述之更改事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：  
I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.
- 3.1 所有需要之款項及文件提交予 貴公司並完整無缺。  
All required payment and complete supporting documents have been submitted to the Company.
- 3.2 此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。  
The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- 3.3 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)。  
The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. 本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構) 條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615.
5. 本人/我們僅此確認已閱讀及明白以上申請內的所有內容、條款及條件並同意受該等內容、條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the content, terms and conditions of the above request, and agree to be bound by those content, terms and conditions. I/We hereby agree to make the above agreements and declarations.

**第四部份 個人資料收集聲明 Part 4 Personal Information Collection Statement**

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

**第五部份 簽署 Part 5 Signature**

1. 此表格必須於保單持有人簽署日起計 30 天內交至本公司辦理手續。This form must be received by the Company within 30 days from the sign date of Policyholder.
2. 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人，見證人必須為年滿 18 歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
3. 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

簽署或公司印鑑 Signature and/or Company Chop	保單持有人 Policyholder 現有受保人(倘非保單持有人及 18 歲或以上)/ 後補受保人(18 歲或以上) Existing Insured (if different from the Policyholder & aged 18 or above)			抵押轉讓之受讓人 (如適用) Signature of Collateral Assignee(if applicable)			見證人 Witness		
	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day
姓名 Name									
日期 Date									