Life Insurance Claim – Claimant's Statement
人壽保險賠償申請書

Sun Life Hong Kong Limited
(Incorporated in Bermuda with limited liability)
香港永明金融有限公司
（於百慕達註冊成立之有限責任公司）

Client Service Centre 客戶服務中心
Address: G/F, Cheung Kei Center Tower B, 18 Hung Luen Road, Hung Hom, Kowloon
地址:九龍紅磡紅鸞道 18 號祥祺中心 B 座地下
Tel 電話 (852) 2103 8928
Fax 傳真 (852) 2103 8938

Sun Life 永明金融

POINTS TO NOTE 注意事項

1. Upon receipt of this claim form, we will proceed on ALL policy(ies) that covering the deceased but not limiting to policy number(s) written on this claim form and is not subject to withdrawal. 本公司於收到此索償申請書後，會就所有受保死者之保單展開索償程序而非只限於填寫在此索償申請書上的保單編號，且不可被撤回
2. Please answer ALL the questions of this claim form 請回答申請書所有問題
3. Please do not sign on blank form 請勿在空白表格上簽署
4. Please provide the following documents which are necessary 請提供以下必需的文件:
   - ☐ CRS Self Certification Form to be completed by **each** Claimant(s) 由**各索償人**個別填寫的自我證明表格
   - ☐ Policy contract 保單
     - ☐ If the policy contract has been lost, please fill in the Declaration of Loss Policy 如已遺失保單，請填寫保單遺失聲明書
   - ☐ Original Death Certificate 死亡証正本
   - ☐ ID card/passport of the deceased and the Claimant(s) 死者和索償人的身份証 / 護照
   - ☐ Relationship proof between the deceased and the claimant(s), e.g., birth certificate / marriage certificate). If relationship proof is not available (e.g., friends, fiancée, fiancé), please provide a copy of the identity document of the deceased and the claimant
     死者和索償人的關係証明文件，如：出世紙 / 結婚證書。如果無法提供關係證明（例如朋友、未婚妻、未婚夫），請提供死者和索償人的身份證明文件副本
5. We reserve the right to ask for original or other supporting documents if deemed necessary. 如有需要，本公司保留要求遞交正本或其他証明文件之權利

CONSULTANT'S INFORMATION 顧問資料

Name 姓名	District/Branch 區域/分行	Code 編號	Contact Phone No. 聯絡電話

DECEASED'S INFORMATION 死者資料

1. Policy No 保單號碼

2. Name of Deceased 死者姓名	3. ID/Passport no. 身份証/護照號碼	4. Date of Birth 出生日期 (DD/MM/YY 日/月/年)
5. Date of Death 死亡日期 (DD/MM/YY 日/月/年)	6. Cause of Death 死亡原因	7. Place of Death 死亡地點

8. Residential Address prior to Death 生前居住地址 :

9. Name of Employer prior to Death 生前僱主名稱 :

10. When did the Deceased first complain of/give indications for his/her last illness (DD/MM/YY)?
死者何時開始表示患有導致死亡的疾病或出現有關的病徵 (日/月/年)？

11. When did the Deceased first seek medical treatment for the illness (DD/MM/YY)?
死者何時首次就導致其死亡的疾病而求診 (日/月/年)？

12. Please give details of consultations 請提供就診該病之詳情

Date of Attendance 診治日期 (DD/MM/YY 日/月/年)	Name & Address of Doctor/Hospital 醫生/醫院名稱及地址

13. If the death was **not** caused by illness, please give the following information in detail 如死亡之原因並**非**因疾病所致，請提供以下資料:

a) Date of incident 發生事件日期 (DD/MM/YY 日/月/年)

b) Time of incident 發生事件時間 (AM / PM 上午 / 下午)

c) Place of incident 發生事件地點

d) How did the incident happen? 請詳述事件發生經過?

e) Was the incident reported to the police? 是否就是次事件報警？
☐ No 否 ☐ Yes, please provide name of police station and reference number 是，請提供警署名稱及報案號碼

f) Has there been or will there be a death inquest? 是否已經或將會進行死因研究？
☐ No 否 ☐ Yes, please provide us a copy of the death inquest report 是，請提供死因研究報告

g) Has there been or will there be any autopsy? 是否已經或將會進行解剖驗屍？
☐ No 否 ☐ Yes, please provide us a copy of the autopsy report 是，請提供解剖驗屍報告

14. Name and address of all doctors who attended or prescribed for the Deceased or all hospitals or institutions where Deceased was treated in past five years preceding death or during his / her last illness: 過去五年內或就末次病症為死者診治之醫生、醫院或機構之名稱及地址:

Date of Attendance 診治日期 (DD/MM/YY 日/月/年)	Name & Address of Doctor/Hospital 醫生/醫院名稱及地址	Disease or Conditions 病情

15. Particulars of insurance with other companies for the Deceased: 死者在其他保險公司購買之保險計劃詳情 :

Name of Insurance Company 保險公司名稱	Policy Number 保單號碼	Policy Issue Date 保單簽發日期	Face Amount 保障額

PAYMENT INSTRUCTION 支付方式指示

☐ Cheque in Hong Kong Currency 以港幣支票支付 (Foreign Currency will be exchanged in accordance with the Company Exchange Rate 外幣保單將以本公司之兌換率計算)
☐ Cheque in Policy Currency 以保單貨幣支票支付 (A local cheque will be issued, unless otherwise specified 如無其他指示，將發出本港結算支票)

Policy No. 保單號碼	Name of Deceased 死者姓名	ID/Passport no. 身份証/護照號碼

PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and it's related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our licensed insurance broker (if any); (d) to Sun Life's licensed insurance agencies and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and it's related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.
"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.
☐Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途：-(i) 處理及評估本人/吾等的此項申請及任何其他申請；(ii) 管理本人/吾等所持有的本項及其他產品，並提供相關服務；(iii) 處理及調查索償個案；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與本人/吾等聯絡；(viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)；及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意 (包括表示不反對)，否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途 (不論在香港或其他地方) 而提供服務的第三方，包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；(b)本人/吾等的銀行作繳款用途；(c) 本人/吾等的持牌保險經紀 (如有)；(d) 永明的持牌保險代理人及強積金中介人；(e) 永明的關連公司 (根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員；(g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局；及 (h) 按法例要求或准許的其他人仕。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願，然而倘若未能提供所需個人資料，可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道 18 號祥祺中心 B 座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。
"永明集團" 指永明及其不時之附屬公司、附屬企業和相聯公司（無論是直接的還是間接的）。
☐若不同意收取由永明發出的推廣資訊，請於方格內填上剔號。

FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS STATEMENT ("TAX OBLIGATIONS STATEMENT") 外國稅務申報和預扣義務陳述書（"稅務義務陳述書"）

I/We acknowledge that Sun Life may from time to time be subject to any applicable local or foreign law, court order, ordinance, regulation, demand, guidance, guidelines, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and any agreement between Sun Life (or any other entity of Sun Life Group, as the case may be) and any government or taxation authority in any jurisdiction (the "Applicable Laws and Obligations"). I/We irrevocably agree to the following:
(1)Sun Life may require me/us (and any other Consenting Persons) to provide Sun Life with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Obligations; (2)Any Personal Information shall be provided to Sun Life within such time and in such manner as Sun Life may require, and any update shall be notified to Sun Life promptly and in any event within 31 days of the update; (3)Sun Life may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities; and (4)To the extent not prohibited by law and permitted by the policy provisions, where I/we or any Consenting Person fails to provide Sun Life with the updated, correct and complete Personal Information in the manner described in (1) and (2) above, Sun Life may, for the purpose of ensuring its compliance with the Applicable Laws and Obligations, deduct or withhold such amount payable under the Policy, terminate the Policy and/or provide any of the Personal Information and/or Policy Information to such governments or tax authorities.(5)The following terms have the meanings as follows:
"Consenting Person" means each of the following: (i) the policy owner; (ii) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.
"Personal Information" means: (i) where I am/we are an individual(s), my/our full name(s), date(s) and place(s) of birth, residential address(es), mailing address(es), contact information (including telephone number), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am/we are a corporate(s), my/our date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as Sun Life or any entity within the Sun Life Group may reasonably require regarding each of my/our substantial shareholders and controlling persons.
"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.
本人/我們承認，永明可能不時須受下述各項的約束：任何適用的當地或外國法律、法院命令、條例、規例、要求、指引、指導原則、規則、實務守則（無論其是否與兩個或多個管轄區域的政府或監管機構間訂立的政府間協定有關）；和永明（或永明集團的任何其他實體，視情況而定）與任何管轄區域的任何政府或稅務機關間訂立的任何協議（"適用法律和義務"）。本人/我們不可撤銷地同意如下：
(1)永明可要求本人/我們（和任何其他同意人）向永明提供個人資料及個人資料的任何更新，以確保永明遵守適用法律和義務。(2)任何個人資料應以永明要求的方式在永明要求的時間內提供給永明，個人資料的任何更新應迅速地（在任何情況下均應在更新後 31 天內）通知永明。(3)永明可向任何政府或稅務機關披露個人資料和保單資料（包括該等資料的任何更新，如適用）。(4)在不受到法律禁止，並在保單合約規定允許的情況下，如果本人/我們或任何同意人未按上文(1)段和(2)段所述方式向永明提供正確完整的最新個人資料，則永明為了確保其遵守適用法律和義務，可扣減或預扣保單項下應付的金額、終止保單並且/或者向相關政府或稅務機關提供任何個人資料和/或保單資料。(5)下述詞語具有如下含義：
"同意人" 指下述任一人：(i)保單擁有人；(ii)有權（如通過提取、退保、按保單索賠、收取累算權益或其他方式）獲得保單價值、變更受益人、索取或收取利益的每一人，或有權取得保單項下未來利益的任何人，包括但不限於保單項下的任何保單索賠人、受讓人和受益人；和(iii)在保單項下支付任何款項的義務發生或獲得確立時有權取得付款的每一人（如保單索賠人、受讓人和受益人）。
"個人資料" 指(i)本人/我們為個人時，指本人/我們的全名、出生日期與地點、住址、郵寄位址、聯繫資訊（包括電話號碼）、納稅人識別號、社會保障號、國籍、居留地和稅務居留地；(ii)本人/我們為法團時，指本人/我們的註冊成立或設立日期與地點、註冊地址、營業地址、稅務識別號、稅務地位、稅務住所、登記地址、營業地址或（如適用）永明或永明集團的任何其他實體可能合理要求的關於本人/我們的每一主要股東和控制人的資料。
"保單資料" 指與保單相關的任何資料，包括但不限於保單號、保單結餘或價值、保單下收取、提取和支付款項總額。

Policy No. 保單號碼	Name of Deceased 死者姓名	ID/Passport no. 身份証/護照號碼

DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true; (b) Sun Life Hong Kong Limited (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim.

I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company, government, private office or person that has any record or knowledge or information of the Deceased's health or death to disclose, release or transfer to the Company or their representatives any such record, knowledge or information. (b)I/We specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome and such related complex. This authorization shall irrevocably bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點：（甲）本賠償申請表上所載的聲明及答案，以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件，均屬真確無訛，詳細完整。 本人/吾等明白倘有任何未知是否於重要事項的資料均須透露; (乙) 倘本人/吾等未能提供此申請所需資料，可導致香港永明金融有限公司 (以下稱為「公司」) 未能處理此賠償申請。

本人/吾等同時授權以下各點：（甲）任何註冊醫生、醫院、診所、保險公司、政府部門或任何其他持有有關死者生前之健康狀況或者死亡個人資料之人士或機構， 向公司或其代表透露、 發放或轉交任何有關資料; (乙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料， 包括但不限於任何經性接觸傳染之疾病， 人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病及其有關病症。此授權對本人之繼承人或受讓人具有約束力。即使本人/吾等死亡或無行為能力， 此授權書仍授權書仍有效力。此授權書的影印本與正本具同等效力。

CLAIMANT INFORMATION & SIGNATURE 索償人資料及簽署

Name of Claimant 索償人姓名	1.	2.	3.	4.
ID/Passport no. 身份証/護照號碼				
Relationship to Deceased 與死者之關係				
Current Residence Address 現居地址				
Phone No. 電話號碼				
Signature of Claimant 索償人簽署	×	×	×	×
Date (DD/MM/YY) 日期(日/月/年)				

WITNESS INFORMATION & SIGNATURE 見證人資料及簽署

I hereby declared that I have personally witnessed the above Claimant(s) to sign on this claim form. 本人聲明本人親身見證上述索償人簽署此索償申請表

×			
Name & Signature of Witness 見證人姓名及簽署	ID/Passport no. 身份証/護照號碼	Phone No. 電話號碼	Date (DD/MM/YY) 日期(日/月/年)

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CRS Self Certification Form (for individual - to be completed by claimant)
自我證明表格 (個人- 由索償人填寫)

Sun Life 永明金融

Important note : For entity Claimant , please complete: (i) CRS Self Certification Form – Entity; (ii) Declaration of FATCA Classification for An Entity; and (iii) CRS Self-Certification Form - Controlling Person (if appropriate)
重要提示：實體索償人，請填寫：(i)自我證明表格 - 實體；(ii) FATCA 實體分類之聲明；及 (iii)自我證明表格 - 控權人（如適用）

Policy No. 保單號碼	Name of Claimant 索償人姓名	ID/Passport no. 身份証/護照號碼

Jurisdiction of Residence and Taxpayer Identification Number or its Function equivalent ("TIN")
居留司法管轄區及稅務編號或具有等同功能的識辨編號 (以下簡稱 「稅務編號」)

Please complete the following questions indicating (I) all the jurisdictions of residence where the Claimant is a resident for tax purposes and (II) the Claimant's TIN for each jurisdiction indicated.
提供以下資料，列明 (I) 索償人所有的居留司法管轄區，亦即索償人的稅務管轄區及 (II) 該居留司法管轄區發給索償人的稅務編號。

For Question (d), indicate **ALL** (not restricted to five) jurisdictions of residence other than Hong Kong or U.S.
在問題(d)，列出**所有** (不限於 5 個) 居留司法管轄區（除了香港及美國）。

If a TIN is unavailable, provide the appropriate reason A, B or C:
如沒有提供稅務編號，必須填寫合適的理由：

Reason 理由 A The jurisdiction where the Claimant is a resident for tax purposes does not issue TINs to its residents.
索償人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason 理由 B The Claimant is unable to obtain a TIN. Explain why the Claimant is unable to obtain a TIN if you have selected this reason.
索償人不能取得稅務編號。如選取這一理由，解釋索償人不能取得稅務編號的原因。

Reason 理由 C TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
索償人毋須提供稅務編號。居留司法管轄區的主管機關不需要索償人披露稅務編號。

(a) Are you a tax resident in Hong Kong?
閣下是否香港的稅務居民？
❑ Yes 是 ❑ No 否

(b) Hong Kong the only jurisdiction you are a resident for tax purposes?
香港是閣下所屬的唯一稅務居住地管轄區嗎？
❑ Yes 是 ❑ No 否

(c) Are you a resident in U.S. for tax purposes (which includes being a U.S. citizen)?
閣下是否就稅務目的為美國居民(包括成為美國公民)?
❑ Yes 是 TIN 號碼 _____ ❑ No 否

(d) Apart from U.S. and HK, are you a resident in any other jurisdiction for tax purposes
除美國和香港外，閣下是否屬於其他稅務管轄區？
❑ Yes 是 (Please fill in the table below 請填寫下表) ❑ No 否

Jurisdiction of Tax Residence 居留司法管轄區	Taxpayer Identification Number 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C	Explain why the Claimant is unable to obtain a TIN if Reason B is selected 如選擇理由 B，解釋索償人不能取得稅務編號的原因
(1)		Reason 理由 A / B / C *	
(2)		Reason 理由 A / B / C *	
(3)		Reason 理由 A / B / C *	
(4)		Reason 理由 A / B / C *	
(5)		Reason 理由 A / B / C *	

* Please delete as inappropriate 請將不適用者刪除

Policy No. 保單號碼	Name of Claimant 索償人姓名	ID/Passport no. 身份証/護照號碼

AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION
自動交換財務帳戶資料

Declaration:

I/We acknowledge and agree that (a) the information contained in this application is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Claimant and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Claimant may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/We undertake to advise Sun Life Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in this application or causes the information contained herein to become incorrect, and to provide Sun Life Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I/We declare that the information given and statements made in this form are, to the best of my/our knowledge and belief, true, correct and complete.

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making the self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. $10,000).

聲明：

本人/吾等知悉及同意，財務機構可根據 《稅務條例》 (第 112 章) 有關交換財務帳戶資料的法律條文，(a) 收集此申請表所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於索償人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到索償人的居留司法管轄區的稅務當局。

本人/吾等承諾，如情況有所改變，以致影響此申請表上所述的個人的稅務居民身分，或引致此申請表所載的資料不正確，本人/吾等會通知香港永明金融有限公司，並會在情況發生改變後 30 日內，向香港永明金融有限公司提交一份已適當更新的自我證明表格。

本人/我們聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

警告: 根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級 (即$10,000) 罰款。

Current Residence Address (must be provided if different to correspondence address on claim form) 現居地址（如與賠償申請書上的通訊地址不同，必須填寫）		
Suite, Floor 室、樓層	Building, Street, District 大廈、街道、地區	City 城市
Province, State 省、州	Country 國家	Post Code/ ZIP Code 郵政編碼/ 郵遞區號碼

Signature of Claimant 索償人簽署	×
Name of Claimant (in block letters) 索償人姓名(大寫)	
Date (DD/MM/YY) 日期 (日/月/年)	

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Declaration of Loss Policy
保單遺失聲明書

Name of Insured:
投保人姓名：

Policy No.:
保單號碼：

☐ All policies under the Insured 投保人名下的所有保單

☐ Specific policies 指定保單：

Policy Owner:
保單持有人：

I, the claimant, hereby declare that the policy has been lost and I do not have any knowledge about the whereabouts or an intact set of document of the said policy and that no person (s), corporation or association has any claim, right or interest in the said policy by virtue of any sale, assignment or pledge thereof.

本人 (賠償申請人) 謹此聲明，以上列明之保單已經遺失，而本人對其目前所在毫不知情該完整無缺的保單。此外，任何人等，公司或團體組織不得藉出售,轉讓或抵押而得到該份保單內所載之任何賠償或權益。

Signature of Witness
見證人簽署

Signature of Claimant
賠償人申請簽署

Name of Witness
見證人姓名

Name of Claimant
賠償人姓名

ID Document No. of Witness
見證人身份證明文件號碼

ID Document No. of Claimant
賠償人身份證明文件號碼

Date
日期

Date
日期