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查閱保障額



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電子索償



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更改個人資料



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Application For Childbirth Benefit

新生嬰兒利是申請表

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)

Please submit your **original** claim application to our advisor or send it to us at the following address:

請將您的索償申請**正本**交予理財顧問，或郵寄至以下地址：

Client Service Centre 客戶服務中心

Address: G/F, MU Tower B, 18 Hung Luen Road, Hung Hom, Kowloon

地址:九龍紅磡紅鸞道 18 號都大中心 B 座地下

Tel 電話 (852) 2103 8928 Fax 傳真 (852) 2103 8938



Sun Life

永明金融

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
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INSURED'S INFORMATION 受保人資料

Policy No. 保單號碼	Name of Insured 受保人姓名	Age 年齡 / Sex 性別	ID / Passport no 身份証/護照號碼
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Please attach Birth Certificate of Child and Policy Owner's ID Copy 請附上嬰兒出世紙及保單主權人身份證副本

Name of Child 嬰兒姓名：

Date of Birth (DD/MM/YY) 出生日期 (日/月/年)：

PAYMENT INSTRUCTION 支付方式指示

By Cheque 支票 Via Consultant 經顧問轉交 Mail to Client's correspondence address 直接郵寄至客戶通訊地址

Remarks 備註：Please ✓ one option. If no option is selected or unclear information, the cheque will be sent to consultant.

請以✓選取以上一項。如沒有選擇或資料不清，支票將由顧問轉交給客戶。

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, MU Tower B, 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別號。

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 號都大中心 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，請於方格內填上別號。

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, institution, insurance company, government, private office or person that has any record or knowledge or information of me/the Insured to disclose, release or transfer to **Sun Life Hong Kong Limited** any such record, knowledge or information. (b) the Company or any of its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application. (c) I 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 (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured 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，均屬真實無訛，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本人/受保人之個人資料之人士或機構，向**香港永明金融有限公司**或其代表透露，發放或轉交任何有關資料。(乙) 公司或公司指定之醫護人員或化驗所，可就此申請，對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 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(愛滋病)及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力，此授權書仍有效力。此授權書的影印本與正本具同等效力。

Signature of Policy Owner 保單主權人簽署 X
Name (in block letters) 姓名(大寫)

ID / Passport No.
身份證 / 護照號碼

Date (DD/MM/YY)
日期(日/月/年)

The information you provide will be treated as your latest contact details and applied to all policies under your name. 您所填寫的資料將被視作最新聯絡資訊，並套用至您名下的所有保單。

Email
電郵地址

Mobile
手提

If no update is available, your existing contact number(s) and/or email address(es) (if provided) will be retained. 如此項並無更新，我們將沿用記錄中聯絡電話及/或電郵地址(如通用)。Please provide at least 1 mobile number and include the country code for each number, else it will be defaulted to 852 (Hong Kong). 請提供最少一個手提號碼，所有電話號碼須包括國家代碼，如沒有，國家代碼將會設定為852(香港)。