

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by FTLife Insurance Company Limited (“FTLife”) (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. FTLife is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, FTLife may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

團體人壽保險 — 死亡索償通知書
Group Life Insurance – Death Claim Form



保單編號 Policy No.	<input type="text"/>	保單持有人/僱主名稱 Name of the Policyholder/Employer	<input type="text"/>
保險證編號 Client No.	<input type="text"/>	死者姓名 Full Name of the Deceased	<input type="text"/>

死者出生日期 Date of Birth of the Deceased	死亡日期 Date of Death
死亡時之職業 Occupation at Time of Death	死亡時之每月薪金 Monthly Salary at Date of Death
最後工作日期 Date of Last Attended Work	索償金額 Claim Amount

聲明及授權 Declaration and Authorization

我們為保單持有人/死者之僱主，在此聲明在本索償通知書內申報之一切資料均屬事實之全部及真確；我們並同意此通知書成為向富通保險有限公司團體人壽保險索償證據之一部份。

We, the Policyholder/Employer, declare that all the statements contained in this Claim Form are true and complete in every particular and we agree this Claim Form shall form part of the proofs of the death claim for the above deceased assured under the group life assurance policy with **FTLife Insurance Company Limited**.

授權人簽署及公司印鑑

Authorized Signature (with Company Chop) : _____

授權人之全名及職位

Full Name and Position of the Authorized Officer : _____

簽署日期 (日/月/年)

Signed on (DD/MM/YY) : _____

我/我們，為死者之合法承繼人，現授權任何醫生、醫院、保險公司、僱主或任何機構向富通保險有限公司或其代理人提供有關此索償之死者的一切醫療病歷、診斷結果、收入，或從其他保險中所獲得之利益，以釐定此保單之保險賠償金額。本索償通知書的影印本與正本同樣有效。

I/We, the legal personal representative(s) of the deceased assured hereby authorize any physician, hospital, insurance company, employer or other organisation to release all information regarding medical history, diagnosis, earnings or benefits payable under other insurance coverage to **FTLife Insurance Company Limited** or agent acting on behalf of the Company, **FTLife Insurance Company Limited**, for the purpose of determining benefits payable under this Policy. The photocopy of the original of this Claim Form shall be as valid as the original.

本人/我們明白若此表格的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/we understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version shall prevail.

合法承繼人之簽署

Signature of Legal Personal Representative(s) : _____

合法承繼人之全名

Full Name of Legal Personal Representative(s) : _____

合法承繼人之身份證號碼

Identity Card No. of Legal Personal Representative(s) : _____

合法承繼人之目前居住地址

Current Residential Address of the Legal Personal Representative(s) : _____

合法承繼人之目前永久地址(如與目前居住地址不同)

Current Permanent Address of the Legal Personal Representative(s)
(if different from the current residential address) : _____

與死者之關係

Relationship with the Deceased : _____

簽署日期 (日/月/年)

Signed on (DD/MM/YY) : _____

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱“富通保險”）之個人資料收集聲明（“該聲明”）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指明的第三方；執法機構；保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於富通保險的網址下載：www.ftlife.com.hk，及可向貴公司索取。

I/We confirm that I/we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from FTLife’s website: www.ftlife.com.hk, and will be made available upon request.

合法承繼人簽署

Signature of the Legal Personal Representative(s)

簽署日期 (日/月/年)

Signed on (DD/MM/YY)