Generali Life (Hong Kong) Limited
忠意人壽（香港）有限公司

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Hong Kong Branch
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Internal Use Only 只供內部使用
Claim No. 理賠編號

Death Claim Form – Part I
身故賠償申請表 – 第一部份

Policy Number
保單號碼 | | | | | | | | |

Private & Confidential 私人及機密

Important Notes 重要提示

Please ensure the following to avoid unnecessary delay in the claim process:

1. This Part I is fully completed and signed by the Beneficiary / Claimant
2. Documents required to be submitted with this form (please provide **original** documents):
   - ☐ Death Claim Form – Part II to be completed by the Insured's last attending physician
   - ☐ Official Death Certificate
   - ☐ Proof of Identity of the Insured and Beneficiary / Claimant
   - ☐ Policy Document

We may require additional information from you or third parties in order to assess your claim.

請確保下列各項，以免延誤索償進度：

1. 由受益人 / 索償人詳細填妥及簽署此申請表第一部份
2. 連同此表格一併要遞交的文件（請提供**正本**文件）：
   - ☐ 由受保人最後主診醫生填寫的身故賠償申請表 – 第二部份
   - ☐ 死亡證書
   - ☐ 受保人及受益人 / 索償人的身份證明文件
   - ☐ 保單文件

我們就審核是次賠償申請，或需向你或其他人士索取額外資料。

Section A – Details of the Insured and the Incident 甲部 – 受保人及有關事故詳情

1. Name of the Deceased Insured 已故受保人姓名		2. HKID Card / Passport No. 香港身份證 / 護照號碼	
3. Date of Death 死亡日期	______ / ______ / ______ (dd/mm/yyyy) (日/月/年)	4. Place of Death 死亡地點	
5. Cause of Death 死亡原因		6. Has or will there be post-mortem examination / coroner's inquest? 曾否或將舉行解剖驗屍 / 死因調查？	☐ Yes (please attach report) 是（請提供報告） ☐ No 否

7. If Death due to accident, please describe the **accident** in details. 若因意外導致死亡，請詳述**意外**詳情。	Date of accident 意外日期 ______ / ______ / ______ (dd/mm/yyyy) (日/月/年) Place 地點 ______________ Accident details 意外詳情 ______________
8. If Death due to illness, please describe the **last illness** in details. 若因疾病導致死亡，請詳述**最後疾病**詳情。	Date symptoms first appeared 病徵首次出現日期 ______ / ______ / ______ (dd/mm/yyyy) (日/月/年) Symptoms details 病徵詳情 ______________ First consultation date 首次求診日期 ______ / ______ / ______ (dd/mm/yyyy) (日/月/年) Name and address of the hospital/physician 醫院 / 醫生名稱及地址 ______________
9. Other hospitals / physicians consulted for current illness / injury. 曾應診現時疾病或受傷的其他醫院 / 醫生資料。	Name of hospital / physician and address 醫生 / 醫院名稱及地址 — Consultation date 求診日期 ______________ ______ ______________ ______ ______________ ______
10. Have any immediate family members suffered from a similar illness? 直系親屬是否曾患有相同或類似的疾病?	☐ Yes 是 If yes, please provide details below. 若是，請於下方提供詳情 ☐ No 否 Date of diagnosis 確診日期 ______ / ______ / ______ (dd/mm/yyyy) (日/月/年) Relationship with the Insured 該親屬與受保人關係 ______________ Nature of illness 疾病的性質 ______________

11. Apart from what have mentioned above, all other hospitals / physicians that the Insured has consulted in the past five years. 除上述已提及外，過去五年受保人曾求診的其他醫院 / 醫生資料。/ 醫生資料。	Name of hospital / physician and address 醫生 / 醫院名稱及地址 | Consultation date 求診日期 | Illness / Diagnosis 病因 / 確診 ________ | ________ | ________ ________ | ________ | ________
12. Is there any claim submitted to other insurance companies for this incident? 此事故是否有向其他保險公司遞交索償申請？	☐ Yes 是 If yes, please provide details below. 若是，請於下方提供詳情 ☐ No 否 Name of insurance company 保險公司名稱 | Policy number 保單號碼 | Sum Insured 保額 | Claim status 賠償進度 ________ | ________ | ________ | ________ ________ | ________ | ________ | ________

Section B – Beneficiary / Claimant Information and Payment Option 乙部－受益人 / 索償人資料及賠款選擇

1. Name of Beneficiary / Claimant 受益人 / 索償人姓名		2. HKID Card / Passport No. 香港身份證 / 護照號碼	
3. Nationality 國籍		4. Relationship with the Insured 與受保人關係	
5. Occupation 職業		6. Industry 行業	
7. Country of Birth 出生國家		8. Mobile No. 手提電話號碼	
9. Email Address 電郵地址			
10. Residential Address 住宅地址			
11. Permanent Address (if different) 永久地址（如不同）			
12. Payment Option 賠款選擇	Cheque 支票 : ☐ Policy Currency 保單貨幣 ☐ HKD 港幣 Other 其他 : ☐ Telegraphic Transfer 電匯 (Foreign Account only 只供海外帳戶) Note 請注意 1. The HKD equivalent will be based on the currency exchange rate provided by Generali Life (Hong Kong) Limited / Assicuraioni Generali S.p.A. Hong Kong Branch (whenever applicable) at the time of cheque issuance and it can be changed from time to time. 相等之港幣將以忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適用）於簽發支票時所釐定之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。 2. If not specified, claim cheque will be made in HKD. 如沒有選擇，賠款支票將以港幣發出。 3. If require for Telegraphic Transfer, please provide the bank proof with SWIFT code; bank and account holder details. The charge of Telegraphic Transfer will be at client own cost 如選擇電匯方式，需提供有關銀行證明包括銀行代碼; 銀行及戶口持有人詳細資料。電匯費用會由客戶支付。		

Section C – Foreign Account Tax Compliance Act Statement 丙部－海外帳戶稅收合規法案聲明

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).
在美國的《海外帳戶稅收合規法案》("《合規法案》") 下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議 (即 "《海外金融機構協議》") 有關之要求，及/或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為 "《不參與合規法案之海外金融機構》") ，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅 ("《合規法案預扣稅》") (初步包括紅利、利息及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.
美國政府與香港政府已簽訂("《跨政府協議》")促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A Hong Kong Branch (wherever applicable) (hereinafter "**Generali**"), and this Policy. **Generali** is a participating FFI and committed to complying with FATCA. To do so, **Generali** requires you to:
合規法案適用於忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適合）（下稱"**忠意保險**"）及此保單。**忠意保險**是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，**忠意保險**需要閣下：

(i) provide to **Generali** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予**忠意保險**，如適用，包括閣下的美國身份証明資料（如姓名、地址、美國聯邦納稅人識別號碼等）；及

(ii) consent to **Generali** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意**忠意保險**向美國國稅局匯報此資料及閣下之帳戶資料（如帳戶結存、利息、紅利收入及提款）。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), **Generali** is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.
如閣下未能遵從以上要求(即為 "《不遵從合規法案之戶口持有人》")，**忠意保險**須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

Generali could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in **Generali** may be required to do so are:
忠意保險，在某些情況下，可能被要求在向閣下保單付款中徵收合規法案預扣稅。現時**忠意保險**只會在以下情況徵收合規法案預扣稅：

(i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case **Generali** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，**忠意保險**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局;及

(ii) if you are (or any other account holder is) a nonparticipating FFI, in which case **Generali** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下（或任何一位帳戶持有人）是不參與合規法案之金融機構，**忠意保險**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.
有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

If the Claimant is an individual, please complete the declaration below and provide the information requested. If the Claimant is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or Form W-8BENE or Form W-8IMY.
如果索償人為個人，請填妥以下聲明以及提供所須的資料。如果索償人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「海外帳戶稅收合規法案公司客戶聲明書」或「W-8BENE 表格」或「W-8IMY 表格」。

Declaration 聲明

Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.
請閣下在下方加上「√」號以聲明閣下是否美國稅務居民*。

☐ I declare that I am not a U.S. resident for tax purposes* at the time of signing this claim form.
本人聲明於簽署本賠償申請表時並非美國稅務居民*。

☐ I declare that I am a U.S. resident for tax purposes* at the time of signing this claim form.
本人聲明於簽署本賠償申請表時是美國稅務居民*。

I acknowledge that **Generali** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I have, if any, to prohibit or restrict such disclosure.
本人確認**忠意保險**可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN): 美國納稅人識別號碼：									

* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).
* 美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail
附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Section D – Automatic Exchange of Information 丁部－自動交換資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to the **Generali** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the **Generali** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm.
根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構營運當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。**忠意保險**會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南，請瀏覽香港稅務局網站：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。

The information required in this form and the information regarding your name, residence address and date of birth in this form constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a 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.
在本部分中收集的資料、關於閣下姓名和住址之資料和在本表格中的出生日期，將共同組成用於自動交換資料的自我證明。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，或罔顧一項陳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。

You must report all changes in your tax residence status to the **Generali** within 30 days of that change.
閣下必須在閣下的稅務居民身份發生任何變動後的 30 日內，向**忠意保險**申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.
閣下應就自動交換資料對閣下保單造成的影響，諮詢獨立的專業意見。

If the Claimant is an individual, please complete the declaration below and provide the information requested. If the Claimant is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this application form.
如果索償人為個人，請填妥以下聲明以及提供所須的資料。如果索償人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「實體稅務居民身分自我證明表格」；填妥後該表格會構成本申請表的一部分。

Declaration 聲明

Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.
請在下方適當空格內加上「√」號，以申報閣下的稅務居住地。

☐ I declare that I am Hong Kong resident(s) for tax purposes and that I am not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.
本人謹此聲明，在簽署本聲明時，本人是香港的稅務居民，而且本人並非任何香港以外司法管轄區的稅務居民。

☐ I declare I am resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.
本人謹此聲明，在簽署本聲明時，本人是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	Taxpayer Identification Number (TIN) 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 account holder is unable to obtain a TIN if you have selected Reason B * 如選擇理由 B， 請提供帳戶持有人不能取得稅務編號的原因
		☐ A	☐ B*	☐ C	
		☐ A	☐ B*	☐ C	
		☐ A	☐ B*	☐ C	
		☐ A	☐ B*	☐ C	

Note 註：

If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a resident for tax purposes and (b) your TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).
如果閣下是香港以外司法管轄區的稅務居民，閣下須填妥上列表格，列明（一）閣下所屬的稅務居住地；以及（二）閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的全部（而不限於五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If this form is completed by more than one Claimant, and one or more of the Claimant is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Claimant must complete a separate "Individual Tax Residency Self-Certification Form".
如果本表格由多於一名索償人填寫，而且其中一個或多個索償人是任何香港以外司法管轄區的稅務居民，則各索償人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please provide the appropriate reason A, B or C:
Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
Reason 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.

如沒有提供稅務編號，必須填寫合適的理由：
理由 A －帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。
理由 B －帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。
理由 C －帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

I acknowledge that the **Generali** may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I have, if any, to prohibit or restrict such disclosure.
本人確認，**忠意保險**可向香港稅務局轉交本表格所載資料，香港稅務局又可將這些將資料交換至香港以外的稅務部門；本人放棄任何本人所擁有的關於禁止或限制上述資料披露之全部權利（如有）。

I undertake to advise the **Generali** of any change in circumstances which affects my tax residence status or causes the information contained herein to become incorrect, and to provide the **Generali** with a suitably updated form within 30 days of such change in circumstances.
本人承諾，如情況發生改變以致影響的本人的稅務居民身份，或導致本表格所載的資料變得不正確，本人會通知**忠意保險**，並會在情況發生改變後三十日內，向**忠意保險**提交一份已適當更新的自我證明書表格。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Section E –PEP Self-declaration 戊部政治人物自我聲明 *(Compulsory to complete 必須填寫)*

Are you or any relevant parties[#1] of this policy a politically exposed person (“PEP[#2]”), PEP family member or PEP close associate?
閣下或本保單相關各方人士[#1]是否政治人物「PEP[#2]」、其家庭成員或與政治人物有關係密切的人？

☐ No 否 ☐ Yes 是, please provide 請提供

a. Name of this “PEP” ： ____________________ Position :____________________
政治人物的姓名 職位

b. Name of the relevant party(ies) of this policy : ____________________
本保單相關人士的姓名

c. Relationship with this “PEP” : ____________________
與此政治人物的關係

[#1] *Relevant parties include but not limited to the policyholder, insured, beneficiary(ies), person acting on behalf of the policyholder, beneficial owner(s) etc.*
相關各方人士包括但不限於保單持有人、受保人、受益人、代表保單持有人行事的人、實益擁有人等。

[#2] A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public function in Hong Kong / a place outside Hong Kong/ by an international organization
政治人物被界定為在香港 / 香港以外地方 / 國際組織擔任或曾擔任重要公職的個人。

Section F – Declaration and Authorization 己部－聲明及授權

1. I acknowledge that I have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (wherever applicable) (hereinafter "**Generali**"). I confirm that I have read and understood the Statement. I agree that Generali may collect, use, store, disclose, transfer and otherwise process personal data of myself and the Deceased in accordance with the terms of the Statement.
本人確認，本人已獲提供一份由忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適用）（下稱"**忠意**"）發出的收集個人資料聲明（「**該聲明**」)。本人確認已經閱讀並且明白該聲明。本人同意忠意依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人及死者的個人資料。

2. I acknowledge that I have been provided with a copy of the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") issued by **Generali**. I confirm that I have read and understood the notice on FATCA and AEOI. I understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Section C) may result in penalty under relevant law and regulations. If my tax status change and I become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to **Generali**, I must notify **Generali** no later than thirty (30) days.
本人確認，本人已獲提供一份由**忠意保險**發出有關《海外帳戶稅收合規法案》（"《合規法案》"）及自動交換財務帳戶資料（《自動交換資料》）的通知。本人確認已經閱讀並且明白該《合規法案》及《自動交換資料》通知。本人明白，根據有關的法律，任何美國稅務居民（定義於丙部）就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人的稅務狀況有更改，或成為美國人士，或者成為任何本人未曾就其向**忠意保險**進行申報的司法管轄區之稅務居民，本人會於三十日內通知**忠意保險**。

3. I declare and agree on behalf of myself and other person referred to this form that all statements and answers to all questions are to the best of my knowledge and belief complete and true.
本人謹此代表本人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

4. I hereby authorize any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of the Deceased to disclose such information to Generali or its representatives any and all information with respect to the Deceased's health, medical history, hospitalization, advice, treatment, disease, investigatory result, employment record, accident report or statement (including but not limited to completing claim form – part II of Generali). A photocopy of this declaration and authorization shall be considered as effective and valid as the original.
本人謹此同意及授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關死者健康、病歷、住院、治療、疾病、調查結果、受僱記錄、意外報告或其他資料之紀錄者，均可將該等資料（包括但不限於填寫忠意的賠償申請表格－第二部份）提供給忠意或其指定的代表人士。本授權及同意書的影印本與正本均有同等效力。

5. I declare that the original policy document has been lost if I do not provide the original policy document or completion of Request for Duplicate Policy Copy.
本人謹此聲明如果本人並未能提交保單正本或填妥保單副本申請，即表示保單正本已遺失。

Signature of Beneficiary / Claimant 受益人 / 索償人簽署	Name in block letters and ID / Passport No. of Beneficiary / Claimant 受益人 / 索償人姓名(正楷書寫) 及身份證 / 護照號碼	Sign Date (dd / mm / yyyy) 簽署日期 (日 / 月 / 年)

Personal Information Collection 收集個人資料聲明

a. From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the **Company**, and/or the processing of any or all other requests, enquiries and complaints from you.
閣下須要不時向忠意人壽（香港）有限公司/忠意保險有限公司香港分行〔如適用〕（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b. Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.
閣下向**本公司**提供的**個人資料**全屬自願。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c. The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and/or related products and services, and managing your account with the **Company**;(ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the **Company**;(iii) exercising rights of subrogation(if applicable);(iv) collection of amounts outstanding (if any) from customers;(v) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**;(vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;(vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;(viii) conducting data matching procedures;(ix) designing insurance and/or related products and services for customers' use;(x) marketing insurance and/or other related products and services of the **Company** and/or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company) (hereinafter referred to as the **Group Entities**"); (xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies;(xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and(xiii) fulfilling any other purposes directly relating to (i) to (xii) above.
個人資料可被用於以下用途：(i)處理閣下的保險申請，安排並執行保險合約或相關產品與服務，並管理閣下在**本公司**的賬戶；(ii)處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜；(iii) 行使代位權（如適用）；(iv)向客戶追收尚欠金額（如有）；(v)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險；(vi)透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；(vii)提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；(viii) 進行資料核對程序；(ix)設計保險及/或相關產品與服務供客戶使用；(x)推銷**本公司**及/或**本公司**的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司)（下文合稱為「**集團實體**」）的保險及/或其他相關產品與服務；(xi)**本公司**、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；(xii)為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，或**本公司**及/或**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及(xiii)實現與上述(i)至(xii)直接有關的任何其他用途。

d. The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:(i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;(ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;(iii) overseas locations or branches, as appropriate, of the **Company** and/or its **Group Entities**;(iv) persons to whom the **Company** and/or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c)(xii);(v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and/or its **Group Entities**;(vi) lawful successors or assigns of the Company; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Group Entities**.
由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及/或該等**個人資料**所涉及的任何其他有關人士：(i)中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方；(ii)相關的保險業協會或聯會，及/或該等協會或聯會的成員；(iii)**本公司**及/或以適用的**集團實體**海外辦事處或分行； (iv)根據上述(c)(xii)的規定，**本公司**及/或**集團實體**負有義務須向其作出披露的人士；(v)任何根據法律約束之下，**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；(vi)**本公司**的合法繼承人或受讓人；及(vii) 對**本公司**及/或**集團實體**負有保密責任的人士。

e. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。

f. In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i)any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him/her and, if so, obtain a copy of such data;(B) require the **Company** to correct any **Personal Data** relating to him/her that is inaccurate; and (C) ascertain the **Company's** policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
根據第 486 章《個人資料（私隱）條例》：(i)任何人士均有權：(A)查詢**本公司**有沒有持有其**個人資料**，如有的話，可取得一份該等資料；(B)要求**本公司**改正其任何不正確的**個人資料**；及(C)查明關於**本公司**的**個人資料**政策和處事常規，並可獲通知有關**本公司**所持**個人資料**的種類；及(ii)**本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。

g. The person to whom requests for access to **Personal Data** and/or correction of **Personal Data** and/or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable), 21/F, 1111 King's Road, Taikoo Shing, Hong Kong.
如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的種類，請向以下人員提出要求：
個人資料保護主任忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行〔如適用〕 香港太古城英皇道 1111 號 21 樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。