

CLAIM FORM

索償表格

IMPORTANT INFORMATION 重要資料

Please complete in ENGLISH and BLOCK CAPITALS.

The Chinese text is for reference only. If there is any conflict between the meaning of the words or terms of the English and Chinese text of this form, the English version shall prevail.

If you make a mistake when completing this form, simply cross out the error, note the correct details and initial each correction.

In order for your claim to be processed as quickly as possible, we need some information about the Claimant and the Insured. Prior to completing this statement, please read the instructions on the back of this form. If there is more than one Claimant, each Claimant must complete a separate Claim Form.

The Policy of Insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda).

Please attach **one original officially certified Death Certificate** for each Insured.

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如表格內所填寫的資料有任何錯誤，請予以修正並在旁邊簡簽作實。

為盡快處理閣下之索償，我們需要一些有關索償人及受保人之資料。填寫此陳述書前，請參閱此表格背頁指示。若有多於一名索償人，每名索償人必須填寫獨立索償表格。

保單由全美人壽（百慕達）有限公司（「全美人壽百慕達」）發出或承擔責任。

請附上每名受保人**經官方核證之死亡證明書正本一份**。

A. Information about the Insured 有關受保人之資料：

Select the box that applies
請選擇合適空格

Policy number(s) under which you are presenting a claim 閣下提出索償所根據之保單號碼		_____	
Insured's Name 受保人姓名		_____	
ID Number 身份證號碼	Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____		
Address 地址	Number/Street/Building 室/街道/大廈		
	City 城市		Province 省份
	Country 國家		Postal Code 郵政編號
Date of Birth 出生日期	_____ (dd/mm/yyyy) _____ (日/月/年)		
Date last worked 死前最後上班日期	_____ (dd/mm/yyyy) _____ (日/月/年)		
Occupation at Death 死前職業	_____		
Date of Death 死亡日期	_____ (dd/mm/yyyy) _____ (日/月/年)		
Cause of Death 死亡原因	_____		

Declaration, Consent and Authorisation

聲明、同意及授權書

I, THE BENEFICIARY / CLAIMANT, HEREBY:

Consent and Authorise:

- a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of the insured's health and medical history or treatments to provide such information about the insured (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of the insured's physical or mental conditions and/or treatments to Transamerica Life Bermuda (or its legal representatives); and
- b) Transamerica Life Bermuda to disclose such medical or other information about the insured which has been provided to Transamerica Life Bermuda or which Transamerica Life Bermuda develops during its evaluation of any application or claim for life insurance to: (i) its reinsurers; (ii) any other insurance company that the insured may designate; (iii) the insured's insurance intermediary, when that insurance intermediary is seeking insurance coverage through Transamerica Life Bermuda on the insured's behalf; (iv) any medical professional that the insured may have designated; and (v) any person or entity entitled to receive such information by law.

本人，即受益人 / 索償人，謹此：

同意及授權：

- a) 擁有受保人健康及病歷或治療紀錄或資料之任何註冊醫生、醫護人員、醫療服務供應商、醫院、診所、醫學實驗室、政府組織或任何其他醫療或醫療相關組織，可向全美人壽百慕達（或其法定代表）提供有關受保人身體或精神狀況及/或治療之資料（包括診斷、檢查及測試結果、醫療報告、治療及疾病預防）；及
- b) 全美人壽百慕達可將評估壽險申請或索償時獲得或發現有關受保人之醫療或其他資料，披露予：(i) 其再保險商；(ii) 受保人可能指定之任何其他保險公司；(iii) 受保人之保險中介人（如該保險中介人代表受保人向全美人壽百慕達申請保險）；(iv) 受保人可能指定之任何專業醫療人員；及 (v) 根據法例有權收取該等資料之任何人士或法人團體。

Personal Information Collection Statement

個人資料收集聲明

Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda) is committed to complying with the Personal Data Privacy Ordinance (Cap.486 of the Laws of Hong Kong) ("PDPO") and the mandatory data protection laws of any other jurisdictions (where applicable) in relation to the collection, use, transfer, retention and storage of your personal data.

Collection

From time to time, it will be necessary for customers or other persons to supply Transamerica Life Bermuda with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.

Purpose

The personal data collected by Transamerica Life Bermuda on this form, any supplementary forms, as part of your insurance application, any claims documentation or elsewhere from time to time may be used for the following purposes:

- a) processing, evaluating and underwriting your insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments or renewals of your insurance policy;
- b) administering your insurance policy and providing services, including access to and maintenance of any online platform in relation to your insurance policy;
- c) investigating, processing and paying any claims under your insurance policy or an insurance policy under which any moneys may be payable to you;
- d) invoicing and collecting premiums and outstanding amounts from you;
- e) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
- f) arranging reinsurance;
- g) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and
- h) complying with any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Transamerica Life Bermuda or any members of Transamerica Life Bermuda by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies.

It is Transamerica Life Bermuda's policy not to keep personal data for longer than is necessary for the fulfillment of the purpose for which that data is or is to be used.

Transferees:

The personal data collected by Transamerica Life Bermuda will be kept confidential; however subject to any applicable laws, Transamerica Life Bermuda may disclose your personal data for the above purposes to the following classes of transferees (whether in Hong Kong or elsewhere):

- a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c) in the event of default, debt collectors and recovery agents;
- d) insurance reference bureaus or credit reference bureaus;
- e) reinsurers and reinsurance brokers;
- f) any insurance intermediary which services your policy (including your insurance broker (if you have one), and its successors or assigns);
- g) the owner of the policy (if different from the insured);
- h) Transamerica Life Bermuda's legal and professional advisors;
- i) Transamerica Life Bermuda's related companies;
- j) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- k) the Insurance Claims Complaints Bureau and similar industry bodies; and
- l) government agencies and authorities as required or permitted by law.

Transamerica Life Bermuda may also use and disclose your personal data otherwise with your prior consent to the relevant use or disclosure.

In connection with the purposes outlined above, we may transfer your personal data outside Hong Kong to any of the classes of transferees set out above ("Transferees"). Such Transferees may be situated in jurisdictions including but not limited to Singapore, Bermuda, United States, Netherlands, Switzerland and/or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance. That means your personal data may or may not be protected to the same standard as is required in Hong Kong.

Please indicate your consent to the transfer of your data outside Hong Kong by ticking the box below. Failure to provide your consent will result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.

I consent to the transfer of my personal data outside Hong Kong.

Use and provision of personal data in direct marketing:

With your consent, Transamerica Life Bermuda may use your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to contact you, by mail, email, telephone or SMS, with direct marketing communications regarding financial and insurance products Transamerica Life Bermuda may offer from time to time as well as information on reward or loyalty programmes. **Please tick the box below if you consent to receive such direct marketing communications from Transamerica Life Bermuda.**

I consent to receiving marketing communications from Transamerica Life Bermuda.

With your consent, Transamerica Life Bermuda may provide your personal details to another company for direct marketing. Transamerica Life Bermuda may provide your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to its related companies, who may, by mail, email, telephone or SMS, send you direct marketing communications regarding financial and insurance products offered by the related companies as well as reward or loyalty programmes. **Please tick the box below if you consent to Transamerica Life Bermuda providing your personal data to its related companies and wish to receive direct marketing communications from those related companies.**

I consent to receiving marketing communications from Transamerica Life Bermuda's related companies.

Access and correction of personal data:

It is mandatory to provide all of the personal data requested on the Application Form. Failure to provide all the personal data requested on this Application Form may mean that Transamerica Life Bermuda is unable to process your application.

You may seek access to and request correction of any personal data Transamerica Life Bermuda holds about you by sending a written request to: The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, 58/F One Island East, 18 Westlands Road, Island East, Hong Kong.

A reasonable fee may be charged to offset any administrative and actual costs incurred by us in complying with your data access requests.

個人資料收集聲明 (續)

全美人壽(百慕達)有限公司(「全美人壽百慕達」)在收集、使用、轉移、保留及儲存閣下的個人資料時，致力遵守香港法例第486章《個人資料(私隱)條例》(「私隱條例」)，以及任何其他司法管轄區(如適用)的強制性個人資料保障法例。

收集資料

客戶或其他人士需要不時向全美人壽百慕達提供個人資料，以便全美人壽百慕達建立或維持與閣下的業務關係或向閣下提供產品或服務，否則全美人壽百慕達可能無法建立或維持有關業務關係或提供所需的產品及服務。

用途

全美人壽百慕達於此表格、任何補充表格、申請過程中或索償文件或不時從其他地方收集的個人資料或會用作以下用途：

- 處理、評估及核保閣下的保險申請，任何其後的保險申請或表格，以及保單的任何修改、變更、註銷、退保權益轉讓或續保；
- 管理閣下的保單及執行保單的行政工作包括連接及維持與閣下保單相關服務的任何網上平台；
- 調查、處理及支付保單下的任何有關索償或閣下可能取得任何款項的保單項下的任何賠償；
- 發出繳交保費通知及向閣下收取保費及欠款；
- 進行與保險產品及/或服務有關的功能及活動、市場研究、顧客調查及分析或諮詢法律及專業意見；
- 安排再保險；
- 與上述用途直接相關及可達到上述用途的其他附帶用途；及
- 符合全美人壽百慕達或全美人壽百慕達任何成員公司因於任何司法管轄區擁有金融、商業、業務或其他利益或進行活動或與該司法管轄區有關的本地或海外監管機構，政府部門或業界認可團體，而須承擔或被施加的任何本地或海外監管機構、政府部門或業界認可團體(不論是否位於香港)之規定。

根據全美人壽百慕達的政策，個人資料的保存時間不會超過使用相關資料有關的目的而所需的時間。

受讓人：

全美人壽百慕達會將收集到的個人資料保密，惟在任何適用法例的規限下，全美人壽百慕達可能就上述用途向以下類別的受讓人(不論是否位於香港)披露閣下的個人資料：

- 為全美人壽百慕達提供行政、通訊、電腦、付款、保安或其他服務以達成上述用途之第三方代理人、承辦商、權益轉讓人及顧問(包括醫療服務供應商、緊急支援服務供應商、電訊促銷商、郵寄公司、資訊科技服務供應商及數據處理商)；
- 於索償的情況下，則為理賠調查員、索償調查員及醫療顧問；
- 於欠款的情況下，則為追討欠款的收數公司或索償代理；
- 保險資料服務公司及信貸資料服務公司；
- 再保險商及再保險經紀；
- 為閣下提供保單服務的任何保險中介人(包括閣下的保險經紀(如有)及其承繼人或受讓人)；
- 保單持有人(如非受保人)；
- 全美人壽百慕達之法律及專業顧問；
- 全美人壽百慕達之相關公司；
- 香港保險業聯會(或類似的保險公司組織)及其成員；
- 保險索償投訴局及類似的保險業機構；及
- 法例規定或許可的政府機構或機關。

即使未取得閣下同意使用或披露相關資料，全美人壽百慕達亦可使用及披露閣下的個人資料。

為達到上述用途，全美人壽百慕達或會將閣下的個人資料轉移予香港境外的上述任何類別受讓人(「受讓人」)。該等受讓人可能身處不同的司法管轄區，包括(但不限於)新加坡、百慕達、美國、荷蘭、瑞士及/或英國，當地未必設有與《個人資料(私隱)條例》大致相似或用途一致的個人資料保障法例，因此閣下的個人資料未必得到與香港法定水平相若的保障。

如閣下同意將個人資料轉移至香港境外，請於以下方格填上剔號，否則全美人壽百慕達將會無法建立或維持與閣下的業務關係，或向閣下提供所需的產品及服務。

本人同意將個人資料轉移至香港境外。

於直接促銷中使用及提供個人資料：

全美人壽百慕達取得閣下的同意後，將可使用閣下的聯絡資料(姓名、地址、電郵及電話號碼)、所購買保險產品的資料(包括保單詳情)、交易模式及行為、財務背景及人口資料，透過郵件、電郵、電話或短訊與閣下聯絡，提供全美人壽百慕達可能不時提供的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。**如閣下同意收取全美人壽百慕達的直接促銷資料，請於以下方格填上剔號。**

本人同意收取全美人壽百慕達的促銷資料。

全美人壽百慕達取得閣下的同意後，可以向其他公司提供閣下的個人資料作直接促銷用途。全美人壽百慕達可提供閣下的聯絡資料(姓名、地址、電郵及電話號碼)、所購買保險產品的資料(包括保單詳情)、交易模式及行為、財務背景及人口資料予相關公司，讓其可能透過郵件、電郵、電話或短訊與閣下聯絡，提供相關公司的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。**如閣下同意全美人壽百慕達將閣下的個人資料提供予相關公司，並希望收取該等公司的直接促銷資料，請於以下方格填上剔號。**

本人同意收取全美人壽百慕達相關公司的促銷資料。

查閱及修改個人資料：

閣下必須提供申請書內要求的所有個人資料，否則全美人壽百慕達將無法處理閣下的申請。

如欲查閱及修改全美人壽百慕達持有有關閣下的個人資料，請致函至香港港島東華蘭路18號港島東中心58樓全美人壽(百慕達)有限公司香港分行資料保障主任。

全美人壽百慕達或會向閣下收取合理費用，以抵銷查閱資料時衍生的行政費用及實際開支。

Declaration by Beneficiary/Claimant

受益人 / 索償人聲明

Select the box that applies
請選擇合適空格

I/We agree that payment made to me/us pursuant to this claim in the manner as directed above fully and finally satisfies and discharges Transamerica Life Bermuda's payment obligations to me/us under the Policy and no further claim will be made by me/us under the Policy.

本人/吾等同意，根據是次索償以上述方式向本人/吾等支付賠償，代表全美人壽百慕達已全面及妥善履行及解除保單下的付款責任，本人/吾等不得再根據保單作出進一步索償。

Signature of Beneficiary/Claimant*

受益人/索償人簽署*

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	<input type="text"/>
Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)			X

Signature of Witness to Beneficiary/Claimant

受益人/索償人之見證人簽署

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別	<input type="text"/>		X
<input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____			
Address 地址			

* Note 注意:

To update your contact information, please submit the Change of Contact Details Form available from your insurance intermediary.
如要更新聯絡資料，請向保險中介人索取更改聯絡資料表格，並於填妥後交回。

Instructions 指示

- (1) Each Beneficiary or Claimant is to complete and sign a Claim Form. If any of the beneficiaries named in the certificate or policy are deceased, a certified copy of the Death Certificate of that deceased beneficiary must accompany this form (only one certified Death Certificate is needed per Insured).
 - (2) If the benefits are payable to the Estate or to the Executor or Administrator of the Insured, the Claim Form should be completed by the legally appointed Executor or Administrator. A court certificate of the appointment (Letters Probate) must be furnished. The Executor or Administrator should furnish the estate's U.S. Tax ID Number, if applicable.
 - (3) If the benefits are payable to a minor or a mentally incompetent person, this form is to be completed by the legal guardian or conservator of their estate. A court certificate of the appointment is to be furnished; otherwise contact Transamerica Life Bermuda for instructions.
 - (4) If the benefits are payable to a trust, the trustee should complete the Claim Form and attach a statement that the trust is currently in force and that the trustee is now actively serving thereunder. The trustee should furnish the trust U.S. Tax ID Number and a copy of the first page and signature page, as well as those pages of the trust document relating to the appointment of the Trustee/Successor Trustee(s) and designation of beneficiary.
 - (5) If the policy has been collaterally assigned, this form may be completed by the collateral assignee alone. If the indebtedness secured by the collateral assignment is less than the benefits payable under the policy, the form must be completed by both the beneficiary and the assignee.
 - (6) Under current U.S. federal tax laws, each U.S. Claimant is required to provide us with a U.S. Social Security number or Tax ID Number and certify that you are not subject to backup withholding. You may be subject to backup withholding on any claim interest if (1) you fail to provide us with your U.S. Social Security number or Tax ID Number, pursuant to Internal Revenue Code ("IRC") Section 3406 (a) (1) (A); or (2) you were notified that you have underreported interest or dividend income or you were required to but failed to file a return which would have included reportable interest or dividend payments, pursuant to IRC Section 3406 (a) (1) (C). If you are a U.S. person subject to these backup withholding rules, we are required to withhold 28% of any reportable interest payment.
- (1) 每名受益人或索償人均須填寫及簽署索償表格。若名列證明書或保單上之任何受益人已身故，此表格必須隨附該名已身故受益人之死亡證明書經核證副本一份（每名受保人只需一份經核證死亡證明書）。
 - (2) 若賠償乃應付予受保人之遺產或遺產執行人或遺產管理人，索償表格應經由合法委任之遺產執行人或遺產管理人填寫，並必須提供法庭委任證明書（遺囑認證書）。遺產執行人或遺產管理人應提供遺產之美國稅務證明號碼（如適用）。
 - (3) 若賠償乃應付予一名未成年人士或精神不健全人士，則須由該等人士之法定監護人或遺產保護人填寫此表格，同時必須提供法庭委任證明書。如未能提供證明書，必須聯絡全美人壽百慕達查詢進一步指示。
 - (4) 若賠償乃應付予一項信託，則應由受託人填寫索償表格並夾附聲明，表示信託現正生效及受託人現正根據該信託積極執行有關職務。受託人應提供信託美國稅務證明號碼和信託文件之第一頁及簽署頁，以及有關委任受託人/（各）繼任受託人及指定受益人各頁之副本。
 - (5) 若保單已作抵押轉讓，此表格可由抵押受讓人單獨填寫。若抵押轉讓書所擔保之債項少於根據保單應付之賠償，則必須由受益人聯同承讓人一起填寫此表格。
 - (6) 根據現行美國聯邦稅法，每名美國索償人均須向我們提供社會保障號碼或美國稅務證明號碼，並證明您無須繳付後備預扣稅。在下列情況下，您可能需要繳付任何索償利息之後備預扣稅：(1) 您未有根據美國國稅法 3406 (a) (1) (A) 條向我們提供您的社會保障號碼或美國稅務證明號碼；或 (2) 您獲悉您已漏報利息或股息收入，或您未有按美國國稅法 3406 (a) (1) (C) 條規定呈交列明須申報利息或股息付款之報稅表。若您須受上述後備預扣稅規則規限之美國人士，全美人壽百慕達須按規定預扣任何須申報利息付款之 28%。

Fraud Warning 欺詐罪警告

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/or confinement in prison.
任何人士若在知情情況下提出虛假或有欺詐成分之損失或賠償索償，可能已屬違法，並可能被判罰款及/或入獄。

The cost, if any, of completing claim requirements, is to be borne by the Beneficiary or Claimant.
填寫索償規定所涉及之費用（如有）須由受益人或索償人承擔。