

CSM-CHG04



保單遺失聲明 Policy Lost Declaration

保單號碼 Policy No.

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請以正楷填寫本表。任何資料如有更改，保單持有人必須在更改的位置簽署作實。  
Please complete this form in BLOCK letters. All amendments should be endorsed by the Policyholder in full signature.  
本表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。  
The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited

第一部份 保單資料 Part 1 Policy Information

受保人姓名 Name of Insured (選擇性填寫 Optional)

姓 Last name 名 First name

保單持有人姓名 Name of Policyholder

姓 Last name 名 First name

請選擇適當之空格  Please tick the relevant box(es)

第二部份 注意事項 Part 2 Important Notes

- 本人/我們，上述保單之保單持有人，謹此聲明本人/我們已不再持有上述保單及確認上述保單經已遺失，並在本人/我們盡力尋找下未有尋獲。如該報失保單今後被尋獲，本人/我們同意將盡快交回貴公司。  
I/We, the Policyholder of the above policy(ies), hereby declare that the said policy(ies) is not in my/our possession and further declare that it was lost and cannot be found to the best of my/our effort. Should I/we subsequently recover the policy(ies) now reported as lost, it will be returned to the Company immediately.
- 本人/我們謹此申請一份上述保單之複製本，並同意在此聲明訂立前之原有保單及任何其他保單的複製本均為無效。申請保單複製本須繳付保單幣制\$200 或美元 \$25 手續費。  
I/We hereby apply for a duplicate copy of the above policy contract(s) and understand that the original policy and any duplicate policy copy(ies) issued before this declaration shall be rendered void. An administrative fee of Policy Currency \$200 or US\$25 will be charged for applying a duplicate policy copy.

第三部份 領取指示 Part 3 Collection Instruction

- 請將保單之複製本以掛號形式郵寄往本人/我們的通訊地址。  
Please send the duplicate policy to my/our correspondence address by registered mail.
- 本人/我們將親自到銀行分行領取保單之複製本，\_\_\_\_\_ (分行名稱/編號)。  
I/We shall collect the duplicate policy at \_\_\_\_\_ (branch name/code) Branch.
- 請將保單之複製本送到本人/我們保險中介人的辦事處。  
Please send the duplicate policy to my/our Insurance Intermediary's office.

第四部份 聲明及授權 Part 4 Declaration and Authorization

本人/我們現申請辦理上述之更改事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經貴公司批准，方能生效：

- 所有需要之款項及文件提交予貴公司並完整無缺。
  - 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
  - 在此申請表及貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)
  - 貴公司將以書面或附註形式通知此申請被接納。
  - 本人/我們提供符合貴公司要求之有效證明文件(例如：身分證及地址證明)予貴公司，讓貴公司能按照於「預防及打擊透過保險活動清洗黑錢及資助恐怖主義的操作指引」法規所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。  
I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request.  
I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approved by the Company.
- All required payment and complete supporting documents have been submitted to the Company.
  - The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
  - The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
  - Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
  - I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the "Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

第五部份 簽署 Part 5 Signature

保單持有人簽署 Signature of Policyholder	日期 Date	_____ / _____ / _____ 日/DD 月/MM 年/YYYY
受託人簽署 (如適用) Signature of Assignee (if applicable)	日期 Date	_____ / _____ / _____ 日/DD 月/MM 年/YYYY
見證人姓名及簽署 Name & Signature of Witness	日期 Date	_____ / _____ / _____ 日/DD 月/MM 年/YYYY

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**第六部份 個人資料收集聲明 Part 6 Personal Information Collection Statement**

本人/我們確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明（“本聲明”）。有關最新版本之收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽（海外）股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement (“PICS”) of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

**重要提示：**請於下文空白處簽名，以示閣下同意，若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在下文空格處劃上「✓」號。

**Important:** Please indicate your agreement by signing on the space provided below, if you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of data in direct marketing”, please tick the box below

本人不同意根據以上**收集個人資料聲明**（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。

I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

保單持有人簽署 Signature of Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
受託人簽署 (如適用) Signature of Assignee (if applicable)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
見證人姓名及簽署 Name & Signature of Witness	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY

註：Remarks:

- 此表格必須於簽署後 30 天內交至本公司客戶服務中心辦理，方為有效。  
The application form must be submitted to our Customer Service Centre within 30 days from the sign date.
- 請勿在空白表格上簽署。  
Please do not sign on blank form.

**只適用於保險中介人 For Insurance Intermediary Use Only**

保險中介人姓名 Name of Insurance Intermediary	聯絡電話號碼 Contact Telephone Number	職場編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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**只適用於銀行 For Bank Use Only**

銀行職員姓名 Name of Bank Staff	聯絡電話號碼 Contact Telephone Number	分行編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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**只供內部使用 For Internal Use Only**

覆核員 Checked by	記錄員 Recorded by	簽名校對員 Signature Verified by	備註 Remarks
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