



THE PACIFIC GROUP

太平洋人壽保險有限公司

THE PACIFIC LIFE ASSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

DREAD DISEASE CLAIM FORM

嚴重疾病賠償申請表

Agent / Broker Name 代理人 / 經紀名稱 _____

PART I – CLAIMANT STATEMENT

Agent / Broker Code 代理人 / 經紀編號 _____

Enclosure 附件

 Receipts 收據
 Sick Leave Certificate 病假紙
 Discharge Note 出院證明書
 Report (please specify) 報告 (請註明 _____)
A) Information of Policy and Claimant 保單及索償人資料

1. Policy No. 保單編號	2. Name of Insured 受保人姓名	3. HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	4. Sex 性別
5. Date of Birth 出生日期	6. Place of Birth 出生地點	7. Occupation 職業	
8. Nationality 國籍		9. Citizenship (If other than Hong Kong SAR and U.S. citizenship, please specify. If more than one citizenship, please provide details.) 公民身份 (如非香港或美國公民, 請註明哪個地區或國家的公民。如多於一個公民身份, 請提供詳細資料。) <input type="checkbox"/> Hong Kong SAR citizenship 香港特別行政區公民身份 <input type="checkbox"/> U.S. citizenship (including "Green Card" holder) 美國公民身份 (包括「綠咭」持有人) <input type="checkbox"/> Other than Hong Kong SAR and U.S. citizenship 其他地區公民身份 _____	
10. Tax residence ¹ (If more than one tax residence, please provide details.) 稅務地區 ¹ (如多於一個稅務地區, 請提供詳細資料。)		11. Are you subject to U.S. income tax on a basis other than that applicable to a non-resident for any other reason? ² If "Yes", please provide details. 作為非美國居民, 閣下是否需要繳納美國收入稅? ² 如「是」, 請提供詳細資料。 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 _____	
12. U.S. Taxpayer Identification Number (TIN No.) (If applicable) 美國納稅人識別號碼 (若適用)		13. Foreign Taxpayer Identification Number (other than Hong Kong SAR and U.S., please specify.) (If applicable) 海外納稅人識別號碼 (除香港特別行政區及美國外, 請註明國家或司法區) (若適用) Country / Jurisdiction 國家 / 司法區 _____ Taxpayer Identification Number 納稅人識別號碼 _____	
14. Correspondence Address 通訊地址 Room / Flat 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____			

¹ You are also considered as a U.S. resident for tax purposes if: i) you are a lawful permanent resident ("Green Card" holder) not eligible for treaty protection; or ii) you qualify as an income tax resident of the U.S. under the "substantial presence test" 閣下被視為美國稅務居民, 若 i) 閣下為合法永久居民 (綠咭持有人) 而不合資格受美國條約保護, 或 ii) 閣下因「實質居住測試」而被定為稅務居民。

² As an example, are you a dual tax resident? Have you elected to be treated as a resident of the U.S. for any purposes, including an election to "file jointly" with a U.S. citizen spouse? Have you expatriated or given up your "Green Card" during the last ten years and are subject to special "sourcing rules"? 例: 閣下是否有雙重稅務居民身份? 閣下有否因其他原因而被定為美國稅務居民, 包括與美國公民之配偶合併報稅? 閣下有否於過去十年因移居國外或放棄「綠咭」而受到特別「來源原則」所限制?

15. Please provide Residential Address / Permanent Address / Registered Address (if different from Correspondence Address)
請提供住宅地址 / 永久地址 / 登記地址 (若為法人團體) (如與通訊地址不同)

Residential Address 住宅地址 Permanent Address 永久地址 Registered Address 登記地址

Room / Flat 室 _____ Floor 樓 _____ Block 座 _____

Building / House 大廈 / 樓 _____

Court / Estate 屋苑 / 屋邨 _____

Street / Road 街道名稱 _____

District / Area 地區 _____ HK 香港 KLN 九龍 NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

16. Telephone No. 電話號碼

Home Telephone 住宅電話 _____ - _____ - _____

Country Code 國家號碼 _____ Area Code 地區號碼 _____ Telephone Number 電話號碼 _____

Mobile Phone 手提電話 _____ - _____ - _____

Country Code 國家號碼 _____ Area Code 地區號碼 _____ Telephone Number 電話號碼 _____

17. Have you granted power of attorney or signatory authority to a person with a U.S. Address? If "Yes", please provide the mailing address.
有否授權具美國地址之「代理人」或「代簽人」處理閣下之保單? 如「有」, 請提供上述人士之郵寄地址。

No 否 Yes 有, *Power of Attorney 代理人 / *Authorized Signatory 代簽人 *將不適用者刪除 Delete as inappropriate

Room / Flat 室 _____ Floor 樓 _____ Block 座 _____

Building / House 大廈 / 樓 _____

Court / Estate 屋苑 / 屋邨 _____

Street / Road 街道名稱 _____

District / Area 地區 _____ HK 香港 KLN 九龍 NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

18. Do you have any "in-care-of" or "hold mail" address? If yes, please provide the address.
有否「轉信地址」或「代存郵件地址」? 如「有」, 請提供有關地址。

No 否 Yes 有, *In-care-of address 轉信地址 / *Hold mail address 代存郵件地址 *將不適用者刪除 Delete as inappropriate

Room / Flat 室 _____ Floor 樓 _____ Block 座 _____

Building / House 大廈 / 樓 _____

Court / Estate 屋苑 / 屋邨 _____

Street / Road 街道名稱 _____

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City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

B) Nature of Dread Disease and Related Details 嚴重疾病詳情	
1. Name of Dread Disease 申請賠償的嚴重疾病名稱	
2. Describe the major sign & symptoms from date of onset 請詳述病發日起的一切主要病徵及病狀	
3. When did the symptoms first occur? 何時開始出現病徵?	

C) Consultation History 診治詳情	
1. The physician first consulted for the illness 請詳述此病之初診醫生的資料	<u>Name/Address 姓名/地址</u> <u>Consultation Date 求診日期</u>
2. All other physician consulted for the illness 請詳述其他應診此病的醫生的資料	<u>Name/Address 姓名/地址</u> <u>Consultation Date 求診日期</u>
3. Physician seen for the same/any similar or interrelated condition in the past 過往曾就此相同/類同或有關的狀況所就診的醫生的資料	<u>Name/Address 姓名/地址</u> <u>Consultation Date 求診日期</u>
4. Details of all hospitals or clinics you have attended or been admitted to for this condition. (including date admitted and date discharged) 請詳述曾提供診治此疾病的醫院及診所(包括入院及出院日期)	<u>Name of Hospitals or Clinics/Address 醫院或診所名稱/地址</u>
5. Details listing names, addresses and reasons for consultations of all medical practitioners consulted in the last five years 請詳述閣下過往五年曾求診的醫生姓名、地址及原因	<u>Name/Address 姓名/地址</u> <u>Consultation Date and Reason 求診日期及原因</u>
6. Name & address of your usual doctor 慣常求診的醫生姓名及地址	
7. Are you current confined to : 現時閣下身處於 :	<input type="checkbox"/> Hospital 在醫院 <input type="checkbox"/> Home 在家中

D) Other Information 其它資料	
1. Has any of your blood relatives suffered from a similar or related illness? 直系親屬中有否曾患類似或有關之疾病?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please give details 如“有”，請詳述 _____
2. Have you ever suffered from/ been treated for any other illness prior to this illness you are claiming for? 閣下患有是次申請賠償之疾病前，是否患有或診治其他疾病?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please give details 如“有”，請詳述 _____
3. Have you undergone any tests to confirm the diagnosis? 閣下有否接受任何測試以確定上述病徵?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please give details 如“有”，請詳述 _____
4. Please give details of your habits in relation to alcohol, drugs and smoking? 請填寫閣下飲酒、服用藥物或吸煙習慣之詳情?	
5. Are you insured for similar benefit with any other insurance company? 閣下是否受保於其他保險公司並獲類似之保障?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please give details 如“有”，請詳述 _____

Declaration and Agreement relating to “Foreign Account Tax Compliance Act” and other Applicable Laws 有關《海外帳戶稅收合規法案》和其他適用法律的聲明和同意書

(1) I acknowledge that The Pacific Life Assurance Co., Ltd (the Company) may be required by legislation or regulation, as promulgated and amended from time to time, or by agreement with (the Applicable Requirements) local or overseas authorities (the Authorities and each an Authority), including but not limited to, Internal Revenue Service (IRS) of the United States of America, to report certain information about me and about my relationship with the Company: (a) to the Authorities in the jurisdiction where the Company is registered, which may then pass that information to the Authorities in another jurisdiction to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise; or (b) directly to the Authorities in other jurisdictions (such as the United States) to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise. (2) In this connection, I confirm and agree that the Company, for the purpose of ensuring its compliance or adherence with the Applicable Requirements may: (a) disclose such information to (i) the Authorities and their agents; and (ii) the agents or sub-contractors engaged by the Company that have adequate protections for keeping its customers' data secure and operate under a strict duty of confidentiality to the Company; and (b) withhold a proportion of payments otherwise payable to me. (3) I also confirm and agree that: (a) If any of the following information provided by me to the Company changes, I shall inform the Company of such change in writing within 30 days from the date of such change: (i) where I am an individual, my personal identification number, addresses, telephone number, nationality, tax status, and tax residences; and (ii) where we are a body corporate, our registered address, address of our place of business, substantial shareholders, ultimate beneficial owners with 10% direct or indirect of our shares or ownership interest or control, tax status, and tax residences. (b) Upon the Company's written request to me, I shall, within 30 days of the date of request, provide information, documents or certifications requested by it and that, to the extent permitted by applicable laws I waive any confidentiality rights under the applicable data protection or similar laws in respect of all information the Company holds or obtains from me which it needs to disclose to comply with the Applicable Requirements. (c) In the event where I fail to provide the Company with the information, documents or certifications specified by the Company within the time period stated in the request, and if the Company reasonably believes it to be necessary for it to comply with the Applicable Requirements, or I become a citizen or tax resident of any foreign jurisdiction, the Company has the right to: (i) disclose my particulars or any information to any Authority; (ii) withhold a proportion of payments paid to me as required by any Authority or the Company is otherwise required by law or pursuant to agreements with any regulators or any Authority to do so; or (iii) terminate my policy. (d) The Company may transfer my data to another jurisdiction or jurisdictions for processing by or on behalf of it and use agents and sub-contractors to process my data to comply with the Applicable Requirements. (e) The Company will not be liable to me for any loss I may suffer as a result of it complying with the Applicable Requirements with the Authorities. (f) This consent will override any consent provided by me under any agreement(s) with the Company, whether before or after the date of this agreement.

(1) 本人確知太平洋人壽保險有限公司（太平洋人壽）須根據不時頒佈及修訂的法規或條例，或與本地或海外監管機構（監管機構），包括但不限於美國國家稅務局之協定（適用規定），在下列情況下向監管機構呈報有關本人及本人與太平洋人壽業務關係之資料：(a) 根據監管機構之適用規定或其他適用情況下，透過太平洋人壽註冊地司法管轄區之監管機構，將本人資料轉交其他司法管轄區之監管機構以確立本人之稅務責任；或(b) 根據監管機構之適用規定或其他適用情況下，直接向其他司法管轄區（如美國）之監管機構呈報資料以確立本人之稅務責任。(2) 為確保太平洋人壽遵守適用規定，本人確定並同意太平洋人壽可：(a) 向下列機構透露本人之資料：(i) 監管機構及其代理人；及 (ii) 太平洋人壽聘用之代理人或承包商，該代理人或承包商須和太平洋人壽有嚴謹的保密協議，並有足夠措施保障客戶資料不外洩；及 (b) 扣留部分應支付給本人之款項。(3) 本人亦確定並同意：(a) 若本人向太平洋人壽提供的以下任何資料有所變更，本人須於有關變更日期起計 30 天內，將有關變更以書面方式通知太平洋人壽：(i) 若本人是個體：本人之個人身份證號碼、地址、電話、國籍、稅務狀況及稅務地區；及 (ii) 若我們是法人團體：我們之註冊地址、業務營運地址、主要股東、直接或間接擁有 10% 股份、所有權或管理權之最終實際受益人、稅務狀況及稅務地區。(b) 在太平洋人壽向本人提出書面要求後，本人須於發信日期起計 30 天內，向太平洋人壽提供所需之資料，文件或證明，以遵守適用規定。對太平洋人壽為遵守適用規定而持有或索取有關本人之資料，在法律容許的範圍內，本人同意放棄適用於資料保障或類似法律下之保密權利。(c) 若本人於要求日期內未能提供所需之資料，文件或證明予太平洋人壽而太平洋人壽合理地相信有需要遵守適用規定，或本人已成為任何外地司法管轄區之公民或稅務居民，太平洋人壽有權 (i) 向任何監管機構透露本人的個人或任何資料；(ii) 根據監管機構之適用規定，扣留部分支付給本人之款項；或 (iii) 終止本人之保單。(d) 太平洋人壽可代表本人轉移本人之資料予其他司法管轄區，並使用代理人或承包商處理本人之資料，以遵守適用規定。(e) 太平洋人壽為遵守監管機構適用規定，引致本人蒙受損失，太平洋人壽概不承擔任何責任。(f) 此同意書將取代本人與太平洋人壽過往或將來所簽訂的同意書。

Declaration 聲明

I hereby declare that the answers given above are true and complete to the best of my knowledge and belief. I consent to The Pacific Life Assurance Co., Ltd. or its representative seeking and receiving medical information about the Insured with reference to the illness/the accident, his/her health and medical history and any hospitalization, advice, treatment, disease or ailment from any physician, hospital, insurance company or other organization or person, that has any records or knowledge of the Insured or his/her health. A photostatic copy of this authorization shall be as effective and valid as the original.

本人謹此聲明以上填報之各項答案是根據本人所知所信填報，並為完全和真確。本人同意太平洋人壽保險有限公司或其代表向任何擁有或知悉受保人或其健康狀況紀錄之醫生、醫院、保險公司或其他機構或人士，索取任何有關受保人今次疾病／意外、過往健康狀況、病歷及求診之詳細資料。本授權書之副本與正本具有同等效力。

Signed at _____ on _____
簽署於 _____ Place 地方 _____ Year/Month/Date 年/月/日 _____ Signature of Agent/Witness 代理人/見證人簽署 _____ Signature of Insured / Policy Owner / Beneficiary
受保人 / 保單持有人 / 受益人簽署

Please return this completed form to The Pacific Life Assurance Co., Ltd. at 10/F, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.

Should you have any queries, please feel free to call our Customer Service Hotline at 2876 0876.

請填妥此表格並交回太平洋人壽保險有限公司（地址：香港灣仔皇后大道東 43-59 號東美中心 10 樓）。如有疑問，請致電客戶服務熱線 2876 0876。