



# 太平洋人壽保險有限公司

## THE PACIFIC LIFE ASSURANCE CO., LTD.

### Death Claim Form 死亡賠償申請表

Please print in BLOCK Letters 請用正楷填寫  
(To be completed by claimant) (由申請人填寫)

#### (I) Deceased's Particulars 死亡資料

Policy No. 保單號碼	Deceased (Surname First) 死者姓名	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
Sex 性別	Age 年齡	Date of Birth 出生日期
Residence prior to death 生前地址		
Occupation prior to death 生前職業	Name & Address of Employer prior to death 生前僱主名稱及地址	
Name and Address of the deceased's personal doctor 死者之私人醫生姓名及地址		

#### (II) Particulars of the Death 死亡詳情

(For death due to accident, please complete questions 1-2 below.) (因意外死亡者，請填寫以下1-2題)

1. When & where did the accident occur? 意外在何時及何地發生?
2. How did the accident occur? 意外發生經過?

(For death due to sickness, please complete questions 3-5 below.) (因病死亡者，請填寫以下3-5題)

3. Give a brief description of Insured's symptoms. 請描述病徵及病狀
4. How long had he/she been experiencing these symptoms prior to death? 在被保人首次就診前，該等病徵已存在多久?

5. Give details of consultations 請填報診治詳情	Date 診治日期	Name(s) and Address(es) of Doctor(s) / Hospital(s) 醫生 / 醫院名稱及地址
(a) The doctor first consulted for this illness 首次診治的醫生資料	(a)	
(b) The doctor who referred the Insured to hospital 建議入院的醫生資料	(b)	
(c) All other doctors consulted during this illness 曾診治此病之其他醫生資料	(c)	
(d) Doctors seen for any similar condition in the past 過往曾診治同類病況的醫生資料	(d)	

### (III) Other Insurance Coverage 其他保單資料

1. Was the life of the deceased assured with other insurance company? 死者有否在其他保險公司投保? (If "Yes", please state): (若「有」, 請詳述):	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 否
Name of Company 保險公司名稱	Policy No. 保單號碼	Amount of Assurance 保額
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### (IV) Information of Claimant 索償人資料

Name 姓名	Sex 性別	Age 年齡	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼
Place of Birth 出生地點	Relationship with the Deceased 與死者關係		Occupation 職業
Nationality 國籍	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。)		
Tax residence <sup>1</sup> (If more than one tax residence, please provide details.) 稅務地區 <sup>1</sup> (如多於一個稅務地區, 請提供詳細資料。)		Are you subject to U.S. income tax on a basis other than that applicable to a non-resident for any other reason? <sup>2</sup> 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? <sup>2</sup> 如「是」, 請提供詳細資料。	
		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	

<sup>1</sup> 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 (綠卡持有人) 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。

<sup>2</sup> 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「綠卡」而受到特別「來源原則」所限制?



Are you one of the named beneficiary? (If “no”, in what capacity or by what title do you claim this assurance?)  
閣下是否所指定之受益人? (如「否」, 閣下現以何等身份索償?)

Yes 是

No 否, \_\_\_\_\_

Who has possession of the policy document?  
保險單在誰手中?

#### 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 regulations 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。

#### (V) Declaration 聲明

I declare that the Particulars stated in this form are true and complete in every respect.

本人承認以上所述每一答案均為完全真確

Date 日期	Place 簽署地點	Signature of Claimant 索償人簽署
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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。