

身故賠償申請書 (由索償人填寫)
Death Benefit Claim Form (to be completed by claimant)

持牌保險中介人姓名 Licensed Insurance Intermediary's Name	持牌保險中介人編號 Licensed Insurance Intermediary's Code	持牌保險中介人電話號碼 Licensed Insurance Intermediary's Phone No.

索償需知 Information to Note

1. 為讓我們可儘快處理您的索償申請，遞交此申請書時，請附上下列文件：
To enable us to process your claim promptly, please enclose the following documents when submitting this form:
- 死亡證的核實副本*
Certified true copy* of Death Certificate
 - 死者的身份證 / 護照的核實副本*
Certified true copy* of Identity Card / Passport of the deceased
 - 索償人的身份證 / 護照的核實副本*
Certified true copy* of Identity Card / Passport of the claimant
 - 索償人和死者的關係證明副本 (如出世紙或結婚證書)
Copy of Relationship Proof between the claimant(s) and the deceased (e.g. Birth Certificate or Marriage Certificate)
 - 由每位索償人填妥的自我證明表格
Self-Certification Form completed by each claimant
 - 如需其他補充資料(如由醫生報告或醫療記錄)，我們會儘快知會您。
In case any other supplementary information is needed (e.g. Attending Physician's Statement or Medical Records), we shall notify you immediately.
- *備註：核實副本需由執業律師或我們的客戶體驗大使辦理。
Remarks: True Copy must be certified by a solicitor or our Customer Experience Ambassador.
2. 您可參閱本公司之網址 life.cpic.com.hk 以獲得更多有關索償申請的資料。
You may refer to our website life.cpic.com.hk for more claims information.
3. 如您對索償有任何疑問，您可聯絡您的持牌保險中介人或我們的客戶體驗大使，我們會竭誠為您提供協助：
If you have any questions, you may contact your Licensed Insurance Intermediary or our Customer Experience Ambassador, we will be there to provide assistance:
- (香港) 客戶服務熱線 (Hong Kong) Customer Service Hotline : (852) 3169 5500
 - (內地) 客戶服務熱線 (Mainland) Customer Service Hotline : 95500
 - 電郵 Email : wecare@cpiclif.com.hk

(A) 保單號碼 Policy Number

(B) 死者資料 Information of the Deceased

1. 死者姓名 Deceased's Name		2. 出生日期 Date of Birth	(日 DD/月 MM/年 YY)
3. 死亡日期 Date of Death	(日 DD/月 MM/年 YY)	4. 死亡地點 Place of Death	
5. 死亡原因 Cause of Death		6. 最後工作日期 Last Date of Working	(日 DD/月 MM/年 YY)
7. 僱主名稱 Name of Employer			
8. 死者的最後居住地址 Last Residential Address of Deceased			

9. 是否將會或已進行死因研訊? Will there be or has there been a death inquest?	<input type="checkbox"/> 是, 請提供死因研訊報告 (如有) Yes, please provide a copy of the death inquest report (if any) <input type="checkbox"/> 否 No
10. 是否將會或已進行解剖驗屍? Will there be or has there been an autopsy?	<input type="checkbox"/> 是, 請提供解剖驗屍報告 (如有) Yes, please provide a copy of the autopsy report (if any) <input type="checkbox"/> 否 No
11. 請提供過去兩年曾為死者診治之醫生/醫院的名稱、地址、求診日期及診斷 Please provide the name and address of the doctor(s) / hospitals that the deceased had consulted in past 2 years with consultation date and diagnosis. <small>症狀/診斷 Symptoms / Diagnosis 診治日期 Consultation Date(日 DD/月 MM/年 YY) 醫生/醫院名稱及地址 Name & Address of Doctor(s) / Hospital(s) Consulted</small>	
12. 死者在其他保險公司之保障詳情 Coverage of the deceased with other insurance companies <small>保險公司名稱 Name of Insurer 保單號碼 Policy No. 生效日期 Policy Commencement Date(日 DD/月 MM/年 YY) 保障額 Face Amount</small>	
(C) 如死亡是因病所致, 請提供以下資料 If the Death was caused by Illness, please provide the following:	
1. 首次發病日期 Onset Date <small>(日 DD/月 MM/年 YY)</small>	2. 症狀/診斷 Symptoms / Diagnosis
3. 曾求診的醫生/醫院名稱及地址 Name & address of doctors / hospitals ever consulted <small>診治日期 Consultation Date 醫生/醫院名稱及地址 Name & Address of Doctor(s) / Hospital(s) 曾接受的治療 Treatment</small>	
(D) 如死亡是因意外所致, 請提供以下資料 If the Death was caused by Accident, please provide the following:	
1. 意外日期及時間 Date & Time of Accident <small>(日 DD/月 MM/年 YY) (上午 am/下午 pm)</small>	2. 意外發生地點 Place of Accident
3. 請詳述意外發生經過 Please state how the accident happened in details.	
4. 有否就上述意外報警? Has the accident been reported to the police?	<input type="checkbox"/> 有, 請提供以下資料 Yes, please provide the following: <input type="checkbox"/> 否 No <small>警署名稱 Name of Police Station 報案號碼 Reference No.</small>

(E) 有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定

Notice and Agreement Relating to Foreign Account Tax Compliance Act and other Applicable Laws

客戶確認符合《外國帳戶稅務合規法案》和其他適用法律

Customers' acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other applicable laws

您知悉中國太平洋人壽保險(香港)有限公司(以下簡稱「本公司」)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》(「合規法案」)適用規定的要求、或任何公眾、司法、稅務、政府和/或其他監管機構協定的要求,包括但不限於美國的稅務局(以下簡稱「監管機構」)在不同的司法管轄區(以下簡稱「適用規定」)不時頒布及修訂的協定。在這方面,您同意我們可以在必要時向任何監管機構透露您的個人資料或扣留任何支付給您的款項以確保我們遵行適用規定。

You acknowledge that China Pacific Life Insurance (H.K.) Company Limited (hereafter called the "Company") is obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and the requirements including the applicable requirements under the Foreign Account Tax Compliance Act ("FATCA") or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal Revenue Service ("IRS") of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that we may disclose your particulars to any Authority, or withhold payments otherwise payable to you where necessary, for the purpose of ensuring our compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料/放棄資料的私隱權

Customers' consent to disclose information to third parties / waiver of data privacy rights

您同意本公司可根據適用規定的要求,向任何監管機構披露您的個人資料或任何資料(如帳戶結存、支付利益等)。基於前述的原因,以及儘管在本表格或我們之間的任何其他協議所載的任何內容,我們可能需要您向我們提供進一步資料,以便向任何監管機構透露,而您必須在合理要求的時間內向我們提供相關的資料。

You agree that the Company may disclose your particulars or any information (such as account balances, benefit paid) to any Authority in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, we may need you to provide us with further information as may be required for disclosure to any Authority and you shall provide the same to us within such time as may be reasonably required.

如您未能遵守這些義務(即為「不遵從合規法案之帳戶持有人」),本公司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。在某些情況根據適用規定的要求下,本公司可能被要求在您的保單付款中徵收合規法案預扣稅。您可以參考美國財政部網站以獲取《外國帳戶稅務合規法》的相關信息(<https://home.treasury.gov/policy-issues/tax-policy/foreign-account-tax-compliance-act>)。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), the Company is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS. In certain circumstances as required from the Applicable Requirements, the Company could also be required to impose FATCA withholding tax on payments made to, or which it makes from this Policy. You may visit the U.S. Department of the Treasury website for FATCA related information (<https://home.treasury.gov/policy-issues/tax-policy/foreign-account-tax-compliance-act>).

更新客戶有關國籍,稅務狀況的資料及其他資料

Updating of customers' information about nationality, tax status and others

儘管載於本表格或我們之間任何其他協議所包含的任何內容,您同意向我們提供協助,使我們能夠就您或您向我們購買的保險計劃,遵行我們在適用規定下的義務。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide us with such assistance as may be necessary to enable us to comply with our obligations under all Applicable Requirements concerning you or your policies with us.

就您在任何申請或其他時間向我們提供的任何資料,您同意於資料變更後的 30 天內向我們提供更新資料。尤其重要的是下列資料,請您立即通知我們更新:若您是個體,您的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動;若您是法團法人或任何其他類型的實體,您的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人(擁有或控制 25%以上股份或所有權或管理權的人士)、稅務狀況、稅籍所在地的變動。若發生這些變動或若任何這種變動的其他資料已為大家所知,我們可能會要求您提供某些文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要,由公證人作出公證)的稅務申報或表格。

You agree to update us within 30 days of any change of any of the details previously provided to us whether at time of application or at any other times. In particular, it is very important that you notify us immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 25% of your shares or ownership interest or control), tax status, tax residency changes. If any of these changes occurs or if any other information comes to light concerning such changes, we may need to request certain documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized by a notary) tax declarations or forms.

如果您未能及時向我們提供資料或文件,或您所提供所需的資料或文件並非最新、準確或完整,為確定我們持續遵從適用規定,您確認並同意我們可以按適用規定的要求,我們會不時根據相關監管機構的要求報告我們所知的最新信息。

If you do not provide us with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete, you acknowledge and agree that we may, in order to ensure our ongoing compliance or adherence with the Applicable Requirements, from time to time as any relevant Authority require, report the latest information known to us to the relevant Authority.

本公司無法提供稅務建議和/或稅務居民的定義。如對稅務事宜或稅務居民有任何疑問,請向專業法律和/或稅務顧問尋求建議。

The Company is unable to provide tax advice and/ or the definition for tax residency. If you have any questions on tax matters or tax residency, please seek advice from professional legal and/ or tax advisor(s).

(F) 個人資料收集聲明 Personal Information Collection Statement and Consent

本公司尊重和保障您的私隱及承諾遵守〔個人資料(私隱)條例〕(香港特別行政區(「香港」)法例第 486 章) (「私隱條例」) 的要求。本聲明適用於本公司所提供的產品和服務，並闡述我們收集客戶個人資料的原因、資料的擬定用途，可能獲提供個人資料的人士，以及有關查閱、檢視及修改個人資料的方法。本聲明中的「客戶」是指資料當事人(定義見私隱條例)，包括現有和未來的保單持有人、受保人、受益人、以及根據保單指定或有權收取款項和/或其他利益的其他人。

The Company respects and protects your privacy and pledges to comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong Special Administrative Region ("Hong Kong")) (the "Ordinance"). This statement applies to all products and services provided by the Company and sets out why we collect the personal data about the customer(s), how it is intended to be used, to whom it may be provided to and how to access, review and correct the personal data. "Customer(s)" in this statement means data subjects (as defined under the Ordinance) and includes existing and prospective insurance policy owners, insureds, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy.

1. 本公司所收集及/或持有的個人資料 Personal data collected and or held by the Company

於本聲明內，「個人資料」的含義與私隱條例中的定義相同。其意包括 (a) 直接或間接與一名在世的個人有關的；(b) 從該資料直接或間接地確定有關的個人的身分是切實可行的；及 (c) 該資料的存在形式令予以查閱及處理均是切實可行的數據。我們所收集及/或持有的個人資料包括但不限於您的姓名、身份證號碼、聯絡資料、家族歷史、保單資料、學歷、就業資料、財務資料、健康和醫療資料。

In this statement, "personal data" bears the same meaning as defined under the Ordinance. It includes any data (a) relating directly or indirectly to a living individual; (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and (c) in a form in which access to or processing of the data is practicable. The personal data that we collect and/or hold includes but is not limited to name, identity card number, contact information, family history, policy details, education details, employment details, financial details, health and medical information.

本公司將保留您的個人資料直至達到收集個人資料的目的及符合法例要求。如果本公司不再需要您的個人資料以作任何用途，我們將會採取合理的步驟，安全地刪除或銷毀您的個人資料。

The Company will keep the personal data for as long as necessary to achieve the purpose for which it was collected and to comply with prevailing legal requirements. If the Company no longer needs the personal data for any purposes, we will take reasonable steps to securely delete or destroy personal data.

2. 未能提供個人資料的影響 Consequence of failing to provide personal data

提供您的個人資料純屬自願。如果您不向我們提供所需的個人資料，我們可能無法向您提供所需的產品及服務。

The provision of the personal data is voluntary. If you do not provide us with the requested personal data, it may inhibit our ability to provide or continue to provide your requested products and services.

3. 本公司收集個人資料的目的 Purposes of personal data collected by the Company

本公司所持有您的個人資料可能會用於以下目的：

Personal data held by the Company may be used for the following purposes:

- a) 處理保險產品或服務的申請及核實相關的資格；
processing applications and verifying the eligibility for insurance products or services;
- b) 設計全新或加強現時本公司所提供的保險產品、服務及相關產品；
designing new or enhancing existing insurance products, services and related products provided by the Company;
- c) 管理已簽發的保單；
administering the policies issued;
- d) 處理付款指示；
processing payment instructions;
- e) 處理任何保險索償；
processing any insurance claims;
- f) 進行統計及精算研究；
conducting statistical and actuarial research;
- g) 資料核對，或開展核對程序(定義見私隱條例，但廣泛而言包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請)、內部業務及行政之用；
data matching or conducting matching procedure (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application), internal business and administrative purposes;
- h) 釐定本公司欠付您或您拖欠本公司的任何款項的金額，及執行您之責任，包括向您或任何已為您的債務向本公司提供任何擔保或承諾的人士追收尚欠金額(如有)；
determining amount of indebtedness owed to or by you, and performing your obligations including the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Company (if any);
- i) 就您在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
sending out administrative communications about any accounts you may have with the company or about future changes to this statement;
- j) 直接推廣；
direct marketing;
- k) 進行保單檢閱及需要分析；
performing policy review and needs analysis;
- l) 滿足任何適用法律、規則、實務守則或指引規定的要求，或協助在香港或香港以外的監管機構執法及進行調查；
meeting obligations and requirements imposed by any applicable laws, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by regulatory authorities in Hong Kong or elsewhere;
- m) 在收集時列明的其他用途；
other purposes as notified at the time of collection;
- n) 與上述任何一項直接有關的其他用途。
other purposes directly relating to any of the above.

4. 轉交 Transfer

本公司收集的個人資料將保密處理，但可能會轉交給及向以下不論是位於香港境內或境外的任何一方披露，以作上述第 a) 至 n) 項之用途。

The personal data collected by the Company will be kept confidential but may be transferred and disclosed to any of the following parties, whether within or outside Hong Kong, for the purposes as specified in a) to n) above:

- i) 中國太平洋保險（集團）股份有限公司（「太保集團」）及集團內的其他公司；
China Pacific Insurance (Group) Co., Ltd. ("CPIC Group") and any other companies within the Group;
- ii) 任何進行保險及/或再保險有關業務的公司；
any companies carrying on insurance and/or reinsurance related business;
- iii) 任何與本公司有合約的持牌保險中介人；
any licensed insurance intermediaries who have an agreement with the Company;
- iv) 任何保險索償調查人員；
any insurance claim investigators;
- v) 任何夥伴金融機構；
any partnering financial institutions;
- vi) 就業務經營關係向本公司提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接推廣服務或其他服務的任何代理、承包商或第三方管理人員；
any agents, contractors or third party administrators who provide administration, technology, data processing, telecommunications, computers, payment, debt collection, call centre services, direct marketing services, or other services to the Company in connection with the operation of its business;
- vii) 任何不時存在的保險業協會及聯會；
any applicable and relevant associations and federations of the insurance industry that exist from time to time;
- viii) 任何提供保險及/或再保險相關業務的其他服務供應商；
any other service providers providing insurance and/or reinsurance related business;
- ix) 任何政府部門及司法機構或監管機構；
any governmental and judicial bodies or regulators;
- x) 在收集個人資料時已通知您的任何其他團體。
any other parties as notified to you at the time of collection.

5. 查閱及修改 Access and Correction

根據私隱條例，您有權要求查閱及/或修改由本公司持有的您的個人資料。如果您想要查閱及/或修改由本公司持有的您的個人資料，請向我們的資料保護主任作出書面要求，地址是香港銅鑼灣希慎道 33 號利園一期 18 樓 1802 室。

In accordance with the provision of the Ordinance, you have the right to request access to and/or correction of your personal data held by the Company. If you want to access and/or correct your personal data held by the Company, please make such a request by writing to our Data Protection Officer at Room 1802, 18/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong.

6. 直接推廣 Direct Marketing

本公司希望就產品優惠及宣傳資料與您保持聯繫，未經您的同意，太保壽險香港不會使用或向其它機構提供您的個人資料作直接推廣用途。

The Company would like to keep in touch with you regarding product offers and promotional materials. Without your consent, the Company will not use or provide your personal data to any external parties for any direct marketing purposes.

本公司會不時使用和/或提供給 (i) 中國太平洋保險（集團）股份有限公司；(ii) 太保集團的成員公司；和/或 (iii) 第三方服務提供商（無論是否以獲取利益為目的）您的姓名、住址、聯絡地址、電郵及電話號碼（「該資料」）作直接推廣以下之產品和服務：

The Company will use your name, residential address, contact address, email and phone number ("Information") from time to time and/or provide the Information to (i) China Pacific Insurance (Group) Co., Ltd.; (ii) CPIC Group member companies; and/or (iii) third-party service providers (whether or not in return for gain) for direct marketing of the following:

- 保險、年金、財富管理、基金投資服務、退休計劃和其他金融相關的產品和服務；
insurances, annuities, wealth management, fund investment services, retirement schemes and other financial related products and services
- 與健康、保健和醫療、退休養老、體育活動和會員資格、健身或類似休閒活動、旅行和交通、社交網絡、媒體和醫療保健服務相關的產品和服務；和
products and services in relation to health, wellness and medical, healthy ageing and retirement, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking, media, medical care services; and
- 獎勵、增加現有客戶忠誠度推廣或特權計劃的相關產品和服務。
reward, customer loyalty or privilege programme and related products and services.

請您向我們的資料保護主任作出書面要求、查閱或取消使用及提供該資料作直接推廣用途，地址是香港銅鑼灣希慎道 33 號利園一期 18 樓 1802 室。
Please notify our Data Protection Officer in writing to Room 1802, 18/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong if you wish to access or withdraw your consent to the use and provision of Information for direct marketing purposes.

死者姓名 Deceased's Name	保單號碼 Policy Number	
(G) 聲明及授權 Declaration and Authorization		
<p>本人/我們確認本人/我們已閱讀並明白個人資料收集聲明。本人/我們特此確認並同意公司根據個人資料收集聲明使用和移轉本人/我們的個人資料。 I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement. I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the Personal Information Collection Statement.</p> <p>本人/我們聲明於本賠償申請書上的一切陳述、答案以及經本人/我們遞交和此賠償有關的其他文件，均屬真確無訛、詳細完整。 I / We declare that all the foregoing statements and answers in this claim form together with other document(s) submitted by me/us about this claim are full, complete and true.</p> <p>本人/我們茲授權中國太平洋人壽保險(香港)有限公司可收集、保存、使用、透露或轉交任何有關本人/我們及上述已故受保人(死者)的個人資料(無論載於本申請書內或從其他途徑獲取的)予其他公司、機構、醫生、醫院、診所、政府部門或任何其他組織及人士以辦理此索償申請、或其他服務。 I / We, hereby authorize China Pacific Life Insurance (H.K.) Company Limited to collect, retain, use, disclose or transfer the personal information (whether obtained from this application or otherwise obtained) of me/ us / the above late life insured (the deceased) to other companies, institutions, doctors, hospitals, clinics, government departments or any other organizations and individuals for the purpose of processing this claim or other services.</p> <p>本人/我們同意並不可撤銷地授權任何知悉或擁有上述已故受保人(死者)資料或紀錄之僱主、醫生、醫院、診所、保險公司、金融機構、政府部門、機構或人士，向中國太平洋人壽保險(香港)有限公司透露、發放及轉移有關資料。即使本人/我們死亡或喪失行為能力，此授權書仍然存有法律效力，而本人/我們之繼承人及承讓人亦受此授權書約束。此授權書之正本與副本有同等效力。 I / We agree and irrevocably authorize any employer, doctor, hospital, clinic, insurance company, financial institution, government department, organization or individual that has any record, knowledge or information of the above late life insured (the deceased) to disclose, release and transfer the relevant information to China Pacific Life Insurance (H.K.) Company Limited. This authorization shall bind my /our successors and assignees and remain valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall have the same legal effect as the original.</p>		
(H) 索償人資料及簽署 Claimant's Information & Signature		
	索償人 1 Claimant 1	索償人 2 Claimant 2
索償人姓名 Claimant's Name		
身份證/護照號碼 ID Card / Passport No.		
國籍 Nationality		
與死者之關係 Relationship with the Deceased		
居住地址 Residential Address		
電話號碼 Contact No.		
賠償支付貨幣 Claim Payment Currency	<input type="checkbox"/> 港幣支票 Cheque in Hong Kong Dollar <input type="checkbox"/> 保單貨幣支票 Cheque in Policy Currency	<input type="checkbox"/> 港幣支票 Cheque in Hong Kong Dollar <input type="checkbox"/> 保單貨幣支票 Cheque in Policy Currency
收取方式 Way of Collection	<input type="checkbox"/> 郵寄予本人 By post to me <input type="checkbox"/> 經保險中介人轉交 Via Insurance Intermediary	<input type="checkbox"/> 郵寄予本人 By post to me <input type="checkbox"/> 經保險中介人轉交 Via Insurance Intermediary
您是否(i)美國公民或(ii)美國稅務居民? Are you a (i) U.S. citizen or (ii) U.S. tax resident?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 請填妥並遞交 (i) [W-9] 或(ii) [W-8BEN] 表格 please complete and submit Form (i) "W9" or (ii) "W-8BEN"	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 請填妥並遞交 (i) [W-9] 或(ii) [W-8BEN] 表格 please complete and submit Form (i) "W9" or (ii) "W-8BEN"
索償人簽署 Signature of Claimant	×	×
日期 Date	(日 DD/月 MM/年 YY)	(日 DD/月 MM/年 YY)
您是以何名義提出此索償申請? By what title are you submitting this claim?	<input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 遺囑執行人 / 遺產承辦人 Executor / Administrator <input type="checkbox"/> 其他 Others: _____	<input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 遺囑執行人 / 遺產承辦人 Executor / Administrator <input type="checkbox"/> 其他 Others: _____
備註 Remarks		