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保單遺失聲明書 (理賠適用)

DECLARATION FOR LOSS OF ORIGINAL POLICY (FOR CLAIMS)

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

受保人身份證/護照號碼 I.D. / Passport No. of Insured

<input type="text"/>

保險仲介人資料 INSURANCE INTERMEDIARY INFORMATION

保險仲介人姓名 Name of Insurance Intermediary

<input type="text"/>

保險仲介人編號 Insurance Intermediary Code

聯絡電話 Contact No.

<input type="text"/>	<input type="text"/>
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重要須知 IMPORTANT NOTE

- 本申請表中所用之「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 expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 本聲明書必須由保單持有人/受益人/法定繼承人填寫。This declaration must be completed by Policyholder/beneficiary/estate administrator.
- 保險仲介人或銀行營業員收到本聲明書表並不代表本公司已收到。Receipt of this declaration by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢，請與您的保險仲介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需檔請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 字樓 / 中國深圳市福田區福田路 24 號海岸環慶大廈 35 樓。If you have any queries, please feel free to contact your Insurance Intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong or 35/F, Hai An Huan Qing Building, 24 Futian Road, Futian District, Shenzhen, China.
- 本公司有權隨時更新此聲明書，並拒絕未符合本公司要求的聲明書。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，一概以中文版本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

聲明 DECLARATION

1. 本人/我們，保單持有人/受益人/法定繼承人，謹此聲明並確認上述保單正本經已遺失。若在任何情況下復得上述保單正本，當即時將其交還給貴公司。I/We, the Policyholder/beneficiary/estate administrator, hereby declare that the original policy contract has been lost. If I/we locate the original policy contract in any case, I/we will return it to your Company immediately.
2. 本人/我們，保單持有人/受益人/法定繼承人，並向貴公司承諾，若本人有違反本聲明書之任何承諾或本聲明書有任何與事實不符的情況，本人將向貴公司承擔一切法律責任及向貴公司賠償因此而導致貴公司所蒙受的損失。I/We, the policyholder/beneficiary/estate administrator, undertake that if the above statement is incorrect, I/we are willing to bear all related legal liabilities and indemnify the loss of your Company.

簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	受益人 / 法定繼承人 Beneficiary / Estate Administrator	保單持有人 Policyholder
簽署 Signature	<input type="text"/>	<input type="text"/>
姓名 Name	<input type="text"/>	<input type="text"/>
身份證/護照號碼 I.D. Card / Passport No.	<input type="text"/>	<input type="text"/>
日期 Date	年 Year <input type="text"/>	月 Month <input type="text"/>
	日 Day <input type="text"/>	年 Year <input type="text"/>
		月 Month <input type="text"/>
		日 Day <input type="text"/>



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