



ACCIDENTAL DEATH BENEFIT OF AIA DINING COVER CLAIM FORM

AIA開餐保意外身故保障申請書

CLAIMANT INFORMATION 申請人資料

Name in full 全名		ID Card / Passport No. 身份證 / 護照號碼	
Date of Birth 出生日期	MM / DD / YYYY	Nationality 國籍	Tel. no. 電話
Relationship with the Deceased 與死者關係		Email Address 電郵地址	
Current Permanent Address 現時永久地址			

This is to certify that the primary insured / additional insured* _____ of policy number _____ died on _____ (month / date / year), the cause of death being _____. In accordance with the "Accidental Death Benefit" provision under the captioned policy, please issue the payment of HK\$10,000 to estate of policy owner / policy owner*, as duly designated in the policy.

現謹證實主受保人 / 附加受保人* _____ (保單號碼: _____) 於 _____ (月/日/年) 逝世, 死亡原因為 _____, 依據上述意外身故保障條款, 請發出港幣\$10,000予列於保單內的保單持有人 / 保單持有人的遺產*。

It is hereby confirmed that proof of death, i.e. death certificate, autopsy report, relationship proof between primary insured and additional insured (if applicable) have been submitted together with this form and for processing. I hereby declare that all the above information provided to the Company are true and in the event of any falseness of the alleged claim which mistakenly induces the Company to pay out any benefit, such benefit amount paid out shall be debited against my personal bank account accordingly.

本人確認有關之死亡證據 (如死亡證, 及 / 或可證明死因與事件有關驗屍報告, 主要受保人與附加受保人之間的關係證明 (如適用), 已連同本表格一起提交以供處理。本人謹此聲明以上一切資料皆完全真確, 任何資料錯誤而導致公司作出非必要之賠償, 有關之賠償數額會於本人之戶口中扣除。(此乃譯文, 只供參考, 倘有出入, 應以英文為準。)

Note: *please delete as appropriate

備註: *請刪去不適用者

CLAIM PAYMENT OPTION 支付賠償方法:

a. FPS 轉數快

Please select either ONE of the "Proxy ID" below and provide relevant information
請選擇下列其中一種「識別代號」及提供相關資料。

Email 電郵地址:	
FPS Identifier 轉數快識別號碼:	
Mobile Number 手機號碼:	

I hereby declare the "proxy ID" I provided is true, complete and correct; and the registered FPS account belongs to claimant.
本人謹此聲明以上提供的識別代碼均為真實, 完整和正確; 及「轉數快」的用戶註冊名稱為申請人。

b. e-BankIn 電子入賬服務 (Joint account is not allowed 不接受聯名戶口)

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱	
Bank No. 銀行編號	
Branch No. 分行編號	
Account No. 本人之賬戶號碼	

I hereby declare the bank information I provided is true, complete and correct; and the registered account belongs to claimant.
本人謹此聲明以上提供的銀行資料均為真實, 完整和正確; 及賬戶號碼註冊名稱為申請人。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC.

I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。

本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Claimant 申請人簽名

Name of Claimant 申請人姓名

Date 日期

We, "Us", "Our", "The Company" or "AIA" refers to AIA International Limited (incorporated in Bermuda with limited liability)
本函提及的「我們」、「本公司」或「友邦」是指友邦保險(國際)有限公司（於百慕達註冊成立之有限公司）。