

CRITICAL ILLNESS & SEVERITY-BASED HEALTH PROTECTION CLAIM FORM

危疾及嚴重程度健康保障賠償申請表

Policy Number 保單號碼	Name of Insured 受保人姓名		ID Card Number / Passport Number 身份證號碼 / 護照號碼	
			XXXX	192345734
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱		Agent / Broker Code 營業員號碼 / 經紀號碼	
			EXX JUNIO F RETICUTO NO ANG	02202402
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名		Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話	03382103
TR Membership Number 業務代表會員號	R碼 IA		ANG	
registration of FPS / e-BankIn services) Collection and Use" in the claim form wil 若受保人或保單持有人同時持有友邦保險	will be processed together. Ir I be also applicable to AIA Inf 國際)有限公司及友邦雋峰人書	addition, the "E ernational Limit 拿有限公司之保單	rest Life Company Limited policies, the clai Declaration and Authorization" and "Persona ed and AIA Everest Life Company Limited. 型,相關賠償(包括登記「轉數快」或「電子	al Information 入賬服務」)
			箇用於友邦保險(國際)有限公司及友邦雋峰人 忽不同意上述安排,請於空格內劃上「√」號	
information if no specific agent / broker 營業員 / 保險或理財顧問 / 業務代表資料	/ IFA / TR information is property / 您最新生效保單的友邦財務	ovided at above 策劃顧問/保險可	/ IFA of your latest inforce policy can view . 為了妥善地跟進您的賠償進度,若於以上: 这理財顧問將能夠查閱是次申請資料。 您不同意上述安排,請於空格內劃上「✓」號	沒有提供指定
ii you do not agree on the above an	angement, please mark 7	TITLE DOX. 如来?	炎个问息上处女拼,胡於生俗內劃上 ✔] 氮	ກັ °
PART I (TO BE COMPLETED BY IN	ISURED / CLAIMANT) 第·	一部(份由受任	呆人或申請人填寫)	
This is a 這次是:	素償 Further Claim	再次索償	Review / Appeal 重批 / 覆核	
NATURE OF CLAIM AND RELATE	D DETAILS 賠償性質及有	關資料:		
Name the critical illness you are clair 申請賠償的危疾名稱	ning for.	1.		
The state of the s	ning for.	1.		
申請賠償的危疾名稱	ning for.			
The state of the s	ning for.	2.	MM月 DD日 YYYY年	
申請賠償的危疾名稱 2. Date of first consultation 首次求診日期 3. Describe the symptoms from date of			MM月 DD日 YYYY年	
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申請賠償的危疾名稱 2. Date of first consultation 首次求診日期 3. Describe the symptoms from date of	onset.	2.	MM月 DD日 YYYY年	
 申請賠償的危疾名稱 Date of first consultation 首次求診日期 Describe the symptoms from date of 詳述病發日起所患之一切病徵。 The name, address and contact p first consulted for this illness. 首次就此病而求診之醫生姓名,地址。 How long have you been having the 	onset. hone no. of the doctor you 及聯絡電話。	2. 3. 4.	MM月 DD日 YYYY年	
申請賠償的危疾名稱 2. Date of first consultation 首次求診日期 3. Describe the symptoms from date of 詳述病發日起所患之一切病徵。 4. The name, address and contact p first consulted for this illness. 首次就此病而求診之醫生姓名,地址	onset. hone no. of the doctor you 及聯絡電話。 ese symptoms from the date	2. 3. 4.	MM月 DD日 YYYY年	
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 申請賠償的危疾名稱 Date of first consultation 首次求診日期 Describe the symptoms from date of 詳述病發日起所患之一切病徵。 The name, address and contact p first consulted for this illness. 首次就此病而求診之醫生姓名,地址 How long have you been having the of your first consultation? 	onset. hone no. of the doctor you 及聯絡電話。 ese symptoms from the date 存在多久? ne no. of your regular doctor.	2. 3. 4.	MM月 DD日 YYYY年	

This form is applicable for making claims against the policies issued by AIA Everest Life Company Limited (hereinafter called "AIA"). 此表格適用於友邦雋峰人壽有限公司(以下簡稱"友邦保險")繕發之保單的索償申請。

			Policy N	lumper 保里號碼					\perp				
RECORD OF MEDICAL CONSULTATION / HOSPITALIZATION 過往之求診及住院紀錄:													
7. Please give below the details of any doctor(s) who have been consulted in connection with this illness. 請提供曾診治此病的其他醫生或專科醫生資料。													
	Name(s) and Address(es) 姓名及地址							Consultation Date(s) 求診日期					
									YYYY	(年			
		MM)	YYYY										
8.													
	Name of Hospital(s) 醫院名稱			Date of Admiss 入院日期	ion	Date of Discharge 出院日期							
						MM	月 DD日		YYYY				
				MM月 DD日 Y	YYY年	MM	月 DD日		YYYY				
GE	NERAL 其他資料:												
9.	Have any of your blood relatives si 直係親屬中有否曾患有相同或有關	uffered from a sim 之危疾?如"有"	nilar or related illn ,請填寫下欄。	ess? If "yes", please sta	ite.								
	Relationship of Relative Nature of Illness						Date Illness Diagnosed 診斷日期						
						MM	月 DD日		YYYY				
						MM	月 DD日		YYYY				
						MM	月 DD日		YYYY				
	Are there any other illnesses / co give fulldetails. 閣下在患有是次申請賠償之疾病前:	·			al illness y	ou are	claiming	for? I	f so,	please			
		Hospital(s) 名稱		Date of Admiss 入院日期	ion		Date of 出序	Disch 院日期					
					VVVÆ	MM			YYYY				
					YYY年 	MM			YYYY				
					YYY年	MM			YYYY				
11.	Lessing Lessie Le	s with any other C 保障?如"有",	ompany? If "yes" 請填寫下欄。	•	,	I IVIIVI7	<u> </u>	1					
	Name of Insurer 投保公司名稱	Type of 投保	Benefit 類別	Amount of Ben 投保金額	efit			Numb 單號碼					
a :													
	AIMS PAYMENT OPTION 支付	「賠償方法:											
For 如奢	ORTANT NOTE 重要事項: customers who have registered F戶已登記使用「轉數快」或「電子 receive claims payment easily ar	入賬服務」,賠償	[款項將會自動入]	賬至指定銀行戶口	•								

為更方便快捷收到賠償款項,請填妥以下資料以即時登記「轉數快」或「電子入賬服務」:

Remarks 註:

To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number

持有人流動電話號碼:

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同,我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。 Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a <u>valid Identity Card / Passport</u> before.如未曾提供<u>有效的身份證 / 護照</u>,需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Folicy					L	<u> </u>				<u> </u>		<u> </u>	<u> </u>	\perp		
Complete this section if application for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單:																
Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。 Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單:																
L Please take the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有香港保單。							於									
Use "FPS / e-Bankln" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口,轉入之金額將不超過公司所																
定的上限。 Please select transferring policy benefits paid to either FPS OR e-BankIn . 請選擇	「轉數快」	或「'	電子ノ	し脹別	服務	其中·	一項 以	人轉之	\以_	上保單	显號碼	脈方	付之	保單	運利益	á o
a. FPS* 轉數快* (Applicable to HKD payment only 只適用於港幣付款) b. e-Bankin 電子入賬服務																
Please select <u>either ONE</u> of the "Proxy ID" below by putting a tick on appropriate box and provide relevant information. <u>More than one selection</u> will be treated as <u>invalid</u> application. Your FPS account must also be registered under the policy owner. 請以剔號選擇下列 <u>其中一種</u> 「識別代號」 及提供以下相關資料。若 <u>多過一個選項</u> 將被視為	Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件/															
申請 <u>無效</u> 。「轉數快」的用戶註冊名稱必須同樣為保單持有人。 Email 電郵地址:	月結	單(numbe 包括電 ount is	子結	單)/	有效釒	1700	副本	0	5尸號	 場 東	近 期日	ソ 銀行	仔指	当 / 1吉・	11+ /
FPS Identifier 「轉數快」識別號碼:	3) e-Ba	nkln	accou 須同様	ınt m	ust als	so be				er the	polic	y owr	ner. 電	子ノ	人賬服	服務
Mobile Number 手機號碼:	Bank Nai	me a	nd Br	anch	in H	ong k	(ong	香港	銀行	及分	行之:	名稱				
() Country Code Telephone No	Bank No.		-	Bran	ch No	١.	My	/ Ac	coun	t No.						
國際電話區號 手機號碼	銀行編號) <u>(</u>	分行	編號		本	人之	賬戶	號碼			1	1		
* "FPS Service" means the services provided by us to you from time to facilitate payments and funds transfer using the Faster Payment System and			-				- L		\perp							
related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns. 「快速支付系統服務(轉數快)」指我們不時向您提供的服務,以讓我們使用由香 港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統	Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy) 銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名(必須與上述保單															
及服務。 # "Proxy ID" means an identifier which may be accepted by HKICL for the																
registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.																
「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別 資料,包括您的手機號碼,電郵地址或「轉數快」識別號碼。																
Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單 :																
□ Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。 □ Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單:																
Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有適門保留。							 S於									
公司所持有之所有澳門保單。 e-BankIn 電子入賬服務 Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件: 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單(包括電子結單) / 有效銀行卡副本。 2) Joint account is not allowed. 不接受聯名戶口。 3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。																
Bank Name in Macau 澳門銀行之名稱				T	T	T	7	Ac	_		_		≦貨幣			_
Name as recorded on Bank Passbook / Statement (must be same as t		of t	he al	oove	Poli	cy)		L	_ HI	KD 港	幣		10P)	奧門	幣	
銀行存摺 / 月結單上所紀錄之戶口持有人姓名(必須與上述保單持有人村	目同)								1							
Declaration & Authorization 參明及授權			Ш													
Declaration & Authorization 聲明及授權 By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be bound by the terms and conditions as set out on AIA Corporate Website (www.aia.com.hk). 藉使用「轉數快」或「電子入賬服務」,本人/我們確認本人/我們已經閱讀AIA公司網頁內(www.aia.com.hk)列明之條款及條件,並同意受此約束。 Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes. 唯有未登記使用「轉數快」或「電子入賬服務」,我們將根據以下於空格內劃上「X」號的支付賠償方法。 Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣沒將值價款項存入該保單附屬的「現金儲備金户口」。 「現金儲備金户口」的使用受其使用條款規範。(僅適用於抵港抵澳內地人土業務保單) Paid by Cheque in Policy currency (not applicable for FPS / e-BankIn customers) 以提單貨幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶) Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶) (a) I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA at its discretion. 本人 / 我們明白戶有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此,提供選擇與最近期的保單貨幣以外的貨幣(「選擇貨幣」)作為收取任何此等利益的貨幣又與兩人的貨幣支票保險的情所提供之服務。 (b) I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 本人 / 我們明白反同意如本人 / 我們理在何保單下所作出的利益款項以「選擇貨幣」支付,本人 / 我們同意承擔所需的,與應於可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以																

Page 3 of 5 OPCLMF12.0423

Policy Number 保單號碼					

AIA 友邦

(hereinafter called "AIA" 以下簡稱"友邦")

DECLARATION AND AUTHORIZATION 聲明及授權

Important Note 注意事項

(a) In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents on our website (http://www.aia.com.hk > Help & Support > Health Care & Claims> File a Claim). If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.

為使能儘速辦理您的索償申請,請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件,請參閱友邦的網頁(http://www.aia.com.hk > 客戶支援 > 健康及索償 > 索償)。如欲退回任何呈交之正本醫療收據 / 病假證明書,請一併遞交「退回正本文件」申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料,我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時,賠償申請的審核時間會較長。

- (b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.
 - 如您還需申請其他賠償類別,您須另行填寫及遞交相關的索償申請表格和所需證明。
- (c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問 , 或郵寄至以下地址:
 - HK: AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
 The Control of the Control of
 - 香港: 友邦財駿中心,香港北角電氣道183 號友邦廣場12樓
 - Macau: AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau 澳門: 友邦客戶服務中心, 澳門商業大馬路251A-301號友邦廣場2樓201室友邦財駿中心

Levy on Premium 保費徵費

Important Note 重要通知

The policy owner is required by the Insurance (Levy) Regulation ("the Regulation") to pay to the company the premium along with the prescribed levy which will be remitted to the Insurance Authority ("IA") by the company. Any failure to do so may result in a breach of the Regulation under which the IA may impose on the policy owner concerned a pecuniary penalty not exceeding HK\$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

保單持有人須按《保險業(徵費)規例》("規例")在繳交保費時向本公司一並繳交法定保費徵費,並由本公司把保費徵費轉付至保險業 監管局("保監局")。如保單持有人沒有繳付保費徵費,或被視為違反規例,保監局可向該人施加不超過港幣5,000元的罰款,而欠付的徵費 及罰款可作為欠保監局的民事債項而由該局追討。

Declaration and Authorization 聲明及授權

I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless putting a tick ✓ in the box on the left, I / We hereby give my / our irrevocable consent to the Company to deduct any outstanding levy, if any, from the claims payment and insurance proceeds if the related policy(ies) will be terminated after this claim. All of the outstanding levy of the policy(ies), if any, will be shared by the Owner / Assignee / Trustee / Beneficiary who gave consent to the Company as of the claims processing date on an equal split basis. I / We also understand and acknowledge that the policy owners' information is required to be provided to the Insurance Authority if the levy is overdue.

本人/我們聲明,本人/我們為此索償申請書中列明的保單之持有人/受讓人/信託人/受益人(視情況而定)。除非於左列空格劃上√號,否則本人/我們完全同意如有關保單因是次索償而終止,公司會從賠償金額及保險賠償金中扣除有關保單尚欠的保費徵費(如適用)。於保單索償程序展開時已授權公司作出扣除的保單持有人/受讓人/信託人/受益人將平均承擔保單所有尚欠的保費徵費。本人/我們明白及承認如保單持有人過期繳交保費徵費,公司須向保險業監管局提供保單持有人的資料。

I / We DECLARE that the answers given above are true and complete.

本人/我們現聲明以上每一項答案為完全和真確。

I / We hereby irrevocably authorize:

本人/我們茲授權:

- a. any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
 - 任何知悉或擁有本人/我們/被保人之工作、病假紀錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢紀錄及曾為或將為本人/我們/被保人診治之機構、組織或人士、向友邦保險透露有關資料,不得撤回,即使本人/我們/被保人死亡或喪失能力,此授權書仍然存有法律效力,而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
- b. AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

友邦保險或任何其認可之驗身醫生或化驗所,替本人/我們/被保人進行所需之醫療評估及測試,並對本人/我們/被保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜,不得撤回。此等化驗會包括,但並不限於, 膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、 尼古丁及其代產品之含量等化驗。

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。

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Signature of Owner / Trustee 持有人 / 信託人簽署 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署,並確保簽名與保單申請書一致)	Signature of Insured, if other than Owner / Trustee 受保人簽署,倘非持有人 / 信託人(Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署,並確保簽名與保單申請書一致)(Whose age is 18 or above 年齡十八歲或以上必須簽署)
Name 姓名	Name 姓名
ID Card / Passport Number 身份證 / 護照號碼 Date 日期	ID Card / Passport Number 身份證 / 護照號碼 日期
Relationship with the Insured 與受保人關係	Signature of Witness 見證人簽署
	Name 姓名 Date 日期
This declaration and authorization must be signed by the insured. If the insured 此聲明及授權書必須由受保人簽署,若受保人為小童,則可由其家長/ 合法監護人	
Please complete the following information if the signature is not given by the inst	ured. 若簽署者非受保人,請填寫下列資料。
Name of Insured 受保人姓名 (in block letter 正楷書寫)	Relationship with the Insured 與受保人關係 (Please provide documentary proof for the relationship. 請提交關係證明文件)



Download our mobile app AIA Connect to manage your policy anytime, anywhere! 下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單!

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form is subject to. 「AIA」或「友邦」指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司),友邦保險有限公司(於香港註冊成立之有限公司)(視情况而定),具體取決於此信件相關表格的簽發公司。

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