

Claimant's Statement for Death Claim Form
死亡賠償申請書

Policy No. 保單號碼: _____

Date 日期 (DD 日/MM 月/YYYY 年): _____

CLAIMS DOCUMENT CHECKLIST 索償文件清單

- Part I is Fully Completed & Signed By Beneficiary(ies)/Claimant(s) 索償表第一部分經由受益人/索償人填寫並簽署
- Part II is Fully Completed & Signed By the Attending Physician With Chop, if needed 索償表第二部分經由主診醫生填寫，簽署並蓋印，如需要
- Original Death Certificate of Life Insured or Certified True Copy Death Certificate of Life Insured Certified by Bank Staff or Solicitor 受保人死亡證正本或由銀行職員或律師作出核實之受保人死亡證核實正本
- Copy of ID Card/Passport/Birth Certificate of Life Insured 受保人之身份證/護照/出生證明書副本
- Copy of ID Card/Passport/Birth Certificate copy of Beneficiary(ies)/Claimant(s) 受益人/索償人之身份證/護照/出生證明書副本
- Copy of Relationship Proof Between Life Insured and Beneficiary(ies)/Claimant(s) 受益人/索償人與受保人之關係證明文件副本
- Copy of Bank Account Proof of Beneficiary (applicable for sole or joint name bank account) 受益人之銀行戶口證明文件副本(適用於個人或聯名戶口)
- Original Policy Document; or 保單正本：或
- I declare loss of the Original Policy Document 本人聲明保單正本已遺失

To HSBC Life (International) Limited / The Hongkong and Shanghai Banking Corporation Limited
致：滙豐人壽保險(國際)有限公司/香港上海滙豐銀行有限公司
Part I: To be completed by claimant 第一部分：由索償人填寫

A. Details of Deceased 死者資料			
1. Name of Deceased in English 死者英文姓名	2. Name of Deceased in Chinese 死者中文姓名		
3. Date of Death 死亡日期 (DD 日/MM 月/YYYY 年)	4. Cause of Death 死亡原因		
5. (a) If the Deceased died of illness, when did the Deceased first complain of or give indications of his / her last illness? 若死者因病逝世，請詳述死者最後之病症及首次發覺之日期？(DD 日/MM 月/YYYY 年)			
(b) Did the Deceased consult a physician for his / her last illness and if so, when? 死者曾否因最後之病症看醫生，若有，請詳述日期？(DD 日/MM 月/YYYY 年)			
(c) If the Deceased is below 18 years old, has the Deceased been diagnosed as Premature birth or Postmature birth? 如果死者未滿18歲，死者是否被診斷為早產或過期出生？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是，請提供醫療資料。_____			
6. Names and addresses of all physicians who attended the Deceased and all hospitals or institutions where he/she was treated during the past 5 years preceding death. 過去5年及最後為死者治病之各醫生姓名、醫院名稱及地址。			
Physician/Hospital 醫生/醫院		Diagnosis Date 診斷日期	Disease or Condition 病因
Name 姓名	Address 地址	(DD 日/MM 月/YYYY 年)	病因
7. Other life, health or accident insurance on the Deceased: 死者在其他公司所購買各類壽險/醫療/意外保險及保額：			
Name of Company 公司名稱	Type of Policies 保險類別	Policy Date 發單日期 (DD 日/MM 月/YYYY 年)	Sum Insured 保額
8. In what capacity or by what title do you claim this benefit? 申請人以何種資格或名義申請此項保險賠償？			

Please ✓ where appropriate. 請在適當地方加上✓號。

1

HOW WE COLLECT AND STORE YOUR DATA

We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of www.hsbc.com.mo and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with the Macau Special Administrative Region ('**Macau**') Macau law.

2

WHAT WE USE YOUR DATA FOR

We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Macau
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

3

WHO WE SHARE YOUR DATA WITH

We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

You can contact us

The Data Protection Officer
HSBC Life (International) Limited,
Macau Branch, 1/F Edf. Comercial
Si Toi, 619 Avenida da Praia Grande,
Macau

A Collect and store

We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps.

B Use

We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Macau. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained here. This is because we assume that they have given us, through you, the necessary consent for us to collect, use and share their data as explained.

C Share

We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programmes, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

D Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

We don't give your data to others for them to market their products and services to you. If we ever wanted to do this, we'd get your separate consent.

This document will apply for as long as we store your data. If we use your data for a new purpose, we'll get your consent.

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use and disclose all personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be shared to third parties as set out in this form, as well as be transferred to outside of Macau.

1

我們如何收集及儲存您的資料

我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 www.hsbc.com.mo 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據澳門特別行政區(「澳門」)法律保護您的資料安全。

2

我們如何使用您的資料

我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務
例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守澳門或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

3

我們與誰披露您的資料

我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

您可聯絡我們

資料保護主任

滙豐人壽保險(國際)有限公司
澳門分公司
澳門南灣大馬路619號
時代商業中心1字樓

A**收集及儲存****我們或會**

- 收集生物辨識、醫療及健康／生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用cookies或類似技術

B**使用****我們將您的資料用於**

- 處理及安排索償
- 幫助我們遵守包括澳門或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則／算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按此所述，告知該人士我們將如何收集、使用和披露其資料。我們將假設該人士已經透過您，同意我們如上所述收集、使用和披露其資料。

C**披露****我們與下列人士披露您的資料**

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

D**直接促銷**

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本文件於我們儲存您的資料期間適用。若我們將您的資料用於新用途，則會徵求您的同意。

本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用及披露於現時或其後持有本人(等)的全部個人資料(包括敏感資料)。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能按本表格所列分享予第三方，以及被轉移到澳門以外的地區。

D. Declaration and Authorisation 聲明及授權

I, _____ (Name of Claimant/Beneficiary/Authorised Officer of Corporate) of ID Card/Passport No. _____, do hereby expressly consent any physician, hospital, clinic, employer, banks, government authorities, insurance company or organisation that has any records (including but not limited to health records, but to be considered as relevant for this claim) and/ or information of the late, _____ of ID Card/ Passport No. _____ (relationship to me _____) ("the Deceased") to disclose to HSBC Life (International) Limited, or its representatives any information relevant to this claim (including but not limited to sensitive data). I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

I also agree HSBC Life (International) Limited to utilise the copy submitted with this form or this request. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人 _____ (申請人/受益人/機構之獲授權人員姓名) 身份證/護照號碼 _____ 現明確同意任何註冊西醫、醫院、診所、任何僱主、銀行、政府機構、保險公司、或其他有關機構，凡知道或持有死者 _____ 身份證/護照號碼 _____ (本人與死者之關係為 _____) 之任何記錄(包括但不限於健康記錄，但僅限於與本案賠有重要性的資料)，均可提供給滙豐人壽保險(國際)有限公司或其代表。另本人在此聲明有權申請成為上述死者的遺產承辦代理人。

本人亦同意滙豐人壽保險(國際)有限公司使用本人連同此表格一併交回之副本或此要求。此授權書之正本與副本均具同等效力。

By signing this form, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement which accompanies this form.

本人(等)在此表格簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

I/We agree that HSBC Life (International) Limited may, in connection with this Application, obtain my/our Common Reporting Standard (CRS) related information retained by The Hongkong and Shanghai Banking Corporation Limited (if applicable). If any of the CRS information is not up-to-date, I/we will provide HSBC Life (International) Limited with the updated information and if required, complete a new self-certification form. I/We hereby give consent to HSBC Life (International) Limited and The Hongkong and Shanghai Banking Corporation Limited to share between themselves my/our CRS related information.

本人(等)同意滙豐人壽保險(國際)有限公司有權向香港上海滙豐銀行有限公司索取本人(等)之「共同匯報標準」有關資料為本申請用途(如適用)。表格上之「共同匯報標準」資料如有任何變更，本人(等)會提供已適當更新的資料予滙豐人壽保險(國際)有限公司，如有需要，本人(等)將填寫一份新自我證明表格。本人(等)同意滙豐人壽保險(國際)有限公司及香港上海滙豐銀行有限公司共同使用本人(等)之「共同匯報標準」有關資料。

E. Details of Claimant/Beneficiary 申請人／受益人資料

1. To be completed by Personal Claimant/Beneficiary 由個人身份的申請人／受益人填寫

Name of Claimant/Beneficiary 申請人／受益人姓名
Identity Document Type & No. 身份證明文件類別及號碼
Nationality (Country/Region) 國籍(國家／地區)

Telephone No. 聯絡電話 (Please provide telephone no. with its country/region. 請提供聯絡電話及其所屬國家／地區。)

Macau SAR 澳門特別行政區 (853) Telephone no. 聯絡電話 _____
 Mainland China 中國內地 (86)
 Other Country/Region 其他國家／地區 _____

Residential Address 住宅地址

Permanent Address (If different from residential address) 永久地址(如與住宅地址不同)

Signature of Claimant/Beneficiary 申請人／受益人簽署	Date Signed 簽署日期 (DD 日/MM 月/YYYY 年)
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2. To be completed by Legal Parent/Guardian/Trustee (if minor Beneficiary(ies) is below age 18. 由個人身份的法定父母／監護人／受託人填寫(如受益人為18歲以下未成年受益人)

Name of Legal Parent/Guardian/Trustee 法定父母／監護人／受託人姓名
Identity Document Type & No. 身份證明文件類別及號碼
Nationality (Country/Region) 國籍(國家／地區)

Telephone No. 聯絡電話 (Please provide telephone no. with its country/region. 請提供聯絡電話及其所屬國家／地區。)

Macau SAR 澳門特別行政區 (853) Telephone no. 聯絡電話 _____
 Mainland China 中國內地 (86)
 Other Country/Region 其他國家／地區 _____

Residential Address 住宅地址

Permanent Address (If different from residential address) 永久地址(如與住宅地址不同)

Signature of Legal Parent/Guardian/Trustee 法定父母／監護人／受託人簽署	Date Signed 簽署日期 (DD 日/MM 月/YYYY 年)
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E. Details of Claimant/Beneficiary (Cont'd) 申請人／受益人資料(續)

3. To be completed by Non-Personal Claimant/Beneficiary 由非個人身份的申請人／受益人填寫

Registered Name of Entity or Corporation
機構或公司登記名稱

Certificate of Incorporation No.
公司註冊證書號碼

Business Registration No.
商業登記號碼

Country/Region of Incorporation
註冊國家／地區

Country/Region of Registration
登記國家／地區

Telephone No. 聯絡電話 (Please provide telephone no. with its country/region. 請提供聯絡電話及其所屬國家／地區。)

Macau SAR 澳門特別行政區 (853)

Mainland China 中國內地 (86)

Other Country/Region 其他國家／地區 _____

Telephone no. 聯絡電話 _____

Registered Address 登記地址

Business Address (If different from registered address) 業務地址(如與登記地址不同)

Signature of Authorised Person with Company Chop 獲授權人員簽署及蓋上公司印章	Date Signed 簽署日期 (DD日/MM月/YYYY年)
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Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information-gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the “CRS”).

Under the CRS, we are required to determine where you are “tax resident” (this will usually be where you are liable to pay income taxes). If you are a tax resident outside the jurisdiction where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different jurisdictions’ tax authorities.

Completing this form will ensure that we hold accurate and up-to-date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification.

為何我們要求您填寫本表格？

為維護稅制完整，全球各地政府現正推出適用於金融機構的資料收集及匯報新規例，名為金融帳戶信息報送和盡職調查的統一標準(簡稱「CRS」)。

根據CRS規定，我們必須確定您的「稅務居住地」(這通常是您有義務繳納薪俸稅的國家／地區)。若您的稅務居住地有別於所持帳戶的司法管轄區，我們可能需要將此情況及您的有關帳戶資料告知國家稅務機關，該等機關隨後或會將相關資料傳送給不同國家／地區的稅務機關。

填妥本表格可確保我們持有您正確及最新的稅務居住地資料。

如您的情況有變，導致本表格內的任何資料不再正確，請立即告知我們，並提交一份已更新的自證明表格。

Who should complete the CRS Individual Self Certification Form?

Individual customers should complete this form. Sole trader customers should also complete this form with the owner’s information.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships) complete a “CRS Entity Self-Certification Form” (CRS-E). Similarly, if you are a controlling person of an entity, complete a “CRS Controlling Persons Self-Certification Form” (CRS-CP). You can find these forms at:

<https://www.hsbc.com.mo/help/forms-and-downloads/>.

For joint account holders, each individual will need to complete a separate form.

Even if you have already provided information in relation to the United States Government’s Foreign Account Tax Compliance Act (“FATCA”), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account holder, who is a minor.

誰需填寫個人稅務居民自證證明表格？

個人客戶須填寫本表格。獨資業務客戶亦須以擁有人的資料填寫本表格。

如您需代表實體(包括企業、信託和合夥)作自證證明，請填寫「實體稅務居民自證證明表格」(CRS-E)。同樣地，如您是實體的控權人，請填寫「控權人稅務居民自證證明表格」(CRS-CP)。這些表格載於

<https://www.hsbc.com.mo/help/forms-and-downloads/>。

每名聯名帳戶持有人須分別填寫一份表格。

即使您已就美國政府《外國賬戶稅務合規法案》(簡稱「**FATCA**」)提供所需的資料，您仍可能需就 CRS 提供額外資料，因為兩者為獨立的規例。

如您代表他人填寫本表格，請確保他們知悉此事，並在表格的第 3 部說明您以何種身份簽署本表格。例如：您可能以帳戶的託管人或代名人身份、根據授權書以受權人身份或以未成年帳戶持有人的法定監護人身份填寫本表格。

Where to go for further information?

If you have any questions about this form or these instructions, please visit www.crs.hsbc.com/en/rbwm/macau, or call us on (853) 2821 6133.

The Organisation for Economic Co-operation and Development (“OECD”) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD’s Automatic Exchange of Information (“AEOI”) website, www.oecd.org/tax/automatic-exchange/.

If you have any questions on how to define your tax residency status, please visit the OECD website, www.oecd.org/tax/automatic-exchange/, or speak to your tax advisor as we are not allowed to give tax advice.

如何獲取更多資訊？

如對本表格或上述指示有任何疑問，請瀏覽 www.crs.hsbc.com/en/rbwm/macau，或致電 (853) 2821 6133 查詢。

經濟合作與發展組織(簡稱「經合組織」)已制訂規則，供參與 CRS 的所有政府使用，並載於經合組織的自動交換資料(簡稱「AEOI」)網站 www.oecd.org/tax/automatic-exchange/

如您對判定您的稅務居民身份有任何疑問，請瀏覽經合組織網站 www.oecd.org/tax/automatic-exchange/ 或諮詢您的稅務顧問。請恕我們不能提供稅務意見。

Individual Tax Residency Self-Certification Form
個人稅務居民自證證明表格

1 Identification of Individual Account Holder (for joint or multiple account holders, please complete a separate form for each account holder)
個人帳戶持有人的身份識辨資料(每名聯名帳戶持有人或持有多帳戶人仕須分別填寫一份表格)

Mr. 先生 <input type="checkbox"/>	Family Name or Surname(s) 姓氏	First or Given Name 名字	Middle Name(s) 中間名
Mrs. 太太 <input type="checkbox"/>			
Ms. 女士 <input type="checkbox"/>			
Miss 小姐 <input type="checkbox"/>			
Date of Birth 出生日期	____/____/____ (dd日/mm月/yyyy年)	Place of Birth 出生地點	Country / Region 國家/地區

2 Address of Individual Account Holder
個人帳戶持有人的地址資料

2.1 Current Residence Address
現時住址

Line 1 (e.g. Suite, Floor, Building, Street, District)
 第1行(例如：室、樓層、大廈、街道、地區) _____

Line 2 (e.g. City, Province, State)
 第2行(例如：城市、省、州) _____

Country/Region 國家/地區 _____ Postal Code/ZIP Code 郵政編號/郵遞區號碼 _____

2.2 Mailing Address (please only complete if different to the address shown in Section 2.1)
通訊地址(如通訊地址與上述(2.1)住址不同，填寫此欄)

Line 1 (e.g. Suite, Floor, Building, Street, District)
 第1行(例如：室、樓層、大廈、街道、地區) _____

Line 2 (e.g. City, Province, State)
 第2行(例如：城市、省、州) _____

Country/Region 國家/地區 _____ Postal Code/ZIP Code 郵政編號/郵遞區號碼 _____

3 Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or functional equivalent number ("TIN") (See Appendix)
稅務居民司法管轄區及稅務編號或具有等同功能的識辨編號(以下簡稱「稅務編號」)(詳閱附件)

Please complete the following table indicating (i) the jurisdiction of tax residence (including Macau SAR) of the account holder and (ii) the Account Holder's TIN for each jurisdiction indicated.
 提供以下資料，列明(i)帳戶持有人的稅務居民司法管轄區(包括澳門特區)及(ii)該司法管轄區發給帳戶持有人的稅務編號。

If the Account Holder is a tax resident in more than three jurisdictions, please use a separate sheet.
 如帳戶持有人的稅務居民司法管轄區多於3個，請使用另外的紙張填寫。

If the Account Holder is a tax resident in Macau SAR, TIN is the taxpayer identification number or Macau SAR Identity Card Number.
 如帳戶持有人在澳門特別行政區有納稅義務，稅務編號是其納稅人編號或澳門特別行政區身分證編號。

If a TIN is unavailable, please provide the appropriate reason:
 如沒有提供稅務編號，必須填寫合適的理由：

- Reason A** — The jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents
理由A — 帳戶持有人有義務繳稅的司法管轄區並沒有向其居民發出稅務編號。
- Reason B** — The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why the Account Holder is unable to obtain a TIN in the below table if you have selected this reason)
理由B — 帳戶持有人不能取得稅務編號或具有等同功能的識辨編號。(如選取這一理由，請解釋您不能取得稅務編號的原因)。
- Reason C** — No TIN is required. (Note: Only select this reason if the authorities of the jurisdiction of tax residence entered below do not require the TIN to be disclosed)
理由C — 帳戶持有人毋須提供稅務編號。(謹當填寫的稅務居民的司法管轄區的機關不需要您披露稅務編號時，方可選取這一理由)

Jurisdiction of tax residence 稅務居民司法管轄區	TIN 稅務編號	If no TIN available, enter Reason A, B or C 如沒有提供稅務編號，填寫理由A、B或C	Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above. 如選取理由B，解釋您不能取得稅務編號的原因
(1)			
(2)			
(3)			

Declarations and Signature

聲明及簽署

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HSBC Life (International) Limited, Macau Branch setting out how HSBC Life (International) Limited, Macau Branch may use and share the information supplied by me, a copy of which is hereto enclosed and forms an integral part of this declaration.

本人知悉，本人所提供的資料被規範帳戶持有人與滙豐人壽保險(國際)有限公司澳門分公司的條款及條件內的全部條文所涵蓋，闡述了滙豐人壽保險(國際)有限公司澳門分公司能夠如何使用和分享本人所提供的信息，其副本將附在其中，並形成這個聲明的組成部分。

I acknowledge and agree that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) is collected by HSBC Life (International) Limited, Macau Branch and may be reported to Macau Financial Services Bureau and exchanged with tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

本人知悉及同意，滙豐人壽保險(國際)有限公司澳門分公司可根據《金融帳戶信息的通用報送標準及盡職調查程序》有關交換財務帳戶資料的法律條文，收集本表格所載資料並可備存作自動交換財務帳戶資料用途及把該等資料和關於帳戶持有人及任何須申報帳戶的資料向澳門特別行政區政府財政局申報，從而把資料轉交到帳戶持有人的司法管轄區的稅務當局。

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

本人證明，就有關本表格所指的所有帳戶，本人是帳戶持有人(或本人獲帳戶持有人授權代其簽署)。

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to HSBC Life (International) Limited, Macau Branch and that such information may be provided to the tax authorities of the jurisdiction in which the account(s) is/are maintained and exchanged with tax authorities of another jurisdiction or jurisdictions in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

本人證明，在本人提交有關本表格所關乎的任何人士(例如控制人或其他須報送人)的信息時，本人將在簽署本表格後30天內通知相關人士本人已向滙豐人壽保險(國際)有限公司澳門分公司提供此信息，並且根據政府間的協議，此類信息將可能被提交給帳戶所在國的稅務機關，及與其他司法管轄區的稅務機關或帳戶持有人的稅務居住地的稅務機關進行交換，從而交換金融帳戶信息。

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I undertake to advise HSBC Life (International) Limited, Macau Branch of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Life (International) Limited, Macau Branch with a suitably updated self-certification form within 30 days of such change in circumstances.

本人承諾，如情況有所改變，以致影響本表格第1部所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知滙豐人壽保險(國際)有限公司澳門分公司，並會在情況發生改變後30日內，向滙豐人壽保險(國際)有限公司澳門分公司提交一份已適當更新的自證證明表格。

Signature

簽署

Print name

姓名

Date

日期

_____/_____/_____

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

(如你不是帳戶持有人，請說明你的身份。如果你是以受權人身份簽署這份表格，須隨附該授權書的認證副本。)

The power of attorney must be in a form satisfactory to HSBC Life (International) Limited, Macau Branch. Please note that any existing Letter of Delegation provided to HSBC Life (International) Limited, Macau Branch and signed by an account holder will not give the authority to the appointed attorney(s) to sign this form on behalf of the relevant account holder.

授權書必須採用滙豐人壽保險(國際)有限公司澳門分公司滿意的形式。請注意，由滙豐人壽保險(國際)有限公司澳門分公司提供及經帳戶持有人簽署的任何現有授權書(Letter of Delegation)將不會授權委任的代理人代表有關的帳戶持有人簽署本表格。

Capacity

身份

Appendix – Definitions

附件 – 定義

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the Chief Executive’s Order No. 211/2017 published in the official Gazette bo.io.gov.mo/bo/i/2017/26/despce.asp#211 (only available in Chinese and Portuguese). The OECD website also contains information about the CRS at www.oecd.org/tax/automatic-exchange/.

下列的定義可幫助您填寫本表格。詳細細節可瀏覽在澳門公報上公佈的《第211/2017號行政長官批示》

bo.io.qov.mo/bo/i/2017/26/despce_cn.asp#211 (只提供中文及葡文版本)。有關CRS的信息可瀏覽經合組織自動交換財務帳戶資料網站 www.oecd.org/tax/automatic-exchange/ (只提供英文版本)。

“Account Holder” The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

「帳戶持有人」是指由擁有帳戶的金融機構列示或識別為金融帳戶持有人的人。持有金融帳戶的人(而非金融機構)為了另一人的利益或受另一人委託，作為代理人、託管人、被任命人、簽字人、投資顧問、中介或法定監護人，並不被視為持有帳戶，而該另一人才被視為帳戶持有人。以一個家長與子女開立的帳戶為例，如帳戶以家長為子女的法定監護人名義開立，子女會被視為帳戶持有人。聯名帳戶內的每個持有人都被視為帳戶持有人。

“Controlling Person” This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the “Controlling Person Tax Residency Self-Certification Form” should be completed instead of this form.

「控制人」指對該實體實施控制的自然人。如果某一實體帳戶持有人被視為消極非金融實體，則金融機構必須確認該控制人是否屬須報送人，而確認的條件，可視該控制人是否符合打擊洗黑錢財務行動特別組織(2012年2月通過)所發佈的建議10和建議10的解釋性說明中所述。如該實體的帳戶是由控權人來管理，則該控權人應填寫「控權人稅務居民自證證明表格」而非本表格。

“Entity” The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

「實體」一詞指法人或法律安排，例如：法團、組織、合夥、信託或基金會。

“Financial Account” A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

「金融帳戶」是於金融機構建立的帳戶，包括：存款帳戶；託管帳戶；某些投資實體的股權或債權權益；具有現金價值的保險合同；和年金合同。

“Participating Jurisdiction” A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard.

「參與司法管轄區」是指根據已有的協定和CRS的規定而提供自動交換金融帳戶信息的司法管轄區。

“Reportable Account” The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

「須報送帳戶」是指由一個或多個作為須報送人所持有的帳戶，或由消極非金融實體所持有的帳戶而該實體擁有一個或多個作為須報送人的控制人。

“Reportable Jurisdiction” A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place.

「須報送信息的司法管轄區」是指根據已有的協定而有義務提供CRS報送信息的司法管轄區。

“Reportable Person” A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

「須報送人」是指根據須報送信息的司法管轄區的稅務法律，被定義為擁有該區稅務居民身份之個體。具有雙重居留身份的個體可按照稅務協議（如適用）中所制定的規則，決定該雙重居留者應適用之稅務居民身份。

“TIN” (including “functional equivalent”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link OECD automatic exchange of information portal: www.oecd.org/tax/automatic-exchange/.

「稅務編號」(包括具有等同功能的識辨編號)一詞指納稅人的識辨編號或具有等同功能的識辨編號(如無納稅人的識辨編號)。稅務編號是司法管轄區向個人或實體分配獨有的字母與數字組合，用於識別個人或實體的身份，以便實施該司法管轄區的稅務法律。有關可接受的稅務編號的更多詳細資訊刊載於經濟合作與發展組織的自動交換資料網站<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>。

To HSBC Life (International) Limited

致：滙豐人壽保險(國際)有限公司

Date 日期 (DD日/MM月/YYYY年): _____

Policy No. 保單號碼: _____

**Part II : Attending Physician's Report — Proofs of Death
 (To be Completed by Physician at Claimant's Expense)**

 第二部分：醫療報告 — 死亡賠償申請表
 (由主診醫生填寫，費用由索償人支付)

1. Name of Deceased (Surname first) 死者姓名	2. ID Card No. / Passport No. 身份證/護照號碼
3. Date of Death 死亡日期(DD日/MM月/YYYY年)	4. Place of Death 死亡地點
5. How long have you known the Deceased? 與死者認識多久?	
6. How long have you been the medical attendant or adviser of the Deceased? 擔任死者的醫療助理或顧問多久了?	
7. (a) Date of the first visit 首次求診日期(DD日/MM月/YYYY年)	(b) Date of the last visit 最後求診日期(DD日/MM月/YYYY年)
8. Did you attend deceased during his/her last illness? If so, for what disease? 您是否在死者最後之疾病期間就診? 如是, 請提供疾病名稱?	
9. Occupation at time of death? 身故之職業?	
10. (a) What was the immediate cause of death? 直接導致死亡之原因? _____ (b) In your opinion, how long did the deceased suffer from this disease? 您認為死者患有這種疾病多久? _____ (c) If the deceased is below 18 years old, has the deceased been diagnosed as premature birth or postmature birth? If yes, please provide medical information 如果死者未滿18歲, 死者是否被診斷為早產或過期出生? 如是, 請提供醫療資料。 _____	
11. (a) From what other important disease, if any, did the deceased suffer? 死者還患有其他重要疾病嗎? _____ (b) When were these diagnosed? 確診日期? _____	
12. (a) Was the death secondary to recurrent or chronic condition? 死亡原因是否由復發性疾病或慢性疾病導致? _____ (b) If so, please provide details of that condition 請提供該情況的詳細信息 _____	
13. Was the death related to the deceased's habits, previous illness or injury and/ or working or residence place? 死亡與死者的生活習慣、先前的疾病或受傷及/或、工作或居住地有關?	

14. (a) Did the deceased take alcohol, narcotics or any illegal substances? 死者是否服用了酒精、麻醉品或任何非法物質？

(b) If so, did they contribute to the death and please provide the average consumption per day? 若「是」，是否導致死亡，請提供每天的平均消費量？

15. (a) Was the deceased a smoker? 死者是吸煙者？

(b) If so, for how long had he/she been a smoker and please provide the average consumption. 若「是」，請問他/她吸煙多長時間，請提供平均消費量。

<p>16. (a) What was the age of the deceased? 死者年齡？</p> <p>_____</p> <p>(b) Height 身高 _____ cm/ft in</p> <p>(c) Weight 體重 _____ kg/lb</p>	<p>(d) Colour of hair 頭髮顏色 _____</p> <p>(e) Colour of eyes 眼睛顏色 _____</p>	<p>(f) Describe any birthmarks, scars or other marks of identification on the deceased's body. 任何胎記、疤痕或其他標記在死者身上的身份證明。</p> <p>_____</p> <p>_____</p> <p>_____</p>
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17. Names and addresses of all physicians who attended the Deceased and all hospitals or institutions where he/she received treatment during the past 5 years preceding death. 所有於過往五年內曾診治死者之醫生姓名和地址以及曾在該醫院或機構接受治療

Physician/Hospital 醫生/醫院		Diagnosis Date 診斷日期 (DD日/MM月/YYYY年)	Disease or Condition 疾病及狀況
Name 姓名	Address 地址		

19. Additional remarks: 附加說明

Declaration

I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of, _____, who was assured in HSBC Life (International) Limited under Policy No. _____ and that the foregoing answers are each and all true to the best of my knowledge and belief. 本人(以下簽署人)特此聲明，我是 _____ 最後就診的醫生，他是受保於滙豐人壽保險(國際)有限公司，保單號碼 _____，以上資料據我所知和所信，一切都是真實。

I hereby declare that no information has been withheld by me at the request of the patient's family or the policy beneficiary. 我特此聲明，我未應患者家屬或保單受益人的要求保留任何信息。

Name of Physician 醫生姓名 _____ Qualifications 資格 _____ Telephone No. 電話號碼 _____

Address 地址 _____

Signature of Physician (with stamp) 醫生簽署 (連印章) _____ Date 日期 (DD日/MM月/YYYY年) _____