



MACUNFM

Policy Number 保單號碼

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## Request for reprint of statement / annual summary / physical medical card / duplicate policy contract

### 重發通知書／保險單年結摘要／實體醫療卡／保單副本

Name of Policyholder in English 保單持有人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> <li>1. HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。</li> <li>2. The HSBC has explained the product features to you including potential liquidity, time horizon, any currency implications, fees &amp; charges and ongoing charges related to the product(s) where applicable. 滙豐已向閣下解釋產品特性，包括有關流動性、年期和任何貨幣的潛在影響、收費及產品的經常費用。</li> </ol>	

<input type="checkbox"/> <b>1. Latest Annual statement 最新年結通知書</b>
<input type="checkbox"/> <b>2. Latest Quarterly Statement (if applicable) 最新季結通知書(如適用)</b>
<input type="checkbox"/> <b>3. Annual summary 保險單年結摘要</b> Year of Assessment From _____ to _____ 課稅年度 _____ 至 _____
<input type="checkbox"/> <b>4. Physical medical card issuance or replacement 補簽或更換實體醫療卡</b>
<input type="checkbox"/> <b>5. Duplicate Policy Contract 保單副本</b> (Please pay MOP100 as handling fee. 請繳交手續費100澳門幣。) Please send us a crossed cheque made payable to "HSBC Life (International) Limited" and write your policy number on the back of the cheque or you can make your payment in our HSBC Branch during Services Hours and provide the payment slips together with this request forms to 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. 請用抬頭人為「滙豐人壽保險(國際)有限公司」的劃線支票，支票背面寫上保單號碼或於辦公時間內親臨滙豐分行親自繳費並把存款收據連同此表格寄回澳門南灣大馬路619號時代商業中心1字樓 <b>Declaration and Warrant by the Policyholder 保單持有人的聲明及保證</b> <ol style="list-style-type: none"> <li>I will at all times, keep HSBC Life (International) Limited ("the Company") indemnified against all actions, proceedings, claims, demands and expenses which may be made against the Company, or which the Company suffer or incur as a result of the loss or purported loss of the Policy document; 本人現承諾在任時候，倘若由於遺失或永久遺失本保單文件，導致滙豐人壽保險(國際)有限公司(貴公司)因訴訟、司法程序、索償、限令及費用支出而蒙受或招致的有損失，本人將向貴公司作出賠償；</li> <li>I have not assigned, pledged or in any other way dealt with the Policy or any interest in the Policy; 本人並無將保單或保單之任何權益作出轉讓、抵押、或以其他方式進行買賣；</li> <li>If the original Policy Document should come into my possession I will immediately deliver it to the Company; 倘若本人重獲保單文件正本，將即時交予貴公司；</li> <li>In the event of my death this indemnity shall be binding on my personal representatives; 倘若本人逝世，上述的賠償將對本人的個人代表具約束力；</li> <li>This indemnity shall be governed by and construed in accordance with the laws of Macau. 上述的賠償受澳門法律制約，並按照澳門法律進行詮釋。</li> </ol>

Signature of Policyholder 保單持有人簽署  <div style="border: 2px solid red; width: 150px; height: 60px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Date 日期
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**Important Note:** Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request upon actual receipt of this "original form" and handling fee (if any).

**重要事項：**請填妥及簽署此申請表(表格)「正本」後並寄回滙豐人壽保險(國際)有限公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)「正本」及手續費(如有)，我們將盡快辦理閣下之申請。

<b>For HSBC Use</b>			
<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff AMCM No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	