



**團體壽險索償表格**  
**Group Life Insurance Claim Form**

保單持有人 Policyholder's Name:	
保單號碼 PolicyNo.	
死者姓名 Name of Deceased:	
死亡日期 Date of Death:	
最後上班日期 Date of last day at work	
受保人傷殘或患上危疾 Insured Person Suffered from disability or critical illness	
事件發生 Date of Accident	
詳細傷殘或危疾情況 Details of disability or critical illness	
投保額： Sum Assured:	

本公司現申請保額上文所載  
We hereby apply for the sum assured as set out above

代表人  
For and on behalf of: \_\_\_\_\_  
( 保單持有人的姓名 Policyholder's Name )

授權人簽名：  
Authorized Signature: \_\_\_\_\_  
( 簽字及公司印章 Signature with company chop )

授權人姓名  
Authorized Person's Name: \_\_\_\_\_  
( 請用正楷填寫 Please complete in BLOCK LETTER )

職銜  
Position: \_\_\_\_\_

日期  
Date: \_\_\_\_\_



## **聲明 DECLARATION**

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人/吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes.

## **支付經紀佣金 PAYMENT OF BROKER COMMISSION**

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

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日期 Date

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保戶簽署 Signature of Insured