



分享喜悅獎勵申請表 APPLICATION FOR SHARE HAPPINESS REWARD

採車持有人姓名 Name of Policyholder	支际人 Name of Insured	1未早編號 Policy No.
受保人身份證/護照號碼 I.D. / Passport No. of	Insured	
保險中介資料 INSURANCE INTERMED	DIARY INFORMATION	
保險中介名稱 Name of Insurance Intermediary		
保險中介編號 Insurance Intermediary Code	聯絡電話 Contact No.	

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表 。任何資料如有更改 ·受保人/保單持有人/索償人必須在更改的位置簽署作實 。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured / Policyholder / Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 本申請表必須由受保人/保單持有人/索償人填寫·並需於「指定事件」發生日起計 180 日(包括首尾兩日)內連同指定相關證明文件呈交本公司。 This form must be completed by Insured / Policyholder / Claimant and returned to the Company along with relevant supporting document(s) within 180 days (both days inclusive) from date of the occurrence of the "Designated Events".
- 如受保人為十八歲或以上,受保人及保單持有人必須親自填寫及簽署本申請表,如受保人為十八歲以下,本申請表應由保單持有人及受保人之家長或合法監護人填寫及簽署。如受保人/保單持有人因傷殘不能書寫,其直系親屬可代為填寫本申請表及簽字,並提供關係證明及醫生證明。 If the insured is at or above age 18, the Insured and policyholder must complete and sign this form by his or her good self. If the insured is under age 18, this form should be completed and signed by policyholder and the insured's parent/ legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 若受保人/保單持有人/索償人以圖章蓋印簽署,必須由一位見證人予以見證。見證人之個人資料只會用於處理本索償申請及核實和確認本申請表簽署人的身份之用。If the Insured / Policyholder / Claimant uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 受保人/保單持有人/索償人之簽署必須與本公司之紀錄相同。The signature of the Insured / Policyholder / Claimant must match with the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 每張保單就每一項「指定事件」只可申請領取「分享喜悅獎勵」一次。每張保單最多只可申請領取「分享喜悅獎勵」合計兩次。Each "Designated Event" is eligible for the "share happiness reward" only once for each policy. The "Share Happiness Reward" can be applied for a maximum of two times in each Policy.
- 每張保單申請領取第二次「分享喜悅獎勵」· 必須與第一次獲本公司派發「分享喜悅獎勵」之日起計相隔至少一年(包括首尾兩日)。May apply for and receive the second "Share Happiness Reward" provided that at least one year following the date of the first "Share Happiness Reward" paid by the Company (both dates inclusive) in each Policy.
- 如有任何查詢·請與 閣下的保險中介人聯絡或致電本公司客戶服務熱線(853) 2859 5519 查詢。填妥的表格及所需文件請寄往澳門新口岸宋玉生廣場 263 號中土大廈 22 樓 A · B · K-P 座 · ff you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., Alameda Dr. Carlos D' Assumpção No. 263, 22 Andar A, B, K-P, Edif. China Civil Plaza, Macau.
- 本公司有權隨時更新此申請表,並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.mo 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.mo to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處 · 概以中文本為準 · If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.



PAR	を信資料 (由受保人/保單持有人/索償人填寫) ARTICULARS OF CLAIM (To be completed by Insured / Policyholder / Claimant)							
۱. –	一般資料 General Information							
1	請選擇相關指定事件 Please select the Designated Event							
	受保人小學、中學、大學或高等教育院校畢業(就大學或高等教育院校而言‧須為學士或學士以上學位)							
	The Insured has graduated from a primary school, secondary school, university or higher education institution (Bachelor 's degree or above for graduating							
	from university or higher education institution)							
	受保人結婚							
	The Insured has got married							
	受保人的親生子女或親生孫子女出生							
	Birth of natural child or natural grandchild of the Insured							
	受保人購買住宅物業							
	The Insured has purchased a residential property							
	受保人 65 歳生日							
	65 th Birthday of the Insured							
2	職業/行業(必須填寫) Occupation/Business (Compulsory)							
3. 创	頁款方式(請選擇一種理賠支付方式) PAYMENT METHOD (Please select only one of the settlement options)							
1	自動入賬申請 Direct Credit Application							
	□ 已登記的「付款銀行賬戶」Registered Payment Bank Account							
	此服務只適用於本公司指定的澳門開立銀行賬戶,並於本公司已完成及成功辦理登記的指定銀行賬戶。The service is only applicable to a bank account							
	set up in Macau designated bank by the company and the bank account which registration is completed successfully in the company.							
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	据定銀行帳戶 Designated bank Account if 法定銀行帳戶 Designated bank Account if 法定銀行帳戶 Designated bank Account if 法定银行帳戶 Designated bank Account if 法定银行帳戶 Designated bank Account if 法理供账戶證明文件,如印有賬戶持有人姓名/名稱及賬戶號碼的銀行卡/月結單/存摺。Please provide bank account document(s), such as bank card/monthly statement/ passbook with account holder name and account no. 至保單持有人/索償人於本公司指定的澳門開立銀行賬戶 To a bank account set up in Macau designated bank by the company held by the Policyholder/Claimant. 銀行名稱 Name of Bank 銀行編號 Bank No. 分行編號 Branch No. 銀行賬戶號碼 Account No. 銀行馬戶號碼 Account No. 銀戶持有人姓名(中文) (必須為保單持有人/索償人) Name of bank account holder (Chinese) (Policyholder/Claimant Only) Name of bank account holder (English) (Policyholder/Claimant Only)							

保單編號 Policy No.

to identify the ownership of bank account belongs to Policyholder/Claimant or direct credit is failed for any reason, the payment will be issued by cheque.

B. 解款方式(請選擇一種理轄支行方式) (語) PAYMENT METHOD (Please select only one of the settlement options) (Continued) 2 本域線行動技業層 MACAU LOCAL CROSSED CHEGUE 部分質素層 Policy Currency			保單編號 Pd	olicy No.										
解教育幣 Preferred Settlement Currency	B. 領款方式(請選擇一種理賠支付方式) (續) PAYMENT METHOD (Please select only one of the settlement options) (Continued)													
□ 機箪食幣 Policy Currency □ 潜域性中國人無保險(海外)級份有限公司與月之回定兌換率計算)														
特に見いていていていていていていていていていていていていていていていていていていて	贈 示	·												
協成是特有人期間身份證明文件機能為公司的發展學戶服務中心吸取支票。) (The Policyholder should collect the cheque at our Macaua Customer Service Centre by presenting the iterating document.) 使雑第三角(代領人)領取 Pick up cheque in person by authorized person		保申負幣 Policy Currency Hong Kong	Dollar (at monthly	y fixed rate of	f China Li					mpany)				
技権第三者(代等人)領取 Pick up cheque in person by authorized person		(請保單持有人帶同身份證明文件親臨本公司的澳門客戶服務中心收取支票。) (The Policyholder should collect the cheque at our Macau Customer												
Name of authorized person Contact no. of authorized person D. no. of a			on by authorized pe	erson										
□ 郭奇至保軍登記的海訊地址 Mail to correspondence address registered in our Company		代領人姓名 代領人聯絡電話 代領人身份證明文件號碼								馬				
□ 經保險中介人特遞 Deliver via Insurance Intermediary		Name of authorized person		Contact no.	. OI autilo	nzeu pe	15011		1.	.D. 110. U	i autilo	ilizeu j	person	
□ 經保險中介人特遞 Deliver via Insurance Intermediary		郵寄至保單登記的通訊地址 Mail to corresponde	nce address regist	tered in our 0	Company	,								
### Applicable to inforce policy under same Policyholder, pelases specify the policy no.) (保電域馬 Policy No.) (大学 Basic Documents ***********************************			_											
3 其他領勢方式 OTHER PAYMENT METHODS □ 括付保費 (僅適用於同一保單持有人名下生效之保單・請指定保單號碼・) Offset the premium (only applicable to inforce policy under same Policyholder, pleases specify the policy no.) 保單號碼 Policy No. 4 其他方式 Other Methods □ 其他(時利明) Others (Please specify) C. 素價所需文件清單 CLAIM DOCUMENT CHECKLIST ▼ 基本文件 Basic Documents 素價所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centre) □ 由關下填妥並簽署之本申請表 This form completed and signed by your good self □ (i) 小學畢業證書(ii) 中學畢業證書或(iii) 大學或高等教育院校頒發的學士或學士以上學位的畢業證書之核實副本 The certified true copy of graduation certificates for (i) primary school; (ii) secondary school; (iii) a Bachelor's degree or above awarded by such university or higher education institution □ 有顯示結婚日期的結婚證書之核實副本 The certified true copy of marriage certificate showing the date of marriage 受保人的競生子女及其親生的子女所發出的兩代出生證明書之核實副本(若受保人的条子 女出生) 可數受保人的競生子女及具親生的子女所發出的兩代出生證明書之核實副本(有受保人的緣子 女出生) The certified true copy of birth certificates of the natural child of the Insured and the natural grandchild of the Insured of both generations (if the grandchild was born) 載有受保人以個人或聯名身份作為實方所簽署的住宅物業轉議契之核實副本 The certified true copy of deed of assignment of a residential property signed by the Insured as a purchaser by way of sole or joint ownership □ 受保人身份證明文件之核實副本 The certified true copy of identity document of the Insured		經銀行營業員轉送 (請指定銀行分行及經辦人	、員) Deliver by ba	ank officer (Pl	lease sta	te the b	ranch a	nd ban	ık office	er)				
□ 抵付保費 (僅適用於同一保單持有人名下生效之保單・請指定保單號碼・) Offset the premium (only applicable to inforce policy under same Policyholder, please specify the policy no.) 保單號碼 Policy No. □ 其他(馬列明) Others (Please specify) C. 素價所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Documents 索價所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centre) □ 由閣下填妥並簽署之本申請表 This form completed and signed by your good self □ 以上學位的畢業證書之核實副本 The certified true copy of graduation certificates for (i) primary school; (ii) secondary school; (iii) a Bachelor's degree or above awarded by such university or higher education institution □ 有顧示結婚日期的結婚證書之核實副本 The certified true copy of marriage certificate showing the date of marriage 受保人的親生子女及其親生的子女所發出的兩代出生證明書之核實副本(若受保人的条子 女出生) The certified true copy of birth certificates of the natural child of the Insured (if the child was born) or the certified true copy of birth certificates of the natural child of the Insured for both generations (if the grandchild was born) 載有受保人以個人或聯名身份作為買方所簽署的住宅物業轉讓契之核實副本 The certified true copy of dentity document of the Insured as a purchaser by way of sole or joint ownership □ 受保人身份證明文件之核實副本 The certified true copy of identity document of the Insured		銀行分行 Branch	經辦人員 Bank	Officer										
please specify the policy no 保單號碼 Policy No. 保單號碼 Policy No. 保單號碼 Policy No. Jeth (請列則) Others (Please specify) 大本文件 Basic Documents 大本文件 Basic Document (Document (Documen	3 <u>‡</u>	t他領款方式 OTHER PAYMENT METHODS												
保單號碼 Policy No. 具他方式 Other Methods 具地(請列明) Others (Please specify) 大学 基本文件 Basic Documents 交債所需文件(文件的核實副本可於本公司的客戶服務中心辦理)	_		は ・ 請指定保單	显號碼。) Off	set the pr	emium (only ap	plicable	to infor	ce policy	under	same	Policyh	older,
4 其他(詩列明) Others (Please specify) C. 索價所需文件清單 CLAIM DOCUMENT CHECKLIST ✓ 基本文件 Basic Documents 索價所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centre) □ 由閣下填妥並簽署之本申請表 This form completed and signed by your good self (i) 小學畢業證書(ii) 中學畢業證書或(iii) 大學或高等教育院校頒發的學士或學士以上學位的畢業證書之核賣副本 The certified true copy of graduation certificates for (i) primary school; (ii) secondary school; (iii) a Bachelor's degree or above awarded by such university or higher education institution □ 有顯示結婚日期的結婚證書之核賣副本 The certified true copy of marriage certificate showing the date of marriage □ 保人的親生子女所發出的出生證明書之核賣副本(若受保人的子女出生)或對受保人的親生子女及其親生的子女所發出的兩代出生證明書之核實副本(若受保人的孫子女出生) The certified true copy of birth certificates of the natural child of the Insured (if the child was born) or the certified true copy of birth certificates of the natural child of the Insured and the natural grandchild of the Insured for both generations (if the grandchild was born) □ 袁有受保人以個人或聯名身份作為實方所簽署的住宅物業轉讓契之核實副本 The certified true copy of deed of assignment of a residential property signed by the Insured as a purchaser by way of sole or joint ownership □ 受保人身份證明文件之核實副本 The certified true copy of identity document of the Insured														
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□ 投保人之身分證文件 (受保人非投保人) ID of Policyholder (Insured is not Policyholder). (只需副本) (Copy required only	Cla	索償所需文件清單 CLAIM DOCUMENT CHECE 本文件 Basic Documents 索償所需文件(文件的核實副本意 im Document (Documents can be certified 由閣下填妥並簽署之本申請表 This form call 以上學位的畢業證書之核實副本 The certischool; (ii) secondary school; (iii) a Bachelor's ceducation institution 有顯示結婚日期的結婚證書之核實副本 the date of marriage 受保人的親生子女所發出的出生證明書之人的親生子女及其親生的子女所發出的成女出生) The certified true copy of birth certificate grandchild of the Insured for both generations (if 載有受保人以個人或聯名身份作為買好 certified true copy of deed of assignment of a result by way of sole or joint ownership 受保人身份證明文件之核實副本 The certified The certified true copy of deed of assignment of a result by way of sole or joint ownership	可於本公司的 l at our Compa ompleted and sig (iii) 大學或 tiffied true copy of legree or above The certified true 之核實副本(若 兩代出生證明記 cate of the natural the grandchild was 可所簽署的住 sidential property	any's Custon any's Custon any's Custon any and by a signed by the signe	r good s	Services self self self self self self self se	型士或 or (i) pr ate sho 或人的e child the na a purco	學士 imary nigher owing 受保 子 d was atural	S	hare h	appir	ness	rewai	rd

保單編號 Policy No.					

D. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明,可於 https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement 下載或向中國人壽保險(海外)股份有限公司索取。

I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from

https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement or is made available upon request.

E. 聲明及授權 DECLARATION AND AUTHORIZATION

授權 Authorization

本人/我們,受保人/保單持有人/索償人,代表本人/我們及尚未成年之受保人(如有)謹此授權(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、政府部門,或其他機構、組織或人士,凡知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料者,均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」);(2)貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所,可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試,作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授讓人具有約束力;即使本人/我們死亡或無行為能力時,此授權書仍具效力。此授權書的影印本與正本均有同等效力。I/We, the Insured/Policyholder/Claimant, represent me/ us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE(1)any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/us/the insured under 18 years old to disclose, release and transfer such information to the Company; (2) the Company or any of its appointed medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the insured under 18 years old in relation to this claim. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

聲明 Declaration

本人/我們·受保人/保單持有人/索償人·謹此聲明及同意(1)上述一切陳述及問題的所有答案·不論是否本人/我們親手所寫·就本人/我們所知所信·均為事實之全部並確實無訛; 本人/我們明白倘未知任何一項是否重要·本人/我們均須將其事實在本申請表上說明;(2)本人/我們對任何人所作出之任何聲明·除在本申請表上填寫或印出及經 貴公司發表和批准外·貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料·貴公司可能因此不能審核及處理本索償申請。

I/We, the Insured/Policyholder/Claimant HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I/we may have made to any person unless it is written or printed here and is presented and approved by the Company. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

G. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	受保人 (年齢 18 歳或以上) Insured (whose age is 18 or above)			保單 Polic	持有人 / 索· yholder / Claiı	償人* mant*	見證人 Witness			
簽署 Signature										
姓名 Name										
身份證/護照號碼 I.D. Card / Passport No.										
日期 Date	年 Year	月 Month	⊟ Day	年 Year	月 Month	⊟ Day	年 Year	月 Month	⊟ Day	
H/13 240										
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder										