



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

### 重發通知書／保險單年結摘要／實體醫療卡／保單副本／實體保單

#### Important Note 重要提示：

1. We will process your request within approximately 5 working days upon receipt of the form. 本公司將在收到申請表後大約五個工作天內處理您的申請。

Please return the form and relevant documents via one of the channels listed below.

請透過以下途徑遞交表格及相關文件。

- Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website  
您可以掃描右方的二維碼上載相關文件到滙豐網站上的「文件上載服務」；OR 或
- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓；OR 或
- Submit to any HSBC Branch 可於任何滙豐分行遞交



Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號

Policy Information 保單資料	
Policy number 保單號碼	
Name of Policyholder in English 保單持有人英文姓名	

Notes 注意事項：

1. The Bank has explained the product features to you including potential liquidity, time horizon, any currency implications, fees & 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。

<input type="checkbox"/> 1. Latest Annual statement 最新年結通知書
<input type="checkbox"/> 2. Latest Quarterly Statement (if applicable) 最新季結通知書(如適用)
<input type="checkbox"/> 3. Annual summary 保險單年結摘要
Year of Assessment From _____ to _____ 課稅年度 _____ 至 _____
<input type="checkbox"/> 4. Physical medical card issuance or replacement 補發或更換實體醫療卡
<input type="checkbox"/> 5. Duplicate Policy Contract 保單副本

Please pay HK\$100 as handling fee by one of the following methods: 請利用以下繳款方式繳交手續費 100 港元：

- Send us a crossed cheque made payable to "HSBC Life (International) Ltd." together with this form and write your policy number on the back of the cheque. 以抬頭人為「滙豐人壽保險(國際)有限公司」的劃線支票，連同此表格一併遞交予本公司，並請在支票背面請寫上保單編號。
- Pay via one of the following approaches and submit payment proof together with this form: 您亦可透過以下方式繳交手續費，並連同此表格和付款證明一併提交：
  - PPS (merchant code is "9635") 繳費靈(請以「9635」為商戶編號)
  - HSBC Internet Banking/Mobile Banking select "HSBC Life (International) Ltd" as merchant, "HSBC Life – Renewal Premium (HKD)" as bill type, and quote your policy number as bill payee account number 香港滙豐個人網上／流動理財應用程式(請以「HSBC Life (International) Ltd」為商戶，「HSBC Life – Renewal Premium (HKD)」為賬單類別並以閣下之保單號碼為賬單戶口號碼。)
  - HSBC Phone Banking 香港滙豐電話理財
  - HSBC ATM (select "Insurance" "HSBC Insurance" as merchant, "Life Insurance" as bill type and quote your policy number as bill payee account number.) 香港滙豐自動櫃員機(請以「保險機構」「滙豐保險」為付款商戶，「人壽保險」為賬單類別並以閣下之保單號碼為賬單戶口號碼。)
- Pay from your HSBC bank account when submitting this form by visiting any of our branches. 親臨任何一間滙豐分行提交表格，並經滙豐戶口以港幣繳交。

#### Declaration and Warrant by the Policyholder 保單持有人之聲明及保證

- 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;  
本人現承諾在任何時候，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；
- 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；
- 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；
- 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；
- This indemnity shall be governed by and construed in accordance with the laws of Bermuda;  
上述的賠償受百慕達法律制約，並按照百慕達法律進行詮釋。

☐ **6. Physical Policy Contract 實體保單**

1. Only applicable if you have received an e-Policy pack and are requesting for a physical copy for the first time.  
只適用於收取電子本之保單並首次要求實體副本之保單。
2. The physical policy contract will be mailed to your correspondence address.  
實體保單將郵寄至閣下之通訊地址。
3. If you are not requesting for a physical policy contract for the first time, please complete Section 5 for a duplicate policy contract.  
如非首次要求實體保單，請填寫第5部分以索取保單副本。

**Signature 簽署**

Signature of Policyholder 保單持有人簽署 \_\_\_\_\_

Date 日期 \_\_\_\_\_

**For Bank Use**

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