

First Policy No.:
第一份保單編號:

Second Policy No.:
第二份保單編號:

REQUEST FOR ISSUE OF DUPLICATE POLICY 簽發副本保單申請書 (A02)

Name of Insured:
受保人姓名:

Name of Policy Owner:
保單持有人姓名:

Issue duplicate Policy(ies) 簽發副本保單 (A handling fee of HK\$200 per policy will be charged 每份保單徵收港幣\$200手續費)

I / We, the policy owner of the above policy(ies) ("the Policy"), hereby declare that the Policy, issued by YF Life Insurance International Ltd. ("the Company"), has been lost or destroyed. I / We therefore, request your Company to issue a duplicate policy(ies) to replace the original policy(ies); and request to change policy option to physical copy of policy contract (if applicable).

I / We agree that should the original policy(ies) be found or in any way come into my / our possession afterwards, I / We undertake to return it immediately to your Company. I / We understand and agree that the original policy(ies) shall become null and void immediately upon issuance of the duplicate policy(ies) herein requested.

本人/我們為上述保單("該保單")的保單持有人, 現聲明由萬通保險國際有限公司("貴公司")簽發的該保單經已遺失/損毀, 本人/我們因此要求貴公司簽發一份副本保單以取代原有保單, 並更改保單選項為紙本保單合約(如適用)。

如本人/我們於日後尋獲或因任何原因管有原有保單, 本人/我們承諾即時將原有保單交回貴公司。本人/我們明白及同意副本保單一經簽發, 原有保單將即時無效及廢除。

Declaration and Authorization 聲明及授權

I / We understand and agree that this application shall not take effect unless the same is duly approved by YF Life Insurance International Ltd. ("the Company"). I / We further declare that this application is made during the lifetime or continued insurability of the insured.

I / We understand that I am / we are required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself / ourselves, the ultimate beneficial owner of the policy (if any) and the beneficiary and my/our authorized signatory(ies) (if applicable) pursuant to the relevant laws and regulations, including the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I / we fail or refuse to do so, the Company shall have the right to disapprove the application.

I / We hereby authorize any individual or organization (including but not limited to my / our employer, registered medical practitioner, hospital, clinic, insurance company, bank, governmental department, private or public institution) that has information of mine / us to release or disclose the information to your company.

Personal Information Collection Statement: I / We understand and agree my / our personal information (including a record of your image or voice by whatever means and your health information) collected by or held by the Company may be used for the purposes of: (1) approving, evaluating or processing my / our insurance application / policy service request; (2) administering, maintaining or reinsuring my / our policies; (3) adjudicating my / our claims, or conducting any investigation or analysis of my / our claims; or (4) data matching; (5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. I / We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my / our application / policy service request.

I / We understand and agree my / our personal information collected or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental / regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions: (1) YF Life Group companies and their associated / affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or persons necessary for claims assessment / investigation; (4) industry associations / federations and their members; (5) governmental / regulatory bodies and law enforcement agencies; (6) crime prevention organizations and their members / participants; and (7) service providers and selected persons which are under a duty of confidentiality to the Company.

I / We understand that I / we have the right to access to, and to correct, any of my / our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

本人/我們明白及同意上述申請將不會生效, 直至萬通保險國際有限公司("貴公司")批核後方可作實。本人/我們亦再三聲明此申請於受保人在生或仍可受保之情況下提出。

本人/我們必須提供符合貴公司要求之有效證明文件(例如身份證明及地址證明)予貴公司, 讓貴公司能按照相關的法律及法規, 包括於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第615章所載, 對本人/我們、保單之最終實益擁有人(如有)及受益人及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。如本人/我們未符合此要求, 貴公司有權不批核上述申請。

本人/我們現授權任何擁有本人/我們的資料之人士或機構(包括但不限於本人/我們的僱主、註冊醫生、醫院、診所、保險公司、銀行、政府部門、公共或私營機構)向貴公司披露有關資料。

個人資料收集聲明: 本人/我們明白及同意貴公司所收集或持有本人/我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的: (1) 批核、評審及處理本人/我們之投保計劃申請/保單服務要求; (2) 就本人/我們之保單提供行政、持續或再保險的服務; (3) 評核本人/我們索償, 或就本人/我們之索償進行調查或分析; 或(4) 資料核對; (5) 偵測或防止罪行; 或 (6) 符合法律或合規要求。本人/我們明白及同意必須提供貴公司所需的個人資料, 否則, 貴公司將不能處理本人/我們之投保申請或就本人/我們之保單提供服務。

本人/我們明白及同意貴公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外)執行其職務而向以下任何一方(不論在香港或海外)轉移或透露由貴公司收集或持有屬於本人/我們的個人資料: (1) 萬通保險集團成員公司及其關聯或相關公司; (2) 金融機構、保險公司、中介人或再保險公司; (3) 賠償調查公司及所需有關評核索償之公司及/或人士; (4) 行業組織/聯會及其成員; (5) 政府部門或監管機構和執法機構; (6) 防犯罪組織及其會員/參與者; 及 (7) 與貴公司有保密協議的服務提供者及其他人士。

本人/我們明白本人/我們有權查閱和更改任何由貴公司持有屬於本人/我們的個人資料。如有需要, 本人/我們可與貴公司的資料保護主任提出有關要求, 並以書面方式呈交(地址: 香港灣仔駱克道 33 號萬通保險大廈 27 樓(適用於香港簽發的保單)或澳門蘇亞利士博士大馬路 320 號澳門財富中心 8 樓 A 座(適用於澳門簽發的保單))。處理上述要求時, 貴公司可能會收取合理費用。

Date 日期 (MM/DD/YY 月/日/年)

Signature of Policy Owner / Assignee
保單持有人/承讓人簽署

Consultant's Information (To be completed by Consultant)

FOR OFFICE USE ONLY 公司內部專用

Consultant Code & Name 顧問編號及姓名

Signature of Consultant 顧問簽署

