



Policy Number* 保單號碼* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Lost Policy Declaration</b> <b>保單遺失聲明</b>	
1 <input type="text"/>	<input type="text"/>	Plan Type 計劃名稱	
2 <input type="text"/>	<input type="text"/>	Name of Policyholder in English (Surname first) 保單持有人英文姓名(姓氏先行)	
3 <input type="text"/>	<input type="text"/>	# ID Type & No. # 身份證明文件類別及號碼	
4 <input type="text"/>	<input type="text"/>	Name of Life Insured in English (Surname first) 受保人英文姓名(姓氏先行)	
5 <input type="text"/>	<input type="text"/>	# ID Type & No. # 身份證明文件類別及號碼	
6 <input type="text"/>	<input type="text"/>		
7 <input type="text"/>	<input type="text"/>		
8 <input type="text"/>	<input type="text"/>		
9 <input type="text"/>	<input type="text"/>		
0 <input type="text"/>	<input type="text"/>		
NOTE 注意:		1. * Please mark X in the appropriate boxes to indicate the policy number. 請在適當的方格內加上 X 以註明保單號碼。 2. # ID Type 身份證明文件類別: I = HKID 香港身份證, P = Passport 護照, B = Business Registration Certificate 商業登記, X = Others 其他。 3. The Bank has explained the product features to me including potential liquidity, time horizon, any currency implications, fees & charges and ongoing charges related to the product(s) where applicable. 滙豐已向本人解釋產品特性, 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。	

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

a. 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所有損失, 本人將向貴公司作出賠償;

b. 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;

c. 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;

d. 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;

e. 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。

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

Importance Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. Please note that we will only process your request upon actual receipt of this “original form.”  
 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: 香港九龍深旺道一號滙豐中心一座十八樓, 當收到此申請表(表格)“正本”, 我們將盡快辦理閣下之申請。

<b>For Bank Use</b>			
<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.	