



HASEDUP

Policy Number* 保單號碼*										保單遺失聲明 Lost Policy Declaration									
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										計劃名稱 Plan Type									
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3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										# 身份證明文件類別及號碼 # ID Type & No.									
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注意 NOTES:										1. *請在適當方格內加上X以註明保單號碼。Please mark X in the appropriate boxes to indicate the policy number. 2. # 身份證明文件類別 ID Type: I = 香港身份證 HKID, P = 護照 Passport, B = 商業登記 Business Registration Certificate, X = 其他 Others。 3. 任何答案如有更改, 敬請保單持有人在旁簽署。Any changes should be initialed by the Policyholder.									

致 : 恒生保險有限公司
To : Hang Seng Insurance Company Limited

保單簽發日期
Date of Policy Issue: _____

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

<p>i 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, 導致恒生保險有限公司(貴公司)因訴訟、司法程序、索償、限制及有關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; I will at all times, keep Hang Seng Insurance Company Limited (the "Company") indemnified against all actions, proceedings, claims, demands and expenses which may be made against the Company, or which the Company may suffer or incur as a result of the loss or purported loss of the Policy document;</p>	
<p>ii 本人並無將保單或保單之任何權益作出轉讓、抵押、或以其他方法進行買賣; I have not assigned, pledged or in any other way dealt with the Policy or any interest in the Policy;</p>	
<p>iii 倘若本人重獲保單文件正本, 將即時交予貴公司; If the original Policy document should come into my possession, I will immediately deliver it to the Company;</p>	
<p>iv 倘若本人逝世, 上述(i)項的賠償將對本人的個人代表具約束力; In the event of my death, the indemnity (i) above shall be binding on my personal representatives;</p>	
<p>v 上述的賠償將根據香港法律詮釋, 並受香港法律所監管。 This indemnity shall be governed by and construed in accordance with the laws of Hong Kong.</p>	
保單持有人簽署 Signature of Policyholder	日期 Date
<p>姓名 Name: _____</p>	

For Bank Use	BRANCH	AGENT				For Office Use	Signature Verified by	Entered by	Checked by	Recorded by
										Date

(文義如有歧異, 以英文為準。)