

死亡賠償申請表
Death Claim Form

第一部分 (由索償人填寫) Part I (To be completed by claimant)

每位索償人須個別填寫一份死亡賠償申請表。 Each claimant needs to fill in an individual death claim form.

保單編號 Policy no.	保單持有人姓名 Name of policyowner	受保人姓名 Name of insured
持牌保險中介人姓名及號碼 Name & code of licensed insurance intermediary	持牌保險中介人聯絡電話號碼 Contact phone no. of licensed insurance intermediary	賠償號碼 (公司專用) Claim no. (For office use only)

A. 死者資料 Deceased's details

死者姓名 Name of deceased	身份證明文件號碼 Identity document no.	性別 Gender	出生日期 (日 / 月 / 年) Date of birth (DD/MM/YYYY)
身故日期 (日 / 月 / 年) Date of death (DD/MM/YYYY)	身故地點 Location of death	身故原因 Cause of death	
死者身故前住址 Deceased's residential address at time of death	身故前之職業及職責 Occupation and job duties at time of death	最後工作日期 (日 / 月 / 年) Last date of working (DD/MM/YYYY)	
身故前之僱主 (公司) 名稱及地址 Name and address of last employer at time of death		僱主 (公司) 聯絡電話號碼 Employer contact phone no.	

B. 若死亡原因為疾病導致，請回答問題 1-6 If death was caused by ILLNESS, please complete questions 1-6

1. 徵狀 Signs and symptoms		2. 死者於何時首次出現此徵狀 (日 / 月 / 年) When did the symptoms first appear to the deceased? (DD/MM/YYYY)	
3. 死者何時因相關之疾病首次向醫生求診? When did the deceased FIRST consult physician for the related illness? (日DD/月MM/年YYYY)	4. 首次求診之醫生 / 醫院名稱及地址 Name and address of physician/hospital for FIRST consultation	5. 最後主診之醫生或醫院名稱及地址 Name and address of the LAST attending physician/hospital	
6. 在過去五年內，所有曾為死者診治末次及其他過往病患之醫生姓名 / 醫院名稱及地址 Name and address of all physician(s)/hospital(s) who treated and attended the deceased for the deceased's last illness and prior illness during the past five years			
醫生 / 醫院名稱 Name of physician/hospital	地址 Address	診治日期 Attendance date	病患 Disease or condition

C. 若死亡因意外導致，請回答問題 7-10 If death was caused by ACCIDENT, please complete questions 7-10

7. 意外日期及時間 Date & time of accident 日DD/月MM/年YYYY 上午AM/下午PM	8. 意外地點 Place of accident	9. 意外詳情 Details of accident
10. 有否就是次意外報警? Has this accident been reported to the police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes. 請提供詳情如下以及口供紙副本作參考 please provide details as below and the copy of the police statement for reference : 警署地點 _____ 檔案編號 _____ Police station _____ Case reference no. _____		

D. 其他資料 Other details

11. 是否經已或將會進行死因研究？ Whether a death inquest has been or will be held? <input type="checkbox"/> 沒有 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 · 日期 Yes, date _____ 日DD /月MM /年YYYY	12. 是否經已或將會進行解剖？ Whether an autopsy has been or will be performed? <input type="checkbox"/> 沒有 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 · 日期 Yes, date _____ 日DD /月MM /年YYYY
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如閣下持有以上裁決結果或驗屍報告,請提供副本作參考。

If you are in possession of the above verdicts or report, please provide a copy for reference.

13. 如死者曾擁有其他保險公司之保險計劃,請提供以下資料: If the deceased had any insurance coverage with other insurers, please provide the following details:			
公司名稱 Name of company	保單號碼 Policy no.	保障或保單開始日期 Coverage effective or commencement date (日DD/月MM/年YYYY)	投保額 Sum assured
14. 死者是否吸煙人士? Was the deceased a smoker?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	每日吸煙量Daily consumption: _____ 吸食年期Total smoking duration: _____ 若已戒煙,始於何時If quitted, since when? _____ 日DD /月MM /年YYYY	
15. 死者有否飲酒習慣? Did the deceased has any drinking habit?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	每日份量Daily consumption: _____ 酒精種類 Type of alcohol: _____ 若已戒酒,始於何時If quitted, since when? _____ 日DD /月MM /年YYYY	
16. 如保單已抵押予第三者,此抵押在受保人離世時是否仍然有效? If policy was assigned to a third party, was the assignment is still effective at time of death?	<input type="checkbox"/> 不適用 Not applicable <input type="checkbox"/> 否 No <input type="checkbox"/> 是,請提供詳情 Yes, please provide details 抵押日期及金額 Date and amount of the assignment : _____ 受讓人姓名及地址 Name and address of the assignee : _____		

E. 索償人資料 Claimant's details

英文姓名 (全名) Name in English (in full)	中文姓名 Name in Chinese	身份證明文件號碼 Identity document no.
出生日期 (日 / 月 / 年) 及出生地點 Date of birth (DD/MM/YYYY) and place of birth	國籍 Nationality	與死者之關係 Relationship to the deceased
職業 Occupation	業務性質 Nature of business	
現時居住地址(請遞交最近3個月的住址證明) Current residential address (please submit address proof issued within the last 3 months)		
現時永久地址 (如與上述地址不同) Current permanent address (if different from the above)		
聯絡電話號碼 (請提供聯絡電話號碼及其所屬國家/地區名稱,並於括號內填寫國家/地區編號。 Contact phone no. (please provide phone no. with its country/ region name and mark the country/ region code in the bracket.)	國家/地區名稱 Country / Region name	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 China <input type="checkbox"/> 其他,請註明 Others, please specify : _____
	電話號碼 Phone no.	()

E. 索償人資料 (續) Claimant's details (Cont')

請在適當位置加上剔號 Please tick where appropriate :

I	<input type="checkbox"/> 本人謹此聲明本人為香港居民。本人並無持有任何屬於非香港境內的身份證、護照號碼、居住/通訊地址、聯絡電話或稅務居民身份。I hereby declare that I am Hong Kong resident, I <u>do not hold</u> any other non-Hong Kong identity, passport, residential / correspondence address, phone no or taxpayer identification number. <input type="checkbox"/> 本人謹此聲明。本人持有其他屬非香港境內的身份證、護照號碼、居住/通訊地址及聯絡電話。(**請填寫交遞交相關「自我證明表格」) I hereby declare that I <u>hold other non-Hong Kong</u> identity, passport, residential / correspondence address and phone no. (**Please complete and submit relevant "Self-Certificate Form")
II	<input type="checkbox"/> 本人謹此聲明本人並非美國公民或居民或綠卡持有人。 I hereby declare that I am NOT a U.S. citizen or resident or green card holder. <input type="checkbox"/> 本人謹此聲明本人是美國公民或居民。以下為本人的美國納稅人識別號碼。(**請填寫並遞交"海外納稅申報與預扣責任聲明書"及提供額外文件。) I hereby declare that I am a U.S. citizen or resident. Below is my U.S. Taxpayer Identification No. (TIN). (**Please complete and submit "Foreign Tax Reporting and Withholding Obligation Declaration Form" and additional documents are required to provide.)

F. 保單遺失聲明 Declaration of the loss of policy

(若正本保單文件已遺失，請填寫此欄 If the original policy document(s) have been lost, please complete this box)

本人謹此聲明正本保單文件 (保單編號 : _____) 已遺失及遍尋不獲。本人 (請在以下填寫姓名及簽署) 同意就泰禾人壽保險有限公司 (「泰禾人壽」) 因其一般要求未被符合的情況下付款而可能須承擔法律責任或招致的所有申索、索求、法律行動、法律程序、賠償、費用及開支，對泰禾人壽作出彌償。 I hereby declare that the original policy document (Policy no. _____) has been lost and could not be located despite diligent efforts. I (please fill in your name and sign below), indemnify Tahoe Life Insurance Company Limited ("Tahoe Life") from and against all claims, demands, actions, proceedings, damages, costs and expenses whatsoever which Tahoe Life may be liable to or incur by reason of Tahoe Life making payment without the Tahoe Life's normal requirements being met.	
受益人 / 就身故賠償能給予有效收據之人士姓名 Name of beneficiary/person entitled to give good receipt of the death benefit	
受益人 / 就身故賠償能給予有效收據之人士簽名 Signature of beneficiary/person entitled to give good receipt of the death benefit	

G. 付款指示 (只需選擇G1,自動轉賬或G2,支票其中一項) Payment Instruction (select either G1,by autopay or G2, by cheque only) (如沒有註明方式或資料不清晰，將以港幣支票支付 If no payment instruction is specified or information is not clear, HKD cheque will be issued)

G1. 自動轉賬 By autopay 當轉賬成功後，本公司即獲解除保單之所有責任。 The Company will be fully discharged of any liabilities under the policy(ies) in case of successful transaction.	
<input type="checkbox"/> 現時本公司紀錄之自動轉賬戶口；或 Current direct debit authorisation bank account in the Company record; or <input type="checkbox"/> 以下指定之港幣銀行戶口 (附上銀行戶口證明) Specified HKD bank account below (Bank account proof is attached).	
銀行號碼 Bank no.	分行號碼 Branch no.
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
注意事項： (1) 銀行賬戶持有人姓名必須與 <u>受益人 / 遺產管理人 / 遺囑執行人</u> 姓名相同。 (2) 請提供賬戶持有人的銀行賬戶證明，而該證明須列有銀行賬戶持有人姓名及銀行賬號。 (3) 自動轉賬只適用於香港銀行及款項將以港幣支付。 (4) 若自動轉賬不成功，本公司將以港幣支票支付相關之賠償。	Notes: (1) Bank account holder name must be the same as the name of beneficiary/administrator/executor . (2) Please provide account holder's bank account proof which shows account holder name and account number. (3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar. (4) If the autopay is failed, the respective claim payment will be paid by HKD cheque.
G2. 支票 By cheque (若沒有選擇支票貨幣，將以港幣支票支付 If no cheque currency is selected, HKD cheque will be issued)	
支票貨幣 Cheque currency : <input type="checkbox"/> 港幣 Hong Kong dollar <input type="checkbox"/> 保單貨幣 Policy currency	

H. 所需文件指引 Document Checklist

請於下表方格內加上「√」號表示連同以賠償申請表遞交的文件：

Please put a "√" in the box below to indicate the documents submitted with this claim form.

Document type 文件類別	自然死亡 Natural death	意外或非自然死亡 Accidental death/ Unnatural cause of death
<input type="checkbox"/> 受保人及受益人之身份證明文件之核實副本 Certified true copy of identity document of the insured & the beneficiary	√	√
<input type="checkbox"/> 賠償申請表第一部分 (由受益人/索償人填寫) Claim Form Part I (Completed by the beneficiary/claimant)	√	√
<input type="checkbox"/> 賠償申請表第二部分 (由受保人之主診醫生填寫) Claim Form Part II (Completed by the insured's attending physician)	√^	√^
<input type="checkbox"/> 保單正本 / 填妥並加簽 F 部分之「保單遺失聲明」 Original policy/completion of "Section F - Declaration of the Loss of Policy" with signature	√	√
<input type="checkbox"/> 死亡證 / 公證書之正本或核實副本 Original or certified true copy of death/notarial certificate	√	√
<input type="checkbox"/> 入境處發出之身份證註銷證明 (RPO53A) Identity Card Cancellation Certificate (RPO53A) from Registration of Persons Office (Immigration Department)	#	#
<input type="checkbox"/> 警察報告 / 交通意外報告 / 口供紙副本 Copy of police report/traffic accident report/police statement	N/A	√
<input type="checkbox"/> 剖屍 / 法醫學屍體檢驗鑒定書 / 死因裁判報告 Post mortem or coroner's report	#	√
<input type="checkbox"/> 新聞剪報 Newspaper clipping	N/A	√
<input type="checkbox"/> 受保人之戶籍註銷證明 Cancellation proof of the insured's household registration	#	#
<input type="checkbox"/> 「海外納稅申報與預扣責任聲明書」(若索償人是美國公民或居民或擁有美國人特徵如電話號碼 / 地址等) "Foreign Tax Reporting and Withholding Obligation and Declaration Form" (if the claimant is a U.S. person or holds U.S. indicia, e.g. phone no/any address, etc.)	√	√
<input type="checkbox"/> 「自我證明表格」(若索償人之通訊地址、身份證或護照號碼/電話號碼有任何一項並不屬於香港境內) "Self-Certificate Form" (if any of the residential/ correspondence address, ID/passport/phone no. of the claimant is non-Hong Kong)	√	√

√ 基本文件 Required documents # 附加文件 Optional documents N/A: 不適用 Not applicable
 ^ 適用於保單生效少於2年，由保單簽發日或復效日起計，以較後日期為準 Applicable to policy which has been effective less than 2 years from policy issue or reinstatement date, whichever is later
 **本公司可能會按個別案情要求遞交額外資料/文件 The Company may request for the submission of extra information/documents on case by case basis **

保險業監管局 (「保監局」) 收取的徵費 Collection of Levy by the Insurance Authority ("IA")

由2018年1月1日起，保險業監管局 (「保監局」) 按照《保險業條例》(第41章) 下的《保險業 (徵費) 規例》及《保險業 (徵費) 令》，透過保險公司向保單持有人收取保費徵費。保監局的徵費會按適用徵費率向保單持有人於保單內徵收，而保單持有人必需將規定的保費徵費連同保費一同繳付給泰禾人壽保險有限公司 (「泰禾人壽」)。如欲知悉更多關於此徵費安排的資料，可登入保監局之網頁 "<http://www.ia.org.hk/tc/levy>" 或瀏覽本公司網站 "https://www.tahoelife.com.hk/tl/doc/Levy_TC.pdf"。如保單持有人沒有按法例繳付徵費，保監局可向其施加最高港幣5,000元的罰款，亦可循民事程序追討欠付的徵費。

Starting from 1 January 2018, the Insurance Authority ("IA") starts to collect a levy on insurance premium from policy owners through insurance companies in accordance with the Insurance (Levy) Regulation and the Insurance (Levy) Order under the Insurance Ordinance (Cap. 41). The levy collected by the IA will be calculated at the applicable rate on the policy level. The policy owner is required to pay to Tahoe Life Insurance Company Limited ("Tahoe Life") the prescribed levy along with the premium. For further information on levy collection arrangement, please visit IA webpage "<http://www.ia.org.hk/en/levy>" or our company website "https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf". As stated in the law, if a policy owner does not pay the levy as required, the IA may impose on the policy owner a penalty of up to HKD5,000, and may recover the outstanding levy as a civil debt due to the IA.

聲明及授權 Declaration and Authorisation**聲明**

本人 / 我們謹聲明並同意：

- (1) 不論是否由本人 / 我們親自書寫，所有與上列索償有關的陳述及所有問題的答案均按本人所知及所信均屬完整及
 (2) 上述「收取個人壽險保費徵費」項所載之內容

授權

本人 / 我們謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人 / 我們之紀錄者、及 / 或曾診驗或可能將會診驗本人 / 我們者，均可將該等資料提供給泰禾人壽；(2) 泰禾人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之健康狀況。此授權對本人 / 我們之繼承人及受讓人具約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人 / 我們聲明本人 / 我們有權及同意作出上述授權。

本人 / 我們謹此同意及接受倘保單內有任何尚欠或過期保費徵費，均由本人 / 我們平均承擔並由泰禾人壽在保單在索償完成及終止時，於保險賠償金中扣除。

Declaration

I/WE HEREBY DECLARE AND AGREE that:

- (1) all statements and answers to all questions in relation to the above claims whether or not written by myself/ourselves are to the best of my/our knowledge and belief complete and
 (2) The contents under the above column of "Collection of Premium Levy on Individual Life Insurance Policy".

Authorisation

I/WE HEREBY AUTHORISE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution, or person, that has any records or knowledge of me/us and who has attended or may hereafter attend myself/ourselves to disclose such information to Tahoe Life; (2) Tahoe Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorisation shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent to make the above authorisations.

I/We hereby consent and accept that any outstanding or overdue levy on the policy(ies), will be shared by me/us and to be deducted from the claims proceeds by Tahoe Life when the policy(ies) is/are terminated after this claim.

個人資料收集聲明及使用 Personal Data Collection And Use

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明 (「泰禾人壽個人資料收集聲明」)。

本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司 (「泰禾人壽」) 不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。

本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I/We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

索償人姓名 Name of claimant

索償人簽署 Signature of claimant

日期 Date

索償人身份證明文件號碼

Identity document no. of claimant

與死者關係

Relationship to the deceased

見證人姓名 Name of witness

見證人簽署 Signature of witness

第二部分 主診醫生報告 (須由受保人之主診醫生填寫。所需費用由索償人自行承擔。)

Part II Attending Physician Statement (To be completed by the insured's attending physician at claimant's expense)

死者姓名 Name of deceased	身份證明文件號碼 Identity document no.	出生日期 Date of birth _____/_____/_____ (日DD/月MM /年YY)	性別 Gender	紀錄地址 Record address
身故日期 Date of death _____/_____/_____ (日DD/月MM /年YY)		身故原因 Cause of death		身故地點 Place of death

If death was caused by ACCIDENT/SUICIDE/HOMICIDE, please provide the following details:

如因意外 / 自殺 / 他殺事故導致身故，請詳述如下：

1. 意外日期 Date of Accident _____/_____/_____ (日DD/月MM /年YY)	2. 意外發生時間 Time of accident 時間 Time <input type="checkbox"/> 上午 AM <input type="checkbox"/> 下午 PM _____ : _____
3. 自殺或他殺事故發生日期 Date of suicide or homicide _____/_____/_____ (日DD/月MM /年YY)	4. 自殺或他殺事故發生時間 Time of suicide or homicide 時間 Time <input type="checkbox"/> 上午 AM <input type="checkbox"/> 下午 PM _____ : _____
5. 意外 / 事故如何發生及事發地點 Where and how did it happen?	

Consultation Details 診治資料

6. 閣下為死者診症了多久？ How long have you been the medical physician for the deceased?	自 Since ____/____/____ (日DD/月MM /年YY) 或 or ____日 Day(s) ____月 Month(s) ____年 Year(s)
7. (a) 就最後疾病之首次診治日期 Date of the first visit of the LAST illness 閣下何時把診斷結果告知死者？ When was the deceased informed of the diagnosis? (b) 就最後疾病之最後診治日期 Date of the last visit of the LAST illness (c) 轉介醫生 / 醫院之名稱及地址 Name & address of the physician/ hospital who referred to you	____/____/____ (日DD/月MM /年YY) 病徵 Symptoms _____ 由 since ____日DD / ____月MM / ____年YY 診斷 Diagnosis : _____ 告知診斷結果在 Informed the diagnosis on ____日DD / ____月MM / ____年YY (____/____/____ (日DD/月MM /年YY)

8. 請列出死者過往曾求診之病況及住院紀錄：

Please list details of all medical conditions and hospitalization record that the deceased had ever consulted you:

求診日期 Consultation date (日DD/月MM /年YY)	病徵 Symptoms	病徵出現日期 Symptoms onset date (日DD/月MM /年YY)	診斷檢查及結果 Diagnostic tests & result	診斷結果 Diagnosis

住院紀錄：Hospitalization record:

醫院名稱 Name of hospital	入院日期 Date of admission (日DD/月MM /年YY)	診斷結果 Diagnosis	出院日期 Date of discharge (日DD/月MM /年YY)

9. 直接導致死亡之原因是什麼？
What was the immediate cause of death?

10. 根據閣下意見，死者在首次求診前，該病症已存在多久？ How long, in your opinion, had the deceased been suffering from this disease prior to the first consultation?	
11. 死者有否患有其他重要 / 嚴重疾病？如有，請提供詳情。 Did the deceased suffer from other important/serious disease? If yes, please provide details.	
12. 此病症於何時被診斷？ When was this disease diagnosed?	_____/_____/_____(日DD / 月MM / 年YY)
13. 繼發性之死亡原因是否與復發或慢性病況有關？ Was the death secondary to a recurrent or chronic condition?	<input type="checkbox"/> 是，此病況之首次確診日期及詳情 Yes. when was it first diagnosed and details of that condition: 首次確診日期 ____/____/____ (日DD / 月MM / 年YY) 詳情 Details: <input type="checkbox"/> 否 No
14. 死亡原因是否與死者之習慣、職業或居住在海外國家有關？ Was the death related to the deceased's habits, occupation, or residence in an overseas country?	<input type="checkbox"/> 是，詳情 Yes. Details: <input type="checkbox"/> 否 No
15. 死者是否患有任何之前病症或意外、嚴重、慢性或先天性疾病？若是，請提供詳情及每種病況之持續時期。 Did the deceased suffer from any previous illness or injury, major, chronic, or congenital disease? If Yes, please give details and the duration of each disease.	<input type="checkbox"/> 是，始於 Yes. Since ____/____/____ (日DD / 月MM / 年YY) 詳情 Details: <input type="checkbox"/> 否 No
16. (a) 死者是否有飲酒、吸毒或其他非法物質之習慣？ Did the Deceased consume alcohol, narcotics or any illegal substances?	<input type="checkbox"/> 是 Yes 每天服用量 Daily consumption _____ 始於 Started since: ____/____/____(日DD/月MM /年YY) 戒掉於 Quitted since: ____/____/____(日DD/月MM /年YY) <input type="checkbox"/> 否 No
(b) 若是，上述習慣是否促成死亡？ If so, did they contribute to the death?	<input type="checkbox"/> 是 Yes 原因 Reasons: <input type="checkbox"/> 否 No
17. 死者是否吸煙者？若是，他 / 她吸食了多久？請提供每天平均吸食量。 Was the deceased a smoker? If so, for how long had he/she been a smoker and please provide the average consumption per day?	<input type="checkbox"/> 是 Yes 每天吸食量 Daily consumption _____ 始於 Started since: ____/____/____(日DD/月MM /年YY) 戒掉於 Quitted since: ____/____/____(日DD/月MM /年YY) <input type="checkbox"/> 否 No
18. 根據閣下所知，請提供所有死者於過去五年曾就診之醫生 / 醫院名稱及地址 Give names and addresses of all other physician(s) and hospital(s) who, to your knowledge, attended the deceased during the past 5 years.	
日期 Date	醫生 / 醫院名稱及地址 Physician/Hospital name & address
19. 死者是否肝炎病毒帶菌者？若是，何時被診斷？哪一種肝炎病毒？ Was the Deceased a carrier of any type of hepatitis virus? If yes, when was it diagnosed and which type?	<input type="checkbox"/> 是，種類 Yes. Type: 始於 Started since: ____/____/____ (日DD/月MM /年YY) 由哪位醫生診斷 Diagnosed by: 何時被告知診斷？ When was he/she being informed? _____/_____/_____(日DD/月MM /年YY) <input type="checkbox"/> 否 No
20. 死者之家庭成員是否患有相以或相關之疾病？ Has any of the deceased's immediate family members suffered from similar or related illnesses? If yes, please provide details.	<input type="checkbox"/> 是，資料來源及詳情 Yes. Source of information and details: <input type="checkbox"/> 否 No
21. 根據閣下所知，死者之慣常求診之醫生姓名及地址 To the best of your knowledge, do you know the name and address of the deceased's usual physician?	
本人 / 我們現聲明此申請書上所填寫之資料皆為本人 / 我們所知及所信之事實。 I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.	
醫生姓名 Name of physician _____	
資歷 Qualification _____	
醫院名稱 (如適用) Hospital name (if applicable) _____ 電話號碼 Phone no. _____	
醫生簽署連同醫院 / 醫生蓋章 Signature & hospital/physician chop _____ 日期 Date ____ 日DD / ____ 月MM / ____ 年YY	