



MSIG Insurance (Hong Kong) Limited
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A Member of **MS&AD** INSURANCE GROUP

Beneficiary Form 受益人表格

Policy No. 保單編號: _____
(For official use only 只供有關部門填寫)

Please complete the form in **English** using **BLOCK letters** 請以英文正楷填寫表格

Insured Person's Details 受保人資料	Insured Person 1 受保人 1	Insured Person 2 受保人 2	Insured Person 3 受保人 3	Insured Person 4 受保人 4
Name 姓名				
Date of Birth (DD/MM/YY) 出生日期(日/月/年)				
Signature of the Insured Person/ the Insured Person's Parent or Guardian* [^] 受保人/受保人家長/受保人監護人簽署**				

Beneficiary's Details 受益人資料	Insured Person 1 受保人 1	Insured Person 2 受保人 2	Insured Person 3 受保人 3	Insured Person 4 受保人 4
Beneficiary's Name 受益人姓名				
Relationship with the Insured Person 與受保人關係				
Beneficiary's Contact No. 受益人電話號碼				
Beneficiary's HKID/ Passport/ Certificate of Birth No.* 受益人香港身份證/護照/出生證明號碼*				
Beneficiary's Email Address (if any) 受益人電郵地址(如有)				

* Please delete if not appropriate. 請刪除不適用項目。

[^] In case of the insured person who is aged below 18, his/ her parent/ guardian is required to signify and submit the original document. 如受保人未滿十八歲，則需家長/ 監護人簽署，並附上已簽署文件的正本。

In case of the named beneficiary is not a family member of the insured person or there are more than one family members designated as beneficiaries, a witness's signature and original signed document are required. 如指明的受益人並非投保人的家人，或有多於一名家人為指明受益人，則需要有見證人及需附上已簽署文件的正本。

Remarks 註: Benefits for all covered losses sustained by the insured person will be paid to the policyholder. In the event of the policyholder's death, benefits will be paid to the designated beneficiary. If more than one beneficiary is designated and the beneficiaries' respective interests are not specified, the designated beneficiaries shall share equally. If no beneficiary has been designated, or if the designated beneficiary does not survive the policyholder, the benefits will be paid to the estate of the policyholder.
保險公司將為受保人之一切屬保障範圍內的損失，向保單持有人作出賠償。倘保單持有人逝世，賠償將給予指定之受益人。倘指定之受益人多於一位，而保單持有人並沒有指明各受益人之利益分配，則賠償將會平均分配予各受益人。倘沒有指明受益人或受益人已逝世，保單持有人的應有利益則會撥入保單持有人的遺產。



2. The insured person must reconfirm the named beneficiary when renewing the policy. If another beneficiary is designated, please submit a new 'Beneficiary Form'.
於續保時受保人需再確定受益人姓名，並列於續保文件上。如需更改受益人資料，請重新填妥「受益人表格」。
3. This Form shall be submitted in conjunction with the respective insurance proposal form.
本表格需連同有關保險投保書一併遞交。

Proposer's Signature 投保人簽署

Witness's Signature# 見證人簽署#

Date 日期 (D D日/ MM月/ YY年)

Name (In BLOCK LETTER) 姓名 (請以英文正楷填寫)

Name (In BLOCK LETTER) 姓名 (請以英文正楷填寫)

Agent/ Broker Stamp 代理 / 經紀印鑑

Last update in Mar 2021