

Consent from Deceased Next of Kin
死者至親同意書



Policy No. 保單號碼 :

Particulars of the Deceased 死者資料

Name of the Deceased 死者姓名

	(English) (英文)		(Chinese) (中文)
--	-------------------	--	-------------------

Sex 性別: Male 男 Female 女

Age:
年齡

Date of Birth (dd/mm/yy) :
出生日期

HKID Card No. 香港身份證號碼 :

Particulars of the Deceased Next of Kin 死者至親資料

Name of the Deceased Next of Kin 死者至親姓名

	(English) (英文)		(Chinese) (中文)
--	-------------------	--	-------------------

Sex 性別: Male 男
 Female 女

HKID card no. 香港身份證號碼 :

Telephone No. 電話號碼 :

Address 地址

Relationship with deceased
與死者關係

I HEREBY DECLARE AND AGREE that 本人謹此聲明及同意:

(Please choice one item 請選擇以下其中一項)

I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the Deceased's estate
本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。

I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.
本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人士。

I hereby authorize any registered medical practitioner, hospital, clinic, insurance company or other organization or person that has any record or knowledge of the life Insured or his / her health to disclose to FWD Life Insurance Company (Bermuda) Limited or its representatives any and all information with respect to the Life Insured, the accident, his / her medical history, hospitalization, treatment or disease. A photographic copy of this authorization shall be as effective and valid as the original.

本人謹此授權予任何認識或擁有受保人的紀錄或健康資料之註冊醫生、醫院、診所、保險公司、其它機構或個人透露一切有關受保人、是次意外、受保人的醫療紀錄、住院、治療或疾病的資料予富衛人壽保險(百慕達)有限公司及代表。本授權書的影印本與正本具同等效力。

Date (dd/mm/yy)
日期 (日/月/年)

Signature of the Deceased Next of Kin
死者至親簽署