



醫療卡遺失聲明及補領申請表
Lost Card Declaration and Application Form

致：中銀集團保險有限公司

本人(姓名) _____ (保單編號 _____) 謹此聲明
已遺失中銀集團保險有限公司所發出之醫療卡，特此向 貴司申報。

現本人擬向 貴公司申請補領醫療卡乙張，並隨本表格附上支票HK\$50(抬頭：中銀集團保險有限公司，支票號碼 _____) 以支付醫療卡的補領費用。

本人明白獲發之醫療卡將於十個工作天內送回本人。本人承諾日後如尋回上述遺失之醫療卡，當即歸還中銀集團保險有限公司。

To : Bank of China Group Insurance Co., Ltd.

I, (Name _____) (Policy No. _____) hereby
declare that I have lost the Medical Card issued by Bank of China Group Insurance Co., Ltd.

I would like to apply for a replacement card and enclose a cheque for HK\$50 (payable to Bank of China Group Insurance Co. Ltd. Cheque no. _____) being the handling charge for this matter.

I understand that the replacement card will be sent to me within 10 working days. I agree that should I recover the reported lost card, it will be returned to Bank of China Group Insurance Co. Ltd. Immediately.

簽署 _____ 聯絡電話 _____ 日期 _____
Signature : _____ Contact No.: _____ Date : _____

填妥本聲明後，請交回中銀集團保險有限公司醫療保險部。
Please complete this form and submit to Medical Insurance Department of Bank of China Group Insurance Co. Ltd.

保險公司專用：For insurance company only

收表日期：_____ 發卡日期：_____