

Lost Medical Card Declaration
遺失醫療咭聲明書

I, _____ (HKID/Passport Number: _____) hereby declare that my Medical Card (Certificate Number: _____) is no longer in my possession and should be considered as void. I further declare that should I recover the reported lost card it will be returned to YF Life Insurance International Ltd. immediately.

本人 _____ (香港身份證 / 護照號碼 : _____) 謹此聲明，本人之醫療咭 (保險證號碼為 : _____) 經已遺失，請予註銷。如本人及後發現上述已遺失的醫療咭，本人必定將其退還予萬通保險國際有限公司。

Declared by Cardholder 持咭人聲明	Certified by Employer 僱主證明	For Office use only 萬通保險國際有限公司	
Signature 簽署	Authorized Signature with Company chop 公司蓋章及授權簽署	Received on 收件日 (MM月/DD日/YY年)	Card Re-issued 補發醫療咭
			Date 日期
			By 經手人
Date 日期： (MM月/DD日/YY年)	Date 日期： (MM月/DD日/YY年)		

PLEASE INDICATE WHETHER YOU WOULD LIKE TO HAVE A REPLACEMENT CARD.

閣下需否萬通保險國際有限公司補發醫療咭?

Yes 是 No 否

(PLEASE TICK 請選擇)

NOTE: A Service Fee of HK\$50 will be charged for card replacement. Please attach a cheque made payable to "YF Life Insurance International Ltd." (Payment by cash will not be accepted).

備註：補發醫療咭費用為每張咭港幣50元。請連同劃線支票一併交回本公司，支票抬頭請填寫「萬通保險國際有限公司」(不接受現金付款)。