

Letter of authorization to release insurance document & information to Referrer (Introducer)

授權向保險業務引薦人發放保單文件及資料

Name of Insured

投保人 (保戶名稱) _____

I / We understands, acknowledge and agree that "Sun Flower Insurance Brokers Limited" (hereinafter referred to as "SFIBL") to release and issue

本人 明白、同意及確認 "新華保險顧問有限公司" (以下簡稱為『新華保險』) 發放或提交

1/. All correspondence(s) including insurance quotation and placing, company &/or personal data(s).

有關保單的所有文件，包括保險報價單及投保書，投保公司或投人的投保資料和數據。

2/. Please provide all relevant documents and information of current policies, renewal notices and claims documents etc. to underneath contact person.

請提供所有關於現時的保單，續保通知書及賠償記錄等給與下列人仕

3/. Noted and will contact Sun Flower Insurance Brokers Limited for any insurance services and understand Referrer is not technical representative of SFIBL, whereas, he/she only acts as a Referral of this insurance to SFIBL. He / She cannot act on behalf of SFIBL to give insurance advices and/or negotiate insurance contracts.

本人/公司將會緊密聯繫 "新華保險顧問有限公司" 以提供精誠的保險服務，並了解引薦人不是新華保險的業務代表，而他/她僅是新華保險的引薦人。 他/她不代表新華保險代為提供保險建議或與投保人協商保險合約。

Mr. / Mrs. _____ (Name of Referrer / Introducer)

請提供現有保單的文件及資料，續保通知書及索償文件等給予 (保險業務引薦人名稱)

With immediate effect unless instruct otherwise.

即時生效直至另行通知

Insured / Company Authorized Signature

(With Company Chop if applicable)

保戶/公司授權人簽署 (請連同蓋章)

_____/_____/_____
Date (dd/mm/yyyy)

日期 (日/月/年)

Contact Person 聯絡人 : _____

Telephone No. 電話號碼: _____

Email Address 電郵地址: _____