



# 太平洋人壽保險有限公司

## THE PACIFIC LIFE ASSURANCE CO., LTD.

(一九六〇年香港註冊) (INCORPORATED IN HONG KONG IN 1960)

### 索取化驗報告申請表

### LABORATORY REPORT REQUEST FORM

投保書 / 保單號碼:

Application / Policy No.: \_\_\_\_\_

被保人姓名:

Name of Insured: \_\_\_\_\_

香港身分證/ 護照號碼:

HKID / Passport No.: \_\_\_\_\_

聯絡地址:

Contact Address : \_\_\_\_\_

選擇之報告:

Select Report :

血液及尿液測試報告 (港幣五十元)

Blood and Urine Test Report (HK\$50)

心電圖 (港幣一百元)

ECG (HK\$100)

備註:

Remarks: \_\_\_\_\_

本人現索取以上有關本人投保申請之化驗報告，請將一份報告副本寄予以上聯絡地址。  
I would like to obtain the laboratory reports on my life Insurance application, please forward a copy to the above contact address.

現隨申請表附上支票 (總額):

Enclosed herewith a cheque with this request (Total amount): HK\$ \_\_\_\_\_

\_\_\_\_\_  
被保人簽署

Signature of Insured

\_\_\_\_\_  
日期

Date