

請填妥此索償表格上之所有資料。倘若表格不敷應用，請另紙填寫。

Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet.

忠誠澳門保險股份有限公司(下稱“忠誠澳門”) 接受本索償申請表並不代表忠誠澳門確認承擔任何有關之賠償責任。
Fidelidade Macau – Insurance Company Limited (hereinafter referred to as “Fidelidade Macau”) does not undertake any liability for indemnity by accepting this form.

投保人資料 Insured details

保險種類 Insurance Type			
保單/保險證書編號 Policy/Certificate No.	保險期間 Period of Insurance : From	由 to	到 (日/月/年) (dd/mm/yy)
投保人名稱 Name of Insured	證件號碼 I.D. No.	性別 Gender	年齡 Age
通訊地址 Correspondence address			職業 Occupation
日間聯絡電話號碼 Contact no. (day-time)	電郵地址 E-mail address		

事發經過 Details of the event

事發日期及時間 Date and time of the incident	
事發地點 Location of the incident	
事件描述 Description of the incident	

索賠項目 List of Claim Item / Claim Section

索償項目 Claim Item	數量 Quantity	收據 Receipt		索賠金額 Claim Amount
		有 Yes	無 No	
合計 Total Claim Amount				

第三者索賠資料 Third Party Claimant

姓名 Third Party's Name	性別 Gender
證件號碼 I.D. No.	年齡 Age
地址 Address	
聯絡電話 Contact No.	流動電話 Mobile No.
索賠原因及要求 Reason of claim & request	

注意：請將本表格連同上述列明物品之購貨發票 / 收據及保用證正本或報價單一并呈上
N.B. : Original purchase invoices / receipts and warranties (if applicable) of the articles described above or repair quotation should be submitted with this form.

聲明及文件 Declarations and Documents

本人(等)聲明上述各項資料均為真實無誤且無任何隱瞞或遺漏。本人(等) 明白且同意忠誠澳門可將本表格或從其他途徑所得關於本宗索償之資料用於保險業務用途，並可使用、儲存、透露及轉交該等資料予任何與該公司有關之人士、機構或選定之第三者，包括其他與保險或再保險業務有關之公司、中介人、理賠調查員、顧問、政府機關或保險業組織。

I/We declare that all the statements and particulars above are true and correct, and without any omission or concealment. I/We understand and agree that Fidelidade Macau may use any of the information related to this claim, contained herein or obtained otherwise, in its insurance business and may use, store, disclose and transfer such information to any individual or organization associated with or appointed by Fidelidade Macau, including any company carrying on insurance or reinsurance related business, intermediary, claims investigator, advisor, government authority or industry association.

轉移追償權 Subrogation

本人(等)聲明忠誠澳門在賠付上述金額後，將以賠款金額為限，獲轉移對損失有責任之第三者追償之權利，本人(等)將於合理要求下全力協助忠誠澳門司充份行使此項權利。

I / We further declare that Fidelidade Macau having paid the claim amount stated, is hereby subrogated in all my/our rights against any third party who may be liable for the damages, up to the claim amount, and I/we will assist Fidelidade Macau in every way that may be reasonable required for fully exercising those rights.

_____ 第三者索賠簽署 Third Party Claimant's Signature	_____ 被投保人簽署 Insured's signature	_____ 日期 Date
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此欄由本公司填寫 Internal Use Only	保單編號 Policy No.	索償編號 Claim No.
	保險期限 Period of Insurance	開立日期 Open Date