

保單編號/Policy No.

索償編號/Claim No.

1. 受保車輛及駕駛者 Insured Vehicle and Driver

車主 Owner				同時為保單持有人? Same as Policyholder?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
地址 Address				電話號碼 Phone No.	
牌子/型號 Make/Model	車牌號碼 Plate No.			年份 Year	
車身顏色 Color	用途 Usage			座位數目 No. of Seats	
駕駛者姓名 Name of Driver				職業 Occupation	
地址 Address				電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth			與保單持有人之關係 Relation with Policyholder	
駕駛執照號碼及簽發日期 Driver License No. & Issue Date				司機是否有在保單內申報? Driver declared in policy?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

2. 意外詳情 Details of Accident

發生日期、時間及地點 Date, Time & Place of Accident							
天氣情況 Weather Condition	<input type="checkbox"/> 良好 Fair	<input type="checkbox"/> 有霧 Foggy	<input type="checkbox"/> 微雨 Rain	<input type="checkbox"/> 大雨 Heavy Rain	<input type="checkbox"/> 強風 Gusty	事發時之車速 Driving Speed	乘客人數 No. of Passengers
路面情況 Road Condition	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 濕滑 Slippery	<input type="checkbox"/> 顛簸不平 Bumpy	意外詳細經過 Details of Accident			
圖示 Illustration							

3. 目擊證人及責任誰屬 Witnesses and Responsibility

目擊者姓名 Name of Witness				職業 Occupation	
地址 Address				電話號碼 Phone No.	

1. 是否有交通警員到場錄取事故資料? Was the accident recorded by a policeman on the spot? 否 No 是 Yes
2. 您是否有在警署簽錄口供? Did you sign off any testimony at a police station? 否 No 是 Yes
3. 您是否有接受酒精測試? Did you submit to any breathalyzer or blood alcohol test? 否 No 是 Yes, 讀數為 With a reading of _____
4. 您當場是否有承認任何責任? Did you admit any responsibility on the spot? 否 No 是 Yes
5. 您認為意外的責任誰屬? Who do you think was responsible for the accident? _____
6. 交通警員認為意外的責任誰屬? Who did the policeman mention was responsible for the accident?

4. 第三者車輛及司機 Third Party Vehicle and Driver				
車主 Owner				電話號碼 Phone No.
地址 Address				
牌子/型號 Make/Model	車牌號碼 Plate No.		年份 Year	
車身顏色 Color	用途 Usage		座位數目 No. of Seats	
保險公司名稱 Insurer				保單號碼 Policy No.
損毀情況 Extent of Damage				
駕駛者姓名 Name of Driver				職業 Occupation
地址 Address				電話號碼 Phone No.
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	駕駛執照號碼及簽發日期 Driver License No. & Issue Date		
5. 第三者傷亡 Third Party Death and Injury				
姓名 Name				職業 Occupation
地址 Address				電話號碼 Phone No.
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	意外中之身份 Role in Accident		
傷亡情況 Extent of Injury				
醫院 / 醫生 Hospital / Physician				<input type="checkbox"/> 門診 Outpatient <input type="checkbox"/> 留醫 Hospitalized
6. 其它財物損毀 Other Property Damage				
財物類型 Type of Property	<input type="checkbox"/> 本身車輛 (如有相應保障) Own Vehicle (If so insured) <input type="checkbox"/> 第三者財物 Third Party Property			
損毀情況 Extent of Damage				
7. 聲明及簽署 Declaration and Signature				
<p>本人(等)授權任何機構或當局就本次意外向忠誠澳門保險股份有限公司(下稱“忠誠澳門”)或其授權代表提供所有有關本人之資料、紀錄及報告。本授權書之副本具有原本之同等效力。本人(等)聲明上述各項資料均為真實無誤，且本人在是次意外中並無得到任何其他保險賠償。本人(等)明白且同意，如以上所列或本人將來提供之資料有虛假或隱瞞成分，相關之保單將會作廢，而一切由該保單賦予之索償權利亦將撤銷。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人之個人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忠誠澳門有關之人士、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、醫療機構、顧問、政府機關或保險業組織。</p> <p>I authorize any organization or authority to furnish Fidelidade Macau – Insurance Company Limited (hereinafter referred to as “Fidelidade Macau”) or its authorized representative any and all information, records and reports related to me with respect to this accident. A photocopy of this authorization shall be considered as effective and valid as original. I declare that the above statements and particulars are true and correct, and I have no other insurance policy indemnifying me in respect of this accident. I understand and agree that if I have made or shall make any false statement or concealment, the related insurance policy shall be void and all rights of recovery under the policy shall be forfeited. I understand and agree that Fidelidade Macau may use any of my personal information, 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, medical facility, advisor, government authority or industry association.</p>				
受保人簽署 Signature of Insured	日期 Date	受保車輛駕駛者簽署 Signature of Insured Driver	日期 Date	
注意 Attention	<ol style="list-style-type: none"> 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 does not undertake any liability for indemnity by accepting this form 為免延誤索償，請盡快提交駕駛者之身份證明文件及駕駛執照、車主之身份證明文件及民事責任保障卡、車輛之物業登記證及登記摺之副本 To avoid any claims handling delay, please submit copies of the driver's ID and driving license, the owner's ID and third party liability card, and the property registration card and vehicle registration card of the vehicle as soon as possible 受保人及駕駛者不應向任何人士承認任何責任 NEITHER the insured nor the driver should admit any responsibility to any party 如收到任何第三者之函件，請馬上交回本忠誠澳門處理，而不應自行作答 Please forward any correspondence from any third party immediately to Fidelidade Macau, and do NOT answer it directly 必須經忠誠澳門批准，方可對車輛進行維修 Approval must be obtained from Fidelidade Macau prior to the commencement of any repairs 			
此欄由保險公司填寫 To be filled in by insurance company	保單編號 Policy No.	索償編號 Claim No.	自負額 Excess	
	保險期限 Period of Insurance	開立日期 Open Date	準備金 Reserve	