FIDELIDADE
忠誠保險

個人意外索償申請表
Personal Accident Claim Form

保單持有人資料 Policyholder Information		
名稱 Name		保單號碼 Policy No.
地址 Address		電話號碼 Tel No.
聯絡人 Contact Person		傳真號碼 Fax No.

傷者資料 Injured Details		
姓名 Name		性別 Gender ☐ 男 M ☐ 女 F
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	電話號碼 Tel No.
地址 Address		
職業 Occupation	公司名稱 Company Name	
公司地址 Office Address		公司電話 Office Tel No

意外詳情 Details of Accident（如填寫位置不足，請另紙書寫 Please continue on separate sheet if necessary)		
事發日期 Date of Accident	事發時間 Time of Accident	事發地點 Place of Accident
事發詳細經過 Details of Accident		

1)	傷者在意外發生時是否受酒精或藥物所影響? Was the injured under the influence of alcohol or drugs at the time of the accidents?	☐ 是 Yes ☐ 否 No
2)	傷者在意外發生時是否身體虛弱、有殘障或疾病? Was the injured suffering from any physical infirmity, disability or sickness at the time of the accident?	☐ 是 Yes ☐ 否 No
3)	傷者有否就是次意外同時向其他保險公司提出索償? Have the injured proceed for claims regarding this accident with any insurance company?	☐ 是 Yes ☐ 否 No

若閣下對上列問題之回答為「是」，請詳細說明。Please give details if you answer "Yes" to any of the questions above.

請列目睹此意外之見證人資料。Please state the details of any person who witnessed this accident.

姓名 Name	聯絡電話 Contact No.	住址 Address

傷勢及治療情況 Details of Injury and Treatment Status						
受傷部位 Region of Injury				受傷類型 Nature of Injury		
醫院、診所或醫生名稱 Name of hospital, clinic or physician				初診日期 Date of First Consultation		
治療情況 Treatment Status	☐ 門診 Out-patient	☐ 留院 In-patient	(住院日期由 In-patient period from		至 To	)

聲明及授權 Declaration & Authorization

本人聲明上述各項資料均為真實無誤，且本人在本次意外中並無獲得任何其他保險索償。本人明白且同意 1) 如以上所列或本人將來提供的資料有虛假或隱瞞成分，相關之保單將會作廢，而一切賦予此保單之索償權利亦將撤銷。2) 忠誠澳門保險股份有限公司(下稱"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。

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: 1) if I have made or shall make any false statement or concealment, the related insurance shall be void and all rights recovery under this policy shall be forfeited. 2) Fidelidade Macau – Insurance Company Limited (hereinafter referred to as "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.

保單持有人簽署 Signature of Policyholder　　簽署日期 Date Signed

備註 Remarks:

1. 保單持有人必須在獲悉意外發生時盡快通知保險公司。The Policyholder must inform the insurance company of an accident coming to its knowledge.
2. 請盡快提交所有相關文件及正本單據，以免延誤處理索償程序。Please submit all relevant documents and original receipts as soon as possible to avoid any claims handling delay:
   a) 簽署妥當的索償申請表 Completed and signed claim form
   b) 傷者身份證副本 ID copy of the injured
   c) M7 醫藥費單據、醫院醫藥費單據、醫療報告、X 光報告、康復證明等 M7 medical receipts, hospital medical receipts, medical report, X-ray report, recovery certificate, etc.
   d) 如適用 ，警察報告，死亡證及/或任何相相關文件 If applicable, police report, death certificate and or any relevant information

此欄由本公司填寫 Internal Use Only			
保單號碼 Policy No.	索償編號 Claim No.	保險期限 Period of Insurance	開立日期 Open Date