

茲此聲明，提供本申請表並不代表忠誠澳門保險股份有限公司(下稱“忠誠澳門”)已承諾了賠償責任，為審核您的索償申請，請據實填妥以下資料後儘快寄回忠誠澳門。

This form is issued without admission of liability, and it must be completed and returned to Fidelidade Macau – Insurance Company Limited (hereinafter referred to as “Fidelidade Macau”) immediately

保單持有人名稱 _____ 保險單號碼 _____
Name of policyholder _____ Policy No. _____
索償人姓名 _____ 身份證號碼 _____
Name of Claimant _____ I.D. Card No. _____
聯絡電話 Contact No. _____ 傳真號碼 Fax No. _____ 電郵地址 E-mail Add. _____ 出生日期 Date of Birth _____

通訊地址 _____
Correspondence Address _____

索償類別 Type of Claim	1) <input type="checkbox"/> 醫療費 / 有關費用 Medical Expenses / Related Costs	2) <input type="checkbox"/> 人身意外 Personal Accident
	3) <input type="checkbox"/> 緊急醫療運送(遺體運返) Emergency medical Evacuation (Repatriation of Remains)	4) <input type="checkbox"/> 行程取消 / 縮短 / 更改 Trip Cancellation / curtailment/Re-arrangement
	5) <input type="checkbox"/> 旅程延誤 / 行李延誤 Travel Delay / Baggage Delay	6) <input type="checkbox"/> 個人財物 Personal Belongings
	7) <input type="checkbox"/> 特別保障 / 其他 Special Care / Others	8) <input type="checkbox"/> 個人責任 Personal Liability

索償事由 Description of Claims

事件發生日期、時間及地點
Date, Time and Place of incident _____

請詳細描述事件發生的過程
Describe in full how the incident happened _____

如屬與醫療費 / 有關費用索償:
If Claim for Medical Expenses/Related Costs _____

受傷性質 / 病因
Nature of Injury / Diagnosis of Sickness _____

索償項目 Claimed Items	購買日期 / 診治日期 Purchase Date / medical Treatment Date	索償金額 Claimed Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		

如上述空間不敷使用，請另以紙張列舉

If space is insufficient, please attach separate page

如上述索償項目已受保於其他合約，請提供該等保險之詳情。

Please give details if you have any other insurances covering your claimed loss or expenses incurred

索償所需之基本文件 BASIC DOCUMENTS REQUIRED

為方便忠誠澳門審核您的申請，敬請提供以下列舉文件，一併將本申請表送回忠誠澳門

To facilitate consideration of your claim, please ensure you have submitted all the necessary documents with this form

索償種類 Type of Claim	個人意外 / 醫療費用 Personal Accident / Medical Expenses	個人財物 Personal Belongings	行程 / 行李延誤 Travel / Baggage Delay	行程取消 / 縮短 / 更改 Trip Cancellation / Curtailment / Re-arrange
公司證明信 (只限商務旅遊) Company Letter (for Business Travel only)	✓	✓	✓	✓
行程表 / 機票存根 (副本) Itinerary / Air-ticket Voucher (copy)	✓	✓	✓	✓
登機證(副本) Boarding Pass (copy)	✓	✓	✓	✓
索償人之澳門身份證副本 Claimant's Macau ID Card copy	✓	✓	✓	✓
醫療收據及報告之正本 Original Medical Receipts & Medical Report	✓			
遺失物件的購買 / 重新購買收據 Purchase / Replacement Receipt of Loss Item		✓		
損壞物件的維修報價單 / 發票及照片 Repair Quotation / Invoice for Damaged item & its Photo		✓		
客運 / 航空公司 / 酒店之事件證明 Confirmation from Carrier / Airline / Hotel		✓	✓	✓
警方報案記錄 Police Report		✓		
購買應急用品之收據 Emergency Purchase Receipt			✓	
旅費按金 / 額外交通 / 住宿費用的收據 Receipt for Travel Deposit / Additional Travel Fare / Accommodation Expenses				✓
其他有關文件 Other Relevant Documents	✓	✓	✓	✓

聲明及授權書 DECLARATION & AUTHORIZATION

- 本人/吾等作出聲明，就本人/吾等所知及所信，上述資料均屬真確及並無遺漏。
I/We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief
- 本人(下述簽署的索償人)茲授權任何醫院、醫生、診所及其他人士，有關當局或機構，向忠誠澳門或其授權之代表提供所有有關本人之損失、受傷、疾病、病歷、醫療診斷及藥方、警方報告、事故報告、航空公司或其他客運公司之延誤報告、口供、所有醫院或醫療報告之副本。
I, the undersigned claimant, hereby authorize any hospital, physician, clinic, or other person/authority/organization, to furnish to Fidelidade Macau or its authorized representative, any and all information with respect to my loss, injury or illness, medical history, consultation, prescriptions or treatment and copies of police reports, incident reports, airlines or other carriers' irregularity report, statements and all hospital or medical records.
- 本授權書之副本與正本俱有同等之效力。
A Photostat copy of this authorization shall be considered as effective and valid as the original.
- 本人/吾等再在此聲明及同意由忠誠澳門所收集或持有的個人資料，不論在本申請表或其他途徑取得，均可供本公司使用或向澳門境內或外任何人士或機構披露以作下列用途：(1)評核此項申請；(2)提供保險及客戶服務；(3)處理保險索償或有關分析。
I/We further hereby declare and agree that the personal information collected or held by Fidelidade Macau, whether contained in this Claim form or otherwise obtained, may be used by the Company or disclosed to any individual or organization within or outside Macau for the following purposes: (1) to assess and process this application; (2) to provide insurance and customers services; (3) to conduct insurance claims or analysis.

簽名
Signature _____
保單持有人 Policyholder

簽名
Signature _____
索償人 Claimant

日期 Date _____

Date 日期 _____

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