

投保人資料 PARTICULARS OF THE APPLICANT																											
姓名 Name			性別 Gender <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F																								
地址 Address																											
證件類別及號碼 ID Type & No.			出生日期 Date of Birth		日 月 年 DD MM YYYY																						
手提電話 Mobile No.		住宅電話 Home No.		電郵 Email																							
駕駛執照號碼 Driving License No.		發出地點 Place of Issuance		發出日期 Issue date																							
日 月 年 DD MM YYYY																											
駕駛者資料 PARTICULARS OF THE DRIVER (如與投保人相同, 則毋須填寫。PLEASE LEAVE BLANK IF SAME AS APPLICANT)																											
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受保汽車資料 PARTICULARS OF VEHICLE TO BE INSURED																											
車牌號碼 Plate No.		廠名 Brand		款式 Model		車身類型 Body Type																					
製造年份 Year of Made		汽缸容量 Capacity C.C.		機件號碼 Engine No.		座位數量 No. of Seats																					
總重量 Gross Weight kgs		傳動系統 Gear Type <input type="checkbox"/> 自動 AT <input type="checkbox"/>		進口形式 Import Type <input type="checkbox"/> 代理商 Sole Agent <input type="checkbox"/>		平行進口 (水貨商) Parallel Import																					
<table border="0"> <tr> <td colspan="2"> <input type="checkbox"/> 第三者責任保險 Third Party Liability </td> <td colspan="2"> <input type="checkbox"/> 澳門幣 MOP 1,500,000 </td> <td colspan="2"> <input type="checkbox"/> 其他 Others </td> <td colspan="1"> 第三保保費 Premium (TPL) MOP _____ </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> 汽車全險 Comprehensive Cover </td> <td colspan="2"> 車輛估值* Estimated Car Value* 澳門幣 MOP _____ </td> <td colspan="2"> 保費率 Premium Factor X _____ % = </td> <td colspan="1"> 全險保費 Premium (CC) MOP _____ </td> </tr> <tr> <td colspan="6"></td> <td colspan="1"> 保費總額 Total Premium MOP _____ </td> </tr> </table>							<input type="checkbox"/> 第三者責任保險 Third Party Liability		<input type="checkbox"/> 澳門幣 MOP 1,500,000		<input type="checkbox"/> 其他 Others		第三保保費 Premium (TPL) MOP _____	<input type="checkbox"/> 汽車全險 Comprehensive Cover		車輛估值* Estimated Car Value* 澳門幣 MOP _____		保費率 Premium Factor X _____ % =		全險保費 Premium (CC) MOP _____							保費總額 Total Premium MOP _____
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* 若受保汽車因損毀及損失而索償, 本公司所提供之賠償額將限制於受保汽車損毀及損失時之合理市值或閣下所提供之車輛估值, 以金額較低者為準。 The amount payable in the event of loss or damage to the insured vehicle is limited to its market value at the time of its loss/damage or the Estimated Car Value, whichever is lower.																											
過往投保記錄 PREVIOUS INSURANCE POLICY DETAILS																											
去年投保之公司名稱 Name of Previous Insurer			保單號碼 Policy No.		無賠償折扣 No Claim Bonus (NCB) %																						
投保人及/或上述駕駛者在過去3年內, 是否曾向任何所投保公司申報任何意外/ 賠償? Have the Applicant and/or the Driver(s) stated above ever reported any claim/accident under any motor policy in the last 3 years?																											
<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如是, 請說明原因 If Yes, please specify																											
聲明 DECLARATION																											
本人/我們謹此聲明本投保書所列全部資料乃就本人/我們所知一切據實填報。本人/我們明白本投保書及聲明將構成本人/我們與忠誠澳門保險股份有限公司 (下稱「忠誠澳門」) 之間的合約依據。本人/我們同意有關保險須在忠誠澳門接受本投保書後才生效。 I/We declare that to the best of my/our knowledge and belief the information given on this form is true and complete in every respect. I/We agree that this proposal and declaration will be the basis of the contract between me/us and Fidelidade Macau – Insurance Company Limited (referred to hereafter as “Fidelidade Macau”). I agree that the insurance will not be in force until the proposal has been accepted by the Company.																											
收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT																											
就有關本保單或本保單之任何更改或變動或取消或續保及任何性質之索償等所提供或在任何時間及方面取得與本保單或任何其他保險產品或任何性質之賠償有關之資料, 可由忠誠澳門或任何有關公司或任何其他從事保險或分保業務有關之公司、中介人或機構、賠償或調查或提供其他與保險業務有關服務之機構、或現時或將來設立之任何保險業協會或公會或類似之保險公司組織 (“公會”) 或從忠誠澳門取得此等資料之任何人士持有、使用或透露。此外該等取得之資料可轉交予該等公會以便該等公會進行其監管功能或不時指派予該等公會執行之其他有關監管功能及對整個保險行業或公會之成員利益而言是有合理需要之任務, 且公會因上述之任何理由或由有關目的可將其取得之資料轉交予其成員。再者, 本人/我們授權忠誠澳門查閱及/或核實公會從保險行業方面取得有關本人/我們之任何資料。本人/我們明白本人/我們有權向忠誠澳門查閱及要求更正忠誠澳門持有有關本人/我們的個人資料。該(等)要求可以書面向忠誠澳門出單部提出, 地址為澳門南灣大馬路 567 號大西洋銀行大廈 14 樓。 Information provided or collected at any time and from whatever source in respect of this policy or alterations, variations, cancellation or renewal of it and any claims of whatsoever nature made hereunder may be held, used or disclosed in connection with this or any other insurance related product or any claim of whatsoever nature made thereunder by Fidelidade Macau or any related company or by any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association, federation or similar organization of insurance companies (“Association”) that exists or is formed from time to time or any person who has obtained such information from Fidelidade Macau. Furthermore such information may be transferred to the Association to enable the Association to carry out its regulatory functions or such other functions that may be assigned to the Association from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Association; and to any members of the “Association” by the “Association” for any of the above or related purposes. Moreover, Fidelidade Macau is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the Association from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by Fidelidade Macau. Such request(s) can be made in writing to Fidelidade Macau’s Policy Administration Department at Av. Praia Grande No.567, 14/F, BNU Building, Macau.																											
投保人簽署 Applicant’s Signature		銷售單位/中介人 Sales Unit/Agent		分行 Branch	員工編號 Staff Code	備註 Remarks																					
日期Date: 日D/ 月M/ 年Y																											
保險公司專用 FOR INSURANCE COMPANY USE																											
Effective Date			Excess		Loadings																						
DD MM YYYY			TPL		Comprehensive (Total Loss)																						
			Comprehensive (Partial Loss)																								