

***** 注意事項 IMPORTANT *****

- 保障範圍：保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾法律規定下之責任。
COVERAGE: Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees.
- 本公司之標準保單是不保障非所保地區範圍內之法院裁判。
The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical area covered by the Policy.

申請人 APPLICANT (保單持有人 POLICYHOLDER)			
姓名 Name	性別 Gender <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F		
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	日 DD	月 MM 年 YYYY
手提電話 Mobile No.	住宅電話 Home No.		
地址 Address			

投保詳情 INSURANCE DETAILS			
保險期 Period of Insurance	由 From	日 DD 月 MM 年 YY	到 to 日 DD 月 MM 年 YY

保障摘要 SUMMARY OF COVERAGE			
僱員工作類別 Job Description of Employees	預計全年薪金/工資及其他收入 Estimated Total Annual Income & Other Earnings	保險公司專用 INTERNAL USE ONLY	
		保率 Rate	保費 Premium
<input checked="" type="checkbox"/> 家庭傭工* Domestic Helper*			

* 請附上僱主及僱員之身份證明文件副本。
* Please attach with copy of identification documents of the employer and employee.

聲明 DECLARATION	
<p>本人於此聲明及同意上列各欄的填報，據本人所知，均屬完全及真實無訛，並作為保單的一部份；若有關資料為虛假、不準確、不完整或對事實有所隱瞞，均會使本保單無效及作廢，或在此保險有效期內解除忠誠澳門保險股份有限公司（下稱“忠誠澳門”）需要作出賠償之責任。 I hereby declare and agree that all answers to all questions are to the best of my knowledge and belief complete and true and shall form the basis and become a part of any policy issued hereunder. False, inaccurate or incomplete information as well as omissions of facts will render the policy null and void or, during the period in which the insurance is in force, Fidelidade Macau – Insurance Company Limited (referred to hereafter as “Fidelidade Macau”) will be released from the obligation of paying any indemnity.</p>	

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的賠償有關之資料，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機能或不時指派予該等公會執行之其他有關監管機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有關目的可將其取得之資料轉交予其成員。再者，本人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之任何資料。本人明白本人有權向忠誠澳門查閱及要求更正忠誠澳門持有有關本人的個人資料。該(等)要求可以書面向忠誠澳門公司出單部提出，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, cancellations or renewal of it and any claims 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 understand that I have the right to obtain access to and to request correction of any personal information concerning myself 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.

申請人簽署 SIGNATURE OF APPLICANT	日期 Date (日 DD/月 MM/年 YYYY)

保險公司專用 INTERNAL USE ONLY