

申請人 APPLICANT (個人客戶 INDIVIDUAL CUSTOMER)

姓名 Name		性別 Gender	
		<input type="checkbox"/> 男 M	<input type="checkbox"/> 女 F
居住住址 (須附上住址證明) Residential Address (Pls. attach address proof)			
通訊住址,如與居住地址不同 Mailing Address, if different from Residential Address			
證件類別及號碼 (須附上副本) ID Type & No. (Pls. attach copy)		國籍 Nationality	
出生地 Place of Birth		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.	電郵 Email	
職業 Occupation		工作性質 Job nature	

申請人 APPLICANT (公司客戶 CORPORATE CUSTOMER)

公司名稱 Company Name		
業務性質 Business Nature		
註冊地址 Registered Address		
聯絡人 Contact Person	電話 Telephone No.	公司電郵 Company Email

保險詳情 INSURANCE DETAILS

貸款銀行名稱 Mortgagee/Assignee/Lienholder				
保險期 Period of Insurance	由 From	日 DD 月 MM 年 YYYY	至 to	日 DD 月 MM 年 YYYY
保險處所 Premises of risk	街道 Street			
	街道號碼 Street No.	大廈 Building		
	座 Block	樓 Floor	室 Flat	
	地區 Area	<input type="checkbox"/> 澳門 Macau	<input type="checkbox"/> 氹仔 Taipa	<input type="checkbox"/> 路環 Coloane
建築等級 Class of Construction	<input type="checkbox"/> 第一類 Class I 由鋼筋水泥及非易燃物料造成之建築 (如:大廈) Massive construction of brick, concrete & non-combustible material (e.g. building)	<input type="checkbox"/> 第二類 Class II 由磚牆及瓦頂或金屬屋頂造成之建築 (如:磚屋) Semi-massive construction of brick, concrete & non-combustible material (e.g. hut of brick)	<input type="checkbox"/> 第三類 Class III 全由混合物料造成之建築 (如:木屋) Mixed & inferior construction (e.g. wooden hut)	
風險性質 Risk Nature	<input type="checkbox"/> 住宅 Residential	<input type="checkbox"/> 辦公室 Office	<input type="checkbox"/> 餐廳/酒吧 Restaurant/Bar	<input type="checkbox"/> 工業 (請註明) Industrial (Please specify)
	<input type="checkbox"/> 其他 (請註明) Others (Please specify)			
樓高 No. of storeys	樓宇內其他佔用性質 Other occupancy inside the premises			

保單幣別 POLICY CURRENCY

澳門幣
MOP

港幣
HKD

投保項目 DESCRIPTION OF PROPERTY TO BE INSURED

投保額 SUM INSURED

1. 房屋外殼包括裝修(但地基及水管除外) Building and permanent fixtures attached thereto (excluding foundations and drains)	_____
2. 傢俬, 裝修, 設備 Furniture, fixtures, fittings	_____
3. 生財工具, 存貨 Stock in trade, goods or merchandise	_____
4. 機器, 設備及工具 Machinery, equipment and tools	_____
5. 鍋爐 Boilers	_____
6. 其他(請註明) Others (Please specify)	_____
總保額 TOTAL SUM INSURED	_____

付款方式 PAYMENT METHOD

現金
Cash

支票
Cheque

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

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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 (all together hereinafter referred to as “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(公司客戶請加蓋章) SIGNATURE OF APPLICANT (CORPORATE CUSTOMER PLEASE INCLUDE CHOP)

日期 Date (日 DD/月 MM/年 YY)

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(由中介人填寫 TO BE FILLED IN BY INTERMEDIARY)

銷售單位/中介 SALES UNIT/AGENT	分行 BRANCH	員工編號 STAFF NO.	中介人編號 INTERMEDIARY NO.	PROMOTION CODE
			ANG	

(忠誠保險專用 RESERVED FOR INTERNAL USE OF FIDELIDADE)

備註
REMARKS