

<b>保險公司 INSURER</b>					
忠誠澳門保險股份有限公司 Fidelidade Macau – Insurance Company Limited 澳門南灣大馬路 567 號大西洋銀行大廈 14 樓 Av. Praia Grande No. 567, Edificio BNU 14/F, Macau 電話 Tel (853) 2833 9472 傳真 Fax (853) 2833 8549 電郵 E-mail: info@fidelidade.com.mo 網址 Website: www.fidelidade.com.mo					
<b>投保人(保單持有人) APPLICANT (POLICYHOLDER)</b>					<i>(If Individual Person)</i>
姓名 Name				性別 Gender	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女
居住住址 Residential Address					
通訊住址 Mailing Address					
電郵 Email					
證件類別及號碼 ID Type & No.			國籍 Nationality		
出生地 Place of Birth			出生日期 Date of Birth		
職業 Occupation			工作性質 Job Nature		
手提電話 Mobile No.			住宅電話 Home no.		
駕駛執照 Driving License	發出日期 Issue date				
<b>投保人(保單持有人) APPLICANT (POLICYHOLDER)</b>					<i>(If Corporate Person)</i>
實體名稱 Name of Entity			商業登記編號 Registration No.		
登記地址 Registered Address					
通訊住址 Mailing Address					
電郵 Email			業務類別 Business Type		
電話 Phone No.			註冊地 Place of Incorporation		
<b>車輛資料 VEHICLE DETAILS</b>					
車主 Vehicle Owner					
款式/廠名/版本 Model/Brand/Version			引擎號碼 Engine No.		
車牌 Plate No.			汽缸容積 Cubic Capacity		
製造年份 Year of Manufacture			座位數量 Seating Capacity		
總重量 Gross Weight			方式 / 用途 Body Type / Use		
<b>計劃詳情 PLAN DETAILS</b>					
保險期 Period of Insurance	生效日期 Effective Date			到期日 Expiry Date	
保障項目 Coverage Type	第三者民事責任 Third Party Risk	<input type="checkbox"/>	汽車本身保險 Own Damage	<input type="checkbox"/>	
保險限額 Limits of Liability	每次意外 Per Accident	<input type="checkbox"/> MOP1,500,000 <input type="checkbox"/> MOP3,000,000 <input type="checkbox"/> 其他 Others MOP _____	每年 Per Year	MOP30,000,000.00	
汽車本身保險 Own Damage	車輛估計市場價值 Estimated Vehicle Market Value	MOP _____ 若受保車輛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 vehicle Value, whichever is lower.			
備註 Remark	在任何情況下，忠誠澳門將根據風險評估及確認投保而確定計劃詳情。 Plan details shall in all circumstances be confirmed by Fidelidade Macau upon risk assessment and acceptance of your application.				

過往投保記錄 PREVIOUS INSURANCE POLICY DETAILS			
現時的承保公司 Current Insurer			
保單號碼 Policy Number		無索償折扣 No Claim Bonus	
個人聲明 Personal Statement			
<p>投保人及/或上述駕駛者在過去 3 年內，是否曾遇事而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?</p> <p>是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 如是，請說明原因 If yes, please specify:</p>			
總保費 TOTAL PREMIUM			
總保費 Total Premium		付款方式 Payment Mode	
備註 Remark			
<p>本人於此聲明及同意 (1) 上列各欄的填報，據本人所知，均屬完全及真實無訛；(2) 上列各欄的填報及下列聲明，將為簽發保單的根據，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，均會使本申請書無效及作廢，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”)作出賠償之責任；(3) 除獲忠誠澳門授權人士外，任何人不得訂立、修改、變更或解除合約，或放棄忠誠澳門任何權利或要求；(4) 忠誠澳門有權(但非義務)對本人所發出的操作指示進行書面、聲音、影像及/或其他任何形式的記錄，且該等記錄將為最終及對本人有法律約束力；(5) 若本人參與與本保單相關之推廣活動，忠誠澳門或其指定之中介人或機構有權收取預繳保費。其後若本人取消已生效之保單，忠誠澳門有權向本人收取行政費用。</p> <p>收集個人資料聲明 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(下稱“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。</p> <p>I hereby declare and agree that: (1) All answers to all questions are to the best of my knowledge and belief complete and true; (2) All answers to such questions, together with the statement below, 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 present application null and void or, during the period in which the insurance is in force, Fidelidade Macau - Insurance Company Limited (hereinafter referred to as “Fidelidade Macau”) will be released from the obligation of paying any indemnity; (3) Only an Authorized Signatory of Fidelidade Macau can make, modify, alter or discharge contracts or waive any of Fidelidade Macau’s rights or requirements; (4) Fidelidade Macau may (but shall not be obliged to) record my instructions by writing and/or voice or image recording and/or any other method and such record of any instructions shall be conclusive and binding on me; (5) I understand that Fidelidade Macau or any intermediary or organization it appoints may collect advance premium if I participate in any promotional activity related to this policy. Fidelidade Macau may charge an administration fee if I cancel an otherwise effective policy after participating in such a promotional activity.</p> <p>Personal Information Collection Statement 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 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, BNU Building, 14/F, Macau.</p>			
申請人簽署 SIGNATURE OF APPLICANT			申請日期 APPLICATION DATE
X			澳門 Macau,
FOR INTERMEDIARY’S USE			
SALES UNIT/AGENT	BRANCH CODE	STAFF NO.	INTERMEDIARY’S NO.
REMARKS			
DOCUMENTS FOR APPLICANT & VEHICLE (whenever applicable):			
<input type="checkbox"/> Copy Driving License <input type="checkbox"/> Copy Vehicle Registration <input type="checkbox"/> Direct Debit Authorization Form		<input type="checkbox"/> Copy ID/Blue Card/Passport <input type="checkbox"/> Copy Vehicle Booklet (“Livrete”)	
FOR FIDELIDADE MACAU’S USE			
EXCESSES (PER ACCIDENT)			LOADINGS
THIRD PARTY LIABILITY	OWN DAMAGE (PARTIAL LOSS)	OWN DAMAGE (TOTAL LOSS)	