

**保險公司 INSURER**

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, Macao  
 電話 Tel: (853) 2833 9472 傳真 Fax: (853) 2833 8549  
 電郵 Email: info@fidelidade.com.mo 網址 Website: www.fidelidade.com.mo

**投保人(保單持有人) APPLICANT (POLICYHOLDER)**

投保人/公司名稱

Name of Applicant/Company

聯絡人

Contact Person

聯絡電話

Contact No.

電郵

Email

登記地址

Registered Address

通訊住址 (與上述地址不同)

Mailing Address (Different from the above address)

商業登記編號

Business Registration No.

私立補充輔助中心之執照編號

License No. of Private Tutoring Center

業務性質

Business Type

- 由保單持有人安排之食物及/或飲料 (Food and/ or drinks arranged by the Policyholder)
- 興趣班 Interest Class
- 其他 Others (請詳述 Please specify)

**保單內容 INSURANCE DETAILS**

受保場所地址 (保險處所)

Risk Location

保險期限

Period of Insurance

一年

One Year

生效日期

Effective Date

賠償限額 (每一事故/每一保險期累計)

Limit of Liability (Any One Accident/ Any One Period of Insurance)

- 澳門幣 MOP 500,000 (中心容納學生人數為 50 人或以上 Center accommodate 50 students or below)
- 澳門幣 MOP 1,000,000 (中心容納學生人數為 51 人或以上 Center accommodate 51 students or above)
- 其他 Others: 澳門幣 MOP

自選擴展保障

Extension Clause (Optional)

食物及/或飲料中毒條款 (只適用於由保單持有人安排之食物及/或飲料)

Food and drinks poisoning clause (Only applicable to the food and/ or drink arranged by the Policyholder)

預計保費

Estimated Premium

澳門幣 MOP

免賠額/自負額

Deductible /Excess

## 其他資料 OTHERS

過去五年是否曾索償

Any claims reported during the last 5 years

是 Yes

否 No

若「是」，請提供索償資料及金額

If Yes, please provide Claims Details & Amount

現時之承保公司

Existing Insurer

此申請書只作報價用途，呈交此表格後並不代表已經接受投保。

This application form is for quotation purpose only. Submission of this application form does not represent acceptance by the Insurer.

## 合適性評估 SUITABILITY ASSESSMENT

1. 你是否需要購買一份保險以保障因意外情況下對第三者身體損傷而引致之法律責任？

Are you seeking for an insurance covering legally liable compensation arising from accidental bodily injury to third parties?

是 Yes  否 No

2. 你是否需要購買一份保險以保障因意外情況下對第三者財物損失而引致之法律責任？

Are you seeking for an insurance covering legally liable compensation arising from accidental loss to property belonging to third parties?

是 Yes  否 No

## 投保人(保單持有人)聲明 APPLICANT'S (POLICYHOLDER'S) DECLARATION

本人/我們於此聲明及同意：

- 所有由本人/我們作出的聲明，本人/我們須承擔責任。本人/我們確認簽署聲明代表本人/我們理解並同意該等聲明。
- 本人/我們明白任何按此申請書而繕發的保單是以最高誠信原則為基礎。據本人/我們所知，此申請書內填報的資料及所有向保險公司提交有關此保單申請的文件內的資料均屬真實、完整及正確，並將為繕發保單的根據及作為保單的一部份。若有關資料為虛假、不準確、不完整或對事實有所隱瞞，均可導致保單失效，或在此保險有效期內，解除保險公司作出賠償之責任。
- 本人/我們明白不論是否被問及，本人/我們必須披露所有有關重要事實，否則可導致保單失效或索償被拒。
- 本保單任何條款及細則之修改或刪除須在保險公司接納及記錄後並以繕發保單之批註作為證明方為有效並對保險公司有約束力。
- 保險公司有權(但非義務)對本人/我們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/我們有法律約束力。
- 除以書面形式及經保險公司發表和批准外，任何其他人士所發表或收到的資料或陳述，保險公司無須負責。
- 本人/我們將有責任遵守就本人/我們為公民或居民或作為住所的國家之有關法律、監管要求。
- 如保險公司發現所發保單因由任何人士直接或實益擁有人而違反任何國家之適用法例及/或監管要求、本人/我們可被要求退保該保單、贖回或退款。如本人/我們被有關法例或監管機構強制退保、贖回或退款，本人/我們願意承擔因此而引致的費用或損失。
- 本人/我們確認已收取及閱讀有關產品資料(包括產品小冊子)，亦明白產品風險、特色、保費及收費。
- 本人/我們確認保險公司的保險營業員或其代表是在澳門特別行政區向本人/我們推銷保險，而此申請書亦是在澳門特別行政區簽署。
- 本人/我們明白及確認必須提供符合要求之有效文件(如身份證)予保險公司，根據相關防止及打擊洗黑錢和恐怖主義融資活動的法例及/或其它有關法律要求，不時對本人/我們、準受保人、受益人及保單之最終實益擁有人進行客戶盡職審查。如本人/我們未能符合此要求，或因任何理由未能在合理時間內完成客戶盡職調查，保險公司有權拒絕上述申請及/或終止此保單及/或本人/我們的業務關係並因此而扣除適當的費用。本人/我們亦同意，在這情況下，保險公司不需向本人/我們承擔任何因終止此保單及/或業務關係而招致之損失、損害及/或賠償。

I/We hereby declare and agree that:

1. I/We shall bear responsibilities on the statements made by me/us. My/our signatures to the statements confirm my understanding and consent to them.
2. I/We understand that policy issued according to this application is based on the principle of utmost good faith. To the best of my knowledge, the information filled in this application and in the documents submitted to the Insurer for this application are true, complete and correct, and shall form the basis and become a part of any policy issued hereunder. False, inaccurate or incomplete information as well as omission of facts will render the present application null and void or, during the period in which the insurance is in force, the Insurer will be released from the obligation of paying any indemnity.
3. I/We understand that whether or not I/we have been asked, I/we need to disclose all related important facts, and failure to do so will render the policy null and void, and claim being rejected.
4. Any change, or waive any of the terms and conditions of this Policy, or discharge Policy is valid and binding on the Insurer only after it is accepted and recorded by the Insurer, evidenced by issuance of an Endorsement or official termination notice to this Policy.
5. The Insurer may (but shall not be obliged to) record my/our 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/us.
6. No information or representation made or given by or to any person shall be binding on the Insurer unless it is in writing and is presented and approved by the Insurer.
7. I/We shall be responsible for observing and complying with any applicable law and/or regulatory requirement of the country of my/our citizenship, residence or domicile.
8. I/We may be required to surrender, redeem or withdraw from the policy if it is aware by the Insurer that the policy issued is owned directly or beneficially by any person in breach of any applicable law and/or regulatory requirement of any country. Should I/we be required by any applicable law or authority to surrender, redeem or withdraw from the policy, I/we shall bear any costs or loss incurred.
9. I/We have received and read the relevant product information (including the Product Brochure) and understand the risks, product features and policy fees & charges involved.
10. I/We confirm that the agent or any representative of the Insurer has solicited insurance business from me/us in Macao and that application is signed in Macao.
11. I/We understand and confirm that I am/we are required to provide valid documentation proofs (such as identity card) to the satisfaction of the Insurer for conducting due diligence on myself/ourselves from time to time, the Proposed Insured, the Beneficiary and the ultimate beneficial owner of this policy pursuant to the regulatory requirement on Prevention and Combating Money Laundering and Financing of Terrorism and/or other applicable regulatory requirement. Failure to do so, or if the due diligence cannot be completed within a reasonable time for any reason, the Insurer shall have the right to decline the application and/or terminate the policy and/or the business relationship with me/us and shall be entitled to deduct applicable charges. I/We also agree that in such event, the Insurer shall not be liable to me/us or any loss, damage and/or compensation due to the termination of the policy and/or the business relationship.

#### 收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們於此聲明已閱讀及同意忠誠澳門保險股份有限公司的《收集個人資料聲明》如下。本人/我們聲明及同意在本申請書所載或忠誠澳門保險股份有限公司不時以任何方法收集所得、編製或持有的任何個人資料及本人/我們或本人/我們的保單的資料，可根據《收集個人資料聲明》收集及使用。

##### 《收集個人資料聲明》

1. **目的：**忠誠澳門保險股份有限公司(“保險公司”)為以下目的收集或持有閣下的個人資料：
  - (i) 處理、管理、執行及實行本文件或閣下不時呈交予保險公司的任何其他相關文件中所表明的要求或交易；
  - (ii) 提供與本文件及有關保單相關的一切服務，包括但不限於推廣及改善保險公司或聯屬公司提供的有關是次申請的服務或相關服務；
  - (iii) 分析、調查、處理及支付閣下保單有關的索償；
  - (iv) 設計全新或改進現時保險公司所提供的產品及服務；
  - (v) 遵循適用法律、條例、規例、工作守則或指引規定的要求，或協助相關本地或海外的政府、監管機構執法或進行調查，包括但不限於美國《海外帳戶稅收合規法案》及《金融帳戶信息的通用報送標準及盡職調查程序》；
  - (vi) 就任何以上目的與閣下聯繫；
  - (vii) 與以上目的直接或間接相關的其他目的。倘閣下未能提供所需的個人資料，將可能導致保險公司無法為閣下提供產品及服務、處理保單索償、或處理任何閣下提出的申請、查詢或投訴。
2. **轉移：**閣下向保險公司提供的個人資料將被保密處理，惟可為滿足上述之目的被轉移至以下在澳門境內或境外的各方：
  - (i) 保險公司的任何關連公司，包括母公司及/或分支機構及/或附屬公司及/或聯屬公司；

- (ii) 任何提供行政管理、數據處理、賠償、調查、醫療、審計、精算、技術外判、電話中心服務、郵寄及印刷服務或與保險公司業務營運相關的服務或提供予閣下的相關服務的代理、承包商或第三方服務供應商；
- (iii) 協助收集閣下資料或與閣下聯繫的其他公司，例如研究調查公司及信貸評級機構，以加強保險公司提供予閣下的服務；
- (iv) 獲保險公司授權以分銷保險公司所提供之產品及服務的金融服務中介團體；
- (v) 現有或不時成立的相關行業協會及/或聯會；
- (vi) 於澳門境內或境外任何政府、監管機構或行業組織；
- (vii) 閣下的保險代理人、中介人或介紹人。

3. **查閱：**閣下有權核實保險公司是否持有閣下的個人資料、有權要求查閱該等資料並可要求更改錯誤的資料。有關閣下個人資料的查閱、更改或其他查詢，可向保險公司的資料保護主任作申請，地址為澳門南灣大馬路 567 號大西洋銀行大廈 14 樓。保險公司有權為處理閣下因查閱個人資料的要求而收取合理費用。

4. **直接促銷：**保險公司擬將閣下的個人資料作以下的服務、產品及標的類別的直接促銷用途：

- (i) 金融、保險、年金、退休基金、信用卡、銀行及相關服務及產品；
- (ii) 獎賞、客戶獎勵或優惠計劃及相關服務及產品；
- (iii) 保險公司的聯營合作夥伴所提供的服務及產品(聯營合作夥伴的名稱可載於相關服務及產品的申請書及/或宣傳單張中)；及
- (iv) 慈善/非牟利機構。

而保險公司持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行爲、財務背景及人口統計數據可能用於直接促銷用途。

如閣下不欲保險公司使用或提供閣下的資料予第三方作上述的直接促銷用途，閣下可通知保險公司行使拒絕推廣之權利。

- (1)  如閣下不希望保險公司使用閣下的個人資料作直接促銷用途，請在方格內劃上「✓」
- (2)  如閣下不希望保險公司將閣下的個人資料提供予第三方作直接促銷用途，請在方格內劃上「✓」

閣下將來亦可以撤回閣下對個人資料作保險公司及/或第三方直接促銷用途的同意書。閣下此等撤回，可向保險公司的資料保護主任作申請，地址為澳門南灣大馬路 567 號大西洋銀行大廈 14 樓，而保險公司將停止使用閣下的個人資料作直接促銷用途。

5. **《收集個人資料聲明》的修訂：**在法律允許的範圍內，保險公司保留權利可隨時且在有或沒有通知的情況下通過在保險公司的網站上發佈修訂《收集個人資料聲明》。任何有關《收集個人資料聲明》的修訂將在刊登後即時生效。

I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") as below. I/We declare and agree that any personal data and other information relating to me/us or my/our policy(ies) contained in this application or collected, compiled or held by Fidelidade Macau - Insurance Company Limited by any means from time to time may be collected and used in accordance with the PICS.

**Personal Information Collection Statement ("PICS")**

1. Purpose: Your personal information collected by or held by Fidelidade Macau - Insurance Company Limited ("the Insurer") may be used for the purposes of:
  - (i) processing, administering, implementing and effecting the requests or transactions indicated in this document or any other related documents you may submit to the Insurer from time to time;
  - (ii) providing services related to this document and the relevant insurance policy, including but not limited to promoting and improving such services or related services provided by the Insurer or affiliates;
  - (iii) analyzing, investigating, processing and paying claims made under your insurance policy;
  - (iv) designing new or enhancing existing products and services provided by the Insurer;
  - (v) complying with applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by policy or other government or regulatory authorities in Macao or elsewhere; including but not limited to FATCA and CRS;
  - (vi) communicating with you for any of the above purposes;
  - (vii) other purposes which are directly or indirectly related to the purposes set out above.

Failure to provide the personal data by you may result in the Insurer being unable to provide products and services, process claims under insurance policies issued by the Insurer, or process any other requests, enquiries, or complaints from you.
2. Transfer: Personal data provided by you to the Insurer will be kept confidential but where it is necessary to satisfy the aforementioned purposes, it may be transferred to the parties mentioned below, which may be located within or outside Macao:
  - (i) any related companies, including parents and/or branches and/or subsidiaries and/or affiliates of the Insurer;
  - (ii) any agents, contractors or third-party service providers who provide administration, data processing, claims, investigation, medical, external audit, actuarial, technology outsourcing, call center service, mailing and printing service or other services in connection with the operation of the Insurer's business and provision of our services to you;

- (iii) any companies who help gather your information or communicate with you, such as research companies and ratings agencies, in order to enhance the services, the Insurer provides to you; and
- (iv) financial service intermediaries that are authorized by the Insurer for the distribution of products and services provided by the Insurer;
- (v) relevant industry association and/or Federation that exist or are formed from time to time;
- (vi) any government, regulatory or industry bodies within or outside Macao;
- (vii) your insurance agents, intermediaries or referrer.

3. Access: You have the right to ascertain whether the Insurer holds any personal data about you and to access data, and have the right to require the Insurer to correct any personal data relating to you which is inaccurate. Requests for access, correction or other queries relating to your personal data can be addressed to the Data Protection Officer of the Insurer at Avenida da Praia Grande No. 567, Edf. BNU, 14/F, Macao.

The Insurer has the right to charge a reasonable fee for processing a request to access your personal data.

4. Direct Marketing: The Insurer intends to use your personal data in direct marketing of the following classes of services, products and subjects:

- (i) financial, insurance, annuity, pension fund, credit card, banking and related services and products;
- (ii) reward, loyalty or privileges programmes and related services and products;
- (iii) services and products offered by the Insurer's co-branding partners (the names of such co-branding partners may be found in the application form and/or leaflets for the relevant services and products); and
- (iv) charitable / non-profitable causes

and your name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data held by the Insurer may be used in direct marketing.

If you do not wish the Insurer to use or provide to other persons your data for their use in direct marketing as described above, you may exercise your opt-out right by notifying the Insurer.

- (1)  Please 「✓」 this box if you do not want the Insurer to use your personal data in direct marketing
  - (2)  Please 「✓」 this box if you do not want the Insurer to provide your personal data to any other persons for their use in direct marketing
- You may, in future, withdraw your consent to the use of your personal data by the Insurer and/or any third parties in direct marketing. Such request can be made to the Data Protection Officer of the Insurer at Avenida da Praia Grande No. 567, Edf. BNU, 14/F, Macao and the Insurer shall cease to use your personal data in direct marketing.

5. Amendment to the PICS: To the extent permitted by related laws and regulations in Macao, the Insurer reserves the right, at any time with or without notice, to amend the PICS, by publishing such amendments on the website of the Insurer or in writing to you. Any such amendment will be effective immediately upon posting.

申請人簽署 SIGNATURE OF APPLICANT /公司蓋章 (如有) COMPANY CHOP (If any) 申請日期 APPLICATION DATE

<p style="font-size: 2em; margin: 0;">X</p>	<p>澳門 Macao,</p>
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FOR INTERMEDIARY'S USE

SALES UNIT/AGENT

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REMARKS

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DOCUMENTS FOR APPLICANT & INSURED (whenever applicable):

- 商業登記副本 Copy of Business Registry Registration
- 教育及青年發展局發出之執照副本 Copy of Tutoring Center License issued by DSEDJ

FOR FIDELIDADE MACAU'S USE

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