

請填妥此索償表格上之所有資料。倘若表格不敷應用，請另紙填寫。

Please complete this claim form in full. If space provided for your answers is insufficient, please continue on a separate sheet.

忠誠澳門保險股份有限公司(下稱“忠誠澳門”)接受本索償申請表並不代表忠誠澳門確認承擔任何有關之賠償責任。

Fidelidade Macau – Insurance Company Limited (hereinafter referred to as “Fidelidade Macau”) does not undertake any liability for indemnity by accepting this form.

保單資料 Policy details

保險種類
Insurance Type

保單 / 保險證書編號 Policy / Certificate No.	保險期間 Period of Insurance	: 由 From	到 to	(日/月/年) (dd/mm/yy)
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保單持有人/被保人 Policyholder/Insured

保單持有人 / 被保人姓名
Name of Policyholder / Insured

證件類別及號碼 I.D. Type & No.	性別 Sex	年齡 Age	職業 Occupation
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通訊地址
Correspondence address

聯絡電話 Contact phone	電郵地址 E-mail address
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事發經過 Details of the event

事發日期及時間
Date and time of the incident

事發地點
Location of the incident

事件描述
Description of the incident

損失清單 List of damaged articles

物品名稱 Article Name	數量 Quantity	收據 Receipt		索賠金額 Claim Amount
		有 Yes	無 No	
合計 Total Claim Amount				

第三者索賠資料 Third Party Claimant Details第三者姓名
Third Party's Name證件類別及號碼
I.D. Type & No.性別
Sex年齡
Age地址
Address聯絡電話
Contact Phone索賠原因及要求
Reason of claim & request**注意** : 請將本表格連同上述列明物品之購貨發票 / 收據及保用證正本或報價單一并呈上。**N.B.** : Original purchase invoices / receipts and warranties (if applicable) of the articles described above or repair quotation should be submitted with this form.**聲明 Declarations**

本人(等)聲明上述各項資料均為真實無誤且無任何隱瞞或遺漏。本人(等)明白且同意忠誠澳門可將本表格或從其他途徑所得關於本宗索償之資料用於保險業務用途，並可使用、儲存、透露及轉交該等資料予任何與忠誠澳門有關之人士、機構或選定之第三者，包括其他與保險或再保險業務有關之公司、中介人、理賠調查員、顧問、政府機關或保險業組織。

I/We declare that all the statements and particulars above are true and correct, and without any omission or concealment. I/We understand and agree that Fidelidade Macau may use any of the information related to this claim, contained herein or obtained otherwise, in its insurance business and may use, store, disclose and transfer such information to any individual or organization associated with or appointed by Fidelidade Macau, including any company carrying on insurance or reinsurance related business, intermediary, claims investigator, advisor, government authority or industry association.

轉移追償權 Subrogation

本人(等)聲明忠誠澳門在作出賠付後，將以賠款金額為限，獲轉移對損失有責任之第三者追償之權利，本人(等)將於合理要求下全力協助忠誠澳門充份行使此項權利。

I/We further declare that Fidelidade Macau, having settled the claim, is hereby subrogated in all my/our rights against any third party who may be liable for the damages, up to the claim amount, and I/we will assist Fidelidade Macau in every way that may be reasonably required for fully exercising those rights.

保單持有人 / 被保人簽署
Signature of Policyholder / Insured日期
Date**此欄由本公司填寫 Internal Use Only**保單編號
Policy No.索償編號
Claim No.保險期限
Period of Insurance開立日期
Open Date