

此欄由本公司填寫 Internal Use Only	產品名稱 Product	索償編號 Claim No.	開立日期 Open Date
1. 索償人資料 Claimant Information			
索償人姓名 Name of Claimant		性別 Gender	身份證號碼 ID Card No.
地址 Address		保險憑證編號 Certificate No.	
		電話號碼 Phone No.	
2. 行李延誤 / 遺失行李、財物或證件 Baggage Delay / Loss of Baggage, Belongings or Identification Documents			
發生日期、時間及地點 Date, Time & Place of Incident			
事件詳細經過 Details of Incident			
失物清單 Items Lost		購入時之價值 Original Cost	購入日期 Date of Purchase
索償金額 Amount Claimed			
上述項目是否受其他保險保障（如信用卡購物保障、家居保險等）？ Any other insurance policy covering the above items? <input type="checkbox"/> 是（請提供以下資料） Yes (Please provide the following information) <input type="checkbox"/> 否 No			
保險公司名稱 Name of Insurer		保單類別及號碼 Policy Type & No.	
備註：請提交證明事件經過及損失金額之正本文件（如航空公司報告、警方報告、購物收據等）。 Remarks: Please submit original documents proving the occurrence of the incident and the amount of loss (e.g. airlines irregularity report, police report, purchase receipts, etc.)			
3. 旅程延誤 Travel Delay			
原定行程 Original Schedule	航班編號 Voyage No.	日期 Date	出發時間 Departure Time
延誤後行程 Delayed Schedule	航班編號 Voyage No.	日期 Date	出發時間 Departure Time
延誤原因 Cause of Delay			延誤時數 Hours Delayed
上述項目是否受其他保險保障？ Any other insurance policy covering the above items? <input type="checkbox"/> 是（請提供以下資料） Yes (Please provide the following information) <input type="checkbox"/> 否 No			
保險公司名稱 Name of Insurer		保單類別及號碼 Policy Type & No.	
備註：請提交證明延誤原因及時間之文件（如登機證及機票副本、航空公司或旅行社證明等）。 Remarks: Please submit documents proving the cause and duration of delay (e.g. copy of boarding pass and flight ticket, confirmation from airlines or travel agent, etc.)			

4. 取消 / 縮短旅程 Cancellation / Curtailment of Trip

索償原因
Cause of Claim

旅行社名稱及地址
Name & Address of Travel Agent

聯絡人姓名及電話號碼
Contact Person & Phone No.

索償金額
Amount Claimed

上述項目是否受其他保險保障？ 是（請提供以下資料） 否
Any other insurance policy covering the above items? Yes (Please provide the following information) No

保險公司名稱
Name of Insurer

保單類別及號碼
Policy Type & No.

備註： 請提交證明索償原因及不能退還款項之正本文件（如醫療報告、死亡證、付款收據等）。
Remarks: Please submit original documents proving the cause of the claim and the unrecoverable amounts (e.g. medical report, death certificate, payment receipts, etc.)

5. 醫療費用 Medical Expenses

發生日期、時間及地點
Date, Time & Place of Incident

事件詳細經過
Details of Incident

索償金額
Amount Claimed

上述項目是否受其他保險保障？ 是（請提供以下資料） 否
Any other insurance policy covering the above items? Yes (Please provide the following information) No

保險公司名稱
Name of Insurer

保單類別及號碼
Policy Type & No.

備註： 請提交證明索償金額之正本文件（如醫療報告、付款收據等）。
Remarks: Please submit original documents proving the amount claimed (e.g. medical report, payment receipts, etc.)

6. 人身意外 Personal Accident

發生日期、時間及地點
Date, Time & Place of Incident

事件詳細經過
Details of Incident

直系親屬姓名 Name of Next of Kin

年齡 Age

身份證號碼 ID Card No.

關係 Relation

地址 Address

備註： 請提交有關證明文件（如意外報告、警方報告、死亡證等）。如受益人未滿十八歲，請提交其代理人資料及授權代理之證明。
Remarks: Please provide relevant supporting documents (e.g. accident report, police report, death certificate, etc.) For next of kin(s) under 18 years of age, please provide particulars of the official administrator(s) and documents proving such authorized capacity.

7. 家居物品 Household Contents

發生日期、時間及地點
Date, Time & Place of Incident

事件詳細經過
Details of Incident

損失詳情
Details of loss

索償金額
Amount Claimed

上述項目是否受其他保險保障？ 是（請提供以下資料） 否
Any other insurance policy covering the above items? Yes (Please provide the following information) No

保險公司名稱
Name of Insurer

保單類別及號碼
Policy Type & No.

備註： 請提交證明事件經過及損失金額之正本文件（如警方報告、相關單據等）。
Remarks: Please submit original documents proving the occurrence of the incident and the amount of loss (e.g. police report, related receipts, etc.)

8. 個人責任 Personal Liability

發生日期、時間及地點
Date, Time & Place of Incident

事件詳細經過
Details of Incident

第三者索償人姓名及地址
Name & Address of
Third Party Claimant

您對第三者受傷或損失程度、金額和責任誰屬的意見
Your View on Extent, Amount and Responsibility of Third Party Claimant's Injury/Damage

備註： 請提交所有相關文件（如意外報告、警方報告等）。如收到第三者之索償文件，請不要回覆，並盡快交予本公司處理。
Remarks: Please provide all relevant documents (e.g. accident report, police report, etc.) Please do not answer any correspondence from third party claimant. Forward all such correspondence to us for follow up.

9. 聲明及簽署 Declaration and Signature

本人授權曾為本人作診療或處理之醫院、醫生、其他人士或當局，向澳門保險公司或其授權代表提供所有有關本人之損失、疾病或損傷、醫療紀錄、診察、處方或治療之資料，包括但不限於警方報告、意外報告、異常情況報告、聲明、醫院或醫療紀錄之副本。本授權書之副本具有原本之同等效力。

本人聲明根據本人所知所信，上述各項資料均為真實無誤。本人明白且同意，如以上所列或本人將來提供之資料有虛假或隱瞞成分，相關之保單將會作廢，而一切由該保單賦予之索償權利亦將撤銷。

本人明白且同意澳門保險公司可將本表格或從其他途徑所得關於本人之個人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該公司有關之人士、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、醫療機構、顧問、政府機關或保險業組織。

I authorize any hospital, physician or other person or authority who has attended or examined me to furnish to Macau Insurance Company or its authorized representative any and all information with respect to my loss, illness or injury, medical history, consultation, prescription or treatment, including but not limited to copies of police reports, accident reports, irregularity reports, statements, hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as original.

I declare to the best of my knowledge and belief that the above statements and particulars are true and correct. I understand and agree that if I have made or shall make any false statement or concealment, the related insurance policy shall be void and all rights of recovery under the policy shall be forfeited.

I understand and agree that Macau Insurance Company may use any of my personal information, 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 the Company, including any company carrying on insurance or reinsurance related business, intermediary, claims investigator, medical facility, advisor, government authority or industry association.

索償人簽署
Signature of Claimant

日期
Date

備註： 本公司只接受簽署妥當之索償申請表，請同時提交所有相關文件及正本單據，以免延誤處理索償程序。本公司接受本索償申請表並不代表本公司確認承擔任何有關之賠償責任。

Remarks: Claims will not be processed unless this form is properly signed by the claimant. Please submit all relevant documents and original receipts together with this form to avoid any claims handling delay. The Company does not undertake any liability for indemnity by accepting this form.

10. 索償資料補充 Supplementary Claims Details

本公司專用 For Internal Use Only

審核摘錄 Assessment Notes

賠償額 Gross Indemnity	自負額 Excess	賠償淨額 Net Indemnity	查核費用 Investigation Cost	準備金總額 Total Reserve
處理者 / 日期 Handled by / Date	複核者 / 日期 Reviewed by / Date		審批者 / 日期 Approved by / Date	