

此欄由本公司填寫 Internal Use Only		保單編號 Policy No.	索償編號 Claim No.	補充資料頁編號 Supplement No.
4. 第三者車輛及司機 (續上頁) Third Party Vehicle and Driver (Continued)				
車主 Owner				
地址 Address			電話號碼 Phone No.	
車款 Model	車牌號碼 Plate No.		年份 Year	
車身顏色 Color	用途 Usage	座位數目 No. of Seats		
保險公司名稱 Insurer			保單號碼 Policy No.	
損毀情況 Extent of Damage				
司機姓名 Name of Driver			職業 Occupation	
地址 Address			電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	駕駛執照號碼及簽發日期 Driver License No. & Issue Date		
車主 Owner				
地址 Address			電話號碼 Phone No.	
車款 Model	車牌號碼 Plate No.		年份 Year	
車身顏色 Color	用途 Usage	座位數目 No. of Seats		
保險公司名稱 Insurer			保單號碼 Policy No.	
損毀情況 Extent of Damage				
司機姓名 Name of Driver			職業 Occupation	
地址 Address			電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	駕駛執照號碼及簽發日期 Driver License No. & Issue Date		
車主 Owner				
地址 Address			電話號碼 Phone No.	
車款 Model	車牌號碼 Plate No.		年份 Year	
車身顏色 Color	用途 Usage	座位數目 No. of Seats		
保險公司名稱 Insurer			保單號碼 Policy No.	
損毀情況 Extent of Damage				
司機姓名 Name of Driver			職業 Occupation	
地址 Address			電話號碼 Phone No.	
證件類別及號碼 ID Type & No.	出生日期 Date of Birth	駕駛執照號碼及簽發日期 Driver License No. & Issue Date		

5. 第三者傷亡 (續上頁) Third Party Death and Injury (Continued)

姓名 Name	職業 Occupation
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地址 Address	電話號碼 Phone No.
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證件類別及號碼 ID Type & No.	出生日期 Date of Birth	意外中之身份 Role in Accident
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傷亡情況
Extent of Injury

醫院 / 醫生 Hospital / Physician	<input type="checkbox"/> 門診 Outpatient	<input type="checkbox"/> 留醫 Hospitalized
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姓名 Name	職業 Occupation
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地址 Address	電話號碼 Phone No.
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證件類別及號碼 ID Type & No.	出生日期 Date of Birth	意外中之身份 Role in Accident
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傷亡情況
Extent of Injury

醫院 / 醫生 Hospital / Physician	<input type="checkbox"/> 門診 Outpatient	<input type="checkbox"/> 留醫 Hospitalized
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姓名 Name	職業 Occupation
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地址 Address	電話號碼 Phone No.
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證件類別及號碼 ID Type & No.	出生日期 Date of Birth	意外中之身份 Role in Accident
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傷亡情況
Extent of Injury

醫院 / 醫生 Hospital / Physician	<input type="checkbox"/> 門診 Outpatient	<input type="checkbox"/> 留醫 Hospitalized
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6. 其它財物損毀 (續上頁) Other Property Damage (Continued)

財物類型
Type of Property 本身車輛 (如有相應保障) Own Vehicle (If so insured) 第三者財物 Third Party Property

損毀情況
Extent of Damage

財物類型
Type of Property 本身車輛 (如有相應保障) Own Vehicle (If so insured) 第三者財物 Third Party Property

損毀情況
Extent of Damage

7. 聲明及簽署 Declaration and Signature

本人授權任何機構或當局就本次意外向澳門保險公司或其授權代表提供所有有關本人之資料、紀錄及報告。本授權書之副本具有原本之同等效力。本人聲明上述各項資料均為真實無誤，且本人在本次意外中並無得到任何其他保險賠償。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 organization or authority to furnish to Macau Insurance Company or its authorized representative any and all information, records and reports related to me with respect to this accident. A photocopy of this authorization shall be considered as effective and valid as original. I declare that the above statements and particulars are true and correct, and I have no other insurance policy indemnifying me in respect of this accident. 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.

受保人簽署 Signature of Insured	日期 Date	駕駛者簽署 Signature of Driver	日期 Date
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