

Policy no.: 保單編號	Claim No.: 索償編號 (保險公司填寫)
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The Policyholder 保戶

Name of Insured: 投保人	Instituto Politecnico de Macau 澳門理工學院	Fax No.: 傳真	
		Tel. no.: 電話	
Address: 地址			

The Injured 傷者資料

Name: 姓名		Age: 年齡		Nationality: 國籍	
Address: 地址		Sex: 性別		Matrimony: 婚姻狀況	
		Tel. no.: 電話		I.D. no./Passport no.: 身份證/護照號碼	

Description of The Accident : 意外詳情

Date: 日期		Time: 時間		Place: 地點	
Please explain how the accident happened? 請詳述意外如何發生及情況。					
Please state the regions injured and the nature of injury. 傷者受傷的部位及其性質。					
Was the Injured Person under the influence of drinks or drugs at the time of the accident? 傷者在意外發生時是否受酒精或藥物所影響?					
Name of Hospital taken to, In or Out patient? 已入何醫院, 留醫或門診?					
If stayed In-patient, please mention the discharge date. 如曾留醫, 請列出出院日期。					
Has the injured person recovered? When? 傷者是否已復原, 何時復原?					
Was the injured person free from physical infirmity at the time of the accident? If not give particulars. 意外前是否殘廢或疾病? 請詳述。					
Please state the names of any persons who witnessed the accident. 請列出目睹此意外之見證人名字。					

I/We hereby declare that the foregoing particulars are true in every respect, that I/We have not withheld from the Company any information within my/our knowledge connected with the accident and that I/We have no other policy indemnifying me/us in respect of this accident.
以上所述乃屬真實情形並無將所知有關該意外之任何情形隱藏不向貴司報告又並無購買其他保險足以賠償此意外事件。

Remark:

注意

1) Please fill all the items of the claim form.
填妥報告表內每項需提供之資料。

2) Please provide us the M/7 medical receipts or hospital medical receipts, medical report, recovery certificates and X-ray report.
提供M/7藥費單及註明受傷部位或醫院藥費單收據、醫療報告、康復證明及X光報告等。

3) If applicable, please attached the supporting documents; police report; death certificate and/ or any relevant documents.
如適用, 請提供相關的證明文件、警察報告、死亡證和/或其他有關資料。

4) The insured must inform the insurance company as soon as possible after the insured was notified the accident.
當投保人得悉發生意外時, 請盡快向保險公司寄送通知。

5) Others.
其他有關文件。

其他有關文件。

其他有關文件。

其他有關文件。

其他有關文件。

Signature of Insured:

簽署

Insured's Stamp:

蓋章

Date:

日期