

# 個人意外 索償申請表 PERSONAL ACCIDENT CLAIM FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                              |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|----------------------------------------------------------------------|
| 此欄由本公司填寫<br>Internal Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 索償編號<br>Claim No.                                            | 開立日期<br>Open Date                                                    |
| 1. 投保客戶資料 Policyholder Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                              |                                                                      |
| 名稱<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | 保單編號<br>Policy No.                                           |                                                                      |
| 地址<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 電話號碼<br>Phone No.                                            |                                                                      |
| 聯絡人<br>Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | 傳真號碼<br>Fax No.                                              |                                                                      |
| 2. 傷者資料 Injured Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                              |                                                                      |
| 姓名<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | 性別<br>Gender                                                 | <input type="checkbox"/> 男 Male<br><input type="checkbox"/> 女 Female |
| 出生日期<br>Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 國籍<br>Nationality | 證件類別及號碼<br>ID Type & No.                                     |                                                                      |
| 地址<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | 電話號碼<br>Phone No.                                            |                                                                      |
| 3. 意外詳情 Details of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                              |                                                                      |
| 事發日期、時間及地點<br>Date, Time & Place of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                              |                                                                      |
| 事發詳細經過 Details of Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                              |                                                                      |
| 傷者在意外發生時是否受酒精或藥物所影響？<br>Was the Injured under the influence of alcohol or drugs at the time of the accidents?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |                                                                      |
| 傷者在意外發生時是否身體虛弱、有殘障或疾病？<br>Was the Injured suffering from any physical infirmity, disability or sickness at the time of the accident?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |                                                                      |
| 傷者有否就是次意外同時向其他保險公司提出索償？<br>Have you proceed for claims regarding this accident with any insurance company?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |                                                                      |
| 若閣下對上列問題之回答為「是」，請詳細說明 Please give details if you answer "Yes" to any of the questions above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                              |                                                                      |
| 見證人姓名<br>Name of Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 證件類別及號碼<br>ID Type & No.                                     |                                                                      |
| 4. 傷勢及治療情況 Details of Injury and Treatment Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                              |                                                                      |
| 受傷部位<br>Region of Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | 受傷類型<br>Nature of Injury                                     |                                                                      |
| 醫院、診所或醫生名稱<br>Name of Hospital, Clinic or Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | 初診日期<br>Date of First Consultation                           |                                                                      |
| 治療情況<br>Treatment Status <input type="checkbox"/> 門診 Out-patient <input type="checkbox"/> 留院 In-patient (住院日期 In-patient period: 由 from 至 to )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                              |                                                                      |
| 閣下過往有否遇上類似意外或損傷？<br>Have you ever encountered a similar accident or sustained an injury of similar nature in the past?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |                                                                      |
| 閣下是否已完全康復？ Are you fully recovered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |                                                                      |
| 如「是」，請提供康復日期(日/月/年)：<br>If "Yes", please provide date (DD/MM/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                              |                                                                      |
| 如回答屬「否」，請說明現時所接受之治療。<br>If "No", please state the treatments that you are currently undertaking.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                              |                                                                      |
| 備註 Remarks:<br>1. 保單持有人必須在獲悉意外發生時盡快通知保險公司 The Policyholder must inform the insurance company of an accident coming to its knowledge.<br>2. 請盡快提交所有相關文件及正本單據，以免延誤處理索償程序 Please submit all relevant documents and original receipts as soon as possible to avoid any claims handling delay:<br>a. 簽署妥當的索償申請表 Signed and stamped Claim Form<br>b. 傷者身份證副本 ID copy of the Injured<br>c. M7 醫藥費單據、醫院醫藥費單據、醫療報告、X光報告、康復證明等 M7 medical receipts, hospital medical receipts, medical report, X-ray report, recovery certificate, etc.<br>d. 如適用，警察報告、死亡證和/或任何相關文件 If applicable, police report, death certificate and or any relevant documents |                   |                                                              |                                                                      |



個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

A. 目的：澳門保險股份有限公司(以下簡稱「本公司」)為以下目的收集閣下之個人資料：

**Purpose:** Your personal data is collected by Macau Insurance Company Limited ("the Company") for the purpose of:

- (i) 處理、管理、落實及實行閣下不時提交予本公司的申請書或任何其他文件中所表明的申請； processing, administering, implementing and effecting the requests indicated in application form or any documents that you may submit to the Company from time to time;
- (ii) 提供與申請書(和有關保單)相關的一切服務，包括(但不限於)改善本公司或其子公司及聯屬公司提供的有關該申請的服務或相關服務； providing all services related to the application form (and the relevant insurance policy), including (but without limitation) improving such services or related services provided by the Company or its subsidiaries and affiliates;
- (iii) 就本公司之營運及向閣下提供之產品及服務而發送給為本公司提供相關行政、電訊、電腦、付款、數據處理或其他服務的任何人士(包括代理商、承包商或第三方服務提供者)； transferring to any person (including agent, contractor or third-party service provider) who provides administrative, telecommunication, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you;
- (iv) 就行政目的與閣下聯絡； communicating with you in relation to administrative purposes;
- (v) 調查、處理及繳付閣下保單的索償申請； investigating, processing and paying claims made under your insurance policy;
- (vi) 履行根據澳門特別行政區(「澳門」)境內及/或境外地區(包括但不限於《中華人民共和國個人信息保護法》(「個人信息保護法」)(若個人信息保護法適用於本公司處理和/或使用閣下的資料))的任何法律、監管、政府、稅務、執法或其他機關，或監管機構或行業組織的要求，配合調查及遵守作出披露及/或使用資料的義務、規定或安排； co-operating with any investigation and complying with the obligations, requirements, or arrangements for disclosing and/or using data imposed by any legal, regulatory, governmental, tax, law enforcement or other authority or regulatory or industry body within and/or outside the Macau SAR ("Macau") (including without limitation, the Personal Information Protection Law of the People's Republic of China ("PIPL") (insofar as the PIPL is applicable to the Company's process and/or use of your data));
- (vii) 遵守大新金融集團有限公司(「大新金融」)(一家香港公司和本公司的母公司)的集團公司為(1) 符合由任何澳門的法律、法規、政府、稅務、執法或其他機構、或自我監管或行業機構或金融服務供應商不時發出的適用法律及/或監管要求；(2) 符合制裁；或(3) 預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於大新金融的集團公司內共用資料及資訊及/或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排； complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the group companies of Dah Sing Financial Holdings Limited ("DSFH") (a Hong Kong company and the parent company of the Company) and/or any other use of data and information in accordance with any groupwide programmes for (1) compliance with applicable legal and/or regulatory requirements issued from time to time by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial service providers in Macau; (2) compliance with sanctions; or (3) prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (viii) 將閣下的個人資料發送給澳門保險公會及/或任何保險公司聯合會及/或類似組織(以下簡稱「聯合會」)以及/或聯合會的任何成員，以供其履行其監管職能； transferring your personal data to Macau Insurers' Association and/or any federation or similar organization of insurance companies ("Federation") and/or any members of the Federation to carry out its regulatory functions;
- (ix) 統計或精算研究；及 statistical or actuarial research; and
- (x) 其他直接或間接與以上目的相關的目的。 other ancillary purposes which are directly or indirectly related to the purposes set out above.

閣下提供的個人資料將允許本公司在符合澳門《個人資料保護法》(「個人資料保護法」)及個人信息保護法(如適用)的基礎上評估閣下的保單申請、為閣下提供產品及服務、處理本公司發出之保單之索償、或處理任何由閣下提出的要求、查詢或投訴。 The personal data provided by you will allow the Company to assess your policy application, provide products and services to you, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you in compliance with the Personal Data Protection Act of Macau ("PDPA") and the PIPL (if applicable).

本公司收集的部分資料可能構成個人資料保護法及/或個人信息保護法下的「敏感個人信息」，而只有在採取了嚴格的保護措施且在處理行為具備充分必要性的前提下，本公司才會處理敏感個人信息。若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，該等敏感個人信息將在獲得閣下的單獨同意後才進行處理。 Some of the data collected by the Company may constitute sensitive personal data under the PDPA and/or the PIPL. The Company will only process sensitive personal data if strict protection measures are put in place and there is sufficient necessity to justify the processing. Insofar as the PIPL is applicable to the Company's process and/or use of your personal data, such sensitive personal data will be processed with your separate consent.

B. 轉移：閣下提供的個人資料將保密處理，惟或會因以上所述之目的(以及若個人信息保護法適用於本公司處理及/或使用閣下的資料，則僅在獲得閣下的單獨同意的情况下)被轉移給以下屬於澳門、香港、中國及美國司法管轄範圍內之人士：

**Transfer:** Personal data provided by you to the Company will be kept confidential but, it may be transferred to the parties mentioned below, located within the jurisdictions of Macau, Hong Kong, China and the United States, for the aforementioned purposes and insofar as the PIPL is applicable to the Company's process and/or use of your data, subject to your separate consent:

- (i) 本公司的任何關連公司，包括母公司及/或分公司及/或附屬公司及/或聯屬公司以符合任何澳門境內或境外的法律、監管、自我監管、行業監管及/或資訊共享需要； any related company(ies), including parents and/or branches and/or subsidiaries and/or affiliates of the Company for compliance with any legal, regulatory, self-regulatory, industry regulatory and/or information sharing needs within or outside Macau;
- (ii) 任何其他從事審計、精算、評級機構、退休基金、保險、金融服務中介團體或再保險或共同保險相關業務的非本公司關連公司； any other unrelated company engaging in the business of audit, actuary, credit rating agency, pension fund, insurance, financial services intermediaries or reinsurance or coinsurance;
- (iii) 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體； financial service intermediaries that are authorized by the Company for the distribution of products and services provided by the Company;
- (iv) 提供與閣下的保單有關的索償、調查或其他服務的提供者； claims, investigation or other services provider providing services relevant to your insurance policies with the Company;
- (v) 現有或不時成立的相關行業協會及/或聯合會； relevant industry association and/or Federation that exist or are formed from time to time;
- (vi) 於澳門境內或境外任何法律、監管、政府、稅務、執法或其他機關，或監管機構或行業組織； any legal, regulatory, governmental, tax, law enforcement or other authorities, or regulatory or industry bodies within or outside Macau;
- (vii) 與本公司業務(全部或部份)轉讓或擬轉讓有關的任何第三方，當中部分受讓方或位於澳門境內或境外； any third-party in connection with a transfer or a potential transfer of all or part of the business of the Company and some of the transferees may be located within or outside Macau;
- (viii) 使用本公司應用程式介面的第三方服務供應商(根據閣下向本公司或閣下使用之第三方服務供應商所發出的指示)，以作本公司或第三方服務供應商所通知閣下的用途及/或閣下根據個人資料保護法及/或個人信息保護法(如適用)所同意的用途；及 any third party service providers using the Company's Application Programme Interfaces in accordance with your instructions to the Company or third party service providers engaged by you, for the purposes notified to you by the Company or third party service providers and/or as consented by you in accordance with the PDPA and/or the PIPL (if applicable); and
- (ix) 閣下的保險代理人、中介人或介紹人。 your insurance agents, intermediaries or referrer.

若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，本公司將在和第三方共享閣下的個人資料前，告知閣下接收方的名稱和聯繫方式、處理和提供閣下個人資料的目的和方式，以及將要提供和分享個人資料的種類，並徵求閣下對共享個人資料的單獨同意。前述的個人資料接收方將僅為實現本文件下規定的具體目的所需的範圍內(若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，則按照個人信息保護法的要求)使用個人資料，並在實現目的所需的最低時間內保存個人資料。 Insofar as the PIPL is applicable to the Company's process and/or use of your personal data, the Company will, prior to sharing your personal data with third parties, notify you of the name and contact details of the recipients, the purposes and means of processing and provision of your personal data, and the types of personal data to be provided and shared, and obtain your separate consent to the sharing of your personal data. The foregoing data recipients will use the personal data to the extent necessary for the specific purposes set out in this document and store the personal data for the minimum length of time required to fulfil the purposes, or insofar as the PIPL is applicable to the Company's process and/or use of your personal data, in accordance with the PIPL.

如閣下不希望本公司就上述目的轉移閣下個人資料，請於下列方格內劃上「✓」。 If you do not wish the Company to make the above transfer, please "✓" the box below.

☐ 本人/吾等不希望貴公司轉移本人/吾等之個人資料。

I/We do not want the Company to transfer my/our personal data for the above purposes.

C. 查閱及更正：閣下有權查明本公司是否持有閣下的個人資料，以及本公司持有的個人資料類別。本公司可能要求閣下就此出示身份證明。收悉該等要求後，本公司會盡快回覆閣下。閣下亦有權要求本公司修改任何不正確的個人資料或要求更新資料。若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，閣下有權要求本公司刪除閣下的個人資料、反對以某種特定方式使用閣下的個人資料、要求對處理閣下個人資料的規則進行解釋說明、在滿足個人信息保護法的要求的情況下要求本公司將閣下向本公司提供的個人資料轉移給閣下選擇的第三方、撤回對收集、處理或轉移閣下個人資料的同意(請注意，撤回閣下的同意可能導致本公司無法向閣下提供保險、退休金及與之相關的服務及/或要求對自動化決策過程中產生的決策進行解釋以及拒絕接受僅由自動化決策技術作出的決定。如閣下對本公司收集及使用閣下資料的方式有任何憂慮，請聯絡本公司，本公司將盡力協助。閣下可向本公司的資料保障主任提出有關要求，其地址為澳門南灣大馬路594號澳門商業銀行大廈11樓。本公司有權在澳門法律法規容許(以及若個人信息保護法適用於本公司處理及/或使用閣下的個人資料，則在個人信息保護法允許)的情況下為處理閣下個人資料的要求而收取合理費用。

**Access and Rectification:** You have the right to ascertain whether the Company holds your personal data and what type of personal data the Company holds. We may ask for proof of your identity in such relations. On receipt of such request, we will endeavor to respond to you as soon as possible. You have also the right to request that we amend any personal data which is incorrect or requires updating. Insofar as the PIPL is applicable to the Company's process and/or use of your personal data, you have the right to request the Company to delete your personal data, object to certain uses of your personal data, request an explanation of the rules governing the processing of your personal data, ask the Company to transfer personal data that you have provided to the

Company to a third party of your choice under circumstances as provided under the PIPL, withdraw any consent for the collection, processing or transfer of your personal data (you should note that withdrawal of your consent may result in the Company being unable to provide you with insurance, pension and related services) and/or have decisions arising from automated decision making ("ADM") processes explained and refuse to such decisions being made solely by ADM. If you are concerned about the manner in which we have collected and used your data, please contact us and we will do the best to help. Your requests can be made to the Data Protection Officer of the Company at Avenida da Praia Grande No. 594, Edif. BCM, 11/F, Macau. The Company has the right to, within the permission of laws and regulations of Macau, (and insofar as the PIPL is applicable to the Company's process and/or use of your personal data, as permitted under the PIPL) charge a reasonable fee for processing a request to access your personal data.

- D. 直接促銷：**除了以上所述的用途，本公司亦擬把閣下的個人資料作直接促銷用途，而本公司為該用途須獲得閣下同意(包括表示不反對)。就此，請注意：  
**Direct Marketing:** Apart from the aforementioned purposes, the Company intends to use your personal data in direct marketing and the Company requires your consent (which includes an indication of no objection) for that purpose. In this connection, please note that:
- (i) 本公司可能不時把本公司持有的閣下姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據作直接促銷用途； your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company may from time to time be used by the Company in direct marketing;
  - (ii) 以下類別的服務、產品及促銷標的可能被促銷： the following classes of services, products and subjects may be marketed:
    - (1) 財務、保險、退休基金、信用卡、銀行及相關服務及產品； financial, insurance, pension fund, credit card, banking and related services and products;
    - (2) 獎賞、客戶或會員或優惠計劃及相關服務及產品； reward, loyalty or privileges programmes and related services and products;
    - (3) 本公司的聯營合作夥伴提供之服務及產品(該等聯營合作夥伴的名稱載於相關服務及產品(視乎情況而定)的申請書及/或宣傳單張/海報中)；及 services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be); and
    - (4) 為慈善及/或非牟利用途的捐款及捐贈； donations and contributions for charitable and/or non-profit making purposes;
  - (iii) 上述服務、產品及促銷標的，可能由本公司及/或下列各方提供或(就捐款及捐贈而言)徵求： the above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
    - (1) 大新金融的集團公司； group companies of DSFH;
    - (2) 第三方金融機構、保險商、退休基金公司、信用卡公司、證券及投資服務供應商； third party financial institutions, insurers, pension fund companies, credit card companies, securities and investment services providers;
    - (3) 第三方回贈、客戶獎勵、聯營夥伴或優惠計劃供應商； third party reward, loyalty, co-branding or privileges programme providers;
    - (4) 本公司及大新金融的集團公司的聯營合作夥伴(該等聯營合作夥伴的名稱載於相關服務及產品(視乎情況而定)的申請書及/或宣傳單張/海報中)；及 co-branding partners of the Company and the group companies of DSFH (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be); and
    - (5) 慈善或非牟利機構； charitable or non-profit making organisations;
  - (iv) 除由本公司推廣上述服務、產品及促銷標的以外，本公司亦擬將以上 (D)(i) 段所述的資料提供予以上 (D)(iii) 段所述的全部或任何人士，以供該等人士在推廣該等服務、產品及促銷標的中使用，而本公司為此用途須獲得閣下同意(包括表示不反對)； in addition to marketing the above services, products and subjects by the Company, the Company also intends to provide the data described in paragraph (D)(i) above to all or any of the persons described in paragraph (D)(iii) above for use by them or any of those persons in marketing those services, products and subjects, and the Company requires your consent (which includes an indication of no objection) for that purpose;
  - (v) 本公司可能因將資料提供予以上 (D)(iv) 段所述的其他人士而獲得金錢或其他財產的回報。如本公司會因提供資料予其他人士而獲得任何金錢或其他財產的回報，本公司會於以上 (D)(iv) 段所述徵求閣下同意或不反對時如是通知閣下。 The Company may receive money or other property in return for providing the data to the other persons in paragraph (D)(iv) above and, when requesting your consent or no objection as described in paragraph (D)(iv) above, the Company will inform you if it will receive any money or other property in return for providing the data to the other persons.

如閣下不希望本公司如上述使用閣下資料或將閣下資料提供予其他人士作直接促銷用途，閣下可通知本公司以行使閣下拒絕推廣之權利。請於下列適當方格內劃上「✓」。 If you do not wish the Company 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 Company. Please "✓"the appropriate box(es) below.

- ☐ 本人/吾等不希望貴公司使用本人/吾等之個人資料作直接促銷用途。  
I/We do not want the Company to use my/our personal data in direct marketing.
- ☐ 本人/吾等不希望貴公司將本人/吾等的個人資料提供予任何其他人士作直接促銷用途，不論該等人士是否大新金融的集團公司。  
I/We do not want the Company to provide my/our personal data to any other persons for their use in direct marketing and, whether or not such persons are the group companies of DSFH.

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，其地址為澳門南灣大馬路 594 號澳門商業銀行大廈 11 樓。此後，本公司須停止使用閣下的個人資料作直接促銷用途。 You may, in future, withdraw your consent to the use of your personal data by the Company and/or any third parties in direct marketing. Such request can be made to the Data Protection Officer of the Company at Avenida da Praia Grande No. 594, Edif. BCM, 11/F, Macau and the Company shall cease to use your personal data in direct marketing.

- E. 個人資料收集聲明的修訂** 在法律允許的範圍內，本公司保留權利可隨時且在有或沒有通知的情況下通過在本公司的網站上發布修訂本個人資料收集聲明。然而，除上述發布方式外，本公司亦可能(但沒有義務)以書面形式知會閣下相關修訂。任何有關個人資料收集聲明的修訂將在刊登後即時生效。  
**Amendment of the PICS** To the extent permitted by law, the Company reserves the right to, at any time with or without notice, amend the PICS by publishing such amendments on the website of the Company. However, the Company may (but is not obliged to), in addition to the aforesaid, notify you in writing of such amendments. Should there be any amendment to the PICS, such amendment will become effective with immediate effect.

- F. 任何本公司提供的服務/產品均不是以歐盟人士為目標。 Any service/ product provided by the Company is not targeted at customers in the European Union.**

- G. 聲明 Declaration：** 本人/吾等謹此聲明 I/We hereby declare
- a) 本人/吾等已細閱並同意受個人資料收集聲明的約束。 I/We have read and agree to be bound by the PICS.
  - b) 本人/吾等明白並同意提供申請書上要求的個人資料是必需的，本人/吾等未能提供所需資料可導致貴公司不能處理本人/吾等的申請。 I/We understand and agree that the provision of the personal data requested in the application form is mandatory, and my/our failure to provide all data requested may mean the Company is unable to process my/our application.
  - c) 本人/吾等同意如本人/吾等提供予本公司的任何個人資料因任何理由變得不再準確、不完整或需要作出更新，本人/吾等須儘快將任何變更通知貴公司。 I/We agree that should any of my/our personal data provided to the Company, for whatever reason, become inaccurate, incomplete, or not up-to-date, I/we shall inform the Company of any such changes at the earliest opportunity.

如本文件的中文及英文版之間有任何差異，概以中文版為準。 In the event of any discrepancy between the Chinese and English versions of this document, the Chinese version shall prevail.

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|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 保單持有人簽署及公司蓋印(如適用)<br>Signature of Policyholder with Company Chop (If Applicable)<br>保單持有人姓名 Name of Policyholder: _____ |                                                 |
| 澳門居民身份證號碼<br>Macau ID No.: _____                                                                                        | 日期<br>Date: _____日 dd / _____月 mm / _____年 yyyy |
| 受保人簽署及公司蓋印(如適用)<br>Signature of Insured Person with Company Chop (If Applicable)<br>受保人姓名 Name of Insured Person: _____ |                                                 |
| 澳門居民身份證號碼<br>Macau ID No.: _____                                                                                        | 日期<br>Date: _____日 dd / _____月 mm / _____年 yyyy |
| 索償人簽署及公司蓋印(如適用)<br>Signature of Claimant with Company Chop (If Applicable)<br>索償人姓名 Name of Claimant: _____             |                                                 |
| 澳門居民身份證或藍卡號碼<br>Macau ID or Blue Card No.: _____                                                                        | 日期<br>Date: _____日 dd / _____月 mm / _____年 yyyy |