FIDELIDADE
忠誠保險

學生保險聲明書
STUDENT INSURANCE DECLARATION FORM

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致忠誠澳門保險股份有限公司 To Fidelidade Macau - Insurance Company Limited:

謹聲明，本人 _____（父母 / 法定監護人姓名），居民身份證編號: _____，

為 _____（學校名稱）_____ （學生）

（學生的居民身份證編號：_____ ）的父母/法定監護人，

該學生於 _____ 年_____月_____日因學校活動意外引致_____ (部位) 受傷。

I hereby declare that I, _____ (Name of Parent / Legal Guardian), resident ID No.

_____, am the parent/ legal guardian of _____ (Name of Student)

who studies at _____ (Name of School).

The student sustained an injury to _____ (Body Part) due to an accident during a school activity on

_____ (Date).

就是次意外，本人聲明如下：
Regarding this accident, I declare the followings:

- 該學生是否在仁伯爵綜合醫院 / 衛生中心接受治療?
  Has the student received medical treatment at the Conde S. Januário Hospital or Health Centre under Health Bureau?
  ☐ **是 Yes** ☐ **否 No**

- 該學生現已完成所有治療，且完全康復，隨函附上有關醫療費收據及相關文件共 _____ 份，金額合共澳門元

  _____，並確認該學生沒後續治療，無需進一步索償。

  The student has completed all treatments and fully recovered. Enclosed with this letter are the total of _____ relevant

  medical expense receipts and documents, total amount MOP_____. It is hereby confirmed

  that the student does not require any further treatment and does not need to make any further claims.

本人進一步聲明當接受上述意外之醫療款項後，同意解除上述學校、教育基金及忠誠澳門保險股份有限公司對是次意外的一切責任，並再無任何異議。
I further declare that after receiving the aforementioned medical expenses for the accident, I agree to release the school, the Education Fund, and Fidelidade Macau – Insurance Co., Ltd. from any and all liabilities regarding this accident, and I have no further objections.

此授權書之副本亦如正本一樣具同等效力。
A photocopy of this authorization shall be as valid as the original.

父母 / 法定監護人簽署
Signature Of Parent / Legal Guardian

_____

*請按居民身份證上的簽名式樣簽署
*Please sign according to the signature on your Resident ID card

日期 Date	**聯絡電話 Contact Number**
_____	_____