

學生保險聲明書 Student Insurance Declaration Form

致安達保險澳門股份有限公司 To Chubb Seguradora Macau, S.A:

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 _____.

就是次意外，本人同意如下：（請在適用方格內勾選）

Regarding this accident, I agree to the followings: (please tick the applicable box)

- 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、教育及青年發展局及安達保險澳門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 and Youth Development Bureau, and Chubb Seguradora Macau, S.A 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 : _____