



# Macau Employees' Compensation Claim Form

## 澳門僱員保險索償申請表

This form must be completed truthfully and accurately. If the space is not enough or no applicable field available, please supplement information by attachment.  
請正確填寫此申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.  
各部份之「所需文件」只是概括要求，本公司保留權利在有需要時要求閣下提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請有可能會受延誤或被拒絕。

The completed form should be returned to us together with all supporting documents as soon as possible at the following address:

請填妥索償申請表並連同所有有關文件盡快寄回以下地址：

Claims Department  
AIG Insurance Hong Kong Limited (Macau Branch)

Unit 506, 5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau

Facsimile: 853 2835 5299

Telephone: 853 2835 5602 / 6321 3633

Email address: claim.mo@aig.com

www.aig.com.hk/macau

美亞保險香港有限公司（澳門分行）

賠償部

澳門商業大馬路251A-301號友邦廣場5樓506室

傳真：853 2835 5299

電話：853 2835 5602 / 6321 3633

電郵地址：claim.mo@aig.com

www.aig.com.hk/macau

### Section I - Details of Employer 第一部份 僱主資料

Policy/certificate no. 保單號碼：	Name of employer 僱主名稱：
Mailing address 地址：	
Email address 電郵地址：	Telephone no. 電話號碼：

### Section II - Details of Injured Employee 第二部份 受傷僱員資料

Name of employee 僱員姓名：	ID number 身份證號碼：	Date of birth 出生日期： DD MM YYYY 日 月 年
Sex 性別：	Contact no. 聯絡電話：	Occupation 職業：
Mailing address 地址：		

### Section III - Details of Accident 第三部份 意外詳情

Date and time of accident 意外發生日期及時間：	Place of accident 意外發生地點：
Describe the accident in detail 詳述意外發生情形：	
Nature of injury 受傷情況：	
Result of injury 受傷結果： <input type="checkbox"/> Injury 受傷 <input type="checkbox"/> Death 死亡	
Whether the injured employee was recovered from injury 僱員是否已經康復： <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If Yes, please advise the date of resume duty 如是，請註明復工日期：	
If the injury is due to machinery, Please state 若意外由機器引起，請列出：Type of machinery 機器類別？	
Was the machinery power-driven 機器是否以電力開動？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Was the machinery in motion 機器是否在開動中？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Part causing injury 令僱員受傷之部份？	

## Section IV - Details of Salary/Wages 第四部份 工資資料

For the preceding 12 months or total period of employment of the accident, if less than 12 months, the salary/wages are:  
於意外發生前十二個月內或整段受僱期間內(若少於十二個月)之工資如下:

Preceding 意外發生前	Cash wages (including overtime wages) 現金工資(包括超時工作工資)	Allowance or bonus of constant nature 經常性津貼或獎金	Preceding 意外發生前	Cash wages (including overtime wages) 現金工資(包括超時工作工資)	Allowance or bonus of constant nature 經常性津貼或獎金
First month 第一個月			Seventh month 第七個月		
Second month 第二個月			Eighth month 第八個月		
Third month 第三個月			Ninth month 第九個月		
Fourth month 第四個月			Tenth month 第十個月		
Fifth month 第五個月			Eleventh month 第十一個月		
Sixth month 第六個月			Twelfth month 第十二個月		
			Total 總額		

Average salary/wages including overtime wages 平均工資(包括超時工作工資): MOP 澳門幣 \_\_\_\_\_  Per Day 每日  Per Week 每週  Per Month 每月

Average allowance or bonus of constant nature 平均經常性津貼或獎金: MOP 澳門幣 \_\_\_\_\_  Per Day 每日  Per Week 每週  Per Month 每月

Total總額: MOP 澳門幣 \_\_\_\_\_  Per Day 每日  Per Week 每週  Per Month 每月

## Section V - Declaration and Authorization 第五部份 聲明及授權

- A. The undersigned Insured(s) / Claimant(s) HEREBY DECLARE that to the best of the Insured(s) / Claimant(s)' knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.
- B. In relation to the personal data collected in this claim form, the Insured(s)/Claimant(s) agree and acknowledge that:
- (unless specifically indicated otherwise in this form) the personal data requested in this form (or otherwise provided during the course of the claim process) is necessary for AIG Insurance Hong Kong Limited (Macau Branch) ("AIG Macau Branch") to process the insurance claim and any such data not provided may mean the claim cannot be processed.
  - the personal data collected in this form may be used by AIG Macau Branch for purposes which include 1) assessing, investigation, adjusting and making a decision on this claim; 2) otherwise for the purpose of administering the insured(s)' insurance policy (including pursuing recovery from reinsurers) and 3) for other purposes stated elsewhere in this form.
  - AIG Macau Branch may transfer the personal data to its head office in Hong Kong or to the following classes of persons (whether based in Macau, Hong Kong or other jurisdictions) for the purposes identified in (b) above:
    - third parties providing services related to the administration of the Insured's policy (including reinsurers);
    - financial institutions for the purpose of processing this application and obtaining policy payments;
    - loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
    - another member of the AIG group (for all of the purposes stated in (b)) in any country; or
    - other parties referred to in AIG Macau Branch's Data Privacy Policy for the purposes stated therein.
  - The Insured(s)/Claimant(s) may gain access to, or request correction of their personal data (in both cases, subject to a reasonable fee) at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited (Macau Branch) at Unit 506,5/F, AIA Tower, No 251A-301 Avenida Comercial de Macau or enquiry.mo@aig.com. The full version of AIG Macau Branch's Data Privacy Policy can be found at [www.aig.com.hk/macau](http://www.aig.com.hk/macau).
- C. The Insured(s) / Claimant(s) hereby irrevocably authorize:
- any organization, institution, or individual that has any information, record or knowledge of the Insured(s)' health and medical history or any treatment or advice rendered thereto to disclose to AIG Macau Branch such information, record and knowledge;
  - AIG Macau Branch or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate the Insured(s)' health status in relation to the Claims therein and any matter arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites;
  - the police that has any of the Insured(s)' information to provide AIG Macau Branch with the information including but not limited to the police reports, witness statements, investigation and/or prosecution results;
  - airline(s) that has/have any of the Insured (s)' information to provide AIG Macau Branch with the information including but not limited to flight details, booking details, irregularities reports and all information related to the Insured (s)' bookings; and
  - any organization institution or individual that has any information, record or knowledge of the Insured(s)' travel record to disclose to AIG Macau Branch such information, record and knowledge.
- This authorization shall bind the Insured(s) / Claimant(s)' successors and assigns and remain valid notwithstanding the Insured(s) / Claimant(s)' death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

- A. 於本案申請表簽署之受保人 / 索償申請人謹此聲明盡其所知所信，上述所申報的一切資料均屬正確無誤，並無任何保留。
- B. 就有關此索償申請表所收集的個人資料，受保人 / 索償申請人同意及確認：
- 除非於本表格上另有訂明，本表格所要求提供的個人資料(或於處理索償時所要求提供的個人資料)是供美亞保險香港有限公司(澳門分行) ("美亞保險澳門分行") 處理保險索償申請的所需資料，若未能提供任何所需資料索償申請則可能不被處理；
  - 美亞保險澳門分行可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括：1) 評核、調查、調整及就此索償申請作出決定；2) 管理受保人的保單(包括向再保險公司索取賠償)及3) 任何於本表格其它位置列明的目的；
  - 美亞保險澳門分行亦可向其位於香港的總公司或以下類別的人士(不論在澳門、香港或其它地區)轉交該些個人資料，作上述(b)項所列明之用途：
    - 提供有關本人 / 吾等保單管理服務的第三者(包括再保險公司)；
    - 財務機構，作處理此申請及收取保費；
    - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
    - 其它在任何國家之AIG集團之成員公司，作上述(b)項所列明之用途；或
    - 其它於美亞保險澳門分行私隱政策所列明的人士，作於私隱政策列明之用途。
  - 受保人 / 索償申請人可隨時致函到美亞保險香港有限公司(澳門分行)之私隱事務主任(地址: 澳門商業大馬路251A-301號友邦廣場5樓506室或電郵: enquiry.mo@aig.com) 查閱、或要求修改其個人資料(美亞保險澳門分行可就查閱及修改要求收取合理費用)美亞保險澳門分行私隱政策的全文載於[www.aig.com.hk/macau](http://www.aig.com.hk/macau)。
- C. 受保人 / 索償申請人茲授權：
- 任何知悉或擁有受保人之健康狀況及病歷或任何治療或諮詢記錄或資料及曾為或將為受保人診治之機構、組織或人士，向美亞保險澳門分行透露有關資料及記錄；
  - 美亞保險澳門分行或任何其認可之驗身醫生或化驗所，替受保人進行所需之醫療評估及測試，並對受保人之健康狀況進行審核及評估，作為處理本案申請及其後與之有關的賠償事宜。此等化驗包括，但並不限於膽固醇及有關之血脂、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏之病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝產物之含量等化驗；
  - 警方向美亞保險澳門分行提供有關受保人之任何資料包括但不限於警察報告、証人口供、調查及 / 或檢控結果；
  - 航空公司向美亞保險澳門分行提供有關受保人之任何資料包括但不限於航班資料、訂位資料、違規報告及所有有關受保人之訂位資料；及
  - 任何知悉或擁有受保人之出入境資料紀錄之機構、組織或人士向美亞保險澳門分行透露有關資料及紀錄。
- 此授權書不得撤回。在法律許可下，即使受保人 / 索償申請人死亡或喪失能力，此授權書仍然存在法律效力，而受保人 / 索償申請人之繼承人及轉讓人亦會受此授權書約束。此授權書之副本與正本均屬有效。

僱主簽署及蓋章 Employer's signature & chop :	僱員簽署 Employee's signature :
Date日期:	
DD 日	MM 月
YYYY 年	