



**學生保險申請表 Student Insurance Requisition Form**

致 To: 學生事務部 Student Affairs Office

由 From: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

電郵 E-mail: \_\_\_\_\_ 聯絡電話 Contact No.: \_\_\_\_\_

**活動資料 Activity Details**

出發日期 Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

回程日期 Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

地點 Destination: \_\_\_\_\_ 學生人數 No. of Student: \_\_\_\_\_

活動簡介 Activity Description : \_\_\_\_\_

**學生資料 Student Information**

姓名 Name	學生證號碼 Student Number	姓名 Name	學生證號碼 Student Number

如欄位不夠，請另加紙填寫。Please write on another sheet of paper if blanks are not enough.

- 注意：**
1. 本澳境內活動的學生保險不需提出安排要求，因已自動受理。
  2. 有關教/職員的保險安排，請聯絡人力資源處。
  3. 學生保險的申請須於出發前四個工作日提交。
  4. 此保險申請包括旅遊保險（不多於三十天）及個人意外保險，詳情請查閱“學生外出活動之保險申請指引”（S-019/G/SRS）。
  5. 巴郡保險全球 24 小時緊急支援熱線：(852) 2861 9232

- Note:**
1. Activities within Macau Border do not require student insurance arrangement, it will be automatically accepted by insurance company.
  2. For staff insurance arrangement, please contact Human Resources Section.
  3. The student insurance [Travel Insurance (not more than 30 days) and Personal Accident] application should be submitted 4 working days before departure.
  4. This insurance application includes Personal Accident Insurance and Travel Insurance, please refer to the “Guidelines on the Insurance for Students’ Non-local Trips” (S-019/G/SRS) for details.
  5. Berkshire Hathaway Specialty Insurance Worldwide 24 hours Emergency Assistance Hotline: (852) 2861 9232

**收集個人資料聲明**

**Personal Data Collection Statement**

- 澳門大學根據第 1/2006 號法律作為一所公立高等教育機構，將處理在本表格內所收集的個人資料作舉辦活動、提供服務及聯絡之用。  
The University of Macau being a public institution of higher education as set in Law No. 1/ 2006, will process the personal data collected on this form for activity organization, service providing and contact purposes.
- 基於活動或服務所需，上述個人資料有可能轉交本澳或外地相關機構。  
Due to the needs of the activity or service, the personal data on this form may be transferred to other organizations in or outside Macao.
- 申請人有權依法申請查閱、更正或更新其存於本校的個人資料。  
The applicants have the right to access, rectify or update their personal data stored at UM.

申請人簽署

Requestor's signature

院長/中心主任/部門主管簽署及印章

Endorsement by Dean/Director/Head of Unit & chop