

## School Insurance for Non-Tertiary Education Student Loss Discharge Declaration

To : Luen Fung Hang Insurance Company Limited

I/We \_\_\_\_\_ (name of guardian/legal guardian),  
holder of identity card no. : \_\_\_\_\_, hereby declare I/we am/are the guardian/legal  
guardian of \_\_\_\_\_ (name of student) (student's  
identity card no.: \_\_\_\_\_), studying at \_\_\_\_\_ (name of  
school), who has sustained injury on \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) while in the course of and  
arising out of school accident, has been fully recovered from such injury. The relevant medical  
receipts and documentations are enclosed herewith as below :

1. Original medical receipt<sup>1</sup>: total no. \_\_\_\_ of copies, total amount in (MOP)\$\_\_\_\_\_,  
being full amount of all losses sustained in such accident.
2. Original medical certificate (including diagnosis): total no. \_\_\_\_\_ of copies.
3. Original medical certificate of recovery: total no. \_\_\_\_\_ of copies.

I/We hereby confirm the student has / has not (please circle as applicable) received medical treatment  
or consultation in Conde S. Januário Hospital Macau during the period from  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) due to the above-mentioned  
school accident and the incurred medical expenses with Conde S. Januário Hospital Macau have  
already (receipts included in the above item no.1) / not yet (please circle as applicable) been settled  
by me/us.

I/We further confirm the payment preference to receiving the claim amount for above school  
accident (please complete and ✓ where appropriate).

- ☐ selected as : Transfer to bank in Macau \_\_\_\_\_ ( bank name) , account  
no. : \_\_\_\_\_ ;
- ☐ selected as : Cheque , payee \_\_\_\_\_ ;
- ☐ change as : Transfer to bank in Macau<sup>2</sup> \_\_\_\_\_ ( bank name), account  
no. : \_\_\_\_\_ ;
- ☐ change as : Cheque<sup>3</sup>, payee \_\_\_\_\_.

I/We declare and agree to discharge the above-mentioned school, Education and Youth Affairs  
Bureau and Luen Fung Hang Insurance Company Limited from and for any liabilities resulting from  
the school accident upon payment of the above claim amount has been received.

Signature of guardian/legal guardian

\_\_\_\_\_  
\* Please sign according to ID's signature specimen

Date : \_\_\_\_\_

Tel. no. : \_\_\_\_\_

Remarks : 1. Please provide examination report and reference letter issued by medical practitioner if examination of X ray etc. and  
physiotherapy consulted. Any reissued, reprinted, republished or reproduced forms shall be recognized as copies only. ;  
2. For change as Transfer to bank, please provide account passbook copy. ;  
3. For change as Cheque, please provide identity document copy of payee.

Personal Information Collection Statement: The personal information provided in this accident report will only be used for the purposes  
directly related to the accident report for submission of a claim.