

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: 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 (delete the one not 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 (delete the one not applicable) been
settled by me/us.

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. : _____