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美國國際集團 (AIG) 為全球保險業界之翹楚。建基於100年的經驗，時至今日AIG成員公司為80多個國家和地區的客戶提供廣泛的財產保險、人壽保險、退休產品及其他金融服務。這些多樣的產品及服務幫助企業和個人保護其資產、管理風險和提供退休保障。AIG 的股票在紐約證券交易所上市。

美亞保險香港有限公司為美國國際集團 (AIG) 成員。

本公司相關資料，詳列於本公司網站
www.aig.com | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance)
www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig

AIG 為美國國際集團之全球產物保險、壽險與退休險及保險營運之行銷品牌。更多有關資訊，請造訪集團網站 www.aig.com。美國國際集團的各項保險產品與服務是透過其子公司或關係企業提供，但並非於所有國家及地區皆有提供，且實際承保範圍應以保單條款為準。非保險之產品與服務可能由獨立第三方提供。特定財產傷害承保可能由其他保險公司提供，而該類公司一般不參與國家擔保資金，因此受保人不受該類資金保護。



AIG Insurance Hong Kong Limited (Macau Branch)
Unit 506, 5/F, AIA Tower,
No. 251A-301, Avenida Comercial de Macau
美亞保險香港有限公司 (澳門分行)
澳門商業大馬路251A至301號友邦廣場5樓506室

Holline 客戶熱線: 2835 5602 / 6321 3633 / 0800227
Fax 傳真號碼: 2835 5299
Email 電郵: enquiry.mo@aig.com
Website 網站: www.aig.com.mo

Personal Insurance
個人保險



Claim Procedure
索償程序



This brochure provides only a summary of the policy benefits. Coverage under the policy shall be subject to the terms, conditions and exclusions of the policy. A copy of the policy is available from AIG Insurance Hong Kong Limited. 本單張僅提供保單摘要，有關保單條款及不承保事項請參看保單條款及細則。如需要保單條款及細則，歡迎向本公司索取。







Golf Insurance




高爾夫球保障計劃

Discount offer for
Macau Golf & Country Club Members

澳門高爾夫球鄉村俱樂部
會員專享折扣優惠



Summary of Coverage 保障範圍		Maximum Limit per year (MOP\$) 每年最高保障額 (澳門幣\$)	
		Standard Plan 基本保障	Deluxe Plan 超級保障
 1. Third Party Legal Liability 第三者公眾法律責任	<p>Covers legal liability to third party for accidental bodily injury and/or damage to property while playing or practicing golf at any regulated golf course, subject to Macau laws and jurisdiction. (Property damage deductible of MOP\$500 in respect of each and every loss) 於認可高爾夫球會中練習或打球時因意外導致第三者受傷及/或財物損毀之法律責任，並以澳門法律為準。 (投保人須自負每次財物索償之首MOP\$500)</p>	\$3,000,000	\$6,000,000
 2. Damage to Clubs and Loss of Personal Effects 個人財物	<p>Covers accidental damage to clubs and loss of golf bags, trolleys and personal effects, caused by insured perils at regulated golf course. 於認可高爾夫球會內因承保風險而損毀球桿、或損失球袋、高爾夫球手推車及隨身私人物品。</p>		
 3. Hole-In-One 一桿入洞	<p>Indemnifies you for expenses incurred for hospitality as a result of scoring a hole-in-one at any regulated golf course with a par of 65 or more. 於認可高爾夫球會內 (以多於標準桿65桿或以上設計為準) 創下一桿入洞的佳績，支付所需的祝捷費用。</p>	\$15,000	\$20,000
 4. Personal Accident 個人意外 (Age Limit 受保年齡：16-65)	<p>Covers accidental death and disablement which you may suffer while playing or practicing golf at any regulated golf course. 於認可高爾夫球會中練習或打球時因意外導致身故或傷殘。</p>	\$300,000	\$600,000

	Standard Plan 基本保障	Deluxe Plan 超級保障
Minimum Premium (MOP\$) 最低保費額 (澳門幣\$)	\$300	\$680
Family Extension 加購家庭成員計劃保障 	Standard Plan 基本保障	Deluxe Plan 超級保障
Minimum Premium per member (MOP\$) 每位家庭成員的最低保費(澳門幣\$)	\$150	\$150
Discount offer for Macau Golf & Country Club Members 澳門高爾夫球鄉村俱樂部會員 專享折扣優惠	Standard Plan 15% off 基本保障 85折	Deluxe Plan 20% off 超級保障 8折
<p>The "Family Extension" is only available to the following immediate family members who are living in the same household: 家庭計劃成員須為與閣下同住的以下人士：</p> <ol style="list-style-type: none">1) Spouse 配偶；2) Children (aged 3 or above) 子女 (年齡為3歲或以上)；3) Parents / Parents-in-law 父母 / 配偶父母；4) Siblings (aged 3 or above) 兄弟姊妹 (年齡為3歲或以上)。 <p>The coverages and limits of your Golf Policy will remain unchanged. 保單的保障範圍及保額均維持不變。</p>		
<p>Note 注意:</p> <ol style="list-style-type: none">1. Professional golfer is not covered under this plan. 此保障計劃不承保職業高爾夫球員。2. The Proposer must be (1) a Macau resident and is normally residing in Macau, or (2) a holder of a valid identification document issued by the Macau government to allow the Proposer to normally reside in Macau during the policy period. 投保人必須(1)為澳門居民及經常居住於澳門，或(2)持有由澳門政府簽發的有效身份證明文件以容許該投保人於保單有效期間經常居住於澳門。3. The Proposer must be aged 18 or above. (For Personal Accident coverage, age limit is from 16 to 65.) 投保人必須年滿18歲或以上 (個人意外保障受保年齡為16至65歲)。4. The benefit for "Hole-In-One" is limited to one hospitality for each hole-in-one scoring 每次 "一桿入洞" 之獎賞只限於一次祝捷飲食之費用。5. Except for Children and Siblings, who must in each case be aged 3 or above, we accept insureds at any age. However, in such case, if the age of an insured is less than 16, or at 66 or above, Golf Insurance Section 4 – Personal Accident cover will be excluded from that insured person. Please refer to Golf Insurance Policy wordings for details. 除子女及兄弟姊妹須各自為3歲或以上，參與計劃的家庭成員並沒有年齡限制。如受保人的年齡在 16-65 歲的範圍以外，高爾夫球保障計劃中第四項「個人意外保障」將不適用於該受保人。詳情請參閱保單條款內容及細則。		
<p>澳門高爾夫球 鄉村俱樂部會員 專享折扣 頁面連結</p> 		
<p>Macau Golf & Country Club Members' discount offer</p> 		

Golf Insurance Proposal Form
(For Macau Golf & Country Club Members)

高爾夫球保障計劃投保表格

(澳門高爾夫球鄉村俱樂部會員專用)

Information of the Proposer 投保人資料 (USE BLOCK LETTER 請以英文正楷填寫)

Macau Golf & Country Club Member No.:
澳門高爾夫球鄉村俱樂部會員編號: _____

Name 姓名: _____

Macau ID Card No. 澳門身份證號碼: _____ () Sex 性別: _____

Occupation 職業: _____

Email 電郵地址: _____

*Date of Birth(MM/DD/YYYY) *出生日期 (月/日/年): _____

*Please note: Section 4 Personal Accident cover will be excluded for insured(s) whose age is less than 16, or at 66 or above.
*請注意: 如受保人的年齡在 16-65 歲的範圍以外, 高爾夫球保障計劃中第四項「個人意外保障」將不適用於該受保人。

Home Tel. No. 住宅電話號碼: _____

Mobile Phone No. 手提電話號碼: _____

Mailing Address 通訊地址: _____

Policy Effective Date 保單生效日期

From 由 _____ - _____ (MM月/DD日/YYYY年)
(Backdating is not allowed. 不可追溯保單生效日期)

Please choose the appropriate coverage package

請選擇以下一項保障:

<input type="checkbox"/> Standard Plan MOP\$300	基本保障	<input type="checkbox"/> Deluxe Plan MOP\$680	超級保障
<input type="checkbox"/> Family Extension Per Person 每位 MOP\$150	加購家庭成員計劃保障	x _____	Person 人

Total Premium 保費總額	MOP\$	Discounted Premium 折扣後保費	MOP\$
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Please answer the following questions 請回答下列問題:

1. Have you had a “hole-in-one” during the past three years? If “Yes”, please state golf course(s) and date(s). (MM/DD/YYYY) 閣下曾否於過去三年內創下一桿入洞的佳績? 如「是」者, 請述球會名稱及日期(月/日/年)。	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
2. Have you sustained any loss, damage, liability or accident indemnified under any golf insurance cover during the past three years? 閣下曾否在過去三年內, 因遺失、損毀、法律責任或意外而於任何高爾夫球保險計劃提出索償?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer “Yes” to any of the above, please give details on separate sheet.
如以上問題之答案為「是」者, 請另加紙說明。

Family Extension 加購家庭成員計劃保障

1	Family member’s Name 家庭成員英文姓名
	Macau ID No. / Passport No. 澳門身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
	Relationship 與閣下的關係

2	Family member’s Name 家庭成員英文姓名
	Macau ID No. / Passport No. 澳門身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
	Relationship 與閣下的關係

3	Family member’s Name 家庭成員英文姓名
	Macau ID No. / Passport No. 澳門身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
	Relationship 與閣下的關係

4	Family member’s Name 家庭成員英文姓名
	Macau ID No. / Passport No. 澳門身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
	Relationship 與閣下的關係

5	Family member’s Name 家庭成員英文姓名
	Macau ID No. / Passport No. 澳門身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
	Relationship 與閣下的關係

Payment Method 保費付款方式

Payment by Cheque 支票付款

Cheque should be crossed and
made payable to: “AIG Insurance Hong Kong Limited (Macau Branch)”
劃線支票抬頭請註明「美亞保險香港有限公司 (澳門分行)」。
Cheque No. 支票號碼: _____

Bank 銀行: _____

Payment by Bank Transfer 銀行入數

Please provide bank transfer slip or record. 請提供銀行入數收據或記錄。
BANK NAME 銀行名稱: OCBC WING HANG BANK LTD
A/C NO 戶口號碼: 780199-001 (MOP)
A/C NAME 戶口名稱: AIG INSURANCE HONG KONG LIMITED (MACAU BRANCH)

Declaration 聲明

1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.
本人/吾等同意如本文之譯本於意義上遇到任何爭議時, 一概以英文版本為準; 本人/吾等同時明白保險契約只會以英文發出, 並會於本申請獲接納及核實時生效。

2. I/we agree that AIG Insurance Hong Kong Limited (Macau Branch) (hereinafter called “AIG Macau Branch”), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Macau Branch, the policy will become effective.
本人/吾等同意美亞保險香港有限公司 (澳門分行) (以下簡稱為「美亞保險澳門分行」), 保留一切接納申請與否之權利; 並明白申請經美亞保險澳門分行接納及批核後, 保障才正式生效。

3. I/we agree that this Proposal Form shall be the basis of the insurance contract between me/us and the insurer, AIG Macau Branch. I/we declare that the statements made in this Proposal Form are true, correct and complete to the best of my/our knowledge and belief.
本人/吾等同意此投保表格為本人/吾等與美亞保險澳門分行訂立保險契約之根據。本人/吾等特此聲明此投保表格內所填報之資料, 據本人/吾等所知並確定全部正確無訛、完整及足夠。

4. I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) contained in this application or collected, obtained, compiled or held by AIG Macau Branch by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by AIG Macau Branch for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that AIG Macau Branch may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with AIG Macau Branch and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by AIG Macau Branch in each case whether within or outside of Macau, for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to AIG Macau Branch in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by AIG Macau Branch. Such request can be made to Data Privacy Officer at Unit 506, S/F, AIA Tower, No. 251A-301, Avenida Comercial de Macau. If I/We do not wish to receive marketing information or materials, I/We will send an opt-out notice to AIG Macau Branch, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst AIG Macau Branch’s associated partners for reference.
本人/本公司現聲明並同意美亞保險澳門分行可使用、保留、處理、儲存、轉交、透露及/或共用美亞保險澳門分行所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/本公司的個人資料或其他有關本人/本公司的保單的資料, 用作處理、管理、落實及實行在此申請表所載或本人/本公司從任何其他申請表所提出之要求, 及介紹或提供其稍後或其他的服務或產品予本人/本公司、直接促銷、資料核對及/或聯絡本人/本公司之用途。本人/本公司再聲明並同意美亞保險澳門分行可向與美亞保險澳門分行有關的澳門或海外人士、團體及/或機構及/或任何被選的第三機構 (包括並不限於再保險及賠償調查公司, 及有關的行業協會/ 聯會、基金管理公司、金融機構或提供有關服務之公司) 轉交、透露、授權取得或共用本人/本公司之個人或其他資料, 用作以上列明之用途及/或美亞保險澳門分行業務運作之用, 包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/本公司明白到本人/本公司有權向美亞保險澳門分行查閱及申請更改美亞保險澳門分行儲存或管理與本人/本公司有關的個人資料。有關的申請可致函澳門商業大馬路251A至301號友邦廣場5樓506室個人資料管理員辦理。若本人/本公司不想收到美亞保險澳門分行的銷售資料或刊物, 本人/本公司會發出信函通知美亞保險澳門分行, 而本人/本公司的個人或其他資料會存於美亞保險澳門分行之中央資料庫內的非聯絡客戶名單, 並會供美亞保險澳門分行及有關人士/機構作參考。

Signature of Proposer 投保人簽署 _____ Date 日期(MM月/DD日/YYYY年)

For office use only 公司專用	
Producer Name	MACAU GOLF & COUNTRY CLUB
Producer Code	64962-010
Producer Contact Tel. No.	

GOLF (MGCC) 04/2022