

聲明書

Declaration

本人 _____，持澳門居民身份證編號 _____，

聯絡電話 _____，因遇意外而申請疾病津貼。本人聲明是次意外不屬於本人故意造成，亦不屬於工作意外或由第三人之行為所引致且應由其負責賠償的情況，是次意外不會獲得僱主或勞工保險賠償，亦不會獲得第三人負責的賠償。本人清楚明白，若是次意外可獲得賠償，無權收取疾病津貼。故承諾日後若因是次意外而獲得任何賠償，必須立刻向社會保障基金退還已收取之疾病津貼。

I, _____, holder of Macao SAR Resident ID Card no. _____, contact no. _____, apply for sickness allowance because I had an accident. I hereby declare that this accident does not belong to a case caused deliberately by myself, or a work-related accident or an accident caused by the act of a third party who shall be liable for the indemnity. I will not receive any compensation from my employer or from labour insurance, and I will not receive any compensation for which a third party shall be liable. I clearly understand that I am not entitled to receive sickness allowance if I can receive a compensation for this accident. Therefore, I promise that if I receive any compensation for this accident in the future, I must immediately return to the Social Security Fund the amount that I received for my sickness allowance.

本人清楚明白如作虛假聲明須負上刑事責任。

I clearly understand that if I make a false statement, I shall be held criminally responsible for the act that I committed.

此致

澳門特別行政區政府

社會保障基金

To: Government of the Macao SAR, Social Security Fund

聲明人

Declarant

日期： _____ 日 / _____ 月 / _____ 年
Date: _____ day / _____ month / _____ year

簽名 (須與身份證明文件一致)

Signature (must be consistent with the signature on the identification document)

注意：根據第 4/2010 號法律社會保障制度第 43 條第 3 款，在下列情況下，不予發放疾病津貼：a) 因工作意外或職業病造成的損害；b) 由第三人的行為所引致且應由其負責賠償之疾病；c) 由受益人本身故意造成之疾病。

Note: According to paragraph 3 of Article 43 of Law 4/2010, Social Security System, the sickness allowance is not paid in the following cases: a) Harm caused by work accidents or occupational diseases; b) Diseases caused by the act of a third party who shall be liable for the indemnity; c) Diseases deliberately caused by the beneficiary himself/herself.

倘不作上述聲明，請說明原因：

If you do not make the above statement, please state the reason:

本人 _____，持澳門居民身份證編號 _____，

I, _____, holder of Macao SAR Resident ID Card no. _____,

聯絡電話 _____，因下列原因不作上述聲明：

contact no. _____, do not make the above statement because of the following reason:

日期： _____ 日 / _____ 月 / _____ 年
Date: _____ day / _____ month / _____ year

簽名 (須與身份證明文件一致)

Signature (must be consistent with the signature on the identification document)