

From: AMCM(DSG)_Insurance Supervision Department
Sent: Wednesday, August 6, 2025 5:40 PM
To: joaolao2020@gmail.com
Subject: AMCM_公眾諮詢及意見

REF:DSG_2025/320

劉先生台鑒：

頃接 閣下 2025 年 7 月 4 日致行政長官辦公室的電郵查詢，本局現作出回覆如下：

特區政府於 2012 年透過第 9/2012 號法律設立《存款保障制度》，向存款人在每家銀行的存款提供上限為 50 萬澳門元的保障。為了向存款人提供更好的保障，特區政府自 2024 年 10 月 1 日起，將補償金額上限提升至 80 萬澳門元，而根據提升後的補償金額上限計算，存戶保障覆蓋比率由 93.6% 上升至 95.6%，反映《存款保障制度》在 80 萬澳門元的補償金額上限下，為存款人提供了更佳且符合國際組織所提倡的保障水平。

關於 閣下所提及保險產品的監管事宜，根據經第 21/2020 號法律修改，以及由第 229/2020 號行政長官批示重新公佈全文的六月三十日第 27/97/M 號法令《保險業務法律制度》第五十五條的規定，獲許可之保險公司應備有直接用於其所經營事業之財務擔保。此外，按照本局第 014/2021-AMCM 號通告《人壽保險產品管治指引》的要求，保險公司必須設立產品審批委員會，確定承擔保險產品風險所需的充足資本，以及確保遵守所有適用的法律和法規的要求。另一方面，根據本局第 012/2017-AMCM 號通告《人壽保險產品（類別 C 產品除外）利益說明指引》的規定，人壽保險產品的利益說明必須清楚地區分保證利益和非保證利益，並須闡釋在指定情景下非保證利益的變動情況。同時，保險公司亦必須披露分紅壽險非保證利益的過往履行比率和萬用壽險的過往派息率。本局嚴格要求保險業界恪守客公平原則，以保障保單持有人的合法權益。

倘 閣下有任何疑問，請聯絡銀行監察廳（電話：2856 8856）或保險監察廳（電話：8395 2280）。

謹此奉函。順頌
台祺

澳門金融管理局

Verification of Attendance Form
for Continuing Professional Education Activities

Name: Ka Man Simon Leung	Certification Number: 232287608
Title of Program/Course Attended: MOCTF 2024 - CTF Award and Sharing Session	
Date(s): 06/07/2024	CPE Hours Earned: 3
Name of Sponsoring Organization: MOCTF	
Description: Open Group Sharing and Award	
Location: Macau CEAP	
Name of Verifier or Presenter: <i>Macau CTF</i>	
Signature of Verifier or Presenter: <i>Macau CTF boards info@macuctf.com</i>	

Instructions: Please complete all fields. Field descriptions are listed below.

Name: Name of individual claiming CPE Hours.

Certification Number: Certification Number of the applicable certification.

Title of Program/Course Attended: The title/name of the program, course or event for which CPE has been claimed.

Date(s): The dates for which the claimed program, course or event took place.

CPE Hours Earned: The number of CPE hours earned during the program, course or event.

Name of Sponsoring Organization: The name of the organization, company, school or group that held the program, course or event.

Description: A brief description of the program, course or event.

Location: Location that the program, course or event was completed.

Name of Verifier or Presenter: Name of the individual who is confirming completion of the program, course or event.

Signature of Verifier or Presenter: Signature of the individual who is confirming completion of the program, course or event.

Verification of Attendance Form
for Continuing Professional Education Activities

Name: Ka Man Simon Leung	Certification Number: 232287608
Title of Program/Course Attended: MOCTF 2025 - Sharing Session OSINT and AI	
Date(s): 06/07/2025	CPE Hours Earned: 1
Name of Sponsoring Organization: MOCTF	
Description: Open Group Sharing for AI and OSINT	
Location: Macau CEAP	
Name of Verifier or Presenter: Moctf CTF	
Signature of Verifier or Presenter:	
 boards 	

Instructions: Please complete all fields. Field descriptions are listed below.

Name: Name of individual claiming CPE Hours.

Certification Number: Certification Number of the applicable certification.

Title of Program/Course Attended: The title/name of the program, course or event for which CPE has been claimed.

Date(s): The dates for which the claimed program, course or event took place.

CPE Hours Earned: The number of CPE hours earned during the program, course or event.

Name of Sponsoring Organization: The name of the organization, company, school or group that held the program, course or event.

Description: A brief description of the program, course or event.

Location: Location that the program, course or event was completed.

Name of Verifier or Presenter: Name of the individual who is confirming completion of the program, course or event.

Signature of Verifier or Presenter: Signature of the individual who is confirming completion of the program, course or event.

Verification of Attendance Form
 for Continuing Professional Education Activities

Name: Ka Man Simon Leung	Certification Number: 232287608
Title of Program/Course Attended: 2024 ISACA Macao Chapter Annual General Meeting	
Date(s): 11/29/2024	CPE Hours Earned: 3
Name of Sponsoring Organization: ISACA Macao Chapter	
Description: ISACA Macao Chapter annual meeting	
Location: Rio Hotel Macao	
Name of Verifier or Presenter: Terry Cheung	
Signature of Verifier or Presenter:	

Instructions: Please complete all fields. Field descriptions are listed below.

Name: Name of individual claiming CPE Hours.

Certification Number: Certification Number of the applicable certification.

Title of Program/Course Attended: The title/name of the program, course or event for which CPE has been claimed.

Date(s): The dates for which the claimed program, course or event took place.

CPE Hours Earned: The number of CPE hours earned during the program, course or event.

Name of Sponsoring Organization: The name of the organization, company, school or group that held the program, course or event.

Description: A brief description of the program, course or event.

Location: Location that the program, course or event was completed.

Name of Verifier or Presenter: Name of the individual who is confirming completion of the program, course or event.

Signature of Verifier or Presenter: Signature of the individual who is confirming completion of the program, course or event.