

Motor Theft Insurance Claim Application Form

汽(機)車竊盜險理賠申請書

PERSONAL INFORMATION 基本資訊

Insured Information 被保險人資訊

* Name 姓名		* License Plate No. 車牌號碼	
* Mobile 行動電話		* Address 通訊地址	□□□

Last Driver Information Before Theft 被竊前最後駕駛人資訊

* Name 姓名		* ID/ ARC/ Passport No. 身分證字號/居留證號/護照	
* Date of Birth 出生日期		* Occupation 職業	
* Marital Status 婚姻	<input type="checkbox"/> Married 已婚 <input type="checkbox"/> Single 未婚	* Nationality 國籍	<input type="checkbox"/> Domestic 本國 <input type="checkbox"/> Foreign 外國
* Gender 性別		* Type of Driver's License 駕照種類	
* Issue Date of Driver's License 發照日期			

Relationship 與車主關係

<input type="checkbox"/> Same as the vehicle owner (Contact information below is not required) 同車主(免填下列聯絡資訊)			
<input type="checkbox"/> Relationship to owner _____ and fill in the following contact information 不同車主，與車主關係為 _____，並填寫下列聯絡資料			
* Driver's Mobile 駕駛人行動電話		* Address 駕駛人通訊地址	□□□

ACCIDENT INFORMATION 事故資料

* Time of Theft Discovery 發現被竊時間	(YYYY/MM/DD HH:MM)	* Time of Reporting to Police 報案時間	
* Location of Theft 被竊地點	□□□		
Incident Handling Method 報案處理方式		<input type="checkbox"/> On-Site 現場處理 <input type="checkbox"/> Record 備案	

Police Information 警方資料

* Precinct 交通隊分局		* Station 派出所	
* Police Officer's Name 警員姓名		* Phone 電話	

Additional Illustration (Contact information below is not required)

其他說明(上述未盡事項，請說明於下)

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PERSONAL INFORMATION STATEMENT 個資聲明

Notice of Collection, Processing, and Use of Insured's Personal Data
(This notice is issued in accordance with Article 8, Paragraph 1 of the Personal Data Protection Act)

Fubon Insurance Co., Ltd (hereinafter referred to as "Fubon Insurance") collects, processes, or uses your medical records, medical information, or other verification data related to the incident in order to assess the performance of our claim obligations, handle reinsurance, or conduct risk assessments, all for the purpose of executing insurance business. Fubon Insurance will only collect personal data necessary for the aforementioned business. Such data will be processed or used during the retention period required by the purpose of collection and the period for performing business according to legal requirements. Your personal data may be processed or used outside of the country for the purposes of overseas emergency assistance services, reinsurance business, or outsourced operations. Otherwise, your personal data will only be used in electronic or paper form within the country by Fubon Insurance and uploaded to the insurance inquiry system managed by the Non-Life and Life Insurance Associations. The data may also be processed and used by Fubon Insurance's outsourced contractors, Taiwan Insurance Institute, the Financial Ombudsman Institution, legally authorized investigative bodies, or financial regulatory authorities.

While Fubon Insurance holds your personal data, you may visit any of our service centers or contact our toll-free customer service hotline to inquire, request to view, or obtain copies of your personal data. If your personal data is incorrect or incomplete, you may submit a written request for supplementation or correction, but you are required by law to provide appropriate reasons. If there are any other concerns, you may also notify Fubon Insurance in writing to cease the collection, processing, use, or deletion of your personal data. However, if the personal data provided is incomplete, Fubon Insurance may be unable to conduct the necessary review and processing. As a result, there may be delays or an inability to provide you with services or benefits.

For detailed information, please refer to the official website of Fubon Insurance Co., Ltd. (<http://www.fubon.com/>)

Authorization Letter 同意授權書

I understand and agree to authorize your company to fully handle the settlement of third-party property losses within the scope of insurance coverage when legally responsible for third-party property losses arising from this accident. However, this authorization does not extend to cases involving casualties.

* Insured Person 被保險人簽章		Applicant 申請人簽章	
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Legal Guardian or legal Representative 法定代理人簽章	
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Deliverer (Witness) 送件人員(見證人)

* Signature 簽章		Mobile 行動電話	
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Registration card number / ID No. 登錄證號 / 身分證字號	
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The authenticity of the beneficiary's signature on this application form, or the copy of their ID card, has been witnessed by me, and I guarantee that there are no other false statements.

Date _____

RECEIVING INFORMATION 收件資訊

To be Completed by Company Representative 以下由本公司經辦人填寫

Claim No. 賠案號碼		Date of acceptance 接案日期		For Cross-Selling Desk Use Only 跨售窗口專用	
Claim Adjuster 理賠人員		Receivers 接案人員		Date 日期	Personnel 人員