

Motor Insurance Claim Application Form

汽(機)車險理賠申請書

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	□□□

Driver Information 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 事故時間	(YYYY/MM/DD HH:MM)	* Location 事故地點	
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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	

How Did the Accident Occur? (Check All if Apply) 事故是如何發生的? (複選)

1. <input type="checkbox"/> Property Damage 不明受損	2. <input type="checkbox"/> Self-inflicted Damage 自行撞毀	3. <input type="checkbox"/> Collision with Another Vehicle 與他車碰撞
4. <input type="checkbox"/> Casualties 人員傷亡	5. <input type="checkbox"/> Parts Theft 零件被竊	6. <input type="checkbox"/> Other Non-Vehicle Property Damage 其他非車輛財損 _____

Who Was Affected by the Accident? (Check All if Apply) 誰在事故中受到損害?(複選)

Casualties 人員傷亡		
1. <input type="checkbox"/> Driver of Insured Vehicle 本車駕駛	2. <input type="checkbox"/> Passenger of Insured Vehicle 本車乘客	3. <input type="checkbox"/> Driver of Other Party's Vehicle 對方車駕駛
4. <input type="checkbox"/> Passenger of Other Vehicle 對方車乘客	5. <input type="checkbox"/> Other Relevant Individuals 其他相關人	
Vehicle Damage 車輛受損		
1. <input type="checkbox"/> Insured Vehicle 本車	2. <input type="checkbox"/> Other Party's Vehicle 對方車	3. <input type="checkbox"/> Other Property Loss 其他財物損失

Other Party's Vehicle 對方車輛

Driver's Name 駕駛人姓名		Plate No. 車號		Mobile 手機	
Driver's Name 駕駛人姓名		Plate No. 車號		Mobile 手機	

Casualties 人員傷亡

Injured Party's Name 受害人姓名		Vehicle Occupied 乘坐車號		Mobile 手機	
Injured Party's Name 受害人姓名		Vehicle Occupied 乘坐車號		Mobile 手機	

Vehicle Use at the Time of the Accident? 事故當下本車的使用情形

1. <input type="checkbox"/> Work 工作	2. <input type="checkbox"/> Commute 通勤	3. <input type="checkbox"/> Leisure(Travel) 休閒旅遊	4. <input type="checkbox"/> Daily Use 日常生活使用
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Causes of Accident (Check All if Apply) 事故發生原因(複選)

1. <input type="checkbox"/> Rear-end Collision 追撞	2. <input type="checkbox"/> Reversing 倒車	3. <input type="checkbox"/> Lane Change 變換車道
4. <input type="checkbox"/> Intersection 路口(轉彎)	5. <input type="checkbox"/> Traffic Signal Factor 號誌因素	6. <input type="checkbox"/> Opening Door 開啟車門
7. <input type="checkbox"/> Others 其他 _____		

Additional Illustration (Contact information below is not required)

其他說明(上述未盡事項, 請說明於下)

PERSONAL INFORMATION STATEMENT 個資聲明

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

Fubon Insurance Co., Ltd (hereinafter referred to us "Fubon Insurance") collects, process, 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 from 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, or 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 Fubon Insurance Co., Ltd official website (<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)

* Submitter's 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

Claim Number :

Consent Form for Collection, Processing, or Use Medical Records, Medical, and Health Examination Personal Data

Our company, in accordance with the Personal Data Protection Act and Article 177-1 of the Insurance Act and its authorized regulations, will collect, process, or use personal data concerning medical records, medical, and health examinations. In addition to the matters stated in our "Notice Statement," the collection, processing, or use of your personal medical records, medical, and health examination data will be used within the scope and purposes of our customer service, solicitation, underwriting, claims, contract maintenance, reinsurance, recovery, complains, and dispute resolution for life and property insurance business, internal control, and audit operations, and compliance with relevant laws and regulations. If you do not agree to our collection, processing, or use of the aforementioned data, we may not be able to provide you with the relevant life and property insurance business applications and services.

The undersigned acknowledges understanding the above explanation and agrees that your company may collect, process, or use my personal medical records, medical, and health examination data within the scope of compliance with relevant laws and regulations. Furthermore, the undersigned consents to the transfer of the aforementioned data to reinsurance companies with which your company has business dealings for the purposes of reinsurance underwriting or claims handling. The undersigned hereby declares that this consent from is an expression of my intent made voluntarily.

To: Fubon Insurance Co., Ltd

Signature of Consenting Party:

Signature of Legal Guardian/ Guardian/ Assistant :

(If the consenting party is a minor or a person under guardianship or assistance, the legal guardian, guardian, or assistant must also sign and provide proof of relationship, as well as copies of the front and back of the ID card.)

Date _____