

**Receipt Number**

簽收單編號

**Personal Insurance Claim Application Form**  
**個人保險理賠申請書**

<b>INSURANCE CATEGORY 保險類別</b>	
● <b>Residence Insurance 住宅</b> <input type="checkbox"/> A Fire 火險 <input type="checkbox"/> B Burglary 竊盜 <input type="checkbox"/> C Typhoon Flood 颱風洪水 <input type="checkbox"/> D Earthquake 地震 <input type="checkbox"/> E Liability 責任	
● <b>Comprehensive Insurance 綜合</b> <input type="checkbox"/> F Travel 旅遊不便險 <input type="checkbox"/> L Liability 責任險 <input type="checkbox"/> H Others 其他	
● <b>Life Insurance 人身</b> <input type="checkbox"/> P Personal 個人保險 <input type="checkbox"/> G Group 團體保險 <input type="checkbox"/> 1 Accidental Medical 意外醫療 <input type="checkbox"/> 2 General Disease 一般疾病 <input type="checkbox"/> 3 Cancer 癌症 <input type="checkbox"/> 4 Accidental Death 意外身故 <input type="checkbox"/> 5 Accidental Disability 意外失能	

<b>PERSONAL INFORMATION 基本資訊</b>			
<b>*Victim / Additional Insured Information 事故人 / 附加被保險人資訊</b>			
<b>*Name</b> 姓名		<b>* Date of Birth</b> 出生日期	
<b>* ID/ ARC/ Passport No.</b> 身分證字號/居留證號/護照		<b>* Mobile</b> 行動電話	
<b>*Relationship with the insured</b> 與被保險人關係		<b>* Email</b> 電子郵件	
<b>* Address</b> 通訊地址	□□□		
<b>*The Insured / Group Insurance Employee Information 被保險人 / 團險員工本人資訊</b>			
<b>*Name</b> 姓名		<b>* Date of Birth</b> 出生日期	
<b>* ID/ ARC/ Passport No.</b> 身分證字號/居留證號/護照		<b>Medical Identity</b> 就診身分	<input type="checkbox"/> National Health Insurance 健保 <input type="checkbox"/> Non-National Health Insurance 自費

<b>ACCIDENT INFORMATION 事故資料</b>			
<b>* Date</b> 事故日		<b>* License Plate No.</b> 車牌號碼	
<b>* Location</b> 事故地點	□□□		

**\* Please provide a detailed description about the incident (Please complete truthfully to avoid affecting your claim rights)**  
 請詳述事故發生經過(請據實填寫, 以免影響理賠權益)

<b>Police Information 警方資料</b>			
<b>Processing unit</b> 處理單位		<b>Station / Precinct</b> 派出所/交通隊分局	
<b>Police Officer's Name</b> 警員姓名		<b>Phone</b> 電話	

**REMITTER INTRODUCTION 匯款指示**

\* **Payment Methods 付款方式**     **Transfer (please attach the copy of passbook) 轉帳(請附存摺影本)**

\* **Account Owner Information 帳戶所有權人資訊**

**1. Beneficiary 受益人**     **2. Account of the legal representative of the beneficiary 受益人之法定代理人的帳戶**

<b>*Name</b> 姓名		<b>* ID/ ARC/ Passport No.</b> 身分證字號/居留證號/護照	
<b>* Mobile</b> 行動電話		<b>*Currency</b> 貨幣別	
<b>*Financial Institution</b> 金融機構名稱		<b>*Branch Code</b> 分行代碼	
<b>*SWIFT/BIC Code</b> 銀行 SWIFT 代碼		<b>*Account No.</b> 匯款帳號	
<b>*Beneficiary's Address</b> 受款人地址			
<b>*Bank Address</b> 受款銀行地址			

**CLAIM APPLICATION NOTICE AND PRECATIONS 理賠申請書告知暨注意事項**

Fubon Insurance Co., Ltd (hereinafter referred to as "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, overseas claims application document forwarding service, 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. If the application is for a death benefit, in order to verify the accuracy of the attached corpse examination certificate (or death certificate) for this claim, the company will provide the relevant data to the Ministry of Health and Welfare's death notification system for data comparison."

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 ([www.fubon.com/insurance](http://www.fubon.com/insurance))

**SPECIAL PERSONAL DATA CONSENT DECLARATION SECTION 特種個資同意事項聲明欄**

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

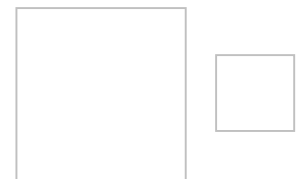
Fubon Insurance Co., Ltd (hereinafter referred to as "Fubon Insurance"), in accordance with the Personal Data Protection Act and Article 177-1 of the Insurance Act and its authorized regulations, will collect, process, or use personal data concerning medical records, medical and health examinations. 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, complaints, and dispute resolution for life and property insurance business, internal control, audit operations and compliance with relevant laws and regulations. If you do not consent to our company collecting, processing, and utilizing the aforementioned data, we may be unable to process your claim application.

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 form is an expression of my intent made voluntarily.  
Sincerely, Fubon Insurance Co., Ltd

**Authorization Letter 同意授權書**

- I hereby apply for insurance benefits and confirm that the above information is accurate and correct. This claim was submitted through an insurance brokerage company, which will also act as the representative to sign and receive the claim payment notification.
- If the beneficiary is a minor, or is under a guardianship or assistance declaration, the guardian, guardian, or assistant must personally sign to give consent.
- If the claim item does not pertain to personal insurance, the consent form signature does not authorize the collection, processing, or use of personal data related to medical records, medical treatment, or health examinations.

Unit insured stamp  
(Used when applying for group insurance)  
要保單位大小章  
(申請團險時使用)



\* Consent  
立同意書人

Legal Representative  
Applicant 法定代理人

**Deliverer (Witness) 送件人員(見證人)**

**(The signature on this application or the authenticity of its copy of identity proof is witnessed by myself, and I guarantee that there are no other false circumstances)**

\* Signature  
簽章

Mobile  
行動電話

Registration card number / ID No.  
登錄證號 / 身分證字號

Employee ID & Unit  
員編與單位

Date / 日期

Year/年

Month /月

Day/日

**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                  Personnel  
日期                  人員

## Personal Insurance Claim Document Checklist and Receipt Form

### 個人保險理賠應備文件暨簽收單

<b>Claim Adjuster</b> 理賠人員		<b>Mobile</b> 電話		<b>Receive Date</b> 收件日				
<b>Deliverer</b> 送件人		<b>Mobile</b> 電話		<b>Deliver Date</b> 送件日				
<b>Receipt document</b> 簽收文件	<b>Application item</b> 申請項目	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Necessary Information</b> 應備資料	<b>Medical Expense</b> 醫療費用	<b>Disability</b> 失能	<b>Death</b> 身故	<b>Liability Insurance</b> 責任險	<b>Residential fire Insurance</b> 住宅火險	<b>Third - Party fire damage</b> 住火第三人	<b>Comprehensive Travel Insurance</b> 旅行綜合險(備註)
	<b>Claim Form</b> 理賠申請書	✓	✓	✓	✓	✓	✓	✓
	<b>Copy of the Insurance Policy or Certificate</b> 保單或投保憑證影本	✓	✓	✓	✓			
	<b>Proof of Accident</b> 事故證明	✓	✓	✓	✓	<b>Fire Certificate</b> 火災證明		✓
	<b>Original Medical Certificate</b> 診斷證明書正本	✓	✓	✓				
	<b>Original Receipt for Medical Expenses</b> 醫療費用收據正本	<b>Actual expenditure</b> 實支件						
	<b>Pathology Slide Report / Test Report</b> 病理切片報告/檢驗報告	<b>Cancer</b> 癌症件						
	<b>X-ray (disc)</b> X光片(碟)	<b>Fracture</b> 骨折件						
	<b>Beneficiary's Identification</b> 受益人之身分證明	✓	✓	✓	✓			
	<b>Household Register Transcript of Deregistration</b> 除戶戶口名簿謄本			✓				
	<b>Declaration of Legal Heirs</b> 法定繼承人聲明書			✓				
	<b>Heirship Certificate</b> 繼承系統表			✓				
	<b>Death Certificate</b> 死亡證明書			✓				

	<b>Passbook Copy</b> 存摺影印本	√	√	√	√			√
	<b>Expense Receipt</b> 費用單據				√			
	<b>Settlement Agreement and Documentation Related to Bodily Injury or Property Damage</b> 和解書及體傷或財損相關資料				√		√	
	<b>Loss Inventory</b> 損失清單				√	√		<b>Luggage, Tickets</b> 行李, 票證
	<b>Repair Quotation</b> 修復估價單					√		
	<b>Property Ownership Certificate or Property Tax Statement</b> 建物所有權狀或房屋稅單					√		
	<b>Others:</b> 其他：							

**Notes: Please refer to the policy terms for the relevant documents required for claiming under the comprehensive travel insurance.**

備註：旅遊綜合險所需理賠相關文件請參考保單條款所載內容

**Application Notes:**

1. Medical expenses and disability benefits are payable to the insured individual as the beneficiary.
2. If the claim payment is made to the account of the legal representative of the beneficiary, please provide documentation proving the relationship between the beneficiary and the legal representative.
3. If the beneficiary is under seven years old, the application must be signed by the legal representative.
4. If the beneficiary is an unmarried minor under eighteen years old, both the beneficiary and the legal representative must sign the application.
5. The company may request additional information from the insured as necessary.

**Fubon Insurance Co., Ltd Mailing Addresses of Each Regional:**

- **Taipei City** : 7F., No. 179, Liaoning St., Zhongshan Dist., Taipei City 10487 , Taiwan (R.O.C.)
- **New Taipei City**: 3F., No. 266, Sec. 1, Wenhua Rd., Banqiao Dist., New Taipei City 22041 , Taiwan (R.O.C.)
- **Keelung, Yilan, Hualien**: 3F., No. 197, Gongzheng Rd., Luodong Township, Yilan County 26550 , Taiwan (R.O.C.)
- **Taoyuan , Hsinchu, Miaoli**: 4F., No. 245-1, Sec. 3, Sanmin Rd., Taoyuan Dist., Taoyuan City 33042 , Taiwan (R.O.C.)
- **Taichung, Changhua, Nantou**: 8F, No. 196, Section 2, Liuchuan West Road, West Dist., Taichung City 40357, Taiwan (R.O.C.)
- **Yunlin, Chiayi, Tainan**: 8F, No. 279, Sec 2, Minsheng Road, West Central Dist., Tainan City 70054, Taiwan (R.O.C.)
- **Kaohsiung & Pingtung**: 12F, No. 95, Minzu 2nd Road, Xinxing Dist., Kaohsiung City 80048, Taiwan (R.O.C.)

**Receiver :** \_\_\_\_\_  
收件人

## Consent for Information Inquiry Statement

In order to apply for insurance benefits from Fubon Insurance Co., Ltd (hereinafter referred to as “Fubon Insurance”), I, the undersigned: \_\_\_\_\_ (hereinafter referred to as "Declarant"), in the capacity of the insured: \_\_\_\_\_, ID Number: \_\_\_\_\_

(Relationship:  Self  Beneficiary  Legal Representative or Guardian), hereby consent to authorize Fubon Insurance to request, inquire, review, copy, or reproduce from your organization/unit the medical records pertaining to specific diseases (Disease Name: \_\_\_\_\_) or insurance claim information for the insured from the effective date of the contract: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_, up to the date of this statement, without limitation on medical specialty. This information is to be used for the processing and verification of the insurance claim. I further consent to Fubon Insurance using photocopies of this statement, which shall have the same legal effect as the original.

Sincerely,

Relevant medical institutions, police agencies, fire departments, regulatory authorities, coast guard agencies, or other relevant entities and individuals.

Signature of Declarant: \_\_\_\_\_ ID No.: \_\_\_\_\_

Telephone (or Mobile) Number: \_\_\_\_\_

Signature of Legal Representative/Guardian/Assistive Person: \_\_\_\_\_ ID No.: \_\_\_\_\_

(If the Declarant is a minor or under guardianship or assistance, please have the legal representative, guardian, or assistive person sign and provide proof of relationship, along with a photocopy of the front and back of the ID.)

Dear Customer, Please Read The Following Instructions:

1. This statement is solely for the purpose of retrieving medical records or verifying accident records from medical institutions and will not be used for any other purposes.

2. If your current application does not require medical record inquiry for assessment, our company will process it promptly. However, if the assessment indicates that medical records are necessary and you have not signed your consent, our company will need to notify our staff to request your signature again. This may cause inconvenience and delay the processing of your claim. Therefore, please sign your consent on this page when you apply for the claim. (Some hospitals may require their own formal forms, and you may need to sign again. Our staff will notify you to assist with this.) The information you provide will be handled and used by our company with the highest principles of integrity and personal data protection.

Thank you for your cooperation.  
Fubon Insurance Co., Ltd . wishes you safety and health.