

## Claim Application Form

First application Subsequent application Over-the-counter application

Policy No.:	Insured:	National ID No.																	
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Household registration address:	Occupation	
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Application Item	<input type="checkbox"/> Medical expenses <input type="checkbox"/> Cancer/Dread disease/Specific disease <input type="checkbox"/> Disability (Level 2-11) <input type="checkbox"/> Total and permanent disability <input type="checkbox"/> Premium waiver <input type="checkbox"/> Death <input type="checkbox"/> 其他 Other : _____ ※ In response to amendments of the Insurance Act, the phrase "handicapped" is changed "disability" and other descriptions were changed starting from June 15, 2018. The policyholders' rights and interests remain unaffected. For details, please refer to CHUBB Life website →Regulation Announcements.
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Payment method	<input type="checkbox"/> Remittance Bank name : _____ Branch name : _____ <input type="checkbox"/> check Account name : _____ Account number : □□□□□□□□□□□□□□□□ ※Payment is limited to the account of the insured except where the insured is deceased ※ A photocopy of the passbook may be provided; If the account name or account number is incorrect or incomplete or no remittance information, the Company shall pay the claim with a check.
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Cause of Incident	<input type="checkbox"/> Disease <input type="checkbox"/> Accident Please note that the disease specified in your application must be a disease that occurs for the first time after the purchase of the insurance policy and the waiting period, and one that does not involve the exclusions in the terms of the insurance policy, to be eligible for the insurance claim.
	Incident Date : Year    Month    Date    Hour    Insurance coverage used for the medical treatment <input type="checkbox"/> National Health Insurance <input type="checkbox"/> Out-of-pocket <input type="checkbox"/> Other _____
	Accident location (address) : _____ ( <input type="checkbox"/> Residence <input type="checkbox"/> Workplace <input type="checkbox"/> Others : _____ )
	<input type="checkbox"/> Cause of accident : <input type="checkbox"/> Traffic accident (Reported to : _____ Police officer: _____ Telephone : _____ ) <input type="checkbox"/> Cut injury <input type="checkbox"/> Falling <input type="checkbox"/> Fell from height <input type="checkbox"/> Fell into water <input type="checkbox"/> Fire <input type="checkbox"/> Mangled by working machinery <input type="checkbox"/> Other (please specify in sequence : _____ )
	Hospital/clinic of treatment (please specify in sequence) : _____ , _____ , _____ , _____

★The applicant hereby applies for insurance benefits for cancer/dread disease/specific disease and permanent disability/death. As the insurance policy form is missing, I hereby declare the insurance policy form voided.  
(Please indicate with check mark if you agree)

Consent statement : Where the beneficiary applies for the death benefit of the insured, to verify the accuracy of the autopsy certificate (or death certificate), I (beneficiary for death) agree that Chubb Life Insurance Taiwan Company may compare the aforementioned information with the death reporting system of related units.

< Chubb Life Insurance Taiwan Company Personal Information Collection, Processing and Usage Notice >

Chubb Life Insurance Taiwan Company. (hereinafter referred to as the "Company") hereby informs you of the following matters in accordance with Article 6, Paragraph 2 and Article 8, Paragraph 1 (Article 9, Paragraph 1 for personal information collected via indirect methods) of the Personal Data Protection Act (hereinafter referred to as the "PDPA"). Please read carefully:

I. Purpose of collection: (I) Personal insurance; (001) (II) Other registered services or services specified in the Articles of Incorporation (181). II. Types of personal information collected: (I) Name; (II) National ID number; (III) Contact information such as addresses; (IV) Medical history, treatment, and health examinations; (V) Other related service application forms such as the insurance application or contents of the Contract. III. Sources of personal information (where personal information is not provided by the party but collected indirectly): (I) Proposer; (II) Legal representative or assistant of the undersigned; (III) Medical institutions; (IV) Third parties with which the Company conducts joint marketing, shares customer information, or cooperates in promotional activities, or those appointed for conducting the Company's various business operations. IV. Duration, recipients, territory, and methods of the use of personal information: (I) Duration: The duration required for the execution of businesses or retention based on laws and regulations. (II) Recipients: The Company and its overseas branch institutions, Life Insurance Association of the Republic of China, Taiwan Insurance Institute, Insurance Stabilization Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center, Taiwan Clearing House, Financial Information Service Co., Ltd., outsourced service providers, companies engaging in reinsurance business transactions with the Company, authorities with investigative powers, or financial supervisory institutions. (III) Territory: Territories of the aforementioned recipients. (IV) Methods: Methods of use in compliance with laws and regulations. V. Pursuant to Article 3 of the Personal Data Protection Act, you may exercise the following rights over your personal data held by the Company through the following methods: (I) Rights you may exercise with the Company: 1. Make an inquiry, request to view, or request a copy from the Company; 2. Supplement or correct your personal data; 3. Request the Company to stop collecting, processing, or using the data, and request deletion. (II) Methods for exercising your rights: Use written documents or other methods that can be proven later (e.g., Written format, email, fax, or electronic documents). VI. Effects on your rights and interests if you refuse to provide personal information: If you fail to provide related personal data, the Company may delay or may not be able to conduct necessary review and procedures. The Company may therefore delay or be unable to accept your insurance application, or provide you with related services or payment.

**<Consent for the collection, processing, and use of medical records, medical and health check-ups,  
and other personal information by Chubb Life Insurance Taiwan Company >**

I (the insured) agree that Chubb Life Insurance Taiwan Company, for personal insurance business requirements, collect, process, and use my medical history and personal information in medical and health examinations within the scope prescribed in the Personal Data Protection Act and the management regulations in Article 177-1, Paragraph 2 of the Insurance law (including transfer to reinsurance companies that have business transactions for reinsurance approval or claims).

Please apply signature


★Insured/beneficiary signature and seal : \_\_\_\_\_

★Legal representative (guardian) signature and seal : \_\_\_\_\_

(The beneficiary of medical insurance benefits is the insured; if the signatory is a minor, signature and seal of the signatory is required and the signature and seal of the legal representative is also required.)

Correspondence address :  \_\_\_\_\_

email: \_\_\_\_\_ Contact number : ( )- \_\_\_\_\_ Mobile phone : \_\_\_\_\_

	Year	Month	Date
	Agent name/number/Mobile phone	Business unit/insurance broker/insurance agent/acceptance date	Chubb Life Insurance Taiwan acceptance date

7F, No. 525, Sec. 4, Zhongxiao E. Rd., Xinyi Dist. Taipei City 110055, Taiwan Customer service hotline: 0800-011-709 Chubb Life website: <http://www.chubblife.com.tw>

**Documents required for claim settlement:**

Death Benefit (ILP must attach item 8)	<ol style="list-style-type: none"> <li>1.Claim Application Form</li> <li>2.Insurance Policy</li> <li>3.Death Certificate</li> <li>4.Household Registration Cancellation Transcript</li> <li>5.Beneficiary ID document</li> <li>6.Copy of beneficiary's passbook cover</li> <li>7.Proof of accidental injury (accident only)</li> <li>8.FATCA &amp; CRS form with relevant documents</li> </ol>
Disability Insurance Benefit/WP Disability Assistance Insurance (first time application) (Total disability of ILP must attach item 7)	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Disability Diagnosis Certificate</li> <li>4. Beneficiary ID document</li> <li>5. Proof of accidental injury (accident only)</li> <li>6. Copy of beneficiary's passbook cover</li> <li>7. FATCA &amp; CRS form with relevant documents</li> </ol>
Hospital Income/Surgery Income	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Certificate of Diagnosis</li> <li>3. Copy of beneficiary's passbook cover</li> <li>4. Medical expense receipts (attach if you have a pay-as-you-go policy) ※ When applying for surgical medical insurance, in addition to the name of the operation must be stated on the diagnosis certificate, please also attach a fee schedule or a copy of the medical expense receipts for reference.</li> </ol>
Accidental Injury Medical/Major Burns and Scalds Insurance	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Certificate of Diagnosis</li> <li>3. X-rays/CDs (if there is a fracture, please attach it to confirm the degree and location of the fracture)</li> <li>4. Medical expense receipts (attach if you have a pay-as-you-go policy)</li> <li>5. Accidental injury accident certificate</li> <li>6. Copy of beneficiary's passbook cover</li> </ol>

<p>Cancer insurance (carcinoma in situ and various invasions)/Invasive cancer living support insurance</p>	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Certificate of Diagnosis</li> <li>4. Relevant inspection reports or pathology reports (for first-time applicants or those who have undergone surgery)</li> <li>5. Beneficiary ID document</li> <li>6. Copy of beneficiary's passbook cover</li> </ol> <p>※When applying for death/total disability, additional attachments are required: 1. Insurer ID 2. Copy of the passbook of insurer</p>
<p>Critical illness/specific Injury Insurance</p>	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Certificate of Diagnosis</li> <li>4. Beneficiary ID document</li> <li>5. Relevant inspection reports, pathology reports or surgical certificate</li> <li>6. Copy of beneficiary's passbook cover</li> </ol>
<p>Major injury insurance</p>	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Certificate of Diagnosis</li> <li>4. National Health Insurance Major Injury and Injury Approval Notice</li> <li>5. Beneficiary ID</li> <li>6. Copy of beneficiary's passbook cover</li> </ol> <p>※When applying for death/total disability, additional attachments are required: 1. Insurer ID 2. Copy of the passbook of insurer</p>
<p>Return of Annuity Policy Value Reserve /Policy Account Value</p>	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Death Certificate</li> <li>4. Household Registration Cancellation Transcript</li> <li>5. Insurer or any other receiver's ID</li> <li>6. Copy of the insurer's passbook cover</li> <li>7. FATCA &amp; CRS form with relevant documents</li> </ol>
<p>Advance Payment at the End of Life</p>	<ol style="list-style-type: none"> <li>1. Claim Application Form</li> <li>2. Insurance Policy</li> <li>3. Certificate of Diagnosis and Medical Record Certificate issued by the teaching hospital</li> <li>4. Beneficiary ID document</li> <li>5. Copy of beneficiary's passbook cover</li> </ol>