

Agent's / intermediary's name 行銷單位 / 服務人員姓名 _____ /

Agent's / intermediary's contact phone no. 服務人員聯絡電話 _____

Agent's / intermediary's code 服務人員代號 _____

Claim Type 理賠申請項目： Death Claim 死亡**A. INSURED'S PARTICULARS 被保險人資料**

Policy no. 保單號碼	Insured's name 被保險人姓名	passport no. 護照號碼	Date of birth 出生日期 DD日 MM月 YYYY 年	Sex 性別	Age 年齡	Tel. no. 電話號碼
		()	/ /			

B. OTHER INSURANCE COVERAGE 其他保險資料Does the insured have any other insurance policy covering this case? 被保險人有無投保其他家保險公司? 無 有

If "Yes", please complete below particulars. 若有, 請詳細填寫以下資料:

Name of insurer 保險公司名稱: _____

C. ACCIDENT PARTICULARS 意外事故經過

1. When (date and time) did the accident occur? 意外事故發生時間?	1. (/ /) (:) <input type="checkbox"/> AM 上午 日 月 年 時 分 <input type="checkbox"/> PM 下午
2. Where did the accident occur? 事故地點?	2.
3. How did the accident occur? (Please describe in details) 意外事故經過? (請詳述)	3.

D. TREATMENT PARTICULARS 治療詳情

Details of hospital confined or physicians consulted for this injury 請詳細說明被保險人相關就診情形		
Name of physician(s) &/or hospital(s) 醫生姓名 / 醫院名稱	Address(es) 地 址	Date of consultation(s) &/or period of confinement 就診 / 住院日期

F. DECLARATION 聲明**Personal data Protection Notification that appears on application, authorization form, claim and the requested document for policy information update and change service.**

Personal data Protection Notification:

Considering confidentiality of the collection of your personal data, in respect to the paragraph one of Article 8 of Personal data Protection Act (the "Act"), CHUBB Life Taiwan shall clearly inform you following issues:

- Purpose of collection;
 - (001) Life insurance
 - (181) Other business items registered in the business certification or in the article in corporation.
- Classification of personal data;
 - Medical history, Medical report, any record from governmental authorities, other information detailed in the relevant applications.
- Source of personal data;
 - Policy owner
 - Insured's legal representative
 - Hospital, clinic, government or judicial bodies
 - The Company's appointed third party agents, contractors and advisors.
- Period, areas, parties and way of the use of personal data;
 - Within time period of specific purpose
 - The location of the parties indicated in the column of "Parties of using the personal data"
 - Parties of using the personal data:

The Insurance Company, The Life Insurance Association of the Republic of China (LIA-ROC), The Non-Life Insurance Association of the R.O.C, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center of R.O.C, Insurance Anti-Fraud Institute (IAFI), The Taiwan Payments Clearing System Development Foundation, the Taiwan Clearing House (TCH), Financial Information Service Co., LTD, The service provider engaged with the Insurance Company, The Reinsurance Company with the Insurance Company, The Insurance Agent or Broker with the Insurance Company, The institutions in relation to relevant business (such as bank and hospital), legally investigation authority or financial supervisory authority, claims investigators, medical advisors.

Compliance with personal data protection relevant regulations.

- The rights and methods you may exercise in terms of Article 3 of the Act;
 - You may inquire and request for a review or make duplications of your personal data
 - You may request to supplement or correct your personal data
 - You may request ACE Life Taiwan to discontinue the collection
 - You may request ACE Life Taiwan to discontinue processing or using your personal data

6. You are in the position to decide whether providing personal related information and classification. However, ACE Life Taiwan may not be able to provide you relevant services or better services if ACE Life Taiwan may not process necessary operation requirement due to the lack of your personal data and classification.

蒐集、處理及利用個人資料告知書

英屬百慕達商安達人壽保險股份有限公司台灣分公司(下稱本公司)依據個人資料保護法(以下稱個資法)第八條第一項(如為間接蒐集之個人資料則為第九條第一項)規定,向您告知下列事項,請您詳閱:

- 一、蒐集之目的:人身保險(00一)、其他經營合於營業登記項目或組織章程所定之業務(一八一)。
- 二、蒐集之個人資料類別:姓名、護照號碼、病歷、醫療、檢警記錄及本次理賠申請所附之補充資料。
- 三、個人資料之來源(個人資料非由當事人提供間接蒐集之情形適用):要保人、當事人之法定代理人、人身保險代理人、人身保險經紀人、各醫療院所、檢警機構。
- 四、個人資料利用之期間、對象、地區、方式:

- (一)期間:因執行業務所必須及依法令規定應為保存之期間。
- (二)對象:本公司、中華民國人壽保險商業同業公會、中華民國產物保險商業同業公會、財團法人保險事業發展中心、財團法人保險安定基金、財團法人金融消費評議中心、財團法人金融聯合徵信中心、財團法人聯合信用卡中心、財團法人保險犯罪防治中心、台灣票據交換所、財金資訊公司、業務委外機構、與本公司有再保業務往來之公司、與本公司合作推廣保險契約之保險代理人/保險經紀人、與本公司合作辦理銀行保險業務之銀行及依法有調查權機關或金融監理機關、各醫療院所。

(三)地區:上述對象所在地區。

(四)方式:合於法令規定之利用方式。

五、依據個資法第三條規定,您就本公司保有您之個人資料得行使之權利及方式:

- (一)得向本公司行使之權利:
 - 1.向本公司查詢、請求閱覽或請求製給複製本。
 - 2.向本公司請求補充或更正。
 - 3.向本公司請求停止蒐集、處理或利用及請求刪除。

(二)行使權利之方式:以書面、電子郵件、傳真。

六、您不提供個人資料所致權益之影響:

若您未能提供相關個人資料時,本公司將可能延後或無法進行必要之審核及處理作業,因此可能遲延或無法提供您完善之服務或給付,尚請諒察。

G. AUTHORIZATION 授權

I hereby irrevocably authorize or authorize on behalf of the Insured (if different) (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, information (whether medical or otherwise) of me or the Insured (if different) to disclose, release or transfer to ACE Life Insurance Company Ltd. "the Company" or its representative such information pertinent to this claim; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my or the Insured (if different) health status in relation to this claim. This authorization shall bind my and the Insured's successors and assignees and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be valid as the original.

本人或被保險人授權(如有不同) (i) 任何僱主、醫生、醫院、診所、保險公司、政府部門,或其他機構及人士,如具有本人/被保險人(如不同)的任何紀錄、資料,可將該等資料向貴公司或貴公司代表透露、發放或移交,用以作為該份理賠申請的參考;(ii) 貴公司或貴公司委任的醫療/輔助醫療檢查員或檢驗所,就有關理賠的申請,進行醫療評估或測驗,以檢定本人/被保險人(如有不同)的健康狀況。該授權書對本人/被保險人的繼承人及承讓人均有約束力,即使在本人/被保險人(如有不同)死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。

agent/ intermediary in full 行銷單位 / 服務人員姓名	Information of claimant 理賠申請人資訊			
agent/ intermediary/ intermediary's code 行銷單位 / 服務人員簽署 / 服務人員登錄證號	Signature of beneficiary 受益人簽署	Date 日期	Address 聯絡地址	
	Information of account 受益人帳戶資料	Account name 戶名	SWIFT CODE 銀行代碼	Account no. 銀行帳號

Important Note 理賠申請注意事項

In order to speed up your claim application, please attach the below documents together with this application form. Should any extra information or document be required for your claim processing, we will notify you or your Insurance Consultant. Meanwhile please tick against the Required Documents submitted with this application form.
為使能儘速辦理您的理賠申請,請將此表格連同以下文件遞交。如需要額外資料或文件,我們將另函通知閣下或閣下的壽險顧問。請於連同此表格提交的基本文件欄內劃上“X”號。

Claims Document Checklist 理賠文件參考表

Document Type 文件類別	Death Claim 死亡理賠
<input type="checkbox"/> Claim Form 理賠申請書	✓
<input type="checkbox"/> Death Certificate 被保險人身故證明	✓
<input type="checkbox"/> Certificate of beneficiary (passport no. or other certificate) 受益人身分證明(護照號碼或其他證明)	✓
<input type="checkbox"/> Beneficiary's account name & number 受益人帳戶	✓

Note: We reserve the right to request for the submission of the optional documents if necessary. 本公司保留要求客戶提交附加文件之權利。