

# 國泰人壽國際保險業務分公司(OIU)理賠申請書

Cathay Life Insurance Co., Ltd. ("Cathay Life") OIU Claim Form

## 事故者基本資料

Basic Information of the Insured

欄位有(\*)記號者，屬於必填欄位，請務必確實填寫，以利本公司審理流程。 Fields marked with (\*) are required. Please make sure to fill them out to facilitate the review process.

(*)姓名 Name		(*)護照號碼/ 身分證字號 Passport No./ID Card No.	(*)國籍 Nationality	
(*)事故日期 Date of the insured peril	西元            年            月            日 Year            Month            Day	(*)出生日期 Date of Birth	西元            年            月            日 Year            Month            Day	
(*)居住地址 Residential Address				
(*)白天易晤 地址 Address where the insured can be reached during the daytime:	<input type="checkbox"/> 與居住地址相同 Same as the residential address			
(*)聯絡方式 Contact Information	*事故人與受益人非同一人時，請填寫受益人其中一人之聯絡方式 *If the insured and the beneficiary are not the same persons, please provide the contact information of the beneficiary.			
聯絡電話 Telephone	(country code - area code - phone number) (國碼-區碼-電話號碼)	(country code - area code - mobile phone number) (國碼-行動電話號碼)		
E-mail				

\* (\*填寫 E-mail 者，本公司將於結案後提供電子理賠給付明細；未填寫者亦可至本公司會員網站查詢。  
Cathay Life will provide electronic payment details after the case is closed. Those who did not provide an e-mail address can visit Cathay Life member website to inquire such details.

## 申請內容

Claim Details

(*)申請日期 Claim Date	西元            年            月            日 Year            Month            Day	(*)事故原因 Cause of the insured peril		
(*)申請種類 Claim for	<input type="checkbox"/> 非意外事故(疾病) Non-accidental events (illness) <input type="checkbox"/> 意外事故 (僅可勾選一項) Accidents (check only one)			
(*)理賠類別 (可複選) Type of Claims (can check multiple items)	<input type="checkbox"/> 醫療實支(F) Hospitalization Expense (F) <input type="checkbox"/> 重大疾病(特定傷病)(C) Critical illness (designated illness) (C) <input type="checkbox"/> 豁免保費(失能)(J) Waiver of premium (for disability) (J) <input type="checkbox"/> 生命末期(溫暖人生)(D) Terminal state (hospice)(D) <input type="checkbox"/> 醫療日額(燒燙傷)(E) Hospitalization Expense (per diem) (burn) (E) <input type="checkbox"/> 死亡(A) Death (A) <input type="checkbox"/> 長期看護(H) Long-term care (H) <input type="checkbox"/> 防癌(G) Cancer (G) <input type="checkbox"/> 失能(B) Disability(B) <input type="checkbox"/> 定期給付保險金(N)(生活扶助、失能生活補助金) Periodic Payment (living subsidy and subsidy for disability)(N) <input type="checkbox"/> 津貼(I)(生育、結婚) Subsidy (maternity and wedding) (I) <input type="checkbox"/> 完全失能(K)(完全失能關懷) Total and Permanent Disability (total disability care) (K)			

註：配合保險法修訂，自 107 年 6 月 15 日起調整「殘廢」及「失能」等相關用詞，保戶權益未受影響，詳細說明參閱國泰人壽官網法令公告專區。

### 事故經過(申請種類為意外事故者需填寫)

Accident Information (claimant claiming for Accidents shall fill out this section)

事故地點 Accident Location		工作內容 Work Description		
相關經過 Narrative		報案日期 (無則免填) Date of Report (Not required if unavailable)	西元            年            月            日 Year            Month            Day	
報案機關 (無則免填) Reporting to (Not required if unavailable)	電話 Telephone	(國碼-區碼-電話號碼) (country code - area code - phone number)	承辦警員 (無則免填) Police Officer (Not required if unavailable)	

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# 保險金給付方式

## Payment Methods of the Policy Proceeds

受益人有數人時，限選擇同一種領取方式；受益人逾2人時，請另填附件(一)

If there are multiple beneficiaries, you may only choose one payment method. Please fill out Appendix 1 when there are more than two beneficiaries.

(*) 領取方式 Receiving Method	<input type="checkbox"/> 匯撥至受益人帳戶 Remit to the beneficiary's bank account
	<input type="checkbox"/> 匯撥至法定代理人之帳戶 Remit to the bank account of the beneficiary's guardian. (受益人為未成年人時，得選擇匯款至法定代理人之帳戶，並於本公司將款項匯入法定代理人帳戶時，視為已對受益人給付。 法定代理人非要保人時，需另檢附關係證明文件) (If the beneficiary is a minor, then you may choose "Remit to the bank account of the beneficiary's guardian". After Cathay Life remits the policy proceeds to the bank account of the beneficiary's guardian, then the policy proceeds are considered as paid to the beneficiary. If the beneficiary's guardian is not the proposer, additional documents must be attached to prove the relationship between the beneficiary and the guardian.)

\*為避免匯款錯誤、確保給付款項安全，請務必確實檢核所提供之帳戶資料，若不清楚國際銀行代碼(SWIFT CODE)，可洽所屬銀行客服或往來分行詢問。

\*To avoid remittance errors and to ensure the security of the policy proceeds, please make sure to check the account information you are providing. If you are uncertain of your bank's SWIFT CODE, please contact your bank's customer service or inquire at your branch.

(*) 帳戶資料 Account Information	中文戶名 Account Name in Chinese	西元 年 月 日		(*)英文戶名 Account Name in English	(*)國際銀行代碼 (SWIFT CODE)	(*)國籍 Nationality
	出生日期 Date of Birth	Year Month Day		(*)帳號 Account No.		
	銀行名稱/分行 Name of the Bank / Branch					
	(*)身分別 Status	<input type="checkbox"/> 自然人 <input type="checkbox"/> 法人 <input type="checkbox"/> 國營事業 <input type="checkbox"/> 政府 (僅可勾選一項) Natural person Legal person State-owned enterprise Government (check one)				

(*) 身分別 Status	中文戶名 Account Name in Chinese	西元 年 月 日		(*)英文戶名 Account Name in English	(*)國際銀行代碼 (SWIFT CODE)	(*)國籍 Nationality
	出生日期 Date of Birth	Year Month Day		帳號 Account No.		
	銀行名稱/分行 Name of the Bank / Branch					
	(*)身分別 Status	<input type="checkbox"/> 自然人 <input type="checkbox"/> 法人 <input type="checkbox"/> 國營事業 <input type="checkbox"/> 政府 (僅可勾選一項) Natural person Legal person State-owned enterprise Government (check one)				

注意暨聲明事項 Notification and Declaration	1. 外幣保單之給付款僅限「匯款」方式給付之，受益人不得要求改以支票或現金給付；給付之幣別悉依各保險契約條款約定。	and remittance charges charged by (or deducted from policy proceeds payment) shall be borne by the beneficiary. Also, remittance charges generated due to incorrect account information provided by the beneficiary shall be borne by the beneficiary.
	2. 本公司依約匯撥給付予收款人時，匯出銀行及中間銀行之匯款費用由本公司負擔，收款銀行收取(或扣除)之匯款費用由收款人負擔，但因收款人提供之帳戶錯誤所生之再次匯款費用，則由收款人負擔。	3. When the claimant claims with this form, it is deemed that the claimant is claiming for all of the insured's insurance policies purchased from Cathay Life that are still in effect. Whether the policy proceeds are to be paid or not shall be dependent on the terms of the insurance policies. However, when the beneficiary and the insured are the same person, the beneficiary can claim for certain insurance policy/policies, provided that the beneficiary makes an additional declaration.
特種個人資訊同意書 Sensitive Personal Information Consent	4. 事故者於本公司投保之所有有效保險契約，均視為已依本申請書提出理賠申請，其給付與否將依各保險契約條款約定辦理。但受益人與事故人為同一人時，受益人可僅就部分保單申請給付，惟須另外填寫聲明書。	4. If you are claiming for death benefit, you agree to allow Cathay Life to compare the autopsy report (or death certificate) with online government records to confirm the accuracy of the documents. If the insured perils or the relevant documents used by the beneficiary to claim for the policy proceeds are found to be false, civil liability, criminal responsibility and other related legal responsibilities shall be borne by the perpetrator. When the policy proceeds claimed by the beneficiary are attached by a court or other authorities, and are necessary for maintaining the everyday life of the beneficiary and his/her family, the beneficiary may make an application or motion of objection in accordance with Article 122 of the Compulsory Enforcement Act.
	5. 申請身故保險金者，立書人同意本公司得將相驗屍體證明書(或死亡證明書)與相關單位之即時查詢比對系統進行資料比對，以確認其正確性。受益人申請理賠之保險事故及其相關文件如有虛偽不實者，行為人須依法負自、刑事及其他相關法律責任。受益人申領之保險金債權遭法院等執行機關扣押時，如該保險金係維持自己及共同生活親屬之生活所必需者，受益人得依強制執行法第122條規定向該執行機關聲請或聲明異議。	5. If the insurance policy is terminated by the application for death benefit or total and permanent disability benefit made by the beneficiary, the beneficiary agrees to authorize Cathay Life to destroy the insurance policy. If the insurance policy has been lost or destroyed, the beneficiary hereby represents that the insurance policy is expired on the day the claimant claims for the aforementioned insurance proceeds and the beneficiary shall be liable for Cathay Life's losses, costs, claims, expenses or demands caused by fraudulent use of the insurance policy or due to other reasons.

特種個人資訊同意書 Sensitive Personal Information Consent	6. 【個人資料保護法應告知事項】 依據個人資料保護法及保險法第177條之1暨其相關規定，本公司為辦理人身保險業務之客戶服務、招攬、核保、理賠、契約保全、再保險、海外急難救助、追償、申訴及爭議處理、及健康檢查等特種個人資訊。所蒐集之資料除了再保險業務或委外業務執行之需要，會在國內境內被處理及利用外，僅會於前開蒐集目的存續期間及依法令規定期間內，以符合法令規定之利用方式，於我國境內供本公司及因以上目的作業需要之第三方處理及利用。您可以至本公司各服務據點或利用本公司服務專線(市話請撥打免付費專線：0800036599，手機請改撥付費電話：02-21626201)查詢、請求閱覽、製給複製本、更正、補充、停止蒐集、處理、利用或刪除您的個人資料，惟本公司依法令規定或因執行業務所必須，得不依您的請求處理。若您未能提供相關個人資料時，本公司將可能無法辦理您的理賠申請。	6. The Required Notification under the Personal Information Protection Act According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life will collect your personal information(including medical records, medical treatment and health examination, and other sensitive personal information) for the purpose of conducting customer service, solicitation, underwriting, claim adjustment, contract maintenance, reinsurance, overseas emergency relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are in accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant regulations, by Cathay Life or the third parties that require the information to conduct relevant services for the purposes stated above, but the information required for reinsurance or outsourcing will also be processed and used abroad. You can visit Cathay Life's service centers or use Cathay Life's customer service hot-line (0800-036-599 / +886-2-21626201) to inquire, request to review, make duplications , correct, supplement, or discontinue collection/processing/use of your personal information, or to delete your personal information. However, Cathay Life may refuse your request if permitted by relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim. o the information's necessity for conducting work. If you do not provide relevant personal information, Cathay Life Insurance may not be able to process your claim-settlement application.
	7. 您未提供相關個人資料時，本公司將可能無法辦理您的理賠申請。 1. The policy proceeds of foreign currency (the currency other than TWD) denominated policies can only be paid by remittance. Beneficiaries cannot request check or cash payment. The payment currency is dependent on the terms of the insurance policy. 2. When Cathay Life remits the policy proceeds pursuant to the insurance policy, remittance charges charged by the remitting bank and the intermediary bank will be borne by Cathay Life.	

病歷、醫療及健康檢查等個人資料蒐集、處理及利用同意書  
立書人已詳閱並瞭解上述【個人資料保護法應告知事項】，並同意 貴公司於符合告知事項之目的範圍內，得蒐集、處理及利用立書人之病歷、醫療及健康檢查等個人資料，以及將上述資料轉送與 貴公司有業務往來之再保險公司及履行保險契約有關之第三方辦理再保險、核保或理賠業務。立書人併此聲明，本同意書係出於立書人自由意願下所為之意思表示。  
Consent to the collection, processing, and use of medical records, medical treatment, health examination, and other personal information  
The undersigned has read and understood the above Required Information per the Personal Data Protection Act and agrees to allow Cathay Life Insurance to collect, process, and use the undersigned's medical records, medical and health check-ups and other special personal information within the parameters of the above notified information, and to allow the aforementioned information to be transferred to reinsurance companies that have business relationships with Cathay Life Insurance and relevant third parties for the performance of the insurance contract, to conduct reinsurance or claim settlement. The undersigned hereby declares that this consent is expressed with the undersigned's free will.

(*)立書人(即被保險人)/受益人簽名： Signature of the Undersigned (the Insured) / Beneficiary		(*)法定代理人(監護人)簽名： Signature of the Guardian	
上開受益人之簽名於被保險人身故時，僅代表受益人或其法定代理人提出理賠申請，並已知悉瞭解上述注意暨聲明事項。 When the insured is deceased, the above signature of the beneficiary only represents the beneficiary or his/her guardian. The beneficiary has understood the above Notification and Declaration.			

服務人員(送件人)基本資料 Basic information of the Service Agent (case officer)			
送件人姓名 Name of the case officer	單位代號 Unit code	送件人ID Case officer ID	送件人收件日期 Date Received
聯絡電話 Telephone			西元 年 月 日 Year Month Day

1. 服務人員應親晤受益人，並確實見證本申請書由其簽署；凡代簽名或未親見受益人簽署，致受益人或公司受損者，須依法負自、刑事及其他相關法律責任。  
2. 為維護保戶權益，送件前請再次檢視申請書資料是否填寫完備，以利審理流程進行。  
1. The service agent must meet the beneficiary and witness the signing of this claim form to make sure that this claim form is signed by the beneficiary. If the service agent signs on behalf of the beneficiary or does not witness the signing of this claim form, and damages the rights of the beneficiary or Cathay Life, the service agent shall be liable for such damage and may be held criminally responsible.  
2. Please review this claim form carefully to facilitate underwriting and protect the policyholder's rights and interests.



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## 同意查詢暨授權聲明書

申請保險給付  
 投保/核保需要，以被保

立書人\_\_\_\_\_為向國泰人壽保險股份有限公司(下稱國泰人壽)  
姓名: \_\_\_\_\_  
險人 身分證字號: \_\_\_\_\_ 生日: \_\_\_\_\_年\_\_\_\_月\_\_\_\_日  
之本人 父母 配偶 子女 其他(與被保險人為\_\_\_\_\_關係)身分, 授權  
國泰人壽向貴機構/單位索引、查詢、問診、調閱抄錄或影印下列資料, 以為參證之用:

The undersigned (Name: \_\_\_\_\_) hereby authorizes Cathay Life Insurance Co., Ltd. (hereinafter referred to as Cathay Life) to  apply for insurance benefits  apply for insurance/underwriting insurance, as  I (the insured)  the parent  spouse  child  heir  the other (\_\_\_\_ relationship with the insured) of the insured (Name: \_\_\_\_\_, ID number: \_\_\_\_\_, Date of birth: \_\_\_\_\_ (YYYY/MM/DD)), to request, inquire, interview, access, copy or photocopy the following information from your institution/unit for reference purposes:

- 一、就診病歷。(Medical records)
- 二、投保資料。(Insuring information)
- 三、其他與本次保險事故/投保/核保所需相關資料(包含書面及電腦檔案)。(Other information related to this insurance accident/application/underwriting (including written and computer files.))
- 四、相驗屍體證明書(或死亡證明書)與相關單位之即時查詢比對系統進行資料比對, 以確認其正確性(申請身故保險金)。(Certificate of autopsy (or death certificate) and data comparison with the real-time query and comparison system of relevant units to verify its accuracy (for applying for death benefit).)

此致 Sincerely,

各有關醫療院所、警察機關、消防機關、衛生機關、地檢署、壽險公會、產險公會、保險公司、內政部移民署或其他相關單位或個人。(All relevant medical institutions, police authorities, fire authorities, health authorities, district prosecutors' offices, life insurance associations, property insurance associations, insurance companies, National Immigration Agency of Ministry of Interior or other relevant units or individuals.)

◆立書人同意本聲明書得由國泰人壽影印後使用, 影印本與正本具同等效力。

(I give my consent to Cathay Life for using this Letter in photocopies, with such photocopies and the original having the same validity.)

\*立書人請簽名並蓋章

The undersigned's signature and stamp

\*若立書人為未成年/受監護或輔助宣告者,

法定代理人/監護人/輔助人請簽名並蓋章

If the undersigned is a minor or subject to the order of commencement of guardianship/ under assistance, the legal representative/guardian/assistant shall sign and stamp.

法定代理人/監護人/輔助人簽名:

The legal representative's/guardian's/assistant's signature

立書人簽名:

The undersigned's signature

護照號碼/身分證字號:

Passport Number/ID Card Number

電話(或手機)號碼:

Telephone Number (or mobile phone number)

地址:

Address

護照號碼/身分證字號:

Passport Number/ID Card Number

電話(或手機)號碼:

Telephone Number (or mobile phone number)

地址:

Address

蓋章:

Stamp

蓋章:

Stamp

西元

年(YYYY)

月(MM)

日(DD)

### 個人資料保護法應告知事項

國泰人壽係為人身保險相關服務及執行、辦理再保險、海外急難救助、申訴及爭議處理、公司內部控制及稽核業務之需要而蒐集您的個人資料。所蒐集之資料除了再保險業務或委外業務執行的需要, 會在我國境外被處理及利用外, 僅會於前開蒐集目的存續期間及依法令規定期間內, 以符合法令規定之利用方式, 於我國境內供國泰人壽及因以上目的作業需要之第三方處理及利用。您可以至國泰人壽各服務據點或利用國泰人壽客戶服務專線查詢(市話請撥打免費專線: 0800-036599, 手機請改撥付費電話: 02-2162-6201 或網路電話(路徑: 國壽官網首頁>問題與聯繫)>(聯絡我們) 客服電話>撥打網路電話)、請求閱覽、製給複製本、更正、補充、停止蒐集、處理或利用及刪除您的個人資料, 惟國泰人壽依法令規定或因執行業務所必須, 得不依您的請求處理。若您未能提供相關個人資料時, 基於健全人身保險業務之執行, 國泰人壽將無法提供您完善的服務。

### Personal Data Protection Act Notice Matters

Cathay Life will collect your personal information(including medical records, medical treatment and health examination, and other sensitive personal information) for the purpose of conducting customer service, solicitation, underwriting, claim adjustment, contract maintenance, reinsurance, overseas emergency relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are in accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant regulations, by Cathay Life or the third parties that require the information to conduct relevant services for the purposes stated above, but the information required for reinsurance or outsourcing will also be processed and used abroad. You may inquire, request to review, request for a copy, correct, supplement, stop collecting, processing, using or delete your personal information at Cathay Life's service outlets or through Cathay Life's customer service hotline (toll-free hotline: 0800-036-599, for mobile phone calls please dial the chargeable number: 02-2162620). However, Cathay Life may refuse your request if permitted by relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim.



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# 理賠申請所需文件一覽表

## List of Documents Required for Claims

	死亡 Death	重大疾病與特定傷病 Critical illness and specific illness	完全失能 Total and Permanent Disability	二至十一級失能 Class 2 to 11 disability	中重度燒燙傷 Moderate or severe burns	生命末期／長期看護／豁免保費 Terminal state/long term caregiver of premium	醫療 Medical expenses			津貼 Subsidies		
							實支實付 Paid as spent	防癌 Cancer	住院日額／手術 Hospitalization/surgery (per item) 註5	結婚 Wedding	生育 Maternity	喪葬津貼 Subsidies for Funeral Costs
保險金申請書 Claim Form	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎	◎
同意查詢聲明書 <sup>註1</sup> Letter of Authorization and Consent to Queries	◎	◎	◎	◎	◎	◎	◎	◎	◎			
死亡證明書/相驗屍體證明書 Death certificate/autopsy report	◎											◎
失能診斷書 <sup>註2</sup> Disability certificate			◎	◎		◎						
被保險人之除戶戶籍謄本或已登載除戶資訊之新式戶口名簿 Certificate of Household registration/new Household Certificate which shows the insured's Registration of Death	◎											◎
受益人身分證明 Identification of the beneficiary	◎											◎
法定繼承人或其他未約定受益人者，須提供三個月內紙本戶籍謄本，或電子戶籍謄本，或新式戶口名簿 Basic information on all statutory inheritors and a certificate of kinship with the decedent.	◎											◎
醫師診斷證明書 <sup>註3</sup> Certificate of diagnosis		◎	◎	◎	◎	◎	◎	◎				
收據正本及費用明細表 Original receipts and details of expenses							◎					
相關檢驗/檢查報告 <sup>註4</sup> Relevant test/examination		◎						◎				
出生證明/已登載出生之新式戶口名簿或相關可證明文件 Birth certificate/new Household Certificate or other related document that contains birth records												◎
登載結婚之新式戶口名簿或相關可證明文件 New Household Certificate or other related document that contains marital status										◎		
繼承人授權聲明書 <sup>註6</sup> Successor Authorization Letter	◎											

- 註1：通用同意查詢聲明書詳前頁。若調閱需專用同意書之醫院病歷時，本公司將另行提供專用同意書。
- 註2：如為截肢(指)缺失，應載明「截斷」之部分；如為關節機能喪失、活動障礙，應載明關節各面向活動範圍(角度)；如為其他機能喪失障礙，應載明障礙情形；如為日常生活無法自理，應載明食、衣、住、行、穿脫衣服、大小便始末需扶助項目及需他人扶助程度(完全扶助或部分扶助)。
- 註3：診斷名稱(病名)「建議」可請醫師加註國際疾病編碼第十版的診斷碼，可加快理賠判斷。
- 註4：首次罹癌者應檢附病理切片報告或其他相關檢查(血液檢查、腹部超音波、電腦斷層等)；急性心肌梗塞者應檢附心電圖及心肌酶報告；其他重大疾病/特定傷病者(腦中風、癱瘓、帕金森氏症、良性腦腫瘤、脊髓灰質炎、嚴重頭部創傷等)比照失能診斷書(註2)說明。
- 註5：申請手術保險金者，診斷書請載明手術名稱或建議醫院填寫健保局費用支付申請代碼。
- 註6：如受領保險金者為受益人之法定繼承人，或本公司返還保單價值準備金、保險費之對象為要保人之法定繼承人時，須檢附本項文件。
- Note 1: See previous page for general Letter of Authorization and Consent to Queries. When accessing hospital records that require a specific letter of consent, Cathay Life will provide the specific letter of consent.
- Note 2: In case of amputation, the amputated appendage shall be specified. In case of loss of joint function and mobility impairments, the movement range (angle) of the joint shall be specified. In case of disability caused by loss of other functions, the disability shall be specified. In case the insured cannot take care of himself/herself, the assistance required by the insured (for food, clothing, shelter, transportation, putting on and taking off clothes, using the toilet), and the extent of the assistance required by the insured shall be specified.
- Note 3: Cathay Life suggests you ask doctors to note the diagnosis code of the diagnosed illness based upon the 10th revision of the International Statistical Classification of Diseases and Related Health Problems to speed up the review process.
- Note 4: First-time cancer patients shall attach the pathology report or other relevant examinations (blood examination, abdominal ultrasound, CT scan, etc.). Persons with acute myocardial infarction shall attach the electrocardiogram and cardiac enzyme report. Patients with other critical illnesses/designated illness (stroke, paralysis, Parkinson's disease, benign brain tumor, poliomyelitis, severe head trauma, etc.) shall refer to the explanation on the disability certificate (Note 2).
- Note 5: If you are claiming for surgical expenses, please make sure to indicate the name of the surgery on the Certificate of diagnosis or ask the hospital to indicate the National Health Insurance code.
- Note 6: If the recipient of the policy proceeds is the successor of the beneficiary, or the person entitled to receive the refunded non-forfeiture value/ premium is the successor of the proposer, then this document is required.

- 注意事項：
- 一、以上為一般申請理賠須檢附之文件，實際仍需依理賠審核需求由理賠人員通知再行檢附相關文件。
  - 二、意外傷害案件，可提供傷害事故證明(如報案三聯單、交通意外事故證明書)等資料以加速審核。
  - 三、申請傷害險實支實付醫療保險金，收據可使用正本或副本。
  - 四、如有問題請撥打服務電話(市話請撥打免付費專線：0800036599，手機請改撥付費電話：02-21626201)或海外付費諮詢專線(+886-2-55595110按1)。
  - 五、配合保險法修訂，自107年6月15日起調整「殘廢」及「失能」等相關用詞，保戶權益未受影響，詳細說明參閱泰人壽官網法令公告專區。

- Notification:
- I. The above documents are required to claim, and the claim handler may require the claimant to provide other relevant documents.
  - II. The claimant may provide documents of proof of accidents (e.g. police report, report of traffic accident) to speed up the review process.
  - III. When claiming for medical expenses (paid as spent), copies of the receipt is acceptable.
  - IV. If you have any questions, please call the customer service hot-line (0800-036-599 / +886-2-21626201) or the international consultation toll hot-line (+886-2-55595110 then press 1).



事故者基本資料

Basic Information of the Insured

欄位有(\*)記號者, 屬於必填欄位, 請務必確實填寫, 以利本公司審理流程。 Fields marked with (\*) are required. Please make sure to fill them out to facilitate the review process.

(*) 姓名 Name	(*) 護照號碼 身分證字號 Passport No./ ID Card No.	(*) 國籍 Nationality
(*) 事故日期 Date of the insured peril	西元 年 月 日 Year Month Day	(*) 出生日期 Date of Birth
	西元 年 月 日 Year Month Day	

保險金給付方式

Payment Methods of the Policy Proceeds

(\*) 領取方式

匯撥至受益人帳戶 Remit to beneficiary's bank account

匯撥至法定代理人之帳戶 Remit to the bank account of the beneficiary's guardian

(受益人為未成年入時, 得選擇匯款至法定代理人之帳戶, 並於本公司將款項匯入法定代理人帳戶時, 視為已對受益人給付。  
(If the beneficiary is a minor, then the option may be selected to remit the policy proceeds to the bank account of the beneficiary's guardian. After Cathay Life remits the policy proceeds to the bank account of the beneficiary's guardian, then the policy proceeds are considered as paid to the beneficiary. If the guardian of the beneficiary is not the proposer, additional documents must be attached to prove the relationship between the beneficiary and the guardian.)

\*為避免匯款錯誤、確保給付款項安全, 請務必確實檢核所提供之帳戶資料, 若不清楚國際銀行代碼(SWIFT CODE), 可洽所屬銀行客服或往來分行詢問。  
\*To avoid remittance errors and to ensure the security of the policy proceeds, please make sure to check the account information you are providing. If you are uncertain of your bank's SWIFT CODE, please contact your bank's customer service or inquire at your branch.

(*) 帳戶資料	中文戶名 Account Name in Chinese	(*) 英文戶名 Account Name in English
	出生日期 Date of Birth	(*) 國際銀行代碼 (SWIFT CODE)
	西元 年 月 日 Year Month Day	(*) 國籍 Nationality
	銀行名稱/分行 Name of the Bank / Branch	(*) 帳號 Account No.
	(*) 身分別 Status	<input type="checkbox"/> 自然人 <input type="checkbox"/> 法人 <input type="checkbox"/> 國營事業 <input type="checkbox"/> 政府 (僅可勾選一項) Natural person Legal person State-owned enterprise Government (check one)
	中文戶名 Account Name in Chinese	(*) 英文戶名 Account Name in English
出生日期 Date of Birth	(*) 國際銀行代碼 (SWIFT CODE)	
西元 年 月 日 Year Month Day	(*) 國籍 Nationality	
銀行名稱/分行 Name of the Bank / Branch	(*) 帳號 Account No.	
(*) 身分別 Status	<input type="checkbox"/> 自然人 <input type="checkbox"/> 法人 <input type="checkbox"/> 國營事業 <input type="checkbox"/> 政府 (僅可勾選一項) Natural person Legal person State-owned enterprise Government (check one)	

注意暨聲明事項

- 外幣保單之給付款項限「匯款」方式給付之, 受益人不得要求改以支票或現金給付; 給付之幣別應依各保險契約條款約定。
- 本公司依約匯撥給付予收款人時, 匯出銀行及中間銀行之匯款費用由本公司負擔, 收款人領取(或扣除)之匯款費用由收款人負擔, 但因收款人提供之帳戶錯誤所生之再次匯款費用, 則由收款人負擔。
- 事故者於本公司投保之所有有效保險契約, 均視為已依本申請書提出理賠申請, 其給付與否將依各保險契約條款約定辦理。但受益人與事故人為同一人時, 受益人可僅就部分保單申請保險給付, 惟須另填寫聲明書。
- 申請身故保險金者, 立書人同意本公司得將相驗屍體證明書(或死亡證明書)與相關單位之即時查詢對照系統進行資料比對, 以確認其正確性。受益人申請理賠之保險事故及其相關文件如有虛偽不實者, 行為人須依法負民事、刑事及其他相關法律責任。受益人申領之保險金債權遭法院等執行機關扣押時, 如該保險金係維持自己及共同生活親屬之生活所必需者, 受益人得依強制執行法第 122 條規定向該執行機關聲請或聲明異議。
- 保險契約因受益人申領身故、完全失能等保險金而終止者, 受益人同意委由國泰人壽銷毀保險單。如保險單已遺失(或毀損)者, 受益人聲明於申請前述保險金之日起作廢, 日後如該保險單遭他人冒用或其他原因損及國泰人壽權益, 或涉及金錢、法律及其他糾紛時, 概由申請人自行承擔。
- 【個人資料保護法應告知事項】: 依據個人資料保護法及保險法第 177 條之 1 暨其相關規定, 本公司為辦理人身保險業務之客戶服務、招攬、核保、理賠、契約保全、再保險、海外急難救助、追償、申訴及爭議處理、公司內部控制及稽核業務及符合相關法令規程之需要, 而蒐集您的個人資料(包括病歷、醫療及健康檢查等特種個資)。所蒐集之資料除了再保險業務或委外業務執行之需要, 會在我國境內被處理及利用外, 僅會於前開蒐集目的存續期間及依法令規定期間內, 以符合於法令規定之利用方式, 於我國境內供本公司及因以上之目的作業需要的第三方處理及利用。您可以至本公司各服務據點或利用本公司客戶服務專線(市話請撥打免付費專線: 0800036599, 手機請改撥付費電話: 02-21626201)查詢、請求閱覽、製給複製本、更正、補充、停止蒐集、處理、利用或刪除您的個人資料, 惟本公司依法令規定或因執行業務所必須, 得不依您的請求處理。若您未能提供相關個人資料時, 本公司將可能無法辦理您的理賠申請。

1. The policy proceeds of foreign currency (the currency other than TWD) denominated policies can only be paid by remittance. Beneficiaries cannot request check or cash payment. The payment currency is dependent on the terms of the insurance policy.

2. When Cathay Life remits the policy proceeds pursuant to the insurance policy, remittance charges charged by the remitting bank and the intermediary bank will be borne by Cathay Life, and remittance charges charged by (or deducted from) policy proceeds payment shall be borne by the beneficiary. Also, remittance charges generated due to incorrect account information provided by the beneficiary shall be borne by the beneficiary.

3. When the claimant claims with this form, it is deemed that the claimant is claiming for all of the insured's insurance policies purchased from Cathay Life that are still in effect. Whether the policy proceeds are to be paid or not shall be dependent on the terms of the insurance policies. However, when the beneficiary and the insured are the same person, the beneficiary can claim for certain insurance policy/policies, provided that the beneficiary makes an additional declaration.

4. If you are claiming for death benefit, you agree to allow Cathay Life to compare the autopsy report (or death certificate) with online government records to confirm the accuracy of the documents. If the insured perils or the relevant documents used by the beneficiary to claim for the policy proceeds are found to be false, civil liability, criminal responsibility and other related legal responsibilities shall be borne by the perpetrator. When the policy proceeds claimed by the beneficiary are attached by a court or other authorities, and are necessary for maintaining the everyday life of the beneficiary and his/her family, the beneficiary may make an application or motion of objection in accordance with Article 122 of the Compulsory Enforcement Act.

5. If the insurance policy is terminated by the application for death benefit or total and permanent disability benefit made by the beneficiary, the beneficiary agrees to authorize Cathay Life to destroy the insurance policy. If the insurance policy has been lost or destroyed, the beneficiary hereby represents that the insurance policy is expired on the day the claimant claims for the aforementioned insurance proceeds and the beneficiary shall be liable for Cathay Life's losses, costs, claims, expenses or demands caused by fraudulent use of the insurance policy or due to other reasons.

6. The Required Notification under the Personal Information Protection Act  
According to the Personal Information Protection Act and Article 177-1 of the Insurance Act, Cathay Life will collect your personal information(including medical records, medical treatment and health examination, and other sensitive personal information) for the purpose of conducting customer service, solicitation, underwriting, claim adjustment, contract maintenance, reinsurance, overseas emergency relief, recovery, complaint and dispute handling, internal control, audit, and other needs that are in accordance with relevant regulations. All collected information will be processed or used in Taiwan, within the time period of the purposes stated above and within the period stipulated by relevant regulations, by Cathay Life or the third parties that require the information to conduct relevant services for the purposes stated above, but the information required for reinsurance or outsourcing will also be processed and used abroad. You can visit Cathay Life's service centers or use Cathay Life's customer service hot-line (0800-036-599 / +886-2-21626201) to inquire, request to review, make duplications, correct, supplement, or discontinue collection/processing/use of your personal information, or to delete your personal information. However, Cathay Life may refuse your request if permitted by relevant laws or such information is necessary for the performance of Cathay Life's obligation. If you refuse to provide your personal information, Cathay Life would not be able to handle your claim.

(\*) 受益人: The Beneficiary: \_\_\_\_\_

(\*) 法定代理人(監護人): The Guardian: \_\_\_\_\_

本人之簽章即代表已知悉並瞭解上述注意暨聲明事項。  
I hereby represent that I myself have understood the above Notification and Declaration.

