

※請填寫紅色框線內資料

汽(機)車險理賠申請書

附件：行照影本。(Vehicle license copy)

Please fill in information the red line

Automobile (engine) insurance claim application form

駕照影本。(Driving license copy)

被保險人： Name of Insured :	車牌： Vehicle Registration Plate :	行駛里程： Mileage :	聯絡電話： Contact No. :
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1.毀損報廢賠款 (Damage and scrap compensation)
 2.代車費用賠款代車費用賠款 (Alternate car benefit) (請提供被保險人存摺帳號影本)
 匯款帳號 (Remittance Account) :銀行 (Bank).....分行 (Branches). 帳號 (Account number) :

駕駛人： Name of Driver :	身分證字號 ID no. :	年 月 日 YYYY / MM / DD	聯絡電話 (Contact No.) :
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與被保險人關係 (Relationship with the insured) :

<input type="checkbox"/> 本人.(Insured).	<input type="checkbox"/> 配偶.(Spouse)	<input type="checkbox"/> 直系親屬.(Direct relatives)	<input type="checkbox"/> 血親親屬. (Blood relatives)	<input type="checkbox"/> 本國.(Citizen)	<input type="checkbox"/> 外國.(Foreigner)
<input type="checkbox"/> 姻親親屬. (In-Laws relatives)	<input type="checkbox"/> 兄弟姊妹. (Siblings)	<input type="checkbox"/> 朋友. (Friends)	<input type="checkbox"/> 負責人. (Owner)	<input type="checkbox"/> 男性.(Male)	<input type="checkbox"/> 女性.(Female)
<input type="checkbox"/> 負責人家屬. (The family of owner)	<input type="checkbox"/> 受僱者. (Employed)	<input type="checkbox"/> 租用被保險車輛. (Rental car)		<input type="checkbox"/> 已婚.(Married)	<input type="checkbox"/> 未婚.(Single)
<input type="checkbox"/> 其他(請說明). (Others - Please specify)_____					

地址. (Address) : 同駕照. (Same as stated on the driving license)
其他. (Other)..... E-mail :

《事故情形簡述》

事故時間. (Date & Time of accident) : 年 月 日 時 分 YYYY MM DD Hour Minute	事故地點. (Accident location) : (1)縣/市. (City) : (2)國道. (High way number) :
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警方現場處理. (Police arrived on scene) 無警處理. (Not reported to police) 新光 0800 現場處理. (Shinkong 0800 report helpline).
事後警方報案(備案時間).(Post-accident report) :年(YYYY).....月(MM).....日(DD).....時(Hour).....分(Minute).
 警方單位. (Police department) :分局. (Precint) :交通隊. (Traffic Division) :派出所/分駐所. (Police Station)
 處理警員. (Responding officer) :電話. (Contact no) :

事故型態. (Accident detail) : (可複選) (Multiple selections)

<input type="checkbox"/> 不明受損. (Unidentifiable cause of damage)	<input type="checkbox"/> 自撞毀損. (Self-collision damage).	<input type="checkbox"/> 變換車道. (Lane changing collision)
<input type="checkbox"/> 逆向行駛(Driving in the wrong direction)	<input type="checkbox"/> 追撞前車(Rear-end collision)- with the vehicle in front	<input type="checkbox"/> 遭後車追撞.(Rear-end collision)- collided by the rear vehicle
<input type="checkbox"/> 停車場事故. (Damage while parking).	<input type="checkbox"/> 路邊停放被撞. (Parked on the roadside and hit)	<input type="checkbox"/> 路口碰撞. (Intersection collision)
<input type="checkbox"/> 開啟車門. (Opening car door)	<input type="checkbox"/> 停等紅燈. (Collided when stopping at red light)	<input type="checkbox"/> 拋擲物/墜落物. (Throwing/Falling Objects)
<input type="checkbox"/> 涉嫌號誌. (Suspected of violating traffic Lights)	<input type="checkbox"/> 閃紅燈. (Flashing red light intersection collision)	<input type="checkbox"/> 閃黃燈. (Flashing amber light intersection collision)
<input type="checkbox"/> 撞路邊車輛.(Hitting a roadside vehicle)	<input type="checkbox"/> 迴轉碰撞. (U-turning collision)	<input type="checkbox"/> 倒車碰撞. (Reversing collision)
<input type="checkbox"/> 碰撞機車. (Motocycle collision)	<input type="checkbox"/> 碰撞行人. (Pedestrian collision)	<input type="checkbox"/> 碰撞腳踏車. (Bicycle collision)
<input type="checkbox"/> 自摔受傷.(I fell off my vehi and got hurt)	<input type="checkbox"/> 翻覆傾覆.(Overtum/ toppling/ rollovers)	<input type="checkbox"/> 第三人非善意行為 (Malicious act by 3 rd party)
<input type="checkbox"/> 其他.事故原因簡述說明 : (Other. accident causes briefly described:)		

對方車及傷者. (Third party vehicle and bodily injured)					
車牌/標的物 Vehicle Registration plate	駕駛人姓名 Name of driver	電話(手機) Contact no.	傷(死)者姓名 Name of injured (death)	電話(手機) Contact no.	傷勢 Extent of Injuries
			<input type="checkbox"/> 同左.		
			<input type="checkbox"/> 同左.		
			<input type="checkbox"/> 同左.		

簡訊通知經手人員（需要時請勾選）：
(SMS notification to policy service personnel)

手機號碼：
(Mobile No.:

《蒐集、處理及利用個人資料聲明告知書》

產險業履行個人資料保護法告知義務內容.(Declaration and Authorization)

(本告知作業係依「個人資料保護法」第 6 條第 2 項、第 8 條第 1 項規定辦理)

(This declaration is fulfilled in accordance with Paragraph 2 of Article 6 and Paragraph 1 of Article 8 of Personal Data Protection Act)

本公司辦理您的理賠申請而蒐集、處理或利用您的病歷、醫療或與事故經過相關的查證等資料，均為評估理賠義務之履行、辦理再保險或風險評估等執行保險業務目的之用。

Customers' personal data (including medical reports and clinical history) collected or held by Sinkong Insurance Company Ltd ("the Company") is used to process, investigate, assess risk profile, determine the claim application, arrange reinsurance and provide on going insurance services.

本公司僅會蒐集因上述業務所必要之個人資料，該資料會在前開蒐集目的存續期間及依法令規定執行業務之期間內被處理或利用。您的個人資料僅會以電子檔案或紙本形式於我國境內供公司及上傳產壽險公會建立查詢系統，本公司的業務委外廠商、保險事業發展中心、金融消費評議中心、依法有調查權機關或金融監理機關處理及利用。

Any data collected or held by the Company may also be disclosed under the requirements of any law binding on the Company. The company may provide any personal data of customers in the form of hard copy or digital for local businesses and other government related establishments.

本公司保有您的個人資料時，您可以至本公司各服務中心或透過免費客戶服務專線查詢、請求閱覽或製給複本。若您的個人資料有誤或記載不完全，您可以書面通知補充或更正，但依法您應為適當的理由說明；若尚有其他疑義時，您也可以書面通知本公司停止蒐集、處理、利用或刪除您的個人資料。

All customers have the right to access, correct, or change any of their own personal data collected or held by the Company by request in writing. In any case, customers can stop the Company from collecting, processing, using or deleting your personal data at anytime by request in writing.

本公司基於上述原因而須蒐集、處理或利用您的個人資料時，若您選擇不同意或是提供之個人資料不完全，本公司將可能無法進行必要之審核及處理作業，因此遲延或無法提供對您的服務或給付。

In event of insufficient personal data due to unauthorized disclosure of your personal data or incomplete information provided may affect the progress of our services or payment.

【註】：上開告知事項已公告於本公司官網（<http://www.skinsurance.com.tw/>），如有任何問題歡迎洽詢本公司 0800-789-999 免費專線。經 貴公司向本人告知上開事項，本人已清楚瞭解 貴公司蒐集、處理或利用本人個人資料之目的及用途。

NOTE: The declaration and authorization mentioned above can be found on our website (<http://www.skinsurance.com.tw/>). If you have any further enquiries, please contact our toll-free helpline 0800-789-999. I understood that the Company has clearly declared the use of any personal information collected.

本告知事項若有更新時，以官網公告版本為準。

If there are any updates to this notice, the official website announcement version shall prevail.

聲明事項：本申請書所填寫各項均為真實情形，否則自願放棄保險單之一切權利。

Declaration: I hereby declared that all the information provided in this application are true and correct, otherwise all rights from the insurance policy will be waived voluntarily.

委任事項：本人同意委任 貴公司（理賠人員）就本事故，依法應對第三人之財物損失負責賠償時，得於保險金額範圍內，全權處理第三人財物損失之和解事宜，惟涉及人員傷亡時，則不在本授權範圍內。

Appointment matters: I agree to appoint Shinkong Insurance (Claims officer) to represent myself for any legal liability from this accident. The entrusted person shall be fully authority to deal with the settlement within the insurance coverage limit. The entrusted person shall not be liable for handling any bodily injuries or death settlement.

理賠單位
收件戳章

被保險人簽章：
(Signature of the insured)

駕駛人簽章：
(Signature of driver)

日期： 年 月 日
(Date of signature) (Year) (Month) (Day)