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 要保人可透過本公司網站<http://www.skinsurance.com.tw>  
 或至總公司、分公司及通訊處查閱資訊公開說明文件

## 新光產物微型個人傷害保險要保書 Shinkong Injury Microinsurance Proposal

※本商品經本公司合格簽署人員檢視其內容業已符合一般精算原則及保險法令，惟為確保權益，基於保險業與消費者衡平對等原則，消費者仍應詳加閱讀保險單條款與相關文件，審慎選擇保險商品。本商品如有虛偽不實或違法情事，應由本公司及負責人依法負責。  
 ※投保後解約或不繼續繳費可能不利消費者，請慎選符合需求之保險商品。  
 ※保險契約各項權利義務皆詳列於保單條款，消費者務必詳加閱讀了解。

99.05.21 金管保品字第 09902069440 號函核准

107.08.17 依據金融監督管理委員會 107.06.07 金管保壽字第 10704158370 號函修訂

保單號碼 Proposal No.	(由新光產物人員填寫) Filled in by Shinkong staff									
保險期間 Period	自民國	年	月	日	時起至	民國	年	月	日	時止，共十二個月。
	YYYY	MM	DD	am/pm	to	YYYY	MM	DD	am/pm	(12 month)

### 要保人基本資料 Proposer

姓名 Name		性別 SEX	<input type="radio"/> 男 M <input type="radio"/> 女 F	出生日期 Day of Birth	/ / YYYY MM DD
身分證號碼 ID or residence permit number				(H): (O): 行動電話： Mobile	
戶籍/通訊地址 Residential Address	<input type="radio"/> 同要保人聯絡住址 Same as Proposer □□□				

### 被保險人基本資料 Insured

姓名 Name		性別 SEX	<input type="radio"/> 男 M <input type="radio"/> 女 F	出生日期 Day of Birth	/ / YYYY MM DD
身分證號碼 ID or residence permit number				(H): (O): 行動電話： Mobile	
戶籍/通訊地址 Residential Address	<input type="radio"/> 同要保人聯絡住址 Same as Proposer □□□				
與要保人關係 Relationship with Proposer	要保人之 <input type="radio"/> 本人 <input type="radio"/> 配偶 <input type="radio"/> 子女 Self           Spouse       Child <input type="radio"/> 父母 <input type="radio"/> 兄弟姐妹 <input type="radio"/> 僱傭 Parents       Siblings     Employment			被保險人是否已投保其他商業實支實付型傷害醫療保險或實支實付型醫療保險？ Whether the insured has taken out any other Injury medical reimbursement or Medical reimbursement insurance contract? <input type="radio"/> 是 Yes <input type="radio"/> 否 No 被保險人是否領有身心障礙手冊或身心障礙證明？如勾選是者，請提供。 Whether the insured has a disability manual or certification? If Yes, please attached. <input type="radio"/> 是 Yes <input type="radio"/> 否 No 被保險人目前是否受有監護宣告？如勾選是者，請提供相關證明文件。 Is the insured currently subject to the declaration of guardianship? If yes, please attached the relevant document. <input type="radio"/> 是 Yes <input type="radio"/> 否 No	
服務單位(學校名稱) Service Unit		職位/工作內容 Occupation		職業類別	(由新光產物人員填寫) Filled in by Shinkong staff

**身故保險金受益人基本資料 Beneficiary**

(失能保險金的受益人均為被保險人本人，本公司不受理其指定或變更。)

(The beneficiaries of the disability insurance are all the insured, and the company will not accept designation or change.)

姓名 Name	身分證號碼 ID or residence permit number	與被保險人關係 Relationship with Insured	聯絡電話 Contact Number	聯絡地址 Address	給付方式 Type of Settlement	○ 均分 Shares ○ 順位 Priority
1				□□□		
2				□□□		

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保障內容 Coverage	類別/保險費 Category/Premium	方案一：10 萬 Plan 1	方案二：20 萬 Plan 2	方案三：30 萬 Plan 3	方案四：40 萬 Plan 4	方案五：50 萬 Plan 5
意外身故及失能 Accidental death / disability	一類 Category 1	□62	□124	□186	□248	□310
	二類 Category 2	□78	□156	□234	□312	□390
	三類 Category 3	□93	□186	□279	□372	□465
意外失能 Accidental disability	未滿15歲兒童 for 0-15y child	□12	□24	□36	□48	□60

**告知事項**

**Medical and Occupational declaration of insured**

為確保您的權益，告知事項請務必親自填寫，如有不實，本公司得依保險法第六十四條解除本保險契約，保險事故發生後亦同。

In order to ensure your right, please be sure to fill "Medical and Occupational declaration of insured" by the proposer and the proposed insured.

If it is not true, the company may terminate this contract with Article 64 of the Insurance Law, and the same after insurance incident.

<p><b>1、被保險人過去二年內是否曾因患有下列疾病而接受醫師治療、診療或用藥？</b> (亦可提供檢查報告代替回答)</p> <p>In the past 2 years, have the Insured been suffered from following diseases and received any treatment, diagnosis by doctors, or taken any medicine ? (Inspection report may replace Q&amp;A)</p> <p>(1)、高血壓症(指收縮壓140mmHg或舒張壓90mmHg以上)、狹心症、心肌梗塞、先天性心臟病、主動脈血管。 High blood pressure(Refers to systolic pressure over 140mmHg or diastolic pressure over 90mmHg), angina pectoris, myocardial infarction, congenital heart disease, aortic aneurysm. ....○是Yes ○否No</p> <p>(2)、腦中風(腦出血、腦梗塞)、腦瘤、癲癇、智能障礙(外表無法明顯判斷者)、精神病、帕金森症。 Cerebral stroke (cerebral hemorrhage, cerebral embolism), cerebral tumor, epilepsy, psychosis, Parkinson's disease .....○是Yes ○否No</p> <p>(3)、癌症(恶性肿瘤)、肝硬化、尿毒、血友病。 Cancer (malignant tumor), Cirrhosis, Uremia, Hemophilia .....○是Yes ○否No</p> <p>(4)、糖尿病。 Diabetes mellitus .....○是Yes ○否No</p> <p>(5)、酒精或藥物濫用成癮、眩暈症。 Alcohol or Drugs abuse, Dizziness .....○是Yes ○否No</p> <p>(6)、視網膜出血或剝離、視神經病變。 Retinal hemorrhage or detachment, optic neuropathy .....○是Yes ○否No</p>	<p><b>2、被保險人目前身體機能是否有下列障害？</b> Have the Insured currently suffered from following functional disturbance?</p> <p>(1)、失明。 Blindness .....○是Yes ○否No</p> <p>(2)、是否曾因眼科疾病或傷害接受眼科專科醫師治療、診療或用藥，且一目視力經矯正後，最佳矯正視力在萬國視力表0.3以下。 Have the Insured been suffered from eye diseases or hurt and received any treatment, diagnosis, or taken any medicines by doctors ? .....○是Yes ○否No And after the correction of the one eye vision , the best correction vision in the Landolt's C Chart below 0.3 .....○是Yes ○否No</p> <p>(3)、聾啞。 Partimutism .....○是Yes ○否No</p> <p>(4)、是否曾因耳部疾病或傷害接受耳鼻喉科專科醫師治療、診療或用藥，且單耳聽力喪失程度在五十分貝(dB)以上。 Have the Insured been suffered from ear diseases or hurt and received any treatment, diagnosis, or taken any medicines by doctors and the degree of single ear hearing loss is 50 decibels (dB) or more ? .....○是Yes ○否No</p> <p>(5)、咀嚼、吞嚥或言語機能障害。 Speech or chew functional disturbance .....○是Yes ○否No</p> <p>(6)、四肢(含手指、足趾)缺損或畸形。 Limbs functional disturbance or deformity .....○是Yes ○否No</p>
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被保險人現在及過去若有以上事項，請詳述告知，如●病名(外傷者，含受傷部位)、●就診醫院、●就診大約日期、●診療過程(門診或住院)、●有無手術  
If insured has above matters now and past, please describe in detail such as name of illness, hospital, approximate date of consultation, treatment process, whether surgery or not.

**聲明事項**

**The Declaration**

- 一、本人(被保險人)同意新光產物保險公司得蒐集、處理及利用本人相關之健康檢查、醫療及病歷個人資料。  
I (the insured) agree that Shinkong Insurance Company collect, process and use my personal data related to health checks, medical treatment and medical records.
- 二、本人(被保險人、要保人)同意新光產物保險公司將本要保書上所載本人資料轉送產、壽險公會建立電腦系統連線，並同意產、壽險公會之會員公司查詢本人在該系統之資料以作保費及理賠之參考，但各該公司仍應依其本身之核保或理賠標準決定是否承保或理賠，不得僅以前開資料作為承保或理賠之依據。  
I (the insured, the proposer) agree that Shinkong Insurance Company will transfer my proposal information to the Property and Life Insurance Association to establish a computer system connection, and agree that the member company of the Property and Life Insurance Association can inquire about my information in the system is used as a reference for insurance and claim settlement, but each company should still decide whether to underwrite or settle insurance according to its own underwriting or claim settlement standards, and not use previous information as the basis for underwriting or claim settlement.
- 三、本人(被保險人、要保人)同意新光產物保險公司就本人之個人資料，於「個人資料保護法」所規定之範圍內，有為蒐集、處理及利用之權利。  
I (the insured, the proposer) agree that Shinkong Insurance Company has the right to collect, process and use my personal information within the scope stipulated by the "Computer-Processed Personal Data Protection Law".

※本人(要保人)已收到保單條款樣本或影本、投保人須知、要保書填寫說明請於下方欄位簽名。

I (the proposer) have received the sample or photocopy of the policy, the notice to the insured, and filling the proposal, please sign in the field below.

※本人(被保險人、要保人)已確認告知事項及聲明事項之內容請於下方欄位簽名。

I (the proposer) have confirmed the declaration and please sign in the field below.

※身故保險金受益人如係身分別之指定及如有要保人不同意填寫受益人之聯絡地址及電話之情形，則以要保人最後所留之聯絡方式，作為日後身故保險金受益人之通知依據。

If the beneficiary of the death insurance benefit is designated separately that the insured does not agree to fill in the beneficiary's contact address and telephone number, the last contact information left by the insured will be used as the future death insurance benefit Basis for notification of beneficiary

要保人親簽：\_\_\_\_\_ 被保險人親簽：\_\_\_\_\_ 法定代理人或監護人親簽：\_\_\_\_\_

Signature of Proposer

Signature of Insured

Signature of legal representative

要保日期： / /

Date signed: YYYY MM DD

(如被保險人為未滿20歲、或受監護宣告尚未撤銷者，請由法定代理人或監護人親簽。)

(If the proposed insured is under the age of 20 or declaration of guardianship is not revoked, a co-signatory of his/her legal representative is required.)

保經代業務人員/登錄字號	保經代簽署	經辦人員/登錄字號	核保	科長	經副理	專案代號
收件號：		經辦代號：				99ISK02 微型個人 傷害保險
單位代號：		簽名：				
簽名：		登錄字號：				
登錄字號：		初核：				

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※ 此文件僅供參考，請填寫正式中文版本。 This document is for reference only, please fill in the official Chinese version.