

保險金申請書 - OIU 專用  
Benefit Application for OIU



※本申請書請逐項填寫，應備文件及填寫說明請參考背頁說明。

Please fill every field in order. For the list of required documents and instructions, please refer to the back page.

申請項目 / Application item		<input type="checkbox"/> 身故保險金 Death Benefit		
<b>被保險人資料 Information of the Insured</b>				
保單號碼 Policy No. □□□-□□□-□□□□		姓 Family name      名 Forename(s)		
護照號碼 Passport No		出生日期 Date of birth 西元 ____ 年 Year ____ 月 Month ____ 日 Day		
事發原因及經過和結果 (如有新聞剪報，請附上) Circumstances of the accident (Please attach newspaper clipping if available)				
<b>受益人資料 Information of the beneficiary</b>				
姓 Family name      名 Forename(s)		國籍 Nationality / 地區 Region		
護照號碼 Passport No		(請註明 Please specify) 閣下是否為美國稅務居民? Are you a U.S. tax resident? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 不是 No		
聯絡電話 Telephone number + □□□		電子郵件信箱 Email Address		
行動電話 Mobile number + □□□ (含國際冠碼等 including Country Code etc.)		※宏泰人壽將利用本電子郵件信箱寄發通知書。 The notification letter will be sent to this email address.		
居住地址 Current residential address _____ 城市 City : _____ 國家 Country : _____				
銀行及分行名稱 Bank and branch name		帳戶名稱 Account name		
銀行識別號碼 Bank identifier □□-□□-□□		帳戶號碼 Account No.		
國際通匯代碼 SWIFT code □□□□□□□□□□		受款地區國別 Country		
<b>理賠申請暨同意事項 Claim Application and Agreement</b>				
<p>●本人已詳閱申請書內的【注意及聲明事項】，前述內容本人已充份瞭解，並且同意宏泰人壽保險股份有限公司得蒐集、處理及利用本人之個人資料(含病歷、醫療及健康檢查等資料)，以及得將上開資料轉送前述與 貴公司業務往來之單位。 I have fully read and understood the "Claim Application and Agreement" in the application and hereby agree that Hontai Life Insurance Co., Ltd may collect, process and use my personal information (medical records, medical treatment and health examinations) and may send such information to the aforementioned companies which have business with the Company).</p> <p><input type="checkbox"/>申請身故保險金理賠，因保險單遺失，本人聲明保險單作廢。(如有左列情況，煩請勾選) For the application of death benefit, I believe that the policy documentation to be lost and hereby announce it as void. (please check if any of the left applies)</p> <p>申請人 / 受益人 / 授權同意人 簽名：      法定代理人 / 監護人 簽名： Applicant/Beneficiary signature      Legal representative/Legal guardian signature</p> <p>_____ 申請人 / 受益人 / 授權同意人如為未成年人或受監護宣告者，請填寫 The signature of legal representative/guardian is required if the applicant or beneficiary (or the authorized person) is a minor or subject to the order of the commencement of guardianship.</p>				
送件單位	服務人員	業務主管	行政助理	理賠受理章
Name 姓名：	證號： 電話：			

## 注意及聲明事項 Notice and Declaration

1. 外幣保單之給付款僅限「匯款方式給付」，受益人不得要求改以支票或現金給付；給付之幣別依各保險契約條款約定。Any payments from the foreign currency policies can only be made via wire transfer; the beneficiary may not request the payment in the forms of checks or cash. The payment will be made in the currency stipulated in the respective insurance contract provisions.
2. 宏泰人壽保險股份有限公司（下稱本公司）依約匯撥給付款予收款人時，匯出銀行、中間銀行之匯費及匯入銀行所收取之入帳手續費，皆由本公司負擔，但若因收款人提供之帳戶錯誤所生再次匯款的費用，則由收款人負擔。Hontai Life Insurance Co., Ltd (the Company), when making payments via wire transfers, will be responsible for the fees charged by the remitting bank, the intermediary bank and beneficiary bank. However, the beneficiary will be responsible for the re-remittance fees if such re-remittance is required due to incorrect account information provided by the beneficiary.
3. 本公司因辦理您的理賠申請而蒐集、處理及利用案關的個人資料（含病歷、醫療及健康檢查等資料），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之用。該資料會在人身保險業之客戶服務、理賠、再保險、申訴及爭議處理、公司辦理內部控制及稽核之業務及符合相關法令規範等之目的及範圍內使用。您的個人資料除了基於海外急難救助服務、再保險業務及委外業務之執行的需要，會在我國境外被處理及利用外，僅會以電子檔案或紙本形式於我國境內供本公司、中華民國人壽保險商業同業公會、財團法人保險事業發展中心、財團法人金融消費評議中心、業務委外機構、與本公司有再保業務往來之公司、依法有調查權機關或金融監理機關處理及利用。  
The Company, in order to process your claim application, will collect, process and use your relevant personal information (including medical records, medical treatment and health examinations) for insurance-related operations, including evaluating claims, conducting re-insurance and risk assessment. The personal information the Company collects will only be used in customer service, claim, re-insurance, complaint and dispute settlement in the life insurance industry as well as for the Company's internal controls and audits and other operations compliant with the law. Your personal information will only be used for oversea emergencies, re-insurance and provided to companies that have business with the Company within Taiwan. The electronic or paper copy of your personal information will be provided only to the Company, the Life Insurance Association of Republic of China, Taiwan Insurance Institute, Financial Ombudsman Institution, the outsourced institutions, the companies which have reinsurance business with the Company, the government agencies with the authorities of investigation or financial supervision.

本公司保有您的個人資料時，基於我國「個人資料保護法」之規定，本公司不會拒絕您透過書面行使下述的權利：While in possession of your personal information, the Company, in compliance with Personal Information Protection Act, will not deny your exercise of the following rights by written notice:

(一) 查詢、請求閱覽或請求製給複製本。

Inquire, request for viewing or copies of the personal information.

(二) 請求補充或更正

Request to supplement or amend personal information.

(三) 請求停止蒐集、處理或利用及請求刪除。

Request to cease the collection, process and use of the personal information as well as delete the personal information in possession of the Company.

惟本公司依法令規定或因執行業務所必須者，得不依您的請求處理。本公司基於上述原因而需蒐集、處理或利用您的個人資料，若您選擇不同意或是提供之個人資料不完全時，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對您的服務或給付。

However, the Company may deny your request in compliance with the regulations or when needed for related operations. The Company may collect, process or use your personal information. If you choose not to agree to this or provide incomplete personal information, the Company may delay or become unable to conduct necessary review and processes, which will lead to delays in services or payments to you.

## 應備文件 Documents for Claim

申請項目 Application item	應備文件 Required documents	文件說明 Description
壽險身故 Life insurance death benefit	1.2.3.4	1. 保險金申請書-OIU 專用 / Benefit Application for OIU 2. 保險單或其謄本 / Insurance policy (or its copy) 3. 受益人身分證明文件 / ID documents of the beneficiary
意外身故 Accidental death benefit	1.2.3.4.5	4. 被保險人死亡證明文件 / Death certificate of the insured 5. 意外傷害事故證明文件 (報案記錄、警方處理記錄...等) / Accident reports (police reports and records) ※特殊案件若因審核之必要而須提供其他資料時，將由承辦人員另行通知補全。 The Company's staff in charge of the application will notify the applicant when other documents are needed under special circumstances.

### 填寫說明 Details for Fill out

1. 本申請書須詳填各欄位並由受益人簽名。(如不能親自填寫,可由業務人員或親友代填,但務必由受益人親自簽名) 申請身故保險金,受益人係指保險單所載之身故受益人,身故受益人不只一人時,均須簽名或各填寫一份。  
All fields in this application shall be filled and signed by the beneficiary (the application can be filled by the intermediary or friends/family but can only be signed by the beneficiary). The beneficiary for the death benefit is the same one listed as the death beneficiary in the policy.  
※應簽名者為不識字、手部重傷或雙目失明者,可以手印代替,但須二位見證人同時簽名。  
If the person who is supposed to sign the application is illiterate, has severely-injured hands or visually impaired (both eyes), may use thumb print instead with signatures of two witnesses.
2. 金融機構匯款:建議受益人可附上存摺封面影本/對帳單影本,以確保匯款資料的正確性,進而順利完成匯款作業。  
Financial institution wire transfer: It is suggested that the beneficiary can provide a photo copy of the deposit book cover or bank statement to make sure that the bank account information is correct to facilitate a smooth wire transfer.
3. 申請保險給付之相關證明文件,如果本公司認為有必要的情形時,可請受益人補行公證或認證程序。  
If the Company determine that its is necessary, it may ask the beneficiary to have the documents for the benefit application notarized or certified.
4. 被保險人死亡證明文件部份,若非英語系國家,請檢附英文診斷,若無法提出英文診斷,則請提供相關譯本以便核辦。  
If the death certificate for the insured is issued by a non-English speaking country, an English certificate of diagnosis is required. If no English certificate of diagnosis is available, please provide the English translation of other documents.
5. 如果您具有美國國籍或美國稅務居民身分者,需另行填寫並檢附 W-9 表單。  
If you are a US citizen or tax payer resident, please fill up and attach the W-9 form instead.
6. 本申請書內中英文文義若有任何歧異時,則以中文為準。  
**If any difference exists between the English and Chinese text, the Chinese text shall prevail.**