Farglory Life 遠雄人壽

Insurance Claim Application

CLA003

理賠單位受理章

※The Insurance Claim Application Form consists of 4 pages. Please complete all sections on page 1&2. 保險金申請文件共計 4 頁，第 1,2 頁請全部填寫。

※In accordance with amendments to the Insurance Act, terminology in claim-related documents has been adjusted. The rights under policies effective before these changes are not affected by the terminology adjustments. 配合保險法修正，理賠相關文件用詞調整，修正前已生效保單之權益不受用詞調整影響。

※To speed up the processing of your application, please fully complete this application. For information on required documents and instructions for completion, please refer page 3. 為加速審理流程，本申請書請申請人逐項填寫。有關應備文件、填寫說明，敬請詳閱第 3 頁說明。

※The English version is provided for reference only.The Chinese version shall prevail in case of any discrepancies between the English and Chinese versions，英文版本僅供參考，如英文版與中文版有任何差異，已中文版為準。

Information of the Insured 事故人	Name 事故人姓名		Identification Number 身分證字號	
			Date of Birth 出生日期	(YYYY)年 (MM)月 (DD)日
	Policyholder Unit (Name of the Institution/College) 要保單位 (大專院校名稱)	Insurance Policy 團險件 □Group	_____Department 系所_____Years 年級 _____Class 班級 Student Number 學號：_____	

Claim Items 申請項目

☐Medical 醫療 ☐Cancer Treatment 癌症醫療☐Critical Illness/Specific Critical Illness 重大/特定重大疾(傷)病☐Premium Waiver 豁免保費 ☐Various Benefits 各項津貼 ☐Pre-death Needs 生前需求 ☐Death Benefit 身故給付 ☐Total Disability 完全失能☐Partial Disability 部分失能☐Receipt Balance Payment Certificate 收據差額給付證明 ☐Lump-Sum Disability Care Assistance Insurance Payment (Calculated with Discount Rate as per Policy Term) **失能安養扶助保險金一次給付(依商品條款約定會以貼現利率計算)** ☐Long-Term Care Benefit 長期照顧給付 ☐Continuing Claim 續賠件 ☐Other 其他

☐I do not agree to apply for a claim under the group insurance policy this time (If you have a group insurance policy with the Company and this option is not selected, it will be considered as your consent to apply for this policy. Based on our policy services, the Company will inform your policyholder unit about this claim application). 本次不同意申請團險保單之理賠（如台端於本公司有團險保單，但此項未勾選視同台端同意申請此保單，基於保單服務，本公司會將本次之理賠申領文件通知台端之要保單位。）

Details of the Incident 事故內容

Type of Incidents 事故種類	☐Illness 疾病 ☐Accident 意外 **※If it is an accident, please complete the following 若為意外，請續填以下欄位:**		Job Description 工作內容	Medical Treatment Status 就診身分	☐National Health Insurance 健保 ☐Self-paid 自費
Date and Time of Incident 事故日期時間	(YYYY)年 (MM)月 (DD)日 Hour 時 Minute 分	Date of Report 報案日期	/ (YYYY)年 (MM)月 (DD)日	Accident Site 事故地點	
Responsible Unit 處理單位	Branch 分局 Police Station 派出所	Responsible Police Officer 處理員警		Telephone Number 連絡電話	

Please provide a detailed description of the cause and circumstances of the incident below: (※ If there are any police reports or police documents or media coverage, please provide clippings or relevant information.) 事故原因及經過情形，請詳述於下：（※若有報案或警方證明文件或報章雜誌媒體報導，請提供剪報或相關資料。）

Payment Method 給付方式

☐By check 支票

☐Delivered by the service staff of the submitting department 由送件單位服務人員轉交
☐Mailed to the insured contact address on this application 郵寄事故人之本次申請書聯絡地址
☐Mailed to another specified address 郵寄其他指定地址：
※If this box is not checked or specified, the details will be sent to the Insured contact most recent address (residence) on file with the company. 此欄如未勾選或填寫，將依事故人留存公司最新之地址(住所)寄送之。

Delivery Method for Claim Payment Details 理賠給付明細表寄送方式
☐Sent with the check 併支票寄送
☐No need to send(If this box is not checked, the details will be sent with the check)無須寄送 (此欄如未勾選，將併同支票寄送)

☐To the Previous Claim Account 匯款至前次理賠帳戶
☐To the Beneficiary's Account 匯款至受益人帳戶
☐To the Legal Representative or Guardian' s Account 匯款至法定代理人或監護人之帳戶
※It is advisable to use bank transfer to speed up the payment process. 為加速給付時效，建議採取匯款方式

Account Name 戶名	Financial Institution 金融機構名稱	Branch 分行名稱	Account Number 帳號

Delivery Method for Claim Payment Details 理賠給付明細表寄送方式
☐Contact address provided on the application form 本次申請書聯絡地址
☐No need to send. 無須寄送
※Note: If this box is not checked or specified, the details will be sent to the Insured contact most recent address (residence) on file with the company. 此欄如未勾選或填寫，將依事故人留存公司之最新地址(住所)寄送之。

1.If the beneficiary of the medical insurance is a minor and the payment amount is NT$200,000 or less, the payment can be remitted to the account of the legal representative or guardian (who must be the policyholder) 醫療保險金受益人為未成年人且給付金額於 20 萬元(含)內，得選擇匯款至法定代理人或監護人（且須為要保人本人）之帳戶。

2. If the beneficiary of the medical insurance is the same as the policyholder and is a minor, and the payment amount is NT$200,000 or less, the payment can be remitted to the account of the legal representative or guardian (relationship proof document must be attached). 若醫療保險金受益人與要保人同一人，如為未成年人且給付金額於 20 萬元(含)內，得選擇匯款至法定代理人或監護人（須附關係證明文件）之帳戶。

3.If the payment method complies with the abovementioned payment method 1 or 2, it will be considered as payment has been made by the Company to the beneficiary. However, if this leads to any loss or damage to the Company, the beneficiary and payee agree to be jointly responsible for reimbursing the insurance amount without dispute. 符合前述 1 或 2 之給付方式，則視為本公司已對受益人給付，但因此致本公司之損害時，受益人及受款人願負連帶返還保險金之責，絕無異議。

Notice of Personal Data Protection Obligations for Life Insurance 壽險業履行個人資料保護法告知義務內容：

Farglory Life Insurance Inc. (hereinafter referred to as "the Company") is providing the following information in accordance with Articles Article 6, Paragraph 2; Article 8, Paragraph 1; and Article 9, Paragraph 1 of the Personal Data Protection Act. We kindly ask that you review this information thoroughly：遠雄人壽保險事業股份有限公司(下稱本公司)依據個人資料保護法（以下稱個資法）第六條第二項、第八條第一項及第九條第一項規定，向 台端告知下列事項，敬請 台端詳閱

1. Purpose of Collection: The collected data will be used for the following reasonable and related purposes: Personal Insurance(001), Marketing (including joint marketing with financial holding companies) (040), Collection, Processing, and Utilization as required by financial services regulations and financial supervision needs (059), Handling of Financial Disputes (060), Financial Supervision, Management, and Inspection (061), Collection, Processing, and Utilization of Personal Data by non-governmental entities in accordance with legal obligations (063), Insurance Regulation (066), Contracts, Similar Agreements, or Other Legal Matters (069), Emergency Assistance for citizens traveling abroad (085), Consumer and Client Management and Services (090), Consumer Protection (091), Accounting and Related Services (129), Online Shopping and Other E-Commerce Services (148), Auxiliary and Logistical Support Management (150), Investigation, Statistics, and Research Analysis (157), Other Financial Management Activities (177), Other Business Activities in accordance with business registration purposes or organizational regulations (181). 一、 蒐集之目的：人身保險(001)、行銷(包含金控共同行銷業務)(040)、金融服務業依法令規定及金融監理需要，所為之蒐集處理及利用(059)、金融爭議處理(060)、金融監督、管理與檢查(061)、非公務機關依法定義務所進行個人資料之蒐集處理及利用(063)、保險監理(066)、契約、類似契約或其他法律關係事務(069)、旅外國人急難救助(085)、消費者、客戶管理與服務(090)、消費者保護(091)、會計與相關服務(129)、網路購物及其他電子商務服務(148)、輔助性與後勤支援管理(150)、調查、統計與研究分析(157)、其他金融管理業務(177)、其他經營合於營業登記目的或組織章程所定之業務(181)等合理關連之特定目的。

2. Categories of Collected Personal Data: 1. Identification Data: (1) Personal Identification: Such as name, job title, address, phone number, email address, Internet Protocol (IP) address, and any other data that can identify the individual. (2) Financial Identification: Such as bank account numbers and names, credit card or debit card numbers, etc. (3) Government Data Identification: Such as personal identification number, business identification number, disability certificate number, license number, passport number, etc. 2. Characteristics Data: (1) Personal Description: Such as age, gender, date of birth, etc. (2) Physical Description: Such as height, weight, etc. (3) Habits: Such as smoking, drinking, etc. 3. Family Situation: Such as marital status, details of family members, etc. 4. Social Situation: Such as the value of movable or immovable property owned or held, details of accidents or other incidents, etc. 5. Education, Examination, Technical, or Other Professional Information: Such as school records, etc. 6. Employment Situation: Such as current employment status, etc. 7. Financial Details: Such as income, earnings, assets and investments, liabilities and expenses, foreign exchange transaction records, credit notes, insurance details, etc. 8. Health and Other Information: Such as medical reports, treatment and diagnosis records, test results, disability certificate information, etc. 9. Other Details: Such as information related to policy applications or contract documents.二、蒐集之個人資料類別：(一)識別類：1.辨識個人者：如姓名、職稱、住址、電話、電子郵遞地址、網際網路協定(IP)及其他任何可辨識資料本人者等。2.辨識財務者：如金融機構帳戶之號碼與姓名、信用卡或簽帳卡之號碼等。3.政府資料中之辨識者：如身分證統一編號、統一證號、身心障礙手冊號碼、證照號碼、護照號碼等。 (二)特徵類：1.個人描述：如年齡、性別、出生年月日等。2.身體描述：如身高、體重等。3.習慣：如抽煙、喝酒等。(三)家庭情形：如結婚有無、家庭成員之細節等。(四)社會情況：如所有或具有其他權利之動產或不動產之價值等、意外或其他事故及有關情形等。(五)教育、考選、技術或其他專業：如學校紀錄等。(六)受僱情形：如現行之受僱情形等。(七)財務細節：如收入、所得、資產與投資、負債與支出、外匯交易紀錄、票據信用、保險細節等。(八)健康與其他：如醫療報告、治療與診斷紀錄、檢驗結果、身心障礙手冊證明資料等。(九)其他詳如要保書等相關業務申請書或契約書內容。

3. Sources of Personal Data: 1. Policyholder 2. Legal representatives or assistants of the parties involved 3. Medical institutions 4. Third Parties involved in joint marketing, mutual use of client data, cooperative promotions, or other related activities with the Company, or third parties entrusted by the Company in its various business operations 三、個人資料之來源：(一)要保人(二)當事人之法定代理人、輔助人(三)各醫療院所(四)與第三人共同行銷、交互運用客戶資料、合作推廣等關係、或於本公司各項業務內所委託往來之第三人。

4. Utilization Period, Recipients, Regions, and Methods of Personal Data:1. Period: The duration necessary for the execution of business operations and as required by laws and regulations. 2. Recipients: Head office (or branch office) of the Company, the Life Insurance Association of the Republic of China, the Non-Life Insurance Association of the Republic of China, the Taiwan Insurance Institute, the Taiwan Insurance Guaranty Fund, the Financial Ombudsman Institution, the Joint Credit Information Center, the National Credit Card Center of R.O.C., Institute of Financial Law and Crime Prevention, the Taiwan Clearing House, the Financial Information Service Co., Ltd., outsourced service providers, companies with whom the Company has business dealings (such as reinsurance companies, financial institutions, insurance brokers and agents), and authorities or financial regulatory agencies with investigative rights. 3. Regions: The regions where the abovementioned recipients are located. 4. Methods: Utilization methods in accordance with legal regulations.四、個人資料利用期間、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(分)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、財團法人金融法制暨犯罪防制中心、台灣票據交換所、財金資訊公司、業務委外機構、與本公司有業務往來之公司（如：再保業務、金融機構、保經代公司）、依法有調查權機關或金融監理單位。(三)地區：上述對象所在之地區。(四)方式：合於法令規定之利用方式。

5. In accordance with Article 3 of the Personal Data Protection Act, you have the following rights regarding your personal data held by the Company:1. Rights you may be exercised: (1) Request to access, review, or obtain copies of your personal data. (2) Request for supplementation or correction of your personal data. (3) Request to halt the collection, processing, or use of your personal data and to have your data deleted. 2. Methods of exercising your rights: You can exercise these rights by submitting a written request via email, fax, or electronic documents, by visiting any of the Company's service centre, or by calling our toll-free customer service hotline at 0800-083-083.五、依據個資法第三條規定，台端就本公司保有台端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：台端得以書面(包含電子郵件、傳真、電子文件)，或至本公司各服務中心，或透過免費客戶服務專線(0800-083-083)行使權利。

6. Consequences of failing to provide personal data: If you do not provide the required personal data, the Company may experience delays or be unable to carry out necessary evaluation and processing procedures. As a result, the Company may be unable to offer coverage, delay or unable to provide you with the relevant services or benefits.六、台端不提供個人資料所致權益之影響：台端若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，因此可能婉謝承保、遲延或無法提供 台端相關服務或給付。

- Consent for collection, processing, and use of medical records, health care and examination data: The undersigned (hereinafter referred to as "I") consent to the Company collecting, processing, and using my medical records, healthcare, and health examination data within the scope of the purposes disclosed. This consent is in accordance with the Personal Data Protection Act and the relevant provisions of Article 177-1, Paragraph 2 of the Insurance Act (including the transfer of such data to affiliated reinsurers for reinsurance underwriting or claims processing). 病歷、醫療及健康檢查等個人資料蒐集、處理及利用同意事項：立同意書人（以下簡稱本人）同意 貴公司於符合告知事項之目的範圍內，得依據個人資料保護法及保險法第一百七十七條之一第二項管理辦法等相關法令所規定之範圍內（包含轉送予有業務往來之再保險公司辦理再保險核保或理賠業務），蒐集、處理及利用本人之病歷、醫療及健康檢查個人資料。
- Consent and Acknowledgment: 1. The insured/beneficiary agrees that the Company has the right to collect, process, and use the personal data within the scope specified by the Personal Data Protection Act. 2. I consent to appointing the "document handler/insurance agent or broker/service staffs" to handle the claims process on my behalf and agree that the Company may send claim-related documents/information to me through the appointed representative. 3. For claims of death or total disability benefits, if the insurance policy is not submitted as required by the policy terms, it will be considered lost, and the beneficiary acknowledges that the policy is void and does not need to be reissued. 4. In the case of a death benefit claim, to verify the accuracy of the attached autopsy report (or death certificate), I (the beneficiary) consent to the Company comparing the provided data with the death notification system data from relevant agencies.聲明同意事項：1.被保險人/受益人同意 貴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。2.本人同意委任「送件業務員/保險代理人或保險經紀人/服務員」代為處理理賠申請事宜，並同意 貴公司將理賠申請相關文件/資訊由前開受任人轉知予本人。3.申請身故/完全失能保險金，依條款規定須檢附保險單而未檢附者，視為已遺失，受益人聲明保險單作廢無須補發。 4.若為申領身故給付，為確認本次理賠申請所檢附相驗屍體證明書(或死亡證明書)內容之正確性，本人(受益人)同意遠雄人壽將前開資料與相關單位之死亡通報系統資料進行比對。

Signature of the Signatory (The Insured/Beneficiary)立書人(即被保險人/受益人)簽名:_____

(For medical insurance benefits, the beneficiary must be the insured.醫療保險金受益人為事故人本人)

Signature of Legal Representative/Guardian/Assistant 法定代理人/監護人/輔助人簽名：_____

(To be completed if the beneficiary is a minor or a person under guardianship or assistance declaration)
(受益人為未成年人或受監護或受輔助宣告之人需填寫)

申請團體保險理賠請用印要保單位大小章

要保單位用印 負責人用印

Mobile Phone 行動電話:_____Contact Phone 聯絡電話:(　　)_____

**** The Company will notify the claim progress via SMS. Please ensure that the mobile phone number is clear and accurate to facilitate the receipt of relevant notifications.。本公司將提供簡訊通知理賠進度，立書人請確認行動電話號碼清楚正確，以利接收相關通知訊息***

Address: ☐Same as "the latest address (residence) of the insured on file with the company"

(This option is not applicable for travel accident insurance applicants. Please provide the full address)
同「事故人留存公司最新之地址(住所)」(申請旅行平安險者不適用本項勾選，請務必詳填地址)

County Township Village Road Section Alley Number

□□□□□

City District Neighborhood Street Number

E-mail:_____☐@yahoo.com.tw ☐@hotmail.com ☐@gmail.com ☐@fglife.com.tw ☐Other@_____

Date of application 申 請 日 期: (YYYY) (MM) (DD)

(※If the date is not filled, the date of application will be considered as the date on which the Company acknowledges the application. 若未填寫，以本公司受理當日為申請日)

Signature/ Seal of the Service Staff/Trustee 服務人員/受託人簽章/招攬人員簽名:	Registration Number 登錄證字號:	Submitting Department/Code/ Signature or Seal of the Insurance Broker or Agent 送件單位/代碼/保經、代公司簽章	Administrative Assistant/ Group Insurance Department Acknowledgement Seal 行政助理/團保部受理章
E-mail:	Mobile phone 行動電話:		

List of documents required for insurance claims applications

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(✓: Applicable to both individual and group insurance ◎: Applicable to individual insurance only △: Applicable to group insurance only ★: Applicable to student insurance)

Application Items / Documents Required	Medical			Disability		Death			Long-Term Care		Major Illness/Specified Major Illness	Major Illness and Injury	Specified Illness	Premium Waiver	Disability Support Benefit (Total Disability)	Compensation for Loss of Earning Capacity	Maternity Allowance	Family Funeral Allowance	Fractures	Pre-Death Needs Advance Payment	Advance Hospitalization Comfort Benefit
	Daily Medical Benefit	Actual Expense Reimbursement Type	Cancer Treatment	Partial Disability	Total Disability	Death due to Illness	Death due to Cancer	Death due to Accident	Long-Term Care Lump Sum Benefit	Long-Term Care Assistance Benefit											
Insurance Claim Application Form	✓	✓	✓	✓	✓	✓	✓	✓	◎	◎	✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Diagnosis Certificate	✓	✓	✓	✓	✓				◎	◎	✓	✓	✓	✓	✓	✓	◎		✓	✓	
Barthwell Index, Clinical dementia Rating Scale, or other professional assessment scales									◎	◎											
Summary of medical records related to long-term care status									◎	◎											
Original copy of major illness or injury certificate issued by the National Health Insurance												◎									
Original receipts and expenses statement		✓																			
X-rays (or disk)																			✓		
Birth Certificate and Household Registration Transcript																	◎				
Death Certificate						✓	✓	✓													
Household Registration Transcript of The Deceased						✓	✓	✓										✓			
Beneficiary's Identification (such as a copy of the identification card or household registration transcript)	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Legal Heir Declaration and Consent Form	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	◎	✓	✓	✓	
Relevant test or pathology report			✓				✓				✓		✓	✓							
Proof of foreign currency deposit account (for foreign currency policies)					◎	◎	◎	◎													
Insurance Claim Application Form for Hospitalization Comfort Benefit under the Kiangsu Medical Health Insurance (designated use)																					◎
Diagnosis Certificate and medical record issued by hospitals at or above "Regional Hospital" level (applicable for Bayan Kang Major Illness and Injury Annual Term Health Insurance)												◎									
Hospitalization certification (such as hospitalization diagnosis certificate, bedside card with personal information, or image of patient wristband)																					◎
Proof of occupational accident and Labor Insurance benefit receipt copy				△	△	△	△	△							△	△					
Proof of student's registrant-tion record (with official school seals and responsible staff's seal)						★	★	★													
Insurance Policy					◎	◎	◎	◎	◎		◎	◎	◎		◎						

- Important Notes

1. For all insurance benefit claims, in addition to submitting the required documents listed above, the claim documentation must comply with the terms stipulated in the policy. If additional documents are needed for claim review, the responsible staff will provide further notification.
2. Documents issued abroad must be notarized and authenticated according to relevant legal regulations before they can be used. For further details, please refer to the Bureau of Consular Affairs, Ministry of Foreign Affairs website (www.boca.gov.tw).
3. If the cause of death is listed as "Under Autopsy Examination", please provide the "Autopsy Report" or a "Postmortem Examination Certificate" that states the confirmed cause of death.

4. When claiming accident medical insurance or disability benefits due to a "fracture", please provide X-rays to confirm the injured area and the degree of the fracture (complete, incomplete, or crack) in addition to the medical certificate.
5. When claiming accidental death or total disability, please submit "proof of accidental injury" (such as a police report) to expedite the claims process.
6. To facilitate the claims investigation process, the responsible staff may request for additional documents such as the "Authorization for Inquiry and Declaration Statement" and the "National Health Insurance Insurer Data Application Form" from relevant agencies (hospitals). If the signatory is the legal representative, guardian, or assistant of the insured /deceased beneficiary, please also provide proof of relationship (such as a copy of the household registration or a court ruling).
7. If the insured applying for total disability benefits has been declared under guardianship and the declaration has not been revoked, a court ruling on the declaration of guardianship or assistance must be provided.
8. Please provide the cancer pathology slides or related examination reports when claiming benefits related to "cancer" (such as major illness, cancer treatment, cancer-related death, or premium waiver).
9. For cesarean section benefits due to medical reasons, no medical records are required for regional hospital level or higher. However, obstetrics and gynecology clinics must submit photocopies of medical records or labor record.
10. Beneficiary identity documents refer to the beneficiary's household registration transcript or a photocopy of both sides of the beneficiary's identification card. (If the beneficiary is designated as an heir at law, in addition to a photocopy of the identification card, the full household registration transcript and an "Heir Declaration and Consent Form" must be submitted to confirm the number of beneficiaries and the distribution of the benefit amount.)
11. Applicants for "Disability Support Benefit (Total Disability)" must submit documents, such as a household registration transcript, to prove the insured is alive when claiming benefits each year. When the beneficiary applies for Disability Support Benefit (Total Disability), the Company may conduct a medical checkup of the insured and, with the beneficiary's consent, review the insured's medical records if necessary. All costs will be covered by the Company, however, this will not extend the time frame in which the Company is obligated to pay benefits according to the policy terms.
12. If a claim is filed by someone other than the insured, a letter of authorization must be provided.
13. According to the National Health Insurance Act and the Regulations Governing the Withholding and Payment of Supplemental Insurance Premiums：
    13.1 Interest accrued from delayed payment of insurance benefits, which results from the insurer's failure to pay within 15 days, is considered interest income under the Income Tax Act and is subject to supplemental insurance premium withholding.
    13.2 If the interest from late payments reaches NT$20,000 or more in one payment, the Company will deduct the supplemental insurance premium as required by regulations.
14. If the insured's death benefit involves policies like high-risk, elderly, single premium, short-term, debt-financed, large-sum, or intensive policies, or if the insurance payout is the same as or less than the premiums paid, and there's an attempt to avoid estate taxes, the tax authorities may still enforce tax rules based on the actual situation.
15. **When the insured passes away, becomes totally disabled, or the total insurance amount reaches its limit, or the main policy is terminated due to a non-death-related insurance event, if you do not wish to continue the rider insurance, you can contact FarGlory Life Insurance's Policyholder Service Department to terminate the rider insurance.**

※For those who submit their Insurance Claim Application Form by mail, kindly send them to the head office or the following branch office.

※Taipei Head office：27th Floor, No. 1, Songgao Road, Xinyi District, Taipei City 11073, Claims Department	Phone：02-2758-3099 Fax: 02-8789-2484
※Taichung Branch Office：No. 635, Section 2, Taiwan Boulevard, Xitun District, Taichung City 40759, Claims Section	Phone：04-2329-5550 Fax：04-2329-1060
※Kaohsiung Branch Office：1st Floor, No. 112, Sanduo 4th Road, Lingya District, Kaohsiung City 80247, Claims Section	Phone：07-330-9523 Fax：07-535-4066

- Toll-Free Customer Service Phone：0800-083-083