



※保險金申請文件共計3頁，第1頁請全部填寫，若經評估需調閱病歷，填寫第3頁可縮短調閱時效。

※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。

※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2頁說明。

事故人	事故人姓名	身分證字號					
		出生日期	年	月	日		
申請項目	要保單位 (大專院校名稱)	□團險件	_____ 系所 _____ 年級 _____ 班 學號： _____				
<input type="checkbox"/> 醫療 <input type="checkbox"/> 癌症醫療 <input type="checkbox"/> 重大/特定重大疾(傷)病 <input type="checkbox"/> 豁免保費 <input type="checkbox"/> 各項津貼 <input type="checkbox"/> 生前需求 <input type="checkbox"/> 身故給付 <input type="checkbox"/> 完全失能 <input type="checkbox"/> 部分失能 <input type="checkbox"/> 收據差額給付/正本留存證明 <input type="checkbox"/> 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) <input type="checkbox"/> 長期照顧給付 <input type="checkbox"/> 本次不同意申請團險理賠 (未勾選視為同意申請，本公司會將本次之理賠申領文件通知要保單位。) <input type="checkbox"/> 續賠件 【重要權益通知】 提醒您，若申請理賠且須檢附正本收據，如有其他同業實支實付型商品亦須檢附正本收據，為確保您的權益，請先與該保險公司確認相關作業，以利理賠審核。							
事故內容	事故種類	□疾病 <input type="checkbox"/> 意外 ※若為意外，請續填以下欄位	工作內容	就診身分	□健保	□自費	
	事故日期時間	年 月 日 時 分	報案日期	年 月 日	事故地點		
	處理單位	分局	派出所	處理員警	連絡電話		
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。)							
給付方式	□支票	□由送件單位服務人員轉交 □郵寄事故人之本次申請書聯絡地址 理賠給付明細表寄送方式 <input type="checkbox"/> 併支票寄送 <input type="checkbox"/> 無須寄送 (此欄如未勾選，將併同支票寄送)	※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。				
	□匯款至前次理賠帳戶	□匯款至受益人帳戶	□匯款至法定代理人或監護人之帳戶	※為加速給付時效，建議採取匯款方式			
	戶名	金融機構名稱	分行名稱	帳號			
理賠給付明細表寄送方式 <input type="checkbox"/> 本次申請書聯絡地址 <input type="checkbox"/> 無須寄送 ※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。							
1. 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. 若醫療保險金受益人與要保人同人，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. 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，但因此致成本公司之損害時，受益人及受款人願負連帶返還保險金之責，絕無異議。							
壽險業務個人資料保護法告知義務內容： 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：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。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、電子郵件地址、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。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、互通有無等關係、或於本公司各項業務內所委託往來之第三人。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、保經代理公司)、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。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。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。							
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。							
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關屍體證明書(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。							
立書人(即被保險人/受益人)簽名：_____				法定代理人/監護人/輔助人簽名：_____			
(醫療保險金受益人為事故人本人)				(受益人為未成年人或受監護或受輔助宣告之人需填寫)			
行動電話：_____ 聯絡電話：() _____ *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。							
聯絡地址：□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) 縣 市 鄉鎮 市區 村 里 路 街 段 巷 搄 樓 號							
E-mail: _____ @yahoo.com.tw _____ @hotmail.com _____ @gmail.com E-mail: _____ @fglife.com.tw _____ 其它@ _____							
申請日期：中華民國 年 月 日 (※若未填寫，以本公司受理當日為申請日)							
服務人員/受託人簽章/招攬人員簽名：		登錄證字號：	送件單位/代碼/保經、代公司簽章			行政助理/團保部受理章	
E-mail:		行動電話:					



申請各項保險給付應檢附文件一覽表 (✓: 個險及團險適用 ◎: 個險適用 △: 團險適用 ★: 學保適用)

申請項目 應備文件	醫療			失能			身故			長期照顧			大 疾 病	重 大 傷 病	特 定 傷 病	豁 免 保 費	失 能 安 養 (完 全 失 能)	喪 失 工 作 能 力 (完 全 失 能)	所 得 補 償 給 付	生 育 津 貼	眷 屬 喪 葬 津 貼	骨 折	生 前 需 求 提 前 給 付	住 院 慰 問 保 險 金
	醫 療 日 額 型	實 支 實 付 型	癌 症 醫 療	部 份 失 能	全 部 失 能	疾 病 身 故	癌 症 身 故	意 外 身 故	長 期 照 顧	次 保 險 金 一	助 保 險 金 扶	長 期 照 顧	次 保 險 金 扶	重 大 傷 病 ‘ 特 定 重										
保險金申請書	✓	✓	✓	✓	✓	✓	✓	✓	◎	◎	✓	✓	✓	✓	✓	✓	◎	✓	✓	✓				
診斷證明書	✓	✓	✓	✓	✓	✓			◎	◎	✓	✓	✓	✓	✓	✓	✓	◎	✓	✓				
巴氏量表或臨床失智評分量表或其他專業評量表									◎	◎														
長期照顧狀態之相關病歷摘要									◎	◎														
全民健保核發之重大傷病證明文件正本														◎										
收據正本及費用明細表		✓																						
X光片(碟)																					✓			
出生登記戶籍謄本																	◎							
死亡證明書						✓	✓	✓																
除戶戶籍謄本						✓	✓	✓												✓				
受益人身分證明 (如身分證影本、戶籍謄本)	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	◎	✓	✓	✓			
法定繼承人聲明同意書	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	◎	✓	✓	✓			
相關檢驗或病理切片報告			✓				✓				✓		✓	✓	✓									
外幣存款帳號之證明文件 (外幣保單適用)				◎	◎	◎	◎																	
康富醫療健康保險附約住院慰問保險金申請書(專用)																					◎			
「區域醫院」層級以上開立之診斷書、病歷摘要 (保安重大傷病一年定期健康保險附約適用)														◎										
住院證明文件 (如住院診斷證明、床頭卡個人資料影像、病人手圈影像)																					◎			
職業災害證明勞工 保險給付收據影本			△	△	△	△	△	△									△	△						
學籍資料證明文件(需蓋 學校大小章及承辦人員章)						★	★	★																
保險單				◎	◎	◎	◎	◎	◎		◎	◎	◎	◎	◎	◎								

一、注意事項：

- 各項保險給付申請，除依上述表列應備文件檢附送件，其申領文件仍以保單條款約定為準，倘為理賠審核必須增補其他文件者，將由承辦人員另行通知。
- 國外開立之證明文件應依相關法令規定進行公證及驗證後使用，詳情可上外交部領事事務局網站查詢(網址：www.boca.gov.tw)。
- 身故原因為「解剖鑑定中」者，應補「解剖鑑定報告」或載明確定死亡原因之「相驗屍體證明書」。
- 因「骨折」申請意外傷害醫療保險金或失能理賠時，除檢附診斷證明書，並請檢附X光片以確認傷害部位及骨折程度(完全骨折、不完全骨折或龜裂)。
- 申請意外身故或完全失能時，為加速理賠作業，請一併附上「意外傷害事故證明文件」(如警方證明文件)。
- 為有利於理賠調查作業，承辦人員可能會通知補具各機關(醫院)專用「同意查詢暨授權聲明書」、「全民健康保險保險人提供資料申請書」。倘立書人為事故人/身故受益人之法定代理人/監護人/輔助人時，請另檢附關係證明(如戶口名簿影本、法院宣告裁定等)。
- 申請完全失能之被保險人如為受監護宣告尚未撤銷者，需檢附法院宣告監護或宣告輔助之裁定。
- 申請與「癌症」有關之理賠(如：重大疾病、癌症醫療、癌症身故、豁免保費)，應檢附癌症病理切片或相關檢驗報告以資證明。
- 醫療原因為剖腹產給付，地區醫院等級(含)以上免附病歷，婦產科診所需檢附病歷影印本或產程記錄。
- 受益人身分證明係指受益人之戶籍謄本或受益人身分證正反面影本(若受益人指定為法定繼承人，除身分證正反面影印本外，尚須檢附受益人之全部戶籍謄本並填具「繼承人聲明同意書」，以便確認受益人數與給付金額)。
- 申請「失能安養(完全失能)扶助保險金」者，每年申領給付時應提出可資證明被保險人生存之文件，如戶籍謄本。
- 受益人申領完全失能之保險金、失能安養(完全失能)扶助保險金時，本公司得對被保險人的身體予以檢驗，必要時並得經受益人同意調閱被保險人之就醫相關資料，其一切費用由本公司負擔。但不因此延展保險公司依條款約定應給付之期限。
- 非本人提出理賠申請時，須附委任書辦理。
- 依全民健康保險法與全民健康保險扣取及繳納補充保險費辦法之規定：
 - 13.1 歸責保險人未在15日內給付保險金所衍生之延滯利息係屬所得稅法所稱之利息所得，為補充保險費之扣取範疇。
 - 13.2 延滯利息單次給付金額達新台幣貳萬元者，本公司應按規定之補充保險費率扣取補充保險費。
- 被保險人身故保險金，如有重病投保、高齡投保、躉繳投保、短期投保、舉債投保、鉅額投保、密集投保或保險給付低於或相當於已繳保費等之保險給付件，若有規避遺產之情形，稽徵機關仍然可以按照稅法實質課稅原則辦理。
- 當被保險人身故或完全失能或保險金總額已達給付上限或主契約因非屬身故之保險事故而致主約終止後，若不同意附約延續承保，可另洽遠雄人壽保戶服務部辦理終止附約。

※自行郵寄保險金申請書辦理者，請郵寄至總公司或分公司下列地址收。

※台北總公司：11073 台北市信義區松高路1號27樓 理賠部

電話：02-2758-3099 傳真：02-8789-2484

※台中分公司：40759 台中市西屯區台灣大道二段635號 理賠科

電話：04-2329-5550 傳真：04-2329-1060

※高雄分公司：80247 高雄市苓雅區三多四路112號1樓 理賠科

電話：07-330-9523 傳真：07-535-4066

客戶免付費電話：0800-083-083



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	<input type="checkbox"/> Medical 醫療 <input type="checkbox"/> Cancer Treatment 癌症醫療 <input type="checkbox"/> Critical Illness/Specific Critical Illness 重大/特定重大疾(傷)病 <input type="checkbox"/> Premium Waiver 豁免保費 <input type="checkbox"/> Various Benefits 各項津貼 <input type="checkbox"/> Pre-death Needs 生前需求 <input type="checkbox"/> Death Benefit 身故給付 <input type="checkbox"/> Total Disability 完全失能 <input type="checkbox"/> Partial Disability 部分失能 <input type="checkbox"/> Receipt Balance Payment Certificate 收據差額給付證明 <input type="checkbox"/> 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) <input type="checkbox"/> Long-Term Care Benefit 長期照顧給付 <input type="checkbox"/> Continuing Claim 繼續賠件 <input type="checkbox"/> Other 其他 <input type="checkbox"/> 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	<input type="checkbox"/> Illness 疾病 <input type="checkbox"/> 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			<input type="checkbox"/> National Health Insurance 健保	<input type="checkbox"/> 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	<input type="checkbox"/> Delivered by the service staff of the submitting department 由送件單位服務人員轉交 <input type="checkbox"/> Mailed to the insured contact address on this application 郵寄事故人之本次申請書聯絡地址 <input type="checkbox"/> 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 <input type="checkbox"/> Sent with the check 併支票寄送 <input type="checkbox"/> 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)												
		<input type="checkbox"/> To the Previous Claim Account 汇款至前次理賠帳戶 <input type="checkbox"/> To the Beneficiary's Account 汇款至受益人帳戶 <input type="checkbox"/> To the Legal Representative or Guardian's Account 汇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 <input type="checkbox"/> Contact address provided on the application form 本次申請書聯絡地址 <input type="checkbox"/> 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 · 且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 · 絶無異議。														

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 :遠雄壽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

- 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 Response 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)等處理關連之特定目的。
- 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。
- 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委託往來之第三人。
- 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、中華民國壽險商業同業公會、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。
- 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、依據個人資料第三條規定，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。
- 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理人/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/資訊由前開受託人轉知予本人。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)

(受益人為未成年或受監護或受輔助宣告之人需填寫)

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
@yahoo.com.tw @hotmail.com @gmail.com

E-mail: _____ @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:		

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

List of documents required for insurance claims applications



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

Application Items	Medical		Disability		Death		Long-Term Care		Major Illness and Injury		Major Illness	
	Medical	Reimbursement Type	Disability	Partial Disability	Death	Death due to Accident	Long-Term Care	Assistance Benefit	Long-Term Care	Specified Illness	Major Illness	Illness/Specified
Documents Required												
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 registration record (with official school seals and responsible staff's seal)					★	★	★					
Insurance Policy				◎	◎	◎	◎	◎	◎	◎	◎	◎

● Important Notes

- 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.
- 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).
- 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