



Claim Items	<input type="checkbox"/> (DEATH) <input type="checkbox"/> (TOTAL DISABILITY) *In correspondence with the amendment to the Insurance Act, the term of handicapped is adjusted to the term of total disable, and the rights and interests of the insured are not affected by the adjustment to such term.
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Personal Data	Policy No.	
	Name of Insured	
	Date of Birth	Year      Month      Day
	ID Card No./ Passport No.	

Incident Type	<input type="checkbox"/> Illness	<input type="checkbox"/> The incident time of accident: Year      Month      Day      AM/PM      Hour      Minutes			
	<input type="checkbox"/> Accident <small>If the "Accident" is checked, please fill these fields</small>	Please describe in detail about the location, reason, circumstances, occupation and work content when the incident was occurred (Please provide the relevant information if there is any document, such as policy report(s) or police certification(s))			
		Report Date:	Handling Unit:	Case in Charge:	Tel:

Payment details	Account Name:	<small>In the event of multiple beneficiaries, please provide a copy of passbook' cover thereof.</small>	Bank and Branch Name :
	Account No. :		

Contact Information	(only for this claim application)			
	Address :			
	Tel :	Mobile :	E-MAIL :	@

**Notification from the Insurance Enterprise in Compliance with the Personal Data Protection Act**

In accordance with Article 8 subsection 1, Article 9 subsection 1 and Article 6 subsection 2 of Personal Data Protection Act (hereinafter referred to as the "Act"), Nanshan Life Insurance Co., Ltd. (hereinafter referred to as the "Company") informs you of the following matters, please read carefully:

1. Purposes of Collection: (1) 001 life insurance (2) 069 policy, policy-like or other legal-related matters (3) 090 consumer and customer management and services (4) 181 other operations in line with the items of business registration or business specified in the Article of Incorporation. 2. Categories of Personal Data to Be Collected: Name, address, telephone number, personal ID number, date of birth, occupation, email, financial institution account and medical record, medical treatment, health examination, and personal information related to the verification of the accident, etc. (including the personal data provided not directly from to the Company before this claims application of this policy is filled, such as information provided when applying for enrollment or change of contract terms.), please refer to this application form and required documents. 3. Source of Personal Data to Be Collected: (1) Applicant. (2) You, your legal representatives/guardian, or assistant. (3) A third person entrusted by the Company to conduct its each various businesses. 4. Time period, object, territory, recipients, and methods of which the personal data is used: (1) Time period: The retention period required in performing the Company's business and in accordance with applicable laws and regulations. (2) Object: The Company, applicant organization, Life Insurance Association of the Republic of China, Non-Life Insurance Association of the Republic of China, Institute of Financial Law and Crime Prevention, Financial Ombudsman Institution, or other institutions handling consumer disputes, organization to which the Company outsource its business, and companies that have reinsurance business with this Company, competent investigation or financial authorities. (3) Territory: The regions where the above objects are located. (4) Method: The methods of uses in compliance with applicable laws and regulations. 5. In accordance with the provisions of Article 3 of the Personal Data Protection Act, you are entitled exercise the following rights in terms of your personal data in possession of the Company: (1) You are entitled to request the Company to: 1. make an inquiry of, review, and request a copy of your personal data; 2. supplement or correct your personal data; 3. demand the cessation of the collection, processing or use of, and erase your personal data; (2) The method to exercise the rights: In writing. 6. Effect to your rights and interests if you refuse to provide your personal data: If you do not provide relevant personal data, the Company may postpone or be unable to perform necessary review and procedures, resulting in delay or failure in payments or services to you.

**Consent for Personal Data Collection, Processing and Use in Terms of Medical Records, Medical Treatment and Health Examinations, etc.**

I (the insured) agree that the Company may collect, process and use the personal data related to my medical records, medical, and health examinations.

I agree to the aforesaid matters and appoint a "delivery agent/insurance agent or insurance broker" (i.e., the assignee) to handle the claim application on my behalf, and agree that the Company will provide the relevant documents/information related to the claim application to me through the assignee on the right-hand side.		Signature of Delivering Person/ Assignee :	Reception Unit	
Please do be sure to sign in person	Signature of Beneficiary /Assignee : <small>(Please fill in the nationality and name in Chinese and English.)</small>	Nationality :	Reception Column	
	Beneficiary (as a legal person) <input type="checkbox"/> can <input type="checkbox"/> cannot issue bearer shares (You do not have to answer the next question if your answer is "cannot" ) Beneficiary (as a legal person) <input type="checkbox"/> has <input type="checkbox"/> has not issued bearer shares			
	The Signature of Legal Representatives : <small>Please also provide a certificate of relationship</small>	Nationality :	Registration Code : Agent/Relationship Manager Code: Branch Name/Branch Code:	
	Date of Application: Year      Month      Day		Contact telephone number: Signature and seal of the Insurance Broker (Assignee) :	

