



AIA International Limited Taiwan Branch Group Insurance Benefit Claim Form

CLM No.:

Policy No.		Applicant unit		
Name of suffering party		ID card No.	Date of birth (YYY/MM/DD)	
Name of employee <small>(Not required if the same as the suffering party)</small>		ID card No.	Relationship between suffering party and employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child	
Type of request	<input type="checkbox"/> Hospitalization <input type="checkbox"/> Outpatient fracture <input type="checkbox"/> Cancer <input type="checkbox"/> Critical illness <input type="checkbox"/> Death/total disability <input type="checkbox"/> Disability <input type="checkbox"/> Occupational hazard <input type="checkbox"/> Injury treatment <input type="checkbox"/> Outpatient consultation <input type="checkbox"/> Others: _____			
	Description of accident/incident	Time of incident (YYY/MM/DD): _____/_____/_____	Handling unit: Precinct/District Prosecutor's Office	Accident description:
Location of incident:		Handling officer:		
Whether reported: <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact No.:		
Beneficiary's contact information and method of benefit payment	* For your best interest, make sure to provide correct wire transfer information including account name, name of financial institution, branch name, and account number. Please also attach a frontside photocopy of the account passbook. * Payment will be made via non-transferable check instead if account name or number is incorrect or incomplete. Claims against foreign currency policy are paid via wire transfer only. * The Company does not accept requests for making payment into the account of the beneficiary's legal representative, except in the case of medical benefits where the beneficiary is a minor. Once medical benefits are paid to the beneficiary's legal representative in the circumstance described above, the Company would be deemed to have fulfilled its payment obligations under the insurance agreement, and the beneficiary will no longer be entitled to claim medical benefits from the Company.			
	Payment method	<input type="checkbox"/> Wire transfer <input type="checkbox"/> To the same account as the previous claim <input type="checkbox"/> Check		
	Payee	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Beneficiary's legal representative – ID card No. _____		
	Account name	Account number	<input type="checkbox"/> Chunghwa Post <input type="checkbox"/> _____ (Bank) _____ (Branch) Account No.: _____ (Please attach frontside photocopy of account passbook)	
	Mailing address (required field)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____		Contact No.
	Method of check delivery	<input type="checkbox"/> To be handed through sales representative <input type="checkbox"/> Mail to beneficiary's mailing address		
Consent for Collection, Processing, and Use of Illness/Treatment/Health Checkup Records and Personal Data: I (the insured party/beneficiary) agree that the Company may gather, process, and make use of information such as personal medical history, medical report, and health checkup records of the insured party according to Personal Data Protection Act, Article 177-1 of the Insurance Act, and authorization rules thereof for the purpose and to the extent necessary to establish/fulfill insurance obligations between the Company and the insured party (including exchange of information with partnered reinsurers for reinsurance underwriting or claim). Notes on relevant matters are as detailed on page 2 of the insurance benefit claim form. When claiming death benefit, I (the beneficiary) agree for the Company to compare the above information against records of the mortality reporting system in order to verify the correctness of the forensic report (or death certificate) attached to the claim.				
I agree that, for the purpose of this benefit claim, whether raised by myself or through a "sales representative/insurance agent/insurance broker/applicant unit," the Company may deliver claim-related documents/information to me through a "sales representative/insurance agent/insurance broker/applicant unit." (Sign if agreed)				
Signature of beneficiary/suffering party: _____		Signature of the legal representative/guardian/assistant: _____ <small>(To be signed if the beneficiary is a minor or under mandatory guardianship/assistance)</small>		
Beneficiary's signature/seal	Signature of beneficiary/suffering party: _____ (please apply signature/seal)		Signature/seal of applicant unit	
	Signature of legal representative/guardian/assistant: _____ Nationality: _____			
	Date of Birth (YYYY/MM/DD): ____/____/_____ <small>(To be signed if the beneficiary is a minor or under mandatory guardianship/assistance; please also specify nationality and date of birth)</small>			
	Contact person: _____ Contact No.: _____			
	Relationship with the insured party: _____ Date (YYYY/MM/DD): ____/____/_____			
Submitting unit	Name/registration number of sales representative: _____ / _____ Contact No.: _____ ※ The sales representative must visit and witness signature of the beneficiary/suffering party in person.		Date of acceptance	

AIA International Limited Taiwan Branch
Notes on Collection, Processing and Use of Personal Data

AIA International Limited Taiwan Branch (the Company) is bound to notify you of the following pursuant to Paragraph 2, Article 6 and Paragraph 1, Article 8 (and Paragraph 1, Article 9 for matters concerning indirect gathering of personal data) of the Personal Data Protection Act (PDPA), for which you are advised to comprehend in detail:

1. Purposes of gathering personal data (based on "The specific purpose and the classification of personal data of the Personal Data Protection Act" published by the Ministry of Justice):

(1) Life insurance service (001)	(8) Contracts, contract-like arrangements, or other legal relations (069)
(2) Foreign currency service (022)	(9) Consumer and customer management and service (090)
(3) Marketing (040)	(10) Township/county/city mediation (124)
(4) Execution of court orders (055)	(11) Online shopping and other e-commerce services (148)
(5) Data gathering, processing, and uses that financial service providers are required to perform by law and for supervisory purpose (059)	(12) Survey, statistics and analysis (157)
(6) Resolution of financial disputes (060)	(13) Other registered services or services specified in the Articles of Incorporation (181)
(7) Data gathering, processing, and uses that non-government institutions are required to perform by law (063)	

2. Types of personal data gathered (based on "The specific purpose and the classification of personal data of the Personal Data Protection Act" published by the Ministry of Justice):

(1) Personal identifiers. E.g.: name, designation, address, phone number, e-mail, etc. (C001)	(11) Occupation (C038)
(2) Financial identifiers. E.g.: bank account number, credit card number, policy number, etc. (C002)	(12) Accident or incident-related information. E.g.: facts concerning the accident, nature of damage or injury, parties involved, witnesses, etc. (C040)
(3) Government-issued identifiers. E.g.: ID card number, passport number, residential permit number, etc. (C003)	(13) Income, assets, and investments (C081)
(4) Personal descriptions. E.g.: age, gender, date of birth, nationality, etc. (C011)	(14) Debt and expenditure (C082)
(5) Physique. E.g.: height, weight, blood type, etc. (C012)	(15) Loan (C084)
(6) Habits. E.g.: smoking, drinking, etc. (C013)	(16) Insurance details (C088)
(7) Family background. E.g.: marital status, name of spouse, number of children, etc. (C021)	(17) Social insurance benefit, dependent benefit, and other retirement benefits (C089)
(8) Details of other family members. E.g.: children, dependents, parents, etc. (C023)	(18) Health records. E.g.: medical reports, treatment/diagnosis records, test results, types and severity of disability, etc. (C111)
(9) Property. E.g.: real estate or movable properties owned or entitled (C032)	
(10) Lifestyle. E.g.: personal or household spending pattern (C036)	

3. Source of personal data (applicable if personal data is gathered indirectly from anyone other than the informed party):

- (1) Applicant
- (2) Legal representative or assistant of the informed party
- (3) Medical institutions
- (4) Third parties that the Company has joint marketing relationship with, exchanges customer data with, or outsources services to.

4. Duration, recipients, territory, and methods of which personal data is used:

- (1) Duration: Information will be kept for the period of time required by law or for the period of time needed to perform service.
- (2) Recipients: The Company, the Company's ultimate holding company (AIA Group Limited) and subordinates or branches thereof, The Life Insurance Association of The Republic of China, The Non-Life Insurance Association of The Republic of China, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center, Taiwan Clearing House, Financial Information Service Co., Ltd., outsourcing agencies, insurance agents/brokers that the Company cooperates with to promote your insurance contract (including banks that concurrently involve in insurance agency/brokerage service), companies that the Company has reinsurance relationship with, government agencies or financial supervisory agencies of appropriate authority, and crime prevention organizations.
- (3) Locations: Where the abovementioned parties are domiciled.
- (4) Methods: Information will be used in methods that comply with laws.

5. Pursuant to Article 3 of the PDPA, you may exercise the following rights over your personal data held by the Company:

- (1) Rights you may exercise with the Company:
 - A. Inquire, review, or obtain duplicate copies of your personal data.
 - B. Supplement or correct personal data.
 - C. The right to stop the Company from gathering, processing, or making use of data, and the right to have personal data deleted from the Company's database.
- (2) Method of exercise: You may call the Company's customer service hotline at: 0800-012-666 or e-mail your request to tw.customer@aia.com.

6. Impacts for not providing personal data (applicable for situations where personal data is gathered directly from the informed party):

If you are unable to provide the personal data requested, the Company may delay or become unable to review and process your application, and ultimately result in the delay or rejection of services or payments to you.

Required documents for benefits/claims

Type of request	Required documents															
	Benefit Payment Application	Consent and Authorization for Inquiries	Proof of diagnosis	Receipt or details of medical expense	X-ray film on fracture	Pathology report or biopsy report	Proof of disability	Death certificate	Proof of use of public transport	Forensic report	Proof of injury-inflicting accident	Household registration transcript showing removal of insured party from household	Household registration transcript or identity proof	Beneficiary's household registration transcript or identity proof	Insurance policy or transcript thereof	Proof of loan balance or proof of full settlement (8)
Medical benefit																
Fixed (daily) hospitalization benefit	✓	✓	✓													
Daily accidental injury hospitalization/outpatient fracture benefit	✓	✓	✓		✓						✓					
Reimbursement type accidental injury benefit	✓	✓	✓	✓							✓					
Death benefit																
Death by illness	✓	✓						✓				✓	✓	✓	✓	✓
Death by accident	✓	✓							✓	✓	✓	✓	✓	✓	✓	✓
Disability benefit																
Total disability by illness	✓	✓					✓								✓	
Accidental disability benefit/major injury disability benefit/disability support benefit	✓	✓					✓			✓						
Critical illness coverage/special injury and illness coverage/first-time cancer coverage	✓	✓	✓			✓										
Major burns	✓	✓	✓								✓					
Public transport injury coverage (death or disability)	✓	✓					✓		✓	✓	✓	✓	✓	✓	✓	
Premium waiver	✓	✓	✓													
Missing/missing by accident	✓	✓						✓		✓	✓	✓	✓	✓	✓	

* Additional information may be required for claim review in special cases; a claims officer will notify you if that is the case, and we would appreciate your cooperation in facilitating the claims process.

Notes on application:

- This application form must be completed and signed/sealed personally by the beneficiary field-by-field. Refer to the following for definitions and instructions pertaining to beneficiaries:
 - For medical, critical/special illness, major burn or disability benefits, the beneficiary shall be the person who suffers the incident.
 - If there is more than one beneficiary to a death benefit, all beneficiaries are required to sign/seal. Beneficiaries that are less than 7 years of age or under mandatory guardianship/assistance shall have legal representative/guardian/assistant sign or seal on behalf. If the beneficiary is a minor aged 7 and above, both the beneficiary and legal representative shall sign/seal on this form. Upon the insured party's death, any benefit that is payable but not fully paid to the insured party will be paid to the insured party's legal heir instead according to the Civil Code, unless specified otherwise in policy terms and conditions. In which case, claim for such benefit will have to be signed by the legal heir, and an "Inheritance Form" along with household registration transcripts of all legal heirs shall be furnished as proof.
 - Fingerprint may be used instead if the signatory is illiterate or is unable to sign due to severe hand injury or total blindness, but would require simultaneous signatures from two witnesses.
- For a case of death, the beneficiary must provide either an "autopsy report" or a "forensic report" with the stated cause of death at a later date if the cause of death specified on the claim form is "autopsy in progress."
- If the beneficiary is under mandatory guardianship or assistance, claims will have to be signed and submitted by the designated guardian/assistant and attached with supporting documents including court's ruling of mandatory guardianship/assistance and household registration transcript of the person under guardianship/assistance. The beneficiary will still be the payee of such claims.
- According to the "AIA Rider Extension Remark" (referred to as Remark below), a selected range of riders (see appendix of the Remark for detailed listing) may continue to take effect until maturity even if the master contract is terminated early under the condition outlined in Article 2 of the Remark. In which case, the Applicant may extend the rider by continuing payment of rider premiums.**
- For your best interest, make sure to provide correct wire transfer information including account name, name of financial institution, branch name, SWIFT code, and account number. **Please also attach a frontside photocopy of the account passbook.**
- Claims for incidents that occur outside of Taiwan, Penghu, Kinmen, and Matsu would also require passport photocopies (showing arrival and departure stamps) in addition to the documents listed in policy terms and conditions. Where applicable, please also furnish complete records of medical treatment received overseas and have documents certified by foreign offices. Documentary proof of incident occurred in Mainland China shall be certified by Straits Exchange Foundation.
- In the event that a benefit or claim payment is seized by court (or executive agency), the beneficiary or the Applicant may submit appeal to court (or executive agency) according to Article 12 of the Compulsory Enforcement Act, and have such payment released to the extent necessary to sustain life for self and relatives living within the same household.**
- For conformity with Convention on the Rights of Persons with Disabilities and amendments of the Insurance Act, the expression "...currently under mandatory guardianship" is used to replace the phrase "...suffering from mental disorder or defect that renders the subject unable to exercise proper judgment over own behaviors," whereas wording of this document has been revised to incorporate the use of terms including: "disability," "death and disability," "total disability," "post-stroke disorder," "functional disorder," "defect," "disability support," "disability by illness," "disability by injury," and "loss of work capacity." These changes do not affect the benefits, rights, or obligations of insurance product in any way.

※If you have any question regarding the claim process or required documents, please call the Company's toll-free service number at 0800-012666

Consent and Authorization for Inquiries

To facilitate Claim of insurance benefit Commercial insurance application with **AIA International Limited Taiwan Branch** (referred to as **AIA** below), the principal _____ (relationship to the suffering party: Self Beneficiary Legal representative Guardian Assistant Other _____) hereby permit and delegate AIA's employees to cite, inquire (including medical appointments made with various institutions in the suffering party's name), retrieve, transcribe, and make photocopies of all relevant medical history (pertaining to the following illnesses: _____) of the suffering party – _____ (Date of Birth (YYYY/MM/DD): ____/____/____, ID card No.: _____) as well as computer files and incident-related information dating from five years before effective date of this agreement ((YYYY/MM/DD): ____/____/____) up until the "signing date" of this consent form with hospitals (clinics), police departments (precincts), fire (rescue) departments, district prosecutors' offices, Life Insurance Association, insurance companies, and relevant organizations.

The principal agrees to have AIA employee fill in any blank fields in the above, authorizes AIA to make photocopies of this Consent and Authorization for Inquiries, and acknowledges that photocopies are equally enforceable as the original.

For hospitals (clinics), police departments (precincts), fire (rescue) departments, district prosecutors' offices, Life Insurance Association, insurance companies or parties concerned

Principal's
signature/seal: _____ (seal) ID card No.: _____

Legal
representative's
signature/seal: _____ (seal) ID card No.: _____

(or guardian/assistant) (To be signed if the principal is a minor or is under mandatory guardianship/assistance)

Date(YYYY/MM/DD): ____/____/____

Remarks:

1. This consent is intended to be used solely for retrieval of medical records with medical institutions and verification of occurrence with police departments, fire (rescue) departments, courts, district prosecutors' offices, insurance companies, and Life/Non-life Insurance Associations; it is not to be used for any other purpose.
2. Some hospitals or departments may require consent and documents to be prepared using their standard formats; you may be contacted by one of our officers in regard to the above after the claim has been accepted.
3. Please furnish proof of identity and relationship if the principal is neither the insured party nor the legal representative. (E.g.: household registration transcript, household registration certificate)
4. Please furnish household registration transcript if the principal had previously changed name or ID card number.