Hua Nan Holdings Group
(華南金融集團)
South China Insurance Co., Ltd.
(華南產物保險股份有限公司)

Head Office (總公司): 5F, No. 560, Section 4, Zhongxiao East Road, Taipei City (台北市忠孝東路四段 560 號 5 樓)
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Marine / Aviation Insurance Endorsement Application

(航船險批改申請書)

Type of Insurance (險種): □ 07 Hull Insurance (船體險) □ 08 Fishing Vessel Insurance (漁船險) □ 09 Aviation Insurance (航空險)

Ed. Nov. 2024

Endorsement No. (批單號碼)		Application Date: (申請日期)	_____/_____/_____ (YYYY/MM/DD) (年 月 日)
Policy No. (保單號碼)		Original Endorsement No. (原批單號碼)	
Insured (被保險人)			
Vessel Name (船舶名稱)			
Insurance Period (保險期間)	From _____/_____/_____ to _____/_____/_____ (YYYY/MM/DD) (自 年 月 日 至 年 月 日)		
Endorsement Code (批改代號)	□ "03": Policy Cancellation (註銷保單) □ "04": Text Amendment (批改文字) □ "05": Amount Amendment (批改金額) □ "06": Policy Termination (終止保單) □ "07": Endorsement Termination (終止批單)		

Endorsement Items
(批改項目)

To be amended effective from _____/_____/_____ (YYYY/MM/DD): (自____年____月____日起更改)

Vessel Value (船價)	(+/-)	Total Vessel Value After Endorsement (批改後總船價)	
Sum Insured (保額)	(+/-)	Total Sum Insured After Endorsement (批改後總保額)	
Premium (保費)	(+/-)	Total Premium After Endorsement (批改後總保費)	
Rate (費率)	(+/-)	Exchange Rate (匯率)	
Insured (被保險人)			
Vessel Name (船名)			
Vessel Registration Information (船籍資料)	Year Built Tonnage Port of Registry Type of Vessel (建造年份噸位船籍港船舶種類)		
Navigation Area (航行範圍)			
Insurance Period (保險期間)	From _____/_____/_____ to _____/_____/_____ (自年月日至年月日)		
Mortgagee (抵押權人)			
Currency of		Place of Claim	

Claim Payment (赔付幣別)		Payment (賠付地)	
Other Endorsement Matters (其他批改事項)	**Please issue an endorsement certificate in respect of the above endorsement matters (上開批改事項請核發批單憑據為荷)**		Affidavit (切結書) I, the undersigned, _____, hereby declare that the original (duplicate) marine insurance policy No. _____ and the original (duplicate) receipt issued by South China Insurance Co., Ltd. have been lost and are hereby declared void. Should any dispute arise as a result of such loss, I shall assume full responsibility. This declaration is hereby made. (立書人 ，茲遺失貴公司第 號水險正(副)本保單，及正(副)本收據，聲明作廢，嗣後如因遺失而發生糾紛，本立書人願負擔全部責任，特遺聲明。) Declarant's Signature/Seal (立書人簽章): To: South China Insurance Co., Ltd. (此致 華南產物保險股份有限公司) _____/_____/_____ (YYYY/MM/DD) (年 月 日)

Applicant (Signature) (申請人(簽章)):

Project Name / Code (專案名稱/代號)	Source Code (保源代號)	Channel Field (通路欄位)			South China Insurance Field (華南保險欄位)	
		On-site Code (實駐代號)	Soliciting Personnel Signature / Registration Certificate No. (招攬人員簽名/登錄證字號)	Insurance Broker / Agency Company Seal (保經、代公司簽章)	Sales Agent (業務員)	Handler (經手人)

Supervisor (主管): Underwriting (核保): Proofreading (校對): Officer in Charge (經辦): Channel Contact Person (通路聯絡人):

Refund Method (退費方式): (The refund shall be made primarily to the policyholder. If the refund recipient is not the policyholder, supporting documentation must be provided.) (退費對象以要保人為主，若非要保人請檢附舉證文件)

□ Remittance (匯款): _____ Bank/Post Office (銀行/郵局) _____ Branch/Sub-branch, Account No. (分行/分局，帳號): _____

Account Name (戶名): _____

National Identification No. / Uniform Business No. (身分證字號/統編): _____

□ Cash (現金): The refunded premium shall be subject to a stamp tax deduction of four per thousand (0.4%). (Please bring the policyholder's (and agent's, if applicable) identification card and seal to the head office/branch office counter for collection.) (核退保費應扣除千分之四印花稅(請攜帶要保人(及代理人)身分證、印章至總/分公司臨櫃領取))

□ Offset (抵繳): Offset against Policy/Endorsement No. (抵繳保批單號碼):_____ (The name must be identical to that of the policyholder) (需與要保人相同)

***Contact Person (聯絡人): _____ Contact Telephone (聯絡電話): _____ (This field must be completed in full to facilitate prompt contact should the refund be unsuccessful.) (請務必填寫完整，若無法順利退款，將盡速聯絡您)**