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)
Tel (電話): (02) 2756-2200 (Main Line) ((代表號))
Website (網址):http://www.south-china.com.tw

Receiving Stamp (收件章)	

Accident Insurance Department Endorsement Application
(意外險部批改申請書)

Number of Endorsement Copies (批單份數)	**Original (正本)**	
	Duplicate (副本)	

***Applicants are required to complete the sections within the bold-lined boxes**
(申請人請填粗框內部份)

Policy No. (保險單號碼)	No. (號)	Endorsement No. (批單號碼)	
Policyholder (要保人)			
Insurance Period (保險期間)	From _____/_____/_____ ____ to _____/_____/_____ ____ (YYYY/MM/DD HH) (自民國 年 月 日 時起 至民國 年 月 日 時止)		
Reason for Endorsement (批改事由)			
Validity Period of Endorsement (批單有效期間)	From _____/_____/_____ ____ to _____/_____/_____ ____ (YYYY/MM/DD HH) (自民國 年 月 日 時起 至民國 年 月 日 時止)		

Nature of Endorsement (批改性質)	Endorsement Type (批單性質): □ Addition of Coverage (加保) □ Reduction of Coverage (減保) □ Policy Surrender (退保) □ Cancellation (註銷) □ Extension (延期) □ Suspension (停效)□ Reinstatement (復效)□ Others (其他)

Affidavit (切結書)	Remarks (備註)	Total Premium (總保險費)	
I, the undersigned, _____, hereby declare that the original (duplicate) insurance policy and receipt No. _____ issued by South China Insurance Co., Ltd. have been lost and are hereby declared void.		Company Premium (公司保費)	
		Is the Company the lead issuing insurer: (本公司是否為主出單公司) □ Yes (是) □ No, with the following percentage(s) (否，比例如下):	

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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　　號保險單及收據正(副)本，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，特此聲明。) To: South China Insurance Co., Ltd. (此致 華南產物保險股份有限公司) Declarant's Signature/Seal (立書人簽章) _____/_____/_____ (YYYY/MM/DD) (年　月　日)		Policyholder's Signature/Seal (要保人簽章) _____/_____/_____ (YYYY/MM/DD) (年　月　日)

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)

Approval (核定): Reinsurance (再保): Underwriting (核保): Proofreading (校對): Data Entry (輸入): Channel Contact Person (通路聯絡人):

Refund Method (退費方式): (If the policyholder and the insured are not the same person, the refund shall be made primarily to the policyholder) ((要保人與被保險人非同一人時，退費對象以要保人為主))

□ Remittance (匯款): _____ Bank/Post Office (銀行/郵局) _____ Branch (Bank and Branch Code □□□-□□□□) (分行(銀行及分行代碼□□□-□□□□))

Account No. (帳號): _____

□ Cash (現金): A stamp tax of four per thousand (0.4%) shall be deducted.
Please bring the policyholder's (and agent's, if applicable) identification card and seal to the head office/branch office counter for collection. (應扣除 4‰之印花稅，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) (此欄請務必填寫完整，若無法順利將款項退還給您，將盡速聯絡)