South China Insurance Co., Ltd.
(華南產物保險股份有限公司)

□ Commercial(商業)
□ Residential(住宅)

Fire Insurance Policy Endorsement Application
(火險單批改申請書)

Application Date (申請日期):
__/_____/_____ (YYYY/MM/DD)
(年　　月　　日)

Policy No. (保險單號)	No. (第　　號)	Endorsement No. (批單號碼)	No. (第　　號)						
Insured (被保險人)		Policyholder (要保人)							
Effective Date (生效日)	Effective from 12:00 noon on _____/_____/_____ (YYYY/MM/DD). (自　　年　　月　　日中午十二時起生效。)	Coinsurance (共保)		Endorsement (批單)	Original (正本)		Receipt (收據)	Original (正本)	
		O	I		Duplicate (副本)			Duplicate (副本)	

Details of endorsement are as follows: (批改內容如下)	□ Residential Fire Digitalization (住火數位化) □ Electronic Policy (電子保單)		
Insured (被保險人)		National Identification No. (身分證字號) / Uniform Business No. (營利事業統一編號) / Passport No. (護照號碼):	
Policyholder (要保人)		National Identification No. (身分證字號) / Uniform Business No. (營利事業統一編號) / Passport No. (護照號碼):	
Mortgagee (抵押權者)		Contact Person (聯絡人):	
		Contact Telephone (聯絡電話):	
Mailing Address (通訊地址)	□ Same as Insured Property Address (同標的物地址)	Fax No. (傳真號碼):	
Insured Property Address (標的物地址)	□ Consolidation (整編) □ Relocation (遷移) □ Addition (新增) □ Partial Cancellation (批退) □ Correction (更正) □ Change of Construction Grade (建築等級變更) □ Change of Use (使用性質變更) □ Rate Adjustment (費率變更)		
Insurance Period (保險期間)	□ Extension (延長) □ Shortened to 12:00 noon on _____/_____/_____ (YYYY/MM/DD). (縮短至民國　　年　　月　　日中午十二時止。)	★ Renewal Agreement Endorsement: By attaching this Renewal Agreement Endorsement, prior to the expiration of the insurance period, South China Insurance Co., Ltd. shall, in accordance with the provisions hereof and in a manner favorable to or not affecting the rights and interests of the policyholder and the insured, provide written notice and process renewal on an annual basis. (★加保續保約定附加條款：加保本續保約定附加條款，於保險期間屆滿前，本公司依本附加條款之約定，在有利於或不影響要保人及被保險人之權益，以書面方式通知後逐年辦理續保。) □ Agree (同意) □ Disagree (不同意) (If not checked, deemed as Disagree) (若未勾選視為不同意)	
Area in Use (使用面積)	Area in Use (including common facilities) _____ pings (使用面積(含公共設施)　　坪)		

Sum Insured Before Endorsement (批改前保額)	Sum Insured After Endorsement (批改後保額)	Increase (Decrease) in Sum Insured (加(減)保金額)	Total Premium (NT$) (總保險費(NT$))	Receiving Officer (收件經辦人)	Policyholder's Signature/Seal (要保人簽章)
					※ **If the contract is terminated, the insured must also sign and affix with seal. (※若為契約終止，被保險人亦須簽章)**

□ Policy Surrender (保單退保) □ Policy Cancellation (保單註銷)
□ Endorsement Cancellation (批單註銷)
□＊Duplicate Insurance, Policy/Endorsement No. (重複投保，保/批單號碼) _____
□＊Termination of Contract by Policyholder/Insured (要/被保險人終止契約)
□＊Others (其他) _____

Remarks (備註):

Declaration of Loss of Insurance Documents
(保險文件遺失聲明書)

This is to declare that the □ original □ duplicate insurance policy (endorsement) and the □ original □ duplicate premium receipt held by the policyholder/insured have been rendered invalid solely by declaration to South China Insurance Co., Ltd. due to □ loss □ not received after

	mailing □ other _____. Should any insurance benefits or legal disputes arise as a result of such loss, the undersigned agrees to assume full responsibility, and South China Insurance Co., Ltd. shall bear no liability whatsoever. (茲聲明要/被保險人所持之□正 □副本保險單(批單)，及□正□副本保費收據，因□遺失□經寄送未送到□其他 _____，僅向 貴公司聲明作廢，嗣後如有因遺失涉及保險效益及法律糾紛問題，立書人願負擔全部責任，概與 貴公司無關。) To (此 致) South China Insurance Co., Ltd. (華南產物保險股份有限公司) Declarant's Capacity (立書人身份): □ Policyholder/Insured (要/被保險人) □ Sales Agent (業務員) □ Underwriting/Administrative Personnel (核保/行政人員) Declarant's Signature/Seal (立書人簽章):

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): Reinsurance (再保): Underwriting (核保): Assistant (助理): 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 to the policyholder as the primary recipient.) (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/Sub-branch, Account No. (分行/分局，帳號): _____

□ 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.) (此欄請務必填寫完整，若無法順利將款項退還給您，以便盡速聯絡。)

Address (地址): □□□_____