

Notes on Completing the Automobile Insurance Endorsement Application

(填寫車險批改申請書應注意事項)

Type of Endorsement (批改種類)	Notes (注意事項)
Vehicle Owner and Registration Information (車主車籍資料)	1. Please enter the vehicle owner and vehicle registration details to be corrected in the Data Correction section. (請於資料更正欄位填寫欲更正之車主車籍資料。) 2. Please affix the seal of the policyholder/insured in the Policyholder/Insured Signature/Seal section. (請於「要/被保險人簽章」欄蓋<u>要/被保險人</u>印章。) 3. Please provide copies of the vehicle registration certificate, identification documents, or company change registration form, as applicable to the items being changed. (依變更項目提供行照、身分證明文件或公司變更登記表影本。)
Transfer of Ownership (過戶)	1. Please enter the new vehicle owner's information in the Transfer (New Owner) section. (請在「過戶(新車主)」欄填寫新車主資料。) 2. Please have both the original vehicle owner and the new vehicle owner affix the policyholder/insured seal in the Policyholder/Insured Signature/Seal section. (請原車主及新車主於「要/被保險人簽章」欄蓋<u>要/被保險人</u>印章。) 3. Please return the compulsory insurance certificate and the voluntary insurance policy (electronic policies are exempt). (請寄回強制險保險證、任意險保險單(電子保單免)。) 4. The Company shall recalculate the premium payable by the new vehicle owner after the transfer. (本公司須重新計算過戶後新車主保費。)
Increase/Decrease Endorsement (批加減)	1. Please specify the insurance type(s), sum insured, and other endorsement details in the Other Endorsement Matters section. (請於其它批事項欄位填寫批改之險種、保額...等內容。) 2. Please affix the seal of the policyholder/insured in the Policyholder/Insured Signature/Seal section. (請於「要/被保險人簽章」欄蓋<u>要/被保險人</u>印章。) 3. If there is a premium reduction, please select and complete the Refund Method section and provide a contact telephone number (for remittance, please attach a copy of the front cover of the bank passbook). (若有批減保費請在「退費方式」欄勾選並填寫退費方式及電話(匯款

	請附銀行存摺封面影本)。)
Policy Surrender (退保)	1. Please select the reason for surrender. (請勾選退保原因。) 2. Please affix the seal of the policyholder/insured in the Policyholder/Insured Signature/Seal section. (請於「要/被保險人簽章」欄蓋<u>要/被保險人</u>印章。) 3. Please return the compulsory insurance certificate and the voluntary insurance policy (electronic policies are exempt). (請寄回強制險保險證、任意險保險單(電子保單免)。) 4. Please select and complete the Refund Method section and provide a contact telephone number (for remittance, please attach a copy of the front cover of the bank passbook). (請在「退費方式」欄勾選並填寫退費方式及電話(匯款請附銀行存摺封面影本)。)

Automobile Insurance Endorsement Application (汽車險批改申請書)

Receiving Stamp (收件章)	
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Application No. (申請單號):

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

Voluntary Insurance (任意險)	Policy No.: (保單號碼)	Compulsory Insurance (強制險)	Insurance Certificate No.: (保險證號)	
Endorsement No.: (批單號碼)		Endorsement No.: (批單號碼)		
Insurance Period: (保期)	~	Premium: \$ (保費)	/	
Type of Endorsement (批改種類)		Type of Endorsement: (批改種類)		
☐ Data Correction (資料更正) ☐ Policy Surrender / Cancellation (退保/註銷) ☐ Transfer with Increase/Decrease Endorsement (過戶批加減) ☐ Increase/Decrease Endorsement (批加減) ☐ Others _____ (其它)		☐ Data Correction (資料更正) ☐ Policy Surrender / Cancellation (退保/註銷) ☐ Transfer with Increase/Decrease Endorsement (過戶批加減) ☐ Increase/Decrease Endorsement (批加減) ☐ Others (其它) _____		
Reason for Surrender (退保原因)		Reason for Surrender: (退保原因)		
☐ Scrapped / Suspended / Return / Deregistered / Revoked (報廢/停駛/繳/註/吊銷) ☐ Transfer (過戶) ☐ Not Insured (不保) ☐ Others (其他)		☐ Scrapped / Suspended / Return / Deregistered / Revoked (報廢/停駛/繳/註/吊銷) ☐ Duplicate Insurance (重複保) ☐ Others (其它)		
Effective Date of Endorsement: / / (YYYY/MM/DD) (批改生效日: 年 月 日)		Effective Date of Endorsement: / / (YYYY/MM/DD) (批改生效日: 年 月 日)		
Before Endorsement (批改前)	Policyholder (要保人): Insured (被保險人): Mortgagee (抵押權人):		License Plate No. (車號): Chassis / Engine No. (車身/引擎): Vehicle Type (車種):	
Data Correction (資料更正)	Mortgagee (抵押權人):		License Plate No. (車號):	
	User (使用人):		Chassis / Engine No. (車身/引擎):	
	E-MAIL :		Vehicle Model (車型):	
	Address (地址): ☐ Mailing (通訊) ☐ Registered (戶籍)		Seating / Load Capacity (承載):	
License Issued (發照):		Manufactured (製造):		Engine Displacement (排氣量):
		Telephone (電話):		
Transfer (New Owner) 過戶 (新車主)	Policyholder / Insured: (要/被保險人)		Representative: (代表人)	
	National Identification No. / Uniform Business No. (身分證號/統一編號)			
	Date of Birth: / / (YYYY/MM/DD) (生日: 年 月 日)		☐ Male (男) ☐ Female (女)	☐ Married (已婚) ☐ Single (未婚)
	Declaration for Transfer (過戶聲明事項) Pursuant to the Automobile Insurance General Terms and Conditions, "Transfer of the Insured Subject Matter and Contractual Rights," where the registration certificate of the insured vehicle has been transferred and the voluntary			

	Contact Address (聯絡地址): Telephone (電話):	insurance contract has not applied for the transfer of rights and interests within ten (10) days from the effective date of the vehicle registration transfer, the effectiveness of this insurance contract shall be temporarily suspended. During the period of suspension, South China Insurance Co., Ltd. shall bear no liability for compensation for any insured event occurring therein. (汽車保險共同條款『保險標的及契約權益之移轉』規定：被保險汽車之行車執照業經過戶，而任意險保險契約在行車執照生效日起，超過十日未申請權益移轉者，本保險契約效力暫行停止，在停效期間發生保險事故，本公司不負賠償責任。) ☐ Confirmation to process Compulsory Insurance transfer only. (確定僅辦理強制險過戶。) (For compulsory insurance transfer where voluntary insurance is not transferred or is surrendered, please check this box.) (強制險過戶，任意險未過戶或退保請勾選)
Other Endorsement Matters / Premium Calculation (其它批改事項 / 保費計算):	Declaration of Loss of Insurance Documents (保險文件遺失聲明書) This is to declare that the insured, _____, holder of the No. _____ original (duplicate) insurance policy (card), and original (duplicate) premium receipt, which have been ☐ lost ☐ not received after mailing ☐ other: _____, hereby declares to South China Insurance Co., Ltd. that the said documents are void. Should any insurance benefits or legal disputes arise as a result of such loss, the undersigned shall assume full responsibility, and South China Insurance Co., Ltd. shall bear no liability whatsoever. (茲聲明 被保險人 _____ 所 持之第 _____ 號正 (副)本保險單(卡)，及正(副)本保 費收據，因☐遺失☐經寄送未送到 ☐其他：____，謹向貴公司聲明作 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: South China Insurance Co., Ltd. (此致 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) (YYYY/MM/DD) (中華民國 年 月 日)		
Document Retrieval (文件收回): (For policy surrender, receipts need not be retrieved) (Archival attachments may remain unchecked) (退保時收據不須收回)(歸檔附件可不勾選) ☐ Voluntary Insurance Original/Duplicate Policy (任意正/副本保單) ☐ Voluntary Insurance Original/Duplicate Receipt (任意正/副本收據) ☐ Compulsory Insurance Certificate (強制保險證) ☐ Compulsory Insurance Receipt (強制險收據)					I am hereby entrusted by the policyholder to process the above endorsement matters. (茲受要保人委託辦理上述批改事項。) Agent's Signature/Seal: (代辦人簽章) Telephone: (電話) 		Policyholder / Insured Signature/Seal: (要/被保險人簽章)
Supervisor (主管)		Underwriting (核保)		Endorsement (批改) Proofreading (校對)		Receiving (收件)	

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Handler:
(經手人)

Source:
(保源)

Soliciting Personnel:
(洽攬人)

☐ Endorsement premium received
(批單保費已收)

※ **Refund Method (退費方式):** (Limited to the policyholder or the insured. Please be sure to provide contact details. If the refund cannot be processed successfully, you will be contacted as soon as possible.) (以要保人或被保險人為限，請務必留下聯絡方式，若無法順利退款，將盡速與您聯絡)

☐ Remittance (匯款): _____ Bank/Post Office (銀行/郵局) _____ Branch/Sub-branch, Account No. (分行/支局，帳號): _____
Account Name (戶名): ☐ Same as Policyholder (同要保人) ☐ Same as Insured (同被保險人); National Identification No. (Uniform Business No.) (身分證字號(統編)) _____ (Please complete for verification.) (請填寫，以利覆核)

☐ 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。)

☐ Other (其他): The handler or receiving personnel shall assist the policyholder in processing the refund. (經手人或收件人需自行協助保戶辦理退費。)

※ **Contact Person (聯絡人):** ☐ Same as Policyholder (同要保人) ☐ Same as Insured (同被保險人) ☐ Other (其他) _____;
Contact Number (聯絡電話): _____.

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Transfer of Ownership (過戶)	- Please enter the new vehicle owner's information in the Transfer (New Owner) section. (請在「過戶(新車主)」欄填寫新車主資料。) - Please affix the seals of the original policyholder/insured and the new policyholder/insured after transfer in the Policyholder/Insured Signature/Seal section (corporate entities must affix both the registered company seal and the responsible person's seal). (請於「要/被保險人簽章」欄蓋<u>原要/被保險人</u>及<u>過戶後新要/被保險人</u>印章(法人須蓋公司大小章)。) - Please return the compulsory insurance certificate and the voluntary insurance policy. If such documents are lost, please affix a seal in the Declarant's Signature/Seal section of the Declaration of Loss of Insurance Documents, and attach a copy of the original policyholder's/insured's national identification card (corporate entities must attach a copy of the business registration certificate or company change registration form). (請寄回強制險保險證、任意險保險單；若遺失請於保險文件遺失聲明書中「立書人簽章」欄蓋章，並附上原要/被保險人身分證影本(法人須附上營利事業登記證影本或公司變更登記表影本)。) - The Company shall recalculate the premium payable by the new vehicle owner after the transfer. (本公司須重新計算過戶後新車主保費。)
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※ If an agent is authorized to handle the endorsement application, a copy of the agent's national identification card must be attached, and the agent must affix a seal in the Agent's Signature/Seal section and provide a contact telephone number.

(※若委託代辦人辦理批改申請時，須另檢附代辦人身份證影本，並於「代辦人簽章」欄位蓋代辦人印章並留存電話。)