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))
Fax (傳真): (02) 2758-7150 (Main Line) ((代表號))

Cargo Insurance Endorsement Application
(貨物保險批改申請書)

Type of Insurance (險種): □ 05 Inland Cargo and Carrier's Liability Insurance (內陸貨物及運送人責任險) □ 06 Marine and Air Cargo Insurance (海空貨物險)

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)			
Insurance (Open Cover) Period (保險(預約)期間)	From _____/_____/_____ to _____/_____/_____ (YYYY/MM/DD) (自 年 月 日 至 年 月 日)		
Endorsement Code (批改代號) / Endorsement Items (批改項目)	□ "01": Entire Shipment Loaded at Once (整批裝船) □ "02": Partial Shipments (分批裝船) □ "03": Policy Cancellation (註銷保單) □ "04": Text Amendment (批改文字) □ "05": Amount Amendment (批改金額) □ "06": Remaining Cargo Not Shipped (餘貨不進) □ "07": Endorsement Cancellation (註銷批單) □ "08": Declaration of Vessel Name and Adjustment of Sum Insured (申報船名暨保額調整) □ "09": Overage Additional Premium (逾齡加費)		
Sum Insured / Currency (保額/幣別)	(+/-)	Total Sum Insured / Currency After Endorsement (批改後總保額/幣別)	
Premium (NT$) (保費(NTD))	(+/-)	Total Premium After Endorsement (NT$) (批改後總保費(NTD))	
Rate (M + W) (費率(M+W))	(+/-) Endorsement Rate (M + W)Total Rate After Endorsement (M + W) (批改後總費率(M+W))		Exchange Rate (匯率)
◎ New Insured (新被保險人)			
◎ Vessel Name (船名)			
Voyage No. (航次)		Quantity / Packing (數量／包裝)	
Sailing Date (開航日)	Bill of Lading Date (簽單日)		Effective Date (生 效 日)
Mode of Transportation (運送方式)	□ S: Sea Transport (海運) □ A: Air Transport (空運) □ L: Land Transport (陸運) □ P: Postal Parcel (郵包)		
Insurance Period (保險期間)	From _____/_____/_____ to _____/_____/_____ (YYYY/MM/DD) (自 年 月 日 至 年 月 日)		
◎ Port of Loading		◎ Port of Destination	

(起運港)								(目的港)									
◎ Transshipment Location (轉運地)								◎ Place of Survey (公證地)									

Currency of Claim Payment (賠付幣別)		Place of Claim Payment (賠付地)	
Invoice No. (發票號碼)		L/C No. (LC 號碼)	

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)

Note 1. Items marked with ◎ must be completed with both the code and the full name.
(註 1.有◎記號的項目，需填寫代號及全名。)

Note 2. If this endorsement involves amendment of a sub-vessel's name or voyage number, please provide additional explanation in the "Other Endorsement Matters" section.
(註 2.如本次係批改子船的船名或航次，請在其他項目欄附帶說明。)

Note 3. If the charging party differs from that at the time of original underwriting, please specify in the "Other Endorsement Matters" section.
(註 3.收費對象不同於原承保時，請填寫在其他項目欄。)

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 / Sales Agent Registration Certificate No. (招攬人員簽名/業務員登錄證字號)	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): (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))**