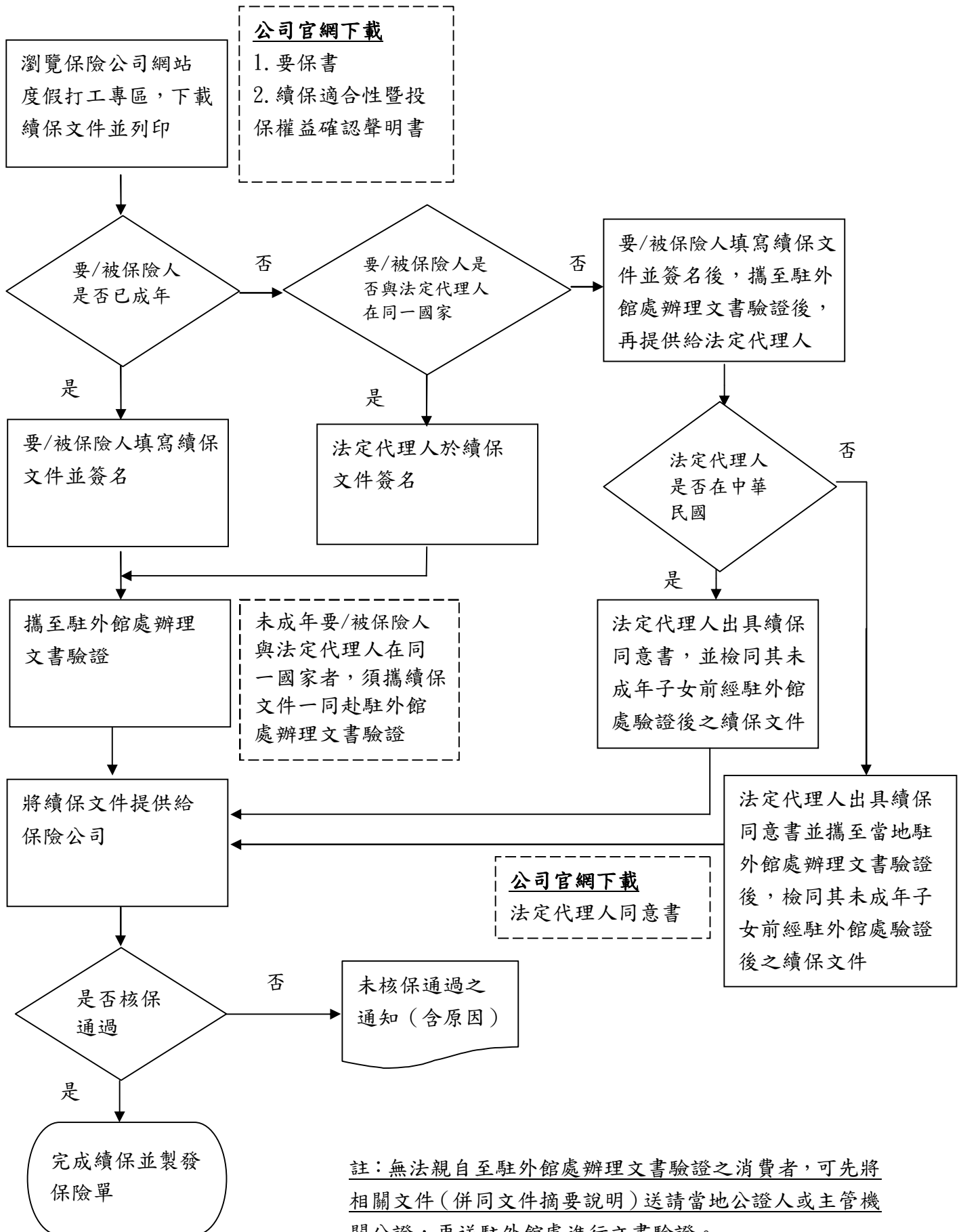


# 書面續保申請作業流程圖



註：無法親自至駐外館處辦理文書驗證之消費者，可先將相關文件(併同文件摘要說明)送請當地公證人或主管機關公證，再送駐外館處進行文書驗證。

# 海外度假打工保戶續保應檢附文件摘要說明

A Brief Introduction to Documents Required to Submit for Policy Renewal by Insured Taking An Overseas Working Holiday

保戶於赴海外度假打工期間，因原保險契約之保險期間即將到期，為辦理續保相關事宜，應檢附之文件如下，並請於確認後予以簽名：

To renew a soon expiring Insurance Policy during the overseas working holiday, the insured should submit the following documents with signature:

**1. 要保書：**指要保人向保險公司辦理保險契約續保之申請文件，包含基本資料、投保內容及個人資料保護法應告知事項等。

Application forms: means those documents required to file by applicant for policy renewal application, including basic information, insurance policy details and a Personal Data Collection Notice under the Personal Data Protection Act.

**2. 續保適合性暨投保權益確認聲明書：**確認保戶已知悉本次投保相關權益及適合度之文件。

Declaration of Renewal Fitness and Acknowledgement of Awareness of Insured Interest: the document used to confirm the acknowledgement of the renewal fitness and related insured interests of this application by the insured.

**3. 匯款單：**續保保險費之繳費證明

Remittance: The proof of renewal premium payment.

**4. 法定代理人同意書：**法定代理人同意未成年人辦理續保之聲明文件。

Agreement from Legal Representative: Approval from the Legal Representative to allow the minor to renew the insurance.

# 海外度假打工保戶續保適合性暨投保權益確認聲明書

Declaration of Renewal Fitness and Acknowledgement of Awareness of Insured Interest by Insured Taking An Overseas Working Holiday

保單號碼(Policy Number) : \_\_\_\_\_ 電子郵件(E-Mail) : \_\_\_\_\_  
(請務必填寫, 以利後續聯繫 necessary for future contacts)

要保人(Applicant) : \_\_\_\_\_ 被保險人(Insured) : \_\_\_\_\_

本人(即被保險人)於安聯人壽保險公司(下稱貴公司)投保之意外傷害保險(保單號碼如上,下稱原保單)即將到期,因本人目前正值赴海外度假打工期間,未能於原保單到期前親自返國辦理續保相關事宜。為利貴公司進行續保作業,本人茲聲明如下:  
Although the Allianz Taiwan Life Personal Accident Insurance policy (with the above-mentioned policy number, and hereinafter referred as "Policy") issued by Allianz Life insurance company (hereinafter referred as "Insurer") is expiring soon, I, the insured, am not able to return to R.O.C. to handle matters related to policy renewal before the Policy's expiration date, since my overseas working holiday is still ongoing. To facilitate the Insurer to proceed the further process of policy renewal, I hereby declare the followings:

- 本人知悉本次投保係原保單之續保,並同意續保。I acknowledge being informed that the application made this time is for the renewal of the Policy and I agree to such renewal.
- 本人已確實瞭解所繳交之保險費係用以購買保險商品。I fully understand that the paid premium is for purchasing insurance products.
- 本人已確實瞭解所投保險種、保險金額及保險費支出符合自身實際需求,且與要保人或被保險人收入、財務狀況與職業等間具相當性。I fully understand that the policy type, sum insured and premium expense applied in the application meet my actual needs and suit applicant's/insured's income, financial status, occupation, etc.
- 本次於要保書所載之續保內容(險種、保額、保障範圍),請於下方擇一勾選。The renewal content (policy type, sum insured, coverage) stated in the application form this time is: (Please tick ONLY ONE of the following boxes.)  
與原保單續保內容相同 same as the renewal content of the Policy  
原保單內容有變動,請詳續保要保書 different to the content of the Policy, please find the details in the renewal application form.)  
貴公司保有核保之權利 The Insurer reserves the right to underwrite.
- 本人於本次續保時,確實係由本人檢視要保書及相關要保文件之內容後,親自簽署所有文件,且同意受益人之指定,並同意投保。In making the renewal application this time, I have reviewed the content of the application form and related application documents myself before signing my signature on all such documents personally, agreeing the designation of the beneficiary, and agreeing to make the application.
- 於要保書及本聲明書所為之簽章式樣,業經中華民國於當地之駐外館處驗證,並同意將該驗證資料提供予貴公司。The format of those signatures on the application form and this document has been authenticated by the local overseas Embassy, Representative Office, R. O. C., and I agree to submit such authenticated documents to the Insurer.

簽名處 Signature	中華民國文件證明專用 R.O.C. Document Authentication
要保人簽名: Signature of Applicant	中華民國文件專用貼紙
被保險人簽名: Signature of Insured	
(要保人/被保險人未滿法定年齡 20 歲者,請法定代理人簽名) For applicant/insured under 20 years old, signature of the legal representative is required	
法定代理人與要保人關係: _____ Relationship of Legal Representative to Applicant	
法定代理人與被保險人關係: _____ Relationship of Legal Representative to Insured	
法定代理人簽名: _____ Signature of Legal Representative	
公證人簽名: Signature of Notary Public	

中華民國 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日(Date: Year /Month/Day)

# 聲明書

聲明人：

姓名 \_\_\_\_\_，性別 \_\_\_\_\_，\_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日出生，住址：\_\_\_\_\_

\_\_\_\_\_，臺灣身分證號碼(或護照號碼、  
或其他身分證件號碼)：\_\_\_\_\_。

姓名 \_\_\_\_\_，性別 \_\_\_\_\_，\_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日出生，住址：\_\_\_\_\_

\_\_\_\_\_，臺灣身分證號碼(或護照號碼、  
或其他身分證件號碼)：\_\_\_\_\_。

我們是 \_\_\_\_\_ 子女姓名 \_\_\_\_\_ (\_\_\_\_\_年 \_\_\_\_\_月 \_\_\_\_\_日出生，臺灣身分證  
號碼：\_\_\_\_\_ )的父母親(或法定代理人)，現因無法於本次續保(原保單  
號碼：\_\_\_\_\_ )之相關文件親自簽署，爰出具此書同意 \_\_\_\_\_ 子女姓名 \_\_\_\_\_ 辦  
理該保單續保事宜。

聲明人簽名確認無誤，且對於 \_\_\_\_\_ 子女姓名 \_\_\_\_\_ 辦理前揭保單續保相關事項，  
依法負授權人責任。

聲明人：

\_\_\_\_\_ (簽名或蓋章)

\_\_\_\_\_ (簽名或蓋章)

年 \_\_\_\_\_ 月 \_\_\_\_\_ 日