

Instruction for Application for Compulsory Motor Vehicle Liability Insurance

Benefits/Compensation

Revised in February 2025

Please do not believe in any insurance agent on the voluntary application for compulsory insurance benefits or compensation for you with a high agency fee. The application for compulsory insurance benefits or compensation is simple, the payment scope and amount must be verified according to legal regulations, and the appeal and mediation system will ensure fairness. In case the insurance agent applies with false documents, you may be implicated and bear any criminal liability, and may be required to return the payment received.

I. Who may apply for compulsory insurance benefits or compensation?

- (I) When a motor, locomotive or mini electric two wheeled vehicle insured after November 30, 2022 causes injury or death to the victim (a passenger or a third party outside the vehicle) due to a motor vehicle accident, the claimant may apply for compulsory insurance benefits or compensation under one of the following circumstances, regardless of whether the injurer is at fault.

1. The motor, locomotive or mini electric two wheeled vehicle is insured with compulsory insurance at the time of traffic accident.	Apply for insurance benefits from the property insurance company that underwrites the compulsory insurance for the motor, locomotive or mini electric two wheeled vehicle.
2. The motor, locomotive or mini electric two wheeled vehicle (note) involves in a traffic accident under any of the following circumstances: (1) The vehicle involved in the accident cannot be investigated (such as hit-and-run). (2) The vehicle involved in the accident is not insured with any compulsory insurance. (3) The vehicle involved in the accident is an insured motor, locomotive or mini electric two wheeled vehicle that was used or managed without the consent of the insured (such as a stolen vehicle). (4) The vehicle involved in the accident is a vehicle requiring no conclusion of the insurance contract (such as an assembled or agricultural vehicle, etc.).	Apply for compensation from the Special Compensation Fund. (The Special Compensation Fund entrusts property insurance companies to handle compulsory insurance compensation. Please directly apply to the headquarters or branches of property insurance companies in the corresponding regions.) Note: To apply for compensation, the claimant of a mini electric two wheeled vehicle must have previously purchased compulsory insurance, which is not renewed when a traffic accident occurs.

To check whether the motor, locomotives or mini electric two wheeled vehicle is covered by any compulsory insurance, please contact the TAIWAN INSURANCE INSTITUTE (TII) at 0800-825-688.

- (II) The claimants include:

Injury	Claimant
1. When the victim is injured or disabled	The victim.
2. When the victim dies	Family members of the victim, with the following order: First-lien: parents, children, and spouse. Second-lien: grandparents (including maternal grandparents). Third-lien: grandchildren. Fourth-lien: brothers and sisters.

II. What documents are required to apply for compulsory insurance benefits or compensation? How to obtain the documents?

Documents to be Attached	Obtaining Method and Additional Remarks
(1) Identification documents of the claimant	To be provided by the claimant.
(2) A power of attorney issued by all the claimants when entrusting an agent to apply on behalf of the claimants,	The agent is required to provide identification documents.
(3) Letter of authorization for the collection, processing or utilization of personal information such as medical records, medical and health examinations	To be provided by the insurance company or Special Compensation Fund, or downloaded from websites.
(4) Processing documents issued by the police and constitutional organs or any other relevant proof documents	Please apply to police agencies or traffic teams (for documents such as registration forms and copies, accident images, photos, preliminary analysis and assessment forms, etc.).
(5) Certificate of diagnosis issued by a qualified physician and relevant medical records as needed	Apply to the medical institution for treatment. When different medical institutions are involved in the treatment, certificates of diagnosis from each medical institution must be provided.
(6) Medical expense receipts or copies stamped with special seals for consistency with the original and medical institution receipt	Please refer to the documents or certificates to be attached for medical expenses listed below.
(7) Declaration of consent to review of medical records	To be provided by the insurance company or Special Compensation Fund, or downloaded from websites.
(8) Declaration of consent to re-examination	To be provided by the insurance company or Special Compensation Fund, or downloaded from websites.
(9) Certificate of death of the victim	A certificate of autopsy issued by the local prosecutor's office or a certificate of death issued by a qualified physician.

(10) Household registration transcript of the whole family obtained by the claimant after death of the victim	Apply to the corresponding household registration office. When the claimants are from different households, all individual transcript shall be provided.
(11) Proof of compensation received by the liable party for damage compensation	Such as the court judgment or reconciliation agreement (conciliation statement).
(12) Copy of cover of a passbook issued by a financial institution	To be provided by the claimant.
For those who apply for compensation, other documents to be attached include (13) a compensation application form, (14) a statement of not being compensated by the liable party for damages, (15) a receipt issued by the special compensation fund and a notice of exercise of the right of subrogation, and (16) any evidence and documents favorable to subrogation. The above documents, except for Item (16), may be downloaded from the website of Special Compensation Fund or obtained from the insurance company.	

III. What is the amount paid for compulsory insurance benefits or compensation?

- (1) Payment for medical expenses for injury: Up to a maximum of NT\$200,000 per person.
- (2) Payment for disability: The payment amount ranges from NT\$50,000 to NT\$2 million according to the 15 levels of degree of disability. The victim may also apply for the payment for any relevant medical expenses together, with a maximum total of NT\$2.2 million.
- (3) Payment for death: The payment for death is NT\$2 million per person. The claimant may also apply for any medical expenses related to the death of the victim together, with a maximum total of NT\$2.2 million.

IV. What are the payment items for medical expense for injury? What documents shall be provided?

Payment Item	Regulations and Limits	Documents to be Attached
(I) First aid expenses		
1. Rescue and search fees	Reasonable and necessary actual expenses.	Receipt for first-aid expenses.
2. Expenses on ambulance and accompanying medical staff		
(II) Medical expenses		
1. The victim seeks medical treatment as the insured covered by the National Health Insurance		
(1) Items within the payment scope specified by the National Health Insurance Act and expenses that should be borne by oneself according to law.	Partially paid.	1. Certificate of diagnostic. 2. Medical bill receipts issued by qualified medical institutions. Photocopies should be stamped with the special seal for consistency with the original and medical institution receipts.
(2) Registration fee	Depending on actual medical treatments and expenses.	
(3) Charge for certificate of diagnosis	Limited to necessary payment.	
(4) Any difference in ward fee for hospitalization.	The difference between the ward occupied and the ward covered by the health insurance, which is limited to NT\$1500 per day.	
(5) Expenses on meals	Daily limit is NT\$180 during the hospitalization period.	
(6) Costs for prosthetic devices and installation charge	Limited to NT\$50,000 for each upper or lower limb.	1. Attach certificates of expenditure. 2. Limited to the payment scope not specified by the National Health Insurance Act.
(7) Costs for false teeth and installation charge	Limited to NT\$10,000 for each missing tooth, and up to NT\$50,000 for five or more missing teeth.	
(8) Costs for artificial eye(s) and installation charge	Limited to NT\$100,00 for each one.	
(9) Costs for any other medical materials (including auxiliary devices) deemed necessary by the physician for treatment, and devices that are used for non-aggressive treatment	Limited to NT\$20,000.	
2. The victim seeks medical treatment not as the insured covered by National Health Insurance		
All medical expenses	1. Payment is based on the cost standard for the day of emergency or outpatient treatment, or the average cost for the quarter before the day of discharge, which is specified by the Measures on the Refund of Self-paid Medical Expenses by National Health Insurance. When the amount of medical expense receipt is lower than the standard, payment shall be based on the amount of the receipt. 2. When proof of payment items and expenses of the National Health Insurance are provided, payment shall be made in accordance with the regulations on the diagnosis and treatment for the insured by the	1. Medical bill receipts. 2. The average cost standard is available from the website of the National Health Insurance Administration, Ministry of Health and Welfare.

	National Health Insurance.	
(III) Transportation fees		
Reasonable transportation expenses incurred by the victim for round-trip outpatient, referral or discharge from a qualified medical institution	1. Limited to NT\$20,000. 2. Based on the transportation cost paid by taking a taxi for the round trip from the victim's home to the medical institution. 3. Application for payment for cost by taking own vehicle may also base on the above.	Provide medical bill receipts for calculation purpose.
(IV) Nursing expenses		
Any special care and nursing fees required by the victim during hospitalization due to severe injuries. Payment for home care is limited to that certified by a qualified physician as necessary	1. For care expenses of ordinary wards, except for those on hiring caregivers, any expenses on the caring by relatives or friends shall be applied for. 2. Limited to NT\$1,200 per day, and not exceeding 30 days.	1. Receipts issued by the caregiver. 2. When caring is provided by relatives or friends, please provide a written statement specifying the name(s), relationship, ID number(s) of the relative(s) or friend(s), and the period of caring.

Note: Payment for the above-mentioned medical expenses shall be limited to the necessary, reasonable and actual medical expenses.

V. What are the conditions for the victim to apply for disability benefits? What materials shall be provided?

- (1) Disability referred to in compulsory insurance is a state that the victim suffers physical injury due to a motor vehicle accident and gets stable after treatment, but the effect of further treatment cannot meet his/her expectation, and a qualified physician diagnoses the injury as permanently irreparable, which meets the conditions specified by the payment standards of compulsory insurance for disability.
- (2) The determination of disability status shall include the review of a certificate of diagnosis issued by a hospital or physician specifying a disability level meeting the conditions specified by the payment standards of compulsory insurance for disability, relevant medical imaging (such as X-ray films) and medical records as needed according to the criteria for determination of disability level, which are specified by the payment standards of compulsory insurance for disability.

VI. For more details of compulsory insurance or any doubts about application for compulsory insurance benefits or compensation, link to the website of compulsory motor vehicle liability insurance www.cali.org.tw, or the website of Special Compensation Fund www.mvacf.org.tw, or dial the toll free hotline 0800-565-678 during working hours.



Motor Vehicle Accident Compensation Fund



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