



臺灣產物保險股份有限公司

中英雙語對照表

汽車批改申請書

Motor Insurance Application for revision

※強制險及任意險需同時申請時，請分別填寫及簽章

Where you apply for compulsory liability insurance and automobile insurance at the same time, please fill in and sign separately.

收費日 Planned Payment years	票據日 Check date
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批單號碼 Endorsement No.	牌照號碼 Vehicle License Number	保險期間 Period	由 年 月 日起 From / / at 12.00pm Local standard time
保單號碼 Policy No.			截至 年 月 日12時止 To / / at 12.00pm Local standard time
被保險人 Proposed Insured	要 保 人 The Proposer		

☐僅過戶強制險 ☐本車另有加保任意險（任意險保單號：_____）
☐Only the ownership of compulsory policy was transferred. ☐This vehicle is additionally covered by automobile insurance (policy number: _____)

※依汽車保險共同條款「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。

In accordance with the common terms of automobile insurance regarding the transfer of the subject matter of insurance and rights and interests specified in contracts, where the ownership of the vehicle license of the insured car has been transferred, if you fail to apply for transfer of the ownership of rights and interests of voluntary insurance for more than ten days after the effective date of the transfer of the ownership of the vehicle license, the validity of this policy will be suspended temporarily, and the company will not be liable for compensation if any accident insured occurs during the suspension period.

被保險人/申請人：
Proposed Insured / applicant _____

申請批改事項
Application for revision批改保戶資料
Revision information

<input type="checkbox"/> 過戶 Transfer of ownership 姓名： English Name as shown on Resident Permit 統一編號/身分證字號： Residential Certificate No 通訊地址： Residential Address	<input type="checkbox"/> 更正被保險人/要保人資料 Revision of Proposed Insured/ The Proposer 出生日期： Date of Birth 電話號碼：() Contact Number 性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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更正車輛資料
Revision of Vehicle Information

牌照號碼 New Vehicle license number	引擎號碼/車身號碼 Engine number	車輛種類 Vehicle type	廠牌車型 Brand and model	原始發照 Date of issue of vehicle	製造年份 Year of manufacture of vehicle	排氣量 Emission volume

更改保額
Sum Insured for revision

批改險種 Details of Insurance for revision	批改前 Before	批改後 After	增減保額 Sum insured - Shall be extended/reduced (canceled)	增減保費 Premium - Shall be extended/reduced (canceled)
			增減保費合計 Total premium - Shall be extended/reduced (canceled)	
退保 Cancellation	由 年 月 日 12時終止 Insurance cancellation from (yyyy/mm/dd)		應退保費： Shall refund premium	

退保原因 Reason for cancellation	<input type="checkbox"/> 1. 牌照繳銷、吊銷、註銷、停駛 <input type="checkbox"/> 1.The vehicle license is temporarily not used · Driver's license is cancelled · Applies for nullification · Vehicle license deactivated <input type="checkbox"/> 2. 報廢 <input type="checkbox"/> 3. 重複投保 <input type="checkbox"/> 4. 其他 <input type="checkbox"/> 2.Scrapped vehicle <input type="checkbox"/> 3.Insured twice <input type="checkbox"/> 4.others _____
退費方式 Refund method	<input type="checkbox"/> 1. 匯款 <input type="checkbox"/> 2. 抵繳之保單號碼： <input type="checkbox"/> 1.Remittance <input type="checkbox"/> 2.Policy No. for deduction _____

請依照上述批改事項核發批單憑執為荷
Please issue a certificate as a proof for the revision items above.

要/被保險人/申請人（簽章）：
Signature of the Proposer, the Insured, or the applicant
地址：
Address
電話：()
Contact Number



申請日期 年 月 日
Date of Proposal (YYYY/MM/DD)

切 結 書

Statement of Applicant

立切結書人向貴公司投保汽車保險，申請辦理 ☐註銷 ☐過戶 ☐退保 ☐補發，

The affiant, who is a policyholder of the company's automobile insurance, ☐applies for nullification, ☐transfer of ownership of policy, ☐cancellation, or ☐re-issuance，

茲因遺失 ☐保險單(證) ☐收據，爾後如有任何違反有關保險單(證)權益之糾紛，自 年 月 日起立切結書人願自行負責，特此聲明。

due to the loss of ☐the policy (certificate)/ ☐receipt, where there is any subsequent violation of the rights and interests of the policy (certificate), it is hereby declared that the affiant is willing to be liable for it as of (yyyy/mm/dd).

此致 臺灣產物保險股份有限公司
Sincerely, Taiwan Fire & Marine Insurance Co., Ltd.

立切結書人（簽章）：
Signature of the Affiant (signature / seal)
身分證字號/統一編號：
Residential Certificate No



（退保時收據可不收回）
(In the case of policy cancellation, receipts may not need to be collected.)

中華民國 年 月 日
Date of Proposal (YYYY/MM/DD)

核保人員 Underwriter	批改人員 Processing Personnel	收件人員 Key in by	收回文件 Recover files	保險單(證) The policy (certificate)	收據 Receipt	切結書 Statement of Applicant