

聲明暨同意事項：

本人(要保人即被保險人)茲此聲明下列事項並保證本人所述下列事項為真實：

- 本人在要保時已提供台灣的聯絡地址，並確認為本人最新之通訊資訊。
- 本人目前健康狀況良好，此次旅遊並未違反醫生的建議，亦非為了獲得治療而出國。

本人(要保人、被保險人)瞭解並同意下列事項：

- 本人同意透過網際網路方式申請投保。
- 本商品是由美商安達產物保險股份有限公司(以下簡稱“美商安達產物保險”)銷售，由美商安達產物保險全權決定是否承保並負擔保險賠償責任。
- 本人同意酷鳥航空(NokScoot)將本人與投保保險為目的之相關個人資料提供予美商安達產物保險作為線上申請投保之用。美商安達產物保險得依「個人資料保護法」之相關規定，對本人之個人資料，為蒐集、處理及利用之權利。本人知悉如欲閱覽、變更、刪除個資或要求停止蒐集、處理及利用個人資料，應通知美商安達產物保險辦理。
- 本人(被保險人) 同意美商安達產物保險得蒐集、處理及利用本人相關之健康檢查、醫療及病歷個人資料。本人(要保人、被保險人) 同意美商安達產物保險將本要保書上所載本人資料轉送產、壽險公會建立電腦系統連線，並同意產、壽險公會之會員公司查詢本人在該系統之資料以作為核保及理賠之參考，但各該公司仍應依其本身之核保或理賠標準決定是否承保或理賠，不得僅以前開資料作為承保或理賠之依據。
- 本人(要保人、被保險人)已審閱並了解美商安達產物保險所提供之「[投保須知](#)」，另依「[產險業履行個人資料保護法告知義務內容](#)」，本人已了解美商安達產物保險蒐集、處理及利用本人個人資料之目的及用途。
- 本人(要保人、被保險人)已知悉並明瞭實支實付型醫療保險之受益人，申領保險金給付時須檢具醫療費用收據正本。但若被保險人已投保美商安達產物保險二張以上之實支實付型醫療保險，或本人於投保時已通知美商安達產物保險有投保其他商業實支實付型醫療保險，而美商安達產物保險仍承保者，美商安達產物保險對同一保險事故仍應依各該險別條款約定負給付責任。如有重複投保而未通知美商安達產物保險者，同意美商安達產物保險對同一保險事故中已獲得全民健康保險或其他人身保險契約給付的部分不負給付責任。
- **本人瞭解需列印要保書簽名後回傳予美商安達產物保險始完成投保程序。**
- 本人瞭解本商品之雙方權利義務，及變更、解除及終止本商品之方式及限制，並知悉保費係依投保當時之費率計算。請點選本商品之「[保單條款](#)」及「[商品介紹](#)」獲知相關內容，或美商安達產物保險旅遊保險客戶服務中心0800-778-288。
- 本商品內容、費率、保險給付(相關條件、年齡、金額等資格)與其他未盡事宜，悉依保單條款規定為準。美商安達產物保險保留最終承保與否之權利。
- 本商品受財團法人保險安定基金之保障。
- 本人知悉若對本商品或服務有所爭議，得向美商安達產物保險、財團法人金融消費評議中心或金管會保險局提出申訴。

Representations & Declaration:

I, the applicant and insured, hereby represent and warrant that below statements are true and accurate:

- I have provided the address in Taiwan and confirmed this is the most recent contact address when applying this insurance policy.
- I am currently in good health, and not travelling with contrary to the advice of a Qualified Medical Practitioner and/or for the purpose of obtaining medical treatment.

I, the applicant and insured, also understand and agree to the following:

- I agree to submit the application through internet.
- This product is sold by Insurance Company of North America, Taiwan Branch ("Chubb Insurance") and Chubb Insurance has the sole discretion to decide whether to underwrite your application. Chubb Insurance carries the responsibility in policy claim and fulfillments.
- **I agree NokScoot provides my personal information related to this application to Chubb Insurance for the purpose of submission of this online application. Chubb B insurance has the rights to collect, process, and use my personal information in accordance with the Personal Data Information Protection Act. I understand if I would like to review, amend, delete, or request to discontinue collection, processing or use of personal information, I shall contact Chubb Insurance.**
- I, the applicant and insured, agree that Chubb Insurance may transfer my personal data stated in the application form to the Life Insurance Association/Non-Life Insurance Association as a reference for the other member companies for the underwriting purposes; provided that such data shall not be the base for their determination of any underwriting/claim decisions.
- I, the applicant and insured, have reviewed and understood the "[Notes for application](#)" and according to the "[Notifications for Performance of the Obligations under Personal Information Protection Act by Non-Life Insurer](#)", I confirm that I am fully aware to the purpose and the usage (including collect, process and use) of my personal information collected by Chubb Insurance.
- I, the insured, agree that Chubb Insurance may collect, process, and use my health examination record, medical records and personal information.
- I, the applicant and insured, acknowledge and understand that when I apply for the benefits of hospital cash insurance, the original receipt of medical expenses shall be submitted. If I have purchased more than one hospital cash insurance from Chubb Insurance or I have informed Chubb Insurance that I have more than one hospital cash insurance, in which circumstances that Chubb Insurance still underwrites this policy, Chubb Insurance shall pay me the benefit in accordance with the policy wordings. If I fail to inform Chubb Insurance of my multiple policies, I agree that Chubb Insurance will not be obliged to pay me the proportion paid by the National Health Insurance or the other hospital cash insurance.
- **I understand that I need to print out the application form, sign thereon and send it back to Chubb Insurance so as to complete the application process.**
- I understand the rights and obligations of both parties under this policy, the methods and restriction to change, cancel and terminate this policy; and I am aware that the calculation of the insurance premium is based on the insurance premium rates applicable during the time of application. I understand that I may refer to [Policy Wording](#) and / or "[Products](#)" for relevant details, or contact Chubb Insurance at **0800-778-288**.
- The product details, rates, insurance benefits (related terms and conditions, age, amount and etc.) and other matters shall follow the provisions of the policy. Chubb Insurance reserves the right to determine the final underwriting of this policy.
- This insurance product is under the protection of the Taiwan Insurance Guaranty Fund.
- I am aware that I can file a complaint to Chubb Insurance, Financial Ombudsman Institution (FOI) or Financial Supervisory Commission, Insurance Bureau if there is any dispute arising from or related to this policy.