

聲明暨同意事項：

本人(要保人、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：

- 本人國籍為中華民國；如為外國籍，本人之國籍非屬下列國家之一：古巴、伊朗、北韓、蘇丹、敘利亞、克里米亞共和國、委內瑞拉等國家。
- 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。
- 本人職業非下列職業項目之一：律師、會計師、公證人，或是其合夥人或受僱人。軍火商、不動產經紀人。當舖業、融資從業人員。寶石及貴金屬交易商。藝術品/骨董交易商、拍賣公司。基金會、協會/寺廟、教會從業人員。博弈產業/公司。匯款公司、外幣兌換所。外交人員、大使館、辦事處。虛擬貨幣的發行者或交易商。
- 本人於投保前三個月內未辦理貸款或保險單借款。
- 本人非以保單借款或貸款繳交保險費。
- 如以上任一項目為「否」，請撥打0800-778-288，由專人為您服務。

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。
- 本人同意收受以電子文件方式簽發之電子保單。
- 本人知悉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。
- 本人同意台灣飛航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载本人資料轉送產、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。
- **本人瞭解於申請投保後，需使用含有觸控功能之手機、平板電腦、個人電腦或其他電子設備，由要、被保險人本人親自簽名後以電子方式傳回美商安達產物保險始完成投保程序。如有誤繕或代簽之情形者，概由本人負擔全部責任。**
- 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。
- 本人擔保如有代理他人投保之情形者，該他人僅限於本人之配偶、三等親內之親屬或民法所稱之家屬，且本人確認已充分獲得授權，得將其與投保保險相關之個人資料提供予美商安達保險。
- 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。
- **消費者於購買本商品前，應詳閱各種銷售文件內容，本商品之預定費用率最高為 48%，最低 34%；如要詳細了解本商品之附加費用或其他相關資訊，請洽業務員，美商安達產物保險(台北市信義路五段 8 號 10 樓)查詢，以保障您的權益。若對本保險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意見。**
- 本保險所稱之「住院」，係指被保險人經醫師診斷其疾病或傷害必須入住醫院，且正式辦理住院手續並確實在醫院接受診療者，但不包含全民健康保險第五十一條所稱之日間住院及精神衛生法第三十五條所稱之日間留院。保險公司辦理理賠作業於需要時會參據醫學專業意見審核被保險人住院之必要性。
- 欲查閱美商安達產物保險資訊公開說明文件。請至美商安達產物保險網站或來電 0800-608-989 索取。

Representations & Declaration:

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

- I am a national or citizen of the Republic of China. If not, my nationality is not one of the following countries: Cuba, Iran, North Korea, North Sudan, Syria, the Republic of Crimea and Venezuela.
- 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.
- My occupation is not one of those occupation: lawyer, accountant, public notary, or the partner or employee of them. Arms dealers, real estate brokers. Pawnshop, financing practitioners. Gem and precious metal traders. Artwork /antique dealers, auction companies. Foundations, associations/temples, church practitioners. Gambling industry/company. Remittance company, foreign currency exchange office. Diplomats, embassies, Diplomatic offices. Virtual currency issuer or dealer.
- I did not apply for a loan or within three months before this travel insurance purchase.
- I will not use the loan or insurance policy loan to pay insurance premium.
- If any of the above items is "NO", please contact Chubb Customer Service 0800-778-288.

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

- I agree to submit the application through internet.
- I agree to receive electronic insurance policy instead of paper policy.
- I acknowledge that this product is sold by Insurance Company of North America, Taiwan Branch ("Chubb Taiwan") and Chubb Taiwan has the sole discretion to decide whether to underwrite your application. Chubb Taiwan carries the responsibility in policy claim and fulfillments.
- I agree Tigerair Taiwan provides my personal information related to this application to Chubb Taiwan for the purpose of submission of this application. Chubb Taiwan 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 Taiwan.
- **I understand that the applicant and/or the insured need to use mobile phone, tablet, PC or similar equipment to sign my/our name(s) and sent to Chubb Insurance by way of electronic transmission so as to complete the application process. In case of any manuscript error or lack of authorization, I shall bear all responsibilities resulted therefrom.**
- I agree that Chubb Taiwan 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 warrant that if I apply insurance on behalf of another individual, such individual shall be my spouse, relative by blood or by marriage within three generation, or family member as defined under the Civil Code. I have obtained full delegation to submit such individual's personal data to Chubb Insurance for the purpose of this insurance application
- I 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 Taiwan.
- I agree that Chubb Taiwan may collect, process, and use my health examination record, medical records and personal information.
- I 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 Taiwan or I have informed Chubb Taiwan that I have more than one hospital cash insurance, in which circumstances that Chubb Taiwan still underwrites this policy, Chubb Taiwan shall pay me the benefit in accordance with the policy wordings. If I fail to inform Chubb Taiwan of my multiple policies, I agree that Chubb Taiwan will not be obliged to pay me the proportion paid by the National Health Insurance or the other hospital cash insurance.
- 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 Taiwan 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 Taiwan 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 Taiwan, Financial Ombudsman Institution (FOI) or Financial Supervisory Commission, Insurance Bureau if there is any dispute arising from or related to this policy.