

移工嚴重特殊傳染性肺炎(COVID-19)住院醫療費用保險理賠申請書
Application for Migrant Workers Covid-19 Health Insurance Benefits

基本資料 Information of the Insured				
被保險人 Name of Insured		護照號碼 Passport Number		保險單號碼 Policy No.
連絡人員 Contact Person			連絡電話 Contact Number	
入境日期 Date of Going Through Immigration			確診日期 Date of Confirmed	
年	月	日	年	月 日
檢附文件 Supporting documents				
<input type="checkbox"/> 醫療診斷書 Certificate of diagnosis		<input type="checkbox"/> 境外移入病例證明文件 Certificate of imported case		
<input type="checkbox"/> 醫療費用收據正本及醫療費用明細表 Original medical treatment fee receipt(s) with itemized statements		<input type="checkbox"/> 其他 Others :		
保險金支付聲明暨同意事項 Claim Application and Agreement				
<p>茲向貴公司申請移工嚴重特殊傳染性肺炎(COVID-19)住院醫療費用保險給付之需要，以被保險人本人之身分，同意下列事項: The agreement for the application of Migrant Workers Covid-19 Health Insurance from the insurance company.</p> <p>一、本人因罹患嚴重特殊傳染性肺炎(COVID-19)於_____醫院住院治療，同意依保險契約約定本次移工嚴重特殊傳染性肺炎(COVID-19)住院醫療費用保險金給付予該醫院抵繳醫療費用，爾後有關移工嚴重特殊傳染性肺炎(COVID-19)住院醫療費用保險金如有糾紛與貴公司無關，恐口說無憑，特立本同意書。I contacted Covid-19 and hospitalize at _____ hospital. Confirm from the insurance contract, I agree the benefit of Migrant Workers Covid-19 Health Insurance should pay for my treatment hospital directly.</p> <p>被保險人/受益人(即立同意書人) Applicant(Insured)/Beneficiary): _____</p> <p>法定代理人/監護人 Legal representative/Guardian/Assistant: _____</p> <p>二、本人已詳知並閱讀貴公司所提供之個人資料告知事項內容，並同意貴公司於符合相關法令規範範圍內，及其他個資相關規定，包含但不限於「歐盟個人資料保護規則」等，得為蒐集、處理或利用本人之病歷、醫療及健康檢查等個人資料。I have fully read and understood the "Claim Application and Agreement" in the application and hereby agree the insurance company may collect, process and use my personal information (medical records, medical treatment and health examinations).</p> <p>被保險人/受益人(即立同意書人) Applicant(Insured)/Beneficiary): _____</p> <p>法定代理人/監護人 Legal representative/Guardian/Assistant: _____</p>				
中 華 民 國 年 月 日				
審 核 意 見				理賠單位收件章