

Cathay Century Insurance Third Party Liability Insurance Claim Form

Applicant/ Insured Basic Information				
Name		Passport No.		
Date of Birth		Address	□□□	
Mobile		EasyCard / iPASS Card No.	(Please enter the card number used for the bicycle rental)	
E-mail	<input type="checkbox"/> @gmail.com <input type="checkbox"/> @yahoo.com.tw <input type="checkbox"/> @icloud.com <input type="checkbox"/> @hotmail.com <input type="checkbox"/> @_____		* Mobile phone number and email address will be used for claim notifications	
Application Information				
Date of Incident		Place of Incident		
Cause of Incident (Multiple Selection Allowed)	<input type="checkbox"/> Collision with a vehicle <input type="checkbox"/> Collision with a pedestrian <input type="checkbox"/> Injury involved <input type="checkbox"/> No injury <input type="checkbox"/> Other _____		Third Party Information	Name :
				Mobile :
Description	Signature of the Applicant (Insured) : _____			
Date of Police Report		Police (Unit) Station		Name of Police Officer in Charge
Insurance Reimbursement Payment Method				
<input type="checkbox"/> Remittance to the account of the insured <input type="checkbox"/> Remittance to the liable third party <input type="checkbox"/> Non-negotiable check (crossed check) <input type="checkbox"/> Remittance to Legal Guardian's Account (If the claimant is a minor, payment can be made to the account of their legal representative or guardian. Once the payment has been transferred, it shall be deemed that the company has fulfilled its payment obligation. The Company shall not be responsible for any disputes regarding the designated account..)		Account Name		
		Name of Financial Institution		Name of Branch
		Account No.		
<input type="checkbox"/> Cancel non-negotiable check (Attach the compensation Agreement and supporting documents)				
Notices and Declarations				
The Applicant agrees that all insurance policies held with the Company (as recorded in the Company's system) shall be deemed to have been included in this claim application. The approval of any claim shall be subject to the terms and conditions of each policy. Furthermore, the applicant agrees that Cathay Century Insurance may notify the assigned service representative of the claim status and payment details related to this application.				
Signature of the Applicant (Insured) :		Signature of Guardian / Assistant : <div style="display: flex; justify-content: space-around; font-size: small;"> Father Mother </div>		
Service Provider Submission (Completed by Service Provider)				
Service Unit		Name		Mobile
1. The service personnel shall meet the declarant/insured in person and witness that the application is signed by him/her; when damages occurred to the claimant or the Company when the signature of the insured/driver/legal agent is signed by others or when the personnel failed to see the signing in person, the personnel shall bear civil, criminal, and other relevant legal responsibilities. 2. To protect insured interests, please examine whether the information in the application is complete and correct before the submission, benefiting the processing procedures.				
Customer Experience & Feedback				
Thank you for completing your application. Our claims team will review your information and process your claim as efficiently as possible. We appreciate your feedback, which helps us continually improve our services for travelers and cyclists.				
1. Overall, how satisfied are you with the claims application process? <input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied				
2. How would you rate the clarity and ease of understanding of the instructions provided? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor				
3. Did you find the documentation requirements easy to understand and fulfill for your claim?				
4. <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No				
5. Additional Comments or Suggestions _____				
(Please share any specific feedback regarding your experience or how we can better support you during the claims process.)				