

產險業履行個人資料保護法告知義務內容

美商安達產物保險股份有限公司台灣分公司（以下稱本公司）依據個人資料保護法（以下稱個資法）第八條第一項（如為間接蒐集之個人資料則為第九條第一項）規定，向 台端告知下列事項，請 台端詳閱：

一、蒐集之目的：

（一）財產保險（〇九三）；（二）人身保險（〇〇一）；（三）其他經營合於營業登記項目或組織章程所定之業務（一八一）。

二、蒐集之個人資料類別：

（一）姓名；（二）身分證統一編號；（三）聯絡方式；（四）其他：詳如相關業務申請書或契約書內容。

三、個人資料來源（個人資料非由當事人提供，而為間接蒐集之情形適用）

（一）要保人/被保險人；

（二）司法警憲機關、委託協助處理理賠之公證人或機構；

（三）當事人之法定代理人、輔助人；

（四）各醫療院所；

（五）與第三人共同行銷、交互運用客戶資料、合作推廣等關係、或於本公司各項業務內所委託往來之第三人。

四、個人資料利用之期間、對象、地區及方式：

（一）期間：因執行業務所必須及依法令規定應為保存之期間。

（二）對象：本公司及本公司海外分支機構、中華民國產物保險商業同業公會、中華民國人壽保險商業同業公會、財團法人保險事業發展中心、財團法人保險安定基金、財團法人住宅地震保險基金、財團法人汽車交通事故特別補償基金、財團法人金融消費評議中心、財團法人金融聯合徵信中心、財團法人聯合信用卡中心、台灣票據交換所、財金資訊公司、關貿網路股份有限公司、中央健康保險局、業務委外機構、與本公司有再保業務往來之公司、依法有調查權機關或金融監理機關。

（三）地區：上述對象所在之地區。

（四）方式：合於法令規定之利用方式。

五、依據個資法第三條規定，台端就本公司保有 台端之個人資料得行使之權利及方式：

（一）得向本公司行使之權利

1. 向本公司查詢、請求閱覽或請求製給複製本。

2. 向本公司請求補充或更正。

3. 向本公司請求停止蒐集、處理或利用及請求刪除。

（二）行使權利之方式：以書面或客服專線（0800-339-899）通知本公司。 六、台端不提供個人資料所致權益之影響（個人資料由當事人直接蒐集之情形適用）： 台端若未能提供相關個人資料時，本公司將可能延後或無法進行必要之審核及處理作業，因此可能婉謝承保、遲延或無法提供 台端相關服務或給付。

受告知人：_____（簽章）

中 華 民 國 _____ 年 _____ 月 _____ 日

註：本公司履行上開告知義務，不限書面或取得當

事人簽名，縱無簽署亦不影響告知效力。

Notifications for Performance of the Obligations under Personal Information Protection Act by Non-Life Insurer

Insurance Company of North America, Taiwan Branch (“CHUBB”) hereby notifies you of the following items required by Paragraph 1, Article 8 (Paragraph 1, Article 9 for indirect collection) of Personal Information Protection Act (“Act”).

1. Purposes of collection:
 - (1) Non-life insurance business (093); (2) life insurance business (001) and (3) other matters for business operation in compliance with the business registration items or the Articles of Incorporation.
2. Classifications of collection of personal information:
 - (1) Name; (2) I.D. number; (3) contact information and (4) others: as written in application forms or contracts.
3. Resources of personal information (applicable only for indirect collection):
 - (1) Applicant/Insured;
 - (2) Judiciary and police institutions, insurance surveyors or institutions assisting CHUBB in handling claim matters;
 - (3) Legal representatives or assistants of an individual of whom the personal information has been collected;
 - (4) Medical institutions; and
 - (5) Third parties which have the relationships with CHUBB for joint solicitation, cross-use of consumers’ information, co-promotion, or are commissioned by CHUBB within business scopes.
4. Time periods, areas, targets and methods of the use of personal information:
 - (1) Time periods: Duration necessary for business operation or keeping period in accordance with regulation.
 - (2) Targets:

CHUBB and overseas affiliated companies, the Non-life Insurance Association, the Life Insurance Association, the Taiwan Insurance Institute, the Taiwan Insurance Guaranty Fund, the Taiwan Residential Earthquake Insurance Fund, the Motor Vehicle Accident Compensation Fund, the Financial Ombudsman Institution, the Joint Credit Information Center, the National Credit Card Center, the Taiwan Clearing House, the Financial Information Service Co., Ltd., the Trade-Van Information Service Co., the Bureau of National Health Insurance, the outsourced institutions, the companies which have reinsurance business with CHUBB, the government agencies with the authorities of investigation or financial supervision.
 - (3) Locations: The places where the above parties are located.
 - (4) Methods of the use: The methods in compliance with the regulations.
5. In accordance with Article 3 of the Act, you may exercise the following rights to your own personal information:
 - (1) Your rights:
 - a. Inquiry and request for a review of the personal information or to make duplications.
 - b. Request to supplement or correct the personal information.
 - c. Request to discontinue collection, processing or use of personal information and to delete.
 - (2) Methods to apply: you can inform us in writing or call our free-service number 0800-339-899.
6. The influence on your right that you don’t provide your personal information (applicable only for direct collection)

If you don’t provide your personal information, we may delay or be unable to proceed the necessary review and processing, and therefore we may not underwrite your application, or may delay or be unable to provide you with relevant services or payments.

Signature: _____

Date: _____

Note: Neither the written document nor your signature is necessary for our performance of the above obligations. Your signature is not a must.