Application for State Compensation

Claimant	Sex:	В	irthdate:				
	National ID No.:						
	Birthplace:	Occupation:	Address:				
Agentooo	Sex:	I	Birthdate:				
	National ID No.:						
	Birthplace:	Occupation:	Address:				
Statement of Claim:							
Payment of New Taiwan Dollar ooo as compensation to the Claimant. (Please describe the							
content or extent of the prior condition needed to be restored if the claimant applies for							
restoration to the prior condition .)							
Fact and Reason							
1							
2. ·····							
3. ·····							
(If there are several liable compensating authorities and the Claimant claims all or part of the							
compensation against one or some of the liable compensating authorities only, please describe							
the amount of the payment or the content of the prior condition to be restored which the							

Claimant has already made claims against other liable compensating authorities.)

Evidences

10. (The full ha	me of the liable co	inpensating author	iity)	

Claimanto (Seal)

Agento O (Seal)

Dated this day of

Drafting Guidance:

- If the claimant is a juridical person or an association, please insert its name and principal office or place of business such as "Claimant oo Limited Company Registered at: ooFl., No. oo oo Road, oo District, oo City".
- 2. If the Claimant is a juridical person or an association, an incapacitated person or a person with limited capacity, please insert the legal representative or statutory agent's sex, birthdate, birthplace, national identification number, occupation and address as follows: "Legal Representative (or Statutory Agent) •••———". In other words, in case of a juridical person or an association being the "Claimant", please insert information of its legal representative, administrator, manager or other person who may proceed with negotiation on behalf of the Claimant under laws; in case of an incapacitated person (such as minors under age of 7 or persons subject to guardianship declaration) or a person with limited capacity

- (such as minors of age of 7 and above) being the "Claimant", please insert the information of his guardian or legal agent.
- 3. If the "Claimant" is an overseas Chinese, please insert the "passport", "entry & exit permit" or "resident certificate" number in the "National ID No." column, and the "domestic address" and "overseas address" in the "address" column. If the "Claimant" is a foreigner, in addition to inserting the person's nationality, please insert the "passport", "entry permit" or "resident certificate" number in the "National ID No." column, and the "domestic address" and "overseas address" in the "address" column.
- 4. The "Claimant" (or its legal representative) may authorize an agent to conduct negotiation with the liable compensating authority on its behalf. If the "Claimant" (or its legal representative) authorizes one person to act as its agent, please insert "Agent ooo"; in case of several claimants authorizing one person to act as its agent, please insert "Common Agent ooo". In case of several claimants involved in a legal relation, one or several agents may be authorized among the claimant to negotiate with the liable compensating authority. In such circumstances, please insert "Claimant and Agent for the above opersons ooo". In addition, in case that one of the several claimants is the representative of one or more other claimants, please insert "Claimant and Representative for the above opersons ooo".
- 5. In case of a monetary compensation claim, please insert "payment of New Taiwan Dollar ooo as compensation to the Claimant." In case of a restoration claim, please insert the content or extent of the prior condition to be restored such as "rebuilding of the collapsed wall of the building located at the land lot at oo Section oo Township oo County with the land serial number of oo, i.e. the domestic style house of the address at No. oo, oo Street, oo Township, ooCounty" or "repairment of the destructed o [insert the number] cars of

- $\circ \circ$ [insert brand] with the license plate number $\circ \circ \bigcirc \bigcirc \bigcirc$."
- 6. The seals affixed on the "Claimant" and "Agent" signing columns shall be the same as the description in the "Claimant" and "Agent" columns.
- 7. The claimant's phone number shall be inserted to facilitate contacting and communication.