Application for State Compensation

Claimant○○○	Sex:	Birthdate:	
	National ID No.:		
	Birthplace:	Occupation:	Address:……
Agent○○○	Sex:	Birthdate:	
	National ID No.:		
	Birthplace:	Occupation:	Address:……

Statement of Claim:

Payment of New Taiwan Dollar ○○○ 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

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2. □□□□□□□□□□□□□□□□□□□□□□□□
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(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

To:（The full name of the liable compensating authority ）

Claimant○ ○ ○ (Seal)

Agent○ ○ ○ (Seal)

Dated this day of

Drafting Guidance:

1. If the claimant is a juridical person or an association, please insert its name and principal office or place of business such as “Claimant ○○ Limited Company Registered at: ○○Fl., No. ○○ ○○ Road, ○○ District, ○○ City”.
2. If the Claimant is a juridical person or an asssociation, 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 the guardian of the person who has been subject to the order of the commencement of guardianship, or one of the parents, appointed guardian, appointed guardian by will or statutory guardian of the minor.

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 ○○○"; in case of several claimants authorizing one person to act as its agent, please insert "Common Agent ○○○". 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 ○ persons ○○○ ". 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 ○ persons ○○○ ".
5. In case of a monetary compensation claim, please insert "payment of New Taiwan Dollar ○○○ 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 ○○ Section ○○ Township ○○ County with the land serial number of ○○, i.e. the domestic style house of the address at No. ○○, ○○ Street, ○○ Township, ○○County" or "repairment of the destructed ○ [insert the number] cars of ○○ [insert brand] with the license plate number ○○－○○○○."
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.