※Please fill in all items, do not leave blank.

Labor Occupational Accident Insurance Insured Person Report of Injury Resulting from an Accident on the Way to or from Work or during Business Trip

Serial No.	

1. The insured person name		2.The original start and end times of the insured person's job on the day of the incident.	From_____ ☐AM ☐PM To_____ ☐AM ☐PM
3.Transportation used by the insured person on the day of the incident.	☐Original Heavy-Duty Motorcycle ☐Light-Duty Of Motorcycle ☐Private Passenger Car ☐Bicycle ☐Others（ ） （※ If the insured person mark「others」, please specify the method of transportation.）		
4.The travel times for the insured person to and from work or during business trip.	(hour), (minute)	5.Time of incident	☐AM ☐PM , (dd)/ (mm)/ (yyyy)

6.When an insured accident occurred, please mark if the situations listed to the right occurred, do not leave blank (For licensed drivers, please attach copies of the front and back of the license)	☐Yes ☐No	The insured person had driver's license of types of cars for driving. **※Please attach here a copy of the front and back of the driver's license**
	☐Yes ☐No	The insured person was under the period of invalidation or taking disciplinary action against invalidation or revoked of his/her driver's license.
	☐Yes ☐No	The insured person drove against traffic regulations and barge into the red light while he/she passed through intersections with restraints of light marks.
	☐Yes ☐No	The insured person barge into crossover of railways.
	☐Yes ☐No	The insured person drove his/her cars while his/her alcohol concentrations was over the stipulation standard.
	☐Yes ☐No	The insured person who took drugs, psychedelic, narcotics and similar official controlled drugs while driving his/her cars.
	☐Yes ☐No	The insured person drove against traffic regulations on shoulders of freeways, highway or a roadway.
	☐Yes ☐No	The insured person drove his/her cars competing to drive, contesting, crawling or driving in other dangerous ways.
	☐Yes ☐No	The insured person drove his/her cars without following the direction that he/she should obey.
	☐Yes ☐No	The insured person drove his/her cars into the carriageway for coming without depending on stipulations.
7.Did the accident occur on a reasonable path during the commute to and from work or on the business trips?	☐Yes，The accident occurred on a reasonable path during ☐the commute to and from work ☐the business trip ☐No，The accident occurred on a unreasonable path during ☐the commute to and from work ☐the business trip	
8.Did the person deviate from the business route to deal with personal business?	☐Yes（please explain in detail） (Please attach additional paper if the space is insufficient, and sign accordingly.) ☐No	
9.Did the police or other relevant agencies handle the incident?	☐Yes，**Please fill in the full name of the agency (please attach any relevant proofs)**： ☐No	

10.For persons involved in accidents during their **commutes to and from work**, please include simple diagrams of your residence, place of duty, route to and from work, and the place of the accident in the description on the back of this document.

☐Have ☐No	Witness	Name：	Relationship：	Adrress： Phone No.：

I certify that the information listed above is completely factual. If there are any false statements, I take all civil and criminal legal responsibilities and will return all insurance benefits, allowance and subsidy.

Sincerely, Bureau of Labor Insurance, Ministry of Labor

Personal seal or signature of the insured person (or beneficiary)：_____

Date of Application: (dd)/ (mm)/ (yyyy) (The Applicant should sign in person）

Insured Unit stamp： Responsible person stamp： Person in-charge stamp：

Article 92 of the Labor Occupational Accident Insurance Act: Any person who uses fraudulent or other improper means to collect insurance benefit, allowance, subsidy or makes false statements, reports or statements, shall be subject to a penalty that is equivalent to twice the insurance benefit, allowance, subsidy or medical expense collected. The insurer or the Bureau of Occupational Safety may seek compensation for damages from the offender under the previous paragraph and any person that jointly committed the Act under the previous paragraph in accordance with the provisions of the Civil Code. If criminal liability is involved, the case shall be forwarded to the judicial authority for handling.

※Please fill in all items, do not leave blank.

1. Please fill in the following addresses:
   (Please attach additional paper if the space is insufficient, and sign accordingly.)

(1) Daily residence:_____

(2) Place of duty:_____

(3) Place of accident (If not clear, just write the approximate location):_____

2. Diagrams: (For those who are involved in accidents during their commutes, please include diagrams and mark of **1. <u>Daily residence</u>**、**2. <u>Place of duty</u>**、**3. <u>Place of accident</u>**、**4. <u>Route of commute</u>**)