

Compensation Claim Form

Claimant: Gender: Date of Birth: ID Number:

Place of Birth: Occupation: Residence Address:

Compensation claimed:

The claimant requests _____ NT dollars in damages.

(If the claimant requests what is damaged to be restored to its original state, the conditions should be specified here.)

Facts and Rationales: (List below)

I.

(In the case where more than one government agency is liable and the claimant is only requesting a full or partial compensation from some of the agencies liable in this claim, the claimant should specify the amount of damages or the scope of recovery the claimant has requested from other agencies.)

Evidence: (List below.)

Claimant: (Signature)

Attorney: (Signature)

Date

situated on No.XX, XX St., XX Township, XX County.”

- “The claimant requests the full repair of one (quantities) Ford (brand and model) sedan, license number _____.”

VI. Seals of the claimant and the attorney should be consistent with the names filled in the “Claimant” and “Attorney” sections.

VII. Please include phone numbers of the claimant for contact purposes.

Limited Power of Attorney for the Negotiation of State Compensation

Name of Principal:

Gender: Date of Birth: Place of Birth:

ID Number: Occupation:

Residence/Office Address:

Name of Attorney:

Gender: Date of Birth: Place of Birth:

ID Number: Occupation:

Residence/Office Address:

I hereby appoint the person identified above as my attorney-in-fact with the limited powers described below. My attorney-in-fact named above is authorized to act in my stead in all matters involving the negotiation of state compensation, including (or excluding) the special powers of abandoning the claim to compensation, revoking the request of compensation, receiving damages, accepting restoration of what is damaged or appointing attorneys.

Principal: Signature and seal

Attorney: Signature and seal

Date_____

Instructions

- I. The Principal is the Claimant. The name of the Principal should be consistent with that specified in the Compensation Claim Form. The name of the Attorney should also be consistent with that specified in the Compensation Claim Form. (Please refer to points I to IV in the instructions for filling out the Compensation Claim Form.)
- II. Phone numbers of both the Principal and the Attorney should be specified for contact purposes.
- III. The Attorney is fully authorized to negotiate for compensation on behalf of the Principal. However, the Attorney does not have the power to abandon the claim to compensation, to revoke the request of compensation, to receive damages, to accept restoration of what is damaged or to appoint attorneys, unless otherwise authorized. The scope of authorization should be clearly stated in the Limited Power of Attorney, with the corresponding selection and deletion of the word “including” or “excluding” in the text to avoid confusion and disputes.
- IV. The Limited Power of Attorney must be presented before the negotiations begin.

Request for Extension of Negotiations

Name of Principal:

Gender: Date of Birth: Place of Birth:

ID Number: Occupation:

Residence/Office Address:

Name of Attorney:

Gender: Date of Birth: Place of Birth:

ID Number: Occupation:

Residence/Office Address:

In regard to the State Compensation Case No. _____, the Claimant negotiated with
(name of agency) at (name of venue) on (day, month, year). Due to differences in opinions,
the two parties did not reach an agreement. To solve the dispute, the Claimant is hereby
requesting an extension of negotiations.

Claimant: Signature and seal

Attorney: Signature and seal

Date _____

Note:

Relevant facts, rationale, and evidence that have not been included in the previous
compensation claim form can be submitted along with this request.

Notice:

- 1. To correctly fill in the names of the Claimant and Attorney, please refer to points I to IV in the instructions for filling out the Compensation Claim Form.**
- 2. The seals of the Claimant and Attorney should be consistent with the names filled in the Claimant and Attorney sections. Phone numbers of the Claimant should be included for contact purposes.**