

【車禍案件/ Car Accident Compensation】

聲請調解書 Mediation Application		收件日期： 年 月 日 時 分 Receipt Date : (year) (month) (day) (time)				
		收件編號： 案號： 年 調字第 號 Receipt Number: Case No:				
稱謂 Title	姓名（或名稱） Name	性別 Gender	出生日期 Birthdate	身分證編號 National ID. No.	住所或居所 （事務所或營業所） Address (Residence/Company)	聯絡電話 Contact Number
聲請人 Applicant						
對造人 Counter Party						
上當事人間為 <u>車禍糾紛</u> 事件聲請調解，事件概要如下： The above parties have applied for mediation in respect of [Car Accident Compensation], and the matter's summary (and the acceptable mediation terms) are as follows:						
1.發生時間(Incident Time) : 2.發生地點(Incident Location):						
聲請人 /Applicant	駕駛/Driver	車主/Car owner	車號/license plate number	乘客/Passenger		
人車資料 /Information						
狀況 /Circumstance	<input type="checkbox"/> 體傷/Injury <input type="checkbox"/> 死亡/Death <input type="checkbox"/> 財損/Property damage	<input type="checkbox"/> 強制險/Compulsory Automobile Liability Insurance <input type="checkbox"/> 第三責任險/Third liability Insurance	<input type="checkbox"/> 車損/ Vehicle damage <input type="checkbox"/> 無車損/No vehicle damage	<input type="checkbox"/> 體傷/Injury <input type="checkbox"/> 死亡/Death <input type="checkbox"/> 財損/Property damage		
對造人/ Counter Party	駕駛/Driver	車主/Car owner	車號/license plate number	乘客/passenger		
人車資料 /Information						
狀況 /Circumstance	<input type="checkbox"/> 體傷/Injury <input type="checkbox"/> 死亡/Death <input type="checkbox"/> 財損/Property damage	<input type="checkbox"/> 強制險/Compulsory Automobile Liability Insurance <input type="checkbox"/> 第三責任險/Third liability Insurance	<input type="checkbox"/> 車損/ Vehicle damage <input type="checkbox"/> 無車損/No vehicle damage	<input type="checkbox"/> 體傷/Injury <input type="checkbox"/> 死亡/Death <input type="checkbox"/> 財損/Property damage		
提醒您 Remind you	告訴乃論刑事事件之被害人（調解聲請人），如調解不成立且已逾告訴期間 6 個月，請即依「鄉鎮市調解條例」第 31 條規定，向本所調解會聲請移送偵辦。 Talking about the victim of a criminal incident (mediation applicant), if the mediation is unsuccessful and the reporting period has expired after 6 months, please refer to the mediation meeting of this office for transfer to the investigation office in accordance with Article 31 of the "Township and Town Mediation Regulations"					
此致 臺中市西屯區調解委員會 To Taichung City Xitun District Mediation Committee						
中華民國 年 月 日 Date of R.O.C. /Year /Month /Day						
聲請人： Applicant:				（簽名或蓋章） 〈 Signature or Seal 〉		

附註：

1. 提出聲請調解書時，應按對造人提出繕本。
2. 聲請人或對造人為無行為能力或限制行為能力者，應記明其法定代理人。
3. 當事人如有「法定代理人」或「委任代理人」，應於稱謂「當事人」一欄下記明之；如兼有兩者，均應記明。
4. 「事件概要」部分應摘要記明兩造爭議之情形，如該調解事件在法院審理或檢察署偵查中（該事件如已經第一審辯論終結，不得聲請調解），並應將其案號及最近情形一起記明。

Remarks:

1. Duplicates of the Mediation Application shall be provided in accordance with the number of the counter parties.
2. If the applicant or the counter party is an incapacitated person or a person with limited capacity, please insert the statutory agent of such party.
3. If a party has a statutory agent or an appointed agent, please insert the information in the “title” column; if a party has both, both information shall be inserted.
4. The “matter’s summary” shall summarize the dispute between the parties. If the matter is pending the court proceedings or the prosecutors’ office investigation (no mediation shall be applied for if the deliberation proceeding is concluded at the court of first instance), please also insert the relevant case number and the latest development.