

AsiaHousemaid Insurance Proposal Form 亞洲家務助理保險投保書

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Please complete the form in block capitals and tick the appropriate boxes. 請以英文正楷填寫, 並在適當的空格內填上 號

Details of Proposer (Employer) 申請人(僱主)資料		
Full name: Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> 姓名:		
(Surname 姓)		(Given Name 名)
Occupation: 職業:	Email Address: 電郵地址:	
Home Tel: 住宅電話:	Office Tel: 公司電話:	Mobile Phone No.: 手提電話:
Place of Employment of Home Assistant: 家務助理工作地址:		
Home Address(if different from the above): 住宅地址(如與上址不同):		

Details of Insurance 投保資料		
Proposed Effective Date (dd/mm/yy): From 建議保險生效期限(日/月/年): 由		for 12 months 開始投保一年
Job Nature: 工作性質: Home Assistant 家務助理	No. of Employee: 僱員人數:	Est. Annual Earnings: 估計全年工資: HK\$ 港幣
Annual Premium 全年保費	HK\$395 per Home Assistant (inclusive of all Government Levies) 每名家務助理港幣三百九十五元 (已包括所有政府徵款)	

(Age limit of Domestic Helper: 18 to 65 years old)
家務助理年齡限制: 18 至 65 歲

Please answer the following questions: 請回答以下問題:	
Are you at present insured by another insurance company for Employees' Compensation Insurance in respect of your liability to your Home Assistant? 閣下現在是否已為家務助理投保有僱員補償保險?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
Have you lodged any insurance claim, due to accident occurred to your Home Assistant at work during the past 3 years? 過去三年閣下是否曾因家務助理因工作意外受傷而向保險公司索償?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
If the answer to either question is "Yes", please supply details. 在上述問題中, 若有答案為「是」者, 請詳加說明。	

Declaration 聲明

- I declare that the proposed Home Assistant is now in good health and free from any physical impairment or physical deformity. (If this declaration is not accurate, please attach full details on a separate sheet.)
 - I declare that the proposed Home Assistant is not a member of my family permanently residing at my home and is legally employed under the law of H.K.S.A.R.
 - I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's AsiaHousemaid Insurance Policy. I warrant that the particulars and statements I supply in this Proposal are complete and correct and further agree that this Proposal shall be the basis of the contract between me and the Company.
- (1) 本人聲明該投保家務助理現在身體健康良好, 並無任何傷殘或缺陷。(如此項聲明有任何不確, 請另紙詳述。)
- (2) 本人聲明該投保家務助理並非本人之同住親屬及是在符合香港法例下所受僱的。
- (3) 本人現依據「亞洲家務助理保險」保險單內之條款及條件投保該項保險。謹此聲明在本投保書內填報的資料均屬正確無誤, 本人同意以本投保書作為本人與亞洲保險有限公司保險合約之根據。

Proposer's Signature 申請人簽署

Date 日期

Authorized Agent 特許代理

Loyal Insurance

Head Office : Tel: 2388 3283 / Fax: 2388 9578

Branch : Tel: 2475 7248 / Fax: 2473 2555

Important Notes to Proposer 申請人注意事項

- Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent. Failure to disclose such information may mean that your policy will NOT provide you with the cover you require and may even invalidate the policy together.
 - Incomplete Proposal Form will delay your application.
 - This insurance will not be effective unless the Proposal has been officially accepted by the Company.
 - Minimum premium per policy is HK\$395.
 - Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this Proposal, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company
 - This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.
- (1) 閣下必須盡己所知可能影響亞洲保險於接納或釐定此保單條款的資料, 如對資料應否透露有任何疑問, 請即向亞洲保險或閣下的保險代理查詢。
- 閣下應如實呈報有關資料, 否則此保單將可能無法提供閣下所需的保障, 甚至可能導致此保單無效。
- 未經填妥之投保書會延誤閣下之申請。
 - 投保須經批核, 方可生效。
 - 每份保單之最低收費為港幣三百九十五元。
 - 亞洲保險有權運用, 保存或透露閣下之個人資料予任何人仕或機構, 用以審核此項申請, 或提供有關服務。若需查詢或更正閣下之個人資料, 請聯絡亞洲保險的資料保護主任。
 - 此小冊子並非保單, 詳情請參閱保單之條款細則及不承保範圍。