



**Employees' Compensation (Domestic Helper) Insurance Plan Proposal Form**  
**家庭傭工僱員保障計劃投保書**

Coverage 保障內容 : Against the Employer's Liability for your full time or part time domestic helper's death or incapacity resulting from an accident arising out of and in the course of employment under the Employees' Compensation Ordinance  
保障閣下全職或兼職家庭傭工在受僱期間死亡或喪失工作能力而需支付補償的法律責任，而承保範圍乃根據僱員補償條例釐定

Insurance Age Limit 投保年齡限制 : 16-65  
16-65 歲

Period of Insurance 保障日期 : One Year from the date of Policy Inception  
由保單生效日起計為期一年

Insurance Premium 保險費 : HK\$556.50 per employee (Including 11.3% EC Levy)  
每位 HK\$556.50 (包括 11.3% 政府徵款)

**Employer's Details 僱主資料** (Please Complete in BLOCK Letters 請以英文正楷填寫)

|  |                                    |   |                |
|--|------------------------------------|---|----------------|
| Name 姓名: (Mr.先生/Mrs 太太/Miss 小姐)  | HKID Card/Passport No. 香港身份證/護照號碼: | Date of Birth 出生日期:                             | Occupation 職業: |
| _____  | _____                              | _____ D日 M月 Y年                                  | _____          |
| Home Address 住所地址: _____   |                                    |   |                |
| Correspondence Address (Only if different from the above) 通訊地址 (如與上址不同): _____ |                                    |   |                |
| Home Tel. No. 住宅電話: _____  |                                    | Office/Other Contact Tel. No. 辦公室/其他聯絡電話: _____ |                |
| Email 電郵地址: _____  |                                    | Policy Effective Date 承保有效日期: _____ D日 M月 Y年    |                |

|                               |       |
|-------------------------------|-------|
| Number of employee(s) 家庭傭工人數: | _____ |
|-------------------------------|-------|

**General Information 一般資料**

Has your domestic helper insurance application been refused? 閣下投保其他家庭傭工保險時曾否被拒絕? Yes 是 / No 否

If "Yes", please give details 若“是”，請提供詳細內容 \_\_\_\_\_

**Declaration 聲明**

1. I declare that the information given above is true and correct to the best of my knowledge and believe that all material facts affecting the assessment of this application have been disclosed. I understand that this application will not become effective until this Proposal Form has been accepted by Dah Sing Insurance Company Limited (the Company) and agree that this proposal should be the basis of the contract between me and the Company. 本人聲明在本投保書內填報的資料，根據本人所知全部正確無訛，並確信已把所有足以影響風險評估的事實列出。本人明白本投保書被大新保險有限公司接納後，保險始正式生效。並且同意本投保書作為本人與大新保險有限公司的合約基礎。

2. I hereby declare that and agree that the information which I have provided to the Company in this proposal form and in any other documents in relation to this policy alterations, the variations or cancellation of any such information ("personal information") may be or would be held, used or disclosed in the connection with this policy or any other insurance related product or in connection with any claims of whatsoever nature made under this policy and legal proceedings arising therefrom by the Company, and may be transferred to any related company or by any other company carrying on insurance related business in or from Hong Kong or any association or federation of insurance companies that exists or is formed from time to time. 本人同意在本投保書、在與本保單有關的其他文件中和在有關本保單的任何性質的索償中所提供予大新保險有限公司的資料，以及該等被更改、變更或刪除的資料(「個人資料」)，可能或將會為大新保險有限公司所持有、使用或公開於本保單有關的事宜、於其他與保險有關的產品、於有關本保單的任何性質的索償和由此而導致的法律訴訟。本人同意大新保險有限公司可將本人的個人資料移轉予大新保險有限公司有關的機構、其他在本港或海外的公司、任何現存或不時成立的協會或保險公司聯會。

3. I understand that I have the right to obtain access to and to request correction of any personal information regarding me held by the Company (Request for such access can be made to the Data Protection Officer of the Company). 本人明白本人有權查閱及要求更正由大新保險有限公司所持有有關本人的個人資料(如有此要求，可向大新保險有限公司資料保護主任提出)。

4. I understand that I can choose not to be included in any of the Company's future promotional mailings and if I choose not to be included in such mailings, a written notice must be submitted by me to the Company. 本人明白本人可選擇不收取大新保險有限公司以後之任何宣傳郵件，並明白本人須致函大新保險有限公司辦理有關手續。

Signature of Proposer 投保人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Remarks: This is a summary for reference only. For full terms and conditions, please refer to the Company's Policy document for details. Dah Sing Insurance Company Limited reserves the right of final approval. 備註: 以上內容僅供參考，惟有關保障計劃的內容及細則將詳列於保單內，大新保險有限公司保留最終批核權。

**Loyal Insurance**  
Head Office : Tel: 2388 3283 / Fax: 2388 9578  
Branch : Tel: 2475 7248 / Fax: 2473 2555

Authorised Agent/Broker 特許保險代理/經紀