

「樂傭保」保險計劃

DelightMaid Overseas Helper Insurance



樂信保險經紀有限公司

LOYAL INSURANCE ADVISERS LIMITED

香港專業保險經紀協會會員

a member of Professional Insurance Brokers Association

「樂傭保」家傭保險計劃 為一份多合一的保單、保障全面，不但保障你所應負的僱主法律責任，而且更為你的家庭傭工提供多項週全的保障

DelightMaid Overseas Helper Insurance is an all-in-one policy providing you and your maid a comprehensive cover. It not only protects you against legal liabilities as an employer, but also offers your domestic helper all-round cover

		保費 Premium	
		基本保障 Basic Cover	基本+自選保障 Basic + Optional Cover
1 year/年	HK\$670	HK\$1,020	HK\$1,150
2 year/年	HK\$1,150	HK\$1,150	HK\$1,750

註：本小冊子只供參考之用，詳細說明及保險條款，請參閱保單原文及以英文為準。Remarks: This brochure is for reference only. Please refer to the actual policy for exact terms and conditions. If discrepancy exists between the English version and the Chinese version of this brochure, the English version shall prevail.

承保範圍 Scope of Cover		賠償限額 Maximum Limit
1	僱主責任 Employees' Compensation 保障<僱員補償條例>下僱主之法律責任 Provide compensation according to the Employees' Compensation Ordinance	HK\$100,000,000
2	住院及手術費用 Hospitalization & Surgical Expenses 每天住院及每次手術費全年最高限額 HK\$35,000 No sub-limits for Room & Board Charges & Surgical Expenses	全年/ Per year HK\$35,000
3	診所治療費用 Clinical Expenses - 門診 (每日只限一次) Out-patient Expenses - 跌打或物理治療 (每日只限一次) Bonesetter or Physiotherapist Treatment (followed by a registered medical practitioner)	全年/ per year HK\$4,200 每次/ per visit HK\$200 每次/ per visit HK\$100/ 全年/ per year up to HK\$500
4	牙科治療 Dental Expenses 因緊急的牙齒疾患而需接受口腔手術，治療膿腫，X光檢查，脫牙或補牙 Emergency dental expenses including Oral Surgery, Treatment of abscesses, X-ray, extractions or fillings as a result of domestic helper's dental disease	全年/ per year HK\$2,000 實際合理及必須費用之三分二 2/3 of the Expenses
5	個人意外傷亡保障 Personal Accident 於非工作期間(休息日)意外受傷，導致死亡或永久傷殘或自殺身亡 Covering accidental death and permanent disablement occurs during the rest days of the domestic helper. Special cover for the domestic helper sustain death due to suicide during the period of insurance	HK\$100,000
6	遣返原居地開支 Repatriation Expenses - 家傭因病或嚴重受傷而不能繼續正常工作而需被送返原居地 Repatriation of the domestic helper to her home country due to unfit to work in the event of serious sickness or injury - 運送家庭傭工之遺體回原居地(包括自殺身亡) Transportation of mortal remains in the event of death (including death resulting from suicide)	全年/ per year HK\$20,000
7	中斷服務現金津貼 Loss of Services Cash Allowance 受保家傭因患病、嚴重受傷而須住院，由第四天起，可獲現金津貼補償 Cash allowance for loss of services commencing from the forth day due to hospitalized, sickness or injury of helper	全年/ per year HK\$6,000 每天/ per day HK\$200
8	重新聘請家傭費用 Replacement Helper Expenses 受保家傭因患病、嚴重受傷或死亡而須送返原居地，而就第6項「遣返費用」保障成功索償，可獲成功重新聘請家傭的合理費用的賠償費用 Extra expenses necessarily incurred in employing a replacement helper if your helper is repatriated due to serious injury, illness of death, and a valid claim is payable under Section 6 "Repatriation Expenses"	全年/ per year HK\$10,000
9	貸款保障 Loan Protection 受保家傭因患病、嚴重受傷或死亡而不能繼續工作，導致未能償還您會對家庭傭工作出有證據之私人財務借貸，尚欠借貸餘款將可獲得賠償 If Employer makes a financial loan with documented evidence/proof to his/her domestic helper which cannot be repaid due to her death or her being medically unfit to continue employment, it will reimburse the amount of the loan outstanding	全年/ per year HK\$10,000
10	忠誠保險 Fidelity Coverage 因家傭偷竊、欺詐、舞弊行為所引致的金錢損失 (未經許可的長途電話費最高賠償為 HK\$2,000) All pecuniary loss sustained by the employer from any act of larceny, dishonest or fraudulent misappropriation of monies (sub-limit of unauthorized long distance telephone call - HK\$2,000)	全年/ per year HK\$4,500
11	家傭個人法律責任 Domestic Helper's Personal Liability 保障您的家傭因她的疏忽意外導致第三者的身體傷亡或財物損失而須負上的法律責任 To indemnify your Domestic Helper's legal liability arising out of an occurrence for accidental death or bodily injury to third party and/or damage to third party property.	全年/ per year HK\$200,000

自選保障 Optional Cover :

『癌症』及『心臟病』增加醫療賠償限額(住院手術及診所治療費用)附加保障 -港幣 100,000#
Medical Maximum Limit for Cancer and Heart Disease Extension ("Hospitalization & Surgical Expenses" and "Clinical Expenses") - HKD100,000#

承保保險公司 Underwritten by :

GAN ASSURANCES IARD Hong Kong Branch

法國 敬邦保險 香港分公司

Member of Groupama group, incorporated in France

為 Groupama 集團成員，成立於法國

26th Floor, Asia Orient Tower, Town Place, 33 Lockhart Road, Wanchai, Hong Kong
香港灣仔駱克道 33 號中央廣場匯灑大廈 26 字樓

一般不保事項 General Exclusions (適用於所有保障項目 applicable to all Sections)

戰爭、核射及核能災難、精神病、懷孕及生育、酗酒或服用非註冊醫生處方指定之麻醉品或藥物、危險運動或活動、愛滋病及與愛滋病有關連的病症、在保單生效前已存在的傷病、以及在本港境外所發生之意外及事故。 War, nuclear substances and radiation, psychological disturbance, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not medically prescribed, pre-existing medical and health conditions, dangerous sports and activities, AIDS and AIDS-Related complex and accidents & events that occur outside Hong Kong

主要不保事項 Major Exclusions

第(1)項保障 Section (1)

肺塵埃沉着病、慢性失聰，及在法例規定期限內不依期作工傷賠償而須繳付之罰款。

Pneumoconiosis, noise-induced deafness, and late payment penalties prescribed by law

第(2)、(3)及(7)項保障 Sections (2), (3) & (7)

精神及心理病症、性病、先天性異常及畸形、不育、療養護理、身體檢查、防疫或預防疫苗注射、美容或整形手術(但在本保單受保範圍內傷損引致之矯形手術除外)。 Nervous and mental disease, venereal disease, congenital anomalies and deformities, infertility, rest-cure, physical check-ups, vaccinations or preventive medication, cosmetic or plastic surgery (unless to correct an injury covered under the policy).

第(4)項保障 Section (4)

定期口腔檢查、磨牙或洗牙、鑲裝牙冠、牙橋、牙箍、假牙及智慧齒治療等。

Routine dental examination, scaling, polishing or cleaning, crowning, bridges, braces dentures and treatment of wisdom tooth.

(其他不保事項，請參閱正式保單 Please refer to the insurance policy for details of other exclusions in each section)

DM/01 MAR 2010

「樂僑保」家傭保險計劃投保書 DelightMaid Overseas Helper Insurance Application Form

投保人資料 Applicant's Information (請以英文填寫 Please complete in Block Letter)

投保人姓名 (僱主) Name of Insured /Employer	銀行名稱 Bank Name		身份證號碼 HKID Card No.	
賠償時用之銀行 名稱及賬戶號碼 Bank Details for Claim Settlement	Branch Code	Account No.	聯絡電話 Contact Phone No.	
地址 Address	(戶口持有人必須與投保人相同 Account Holder must be the Employer)			

受保人資料 Domestic Helper's Information (請以英文填寫 Please complete in Block Letter)

受保人姓名 (家傭) Name of Helper	出生日期 D.O.B (Age: 18-65)	____/____/____(DD/MM/YY)		
身份證/護照號碼 ID Card /Passport No.	國籍 Nationality	性別 Sex	男 M <input type="checkbox"/> 女 F <input type="checkbox"/>	
工作地址 Address of Place of Employment				

**選擇保險計劃
Plan Covered**

基本保障 Basic Cover 請於適當空格內 <input type="checkbox"/> Please tick appropriate box	基本+自選保障 Basic +Optional Cover 請於適當空格內 <input type="checkbox"/> Please tick appropriate box	
1 year/年	HK\$670	HK\$1,020
2 year/年	HK\$1,150	HK\$1,750

**保單生效日期
Effective Date**

____/____/____
(DD/MM/YY)

**一般資料
General Information**

- 閣下在投保其他家傭保險計劃時曾否被拒絕?
Have you ever had any domestic helper insurance refused? 是 Yes 否 No
- 閣下是否知道上述家傭可能因某種病症而需要接受治療或手術?
Are you aware of any condition for which you Insured Helper may require medical or Surgical treatment?
如答“是”，請詳述:
If the answer is “Yes”, please specify : _____

重要事項 Important Notes

閣下必須在其知悉範圍內提供所有有關會影響保險公司接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險中介人查詢。我們建議閣下將有關的資料作紀錄(包括此投保書)，以備日後作參巧之用。為確保閣下的利益，閣下應如實呈報所有有關資料，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。再者，本保單必須在本公司確定接納投保後才正式生效。
Any other facts known to you which are likely to affect acceptance of assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance intermediary. We recommend you keep a record (including copy of this application) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as 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 altogether. I understand that this application will not become effective until this proposal has been accepted by the company

聲明 Declaration

本人聲明上列資料乃本人所知一切據實填報，本人同意此投保書及聲明將構成本人與法國敬邦保險之間的合約根據。本人向法國敬邦保險所提供的資料，將可能使用於任何與保險有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期；任何索償或索償分析及可能轉移予現存或不時成立的任何有關公司或任何其他從事於保險或保險業有關的公司或與保險業有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。本人明白本人有權查詢及要求更改由法國敬邦保險持有有關本人的個人資料，如有此要求，本人可向法國敬邦保險之個人私隱主任提出。

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and GAN Assurances IARD ("the company"). I understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service of any alterations, variations cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Company's Data Protection Officer.

投保人簽署 Signature of Applicant

簽署 Signature : _____

日期 Date : _____

**樂信保險經紀有限公司
LOYAL INSURANCE ADVISERS LIMITED**

總行 HEAD OFFICE :

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電話 : 2388 3283 (12 Lines)

傳真 : 2388 9578 (3 Lines)

分行 BRANCH :

新界元朗大棠路 11 號光華廣場 11 樓 1103 室

Room 1103, 11/F., Kwong Wah Plaza, 11 Tai Tong Road, Yuen Long, N.T

電話 : 2475 7248 (4 Lines)

傳真 : 2473 2555 (2 Lines)