



家傭綜合保投保書
Domestic Helper Plus Insurance Proposal Form

請以英文正楷填寫，並在適當的空格內填上✓

Please fill in this form in English block letters and tick the boxes where appropriate ✓

投保人資料 PROPOSER'S DETAILS		
申請人姓名 (先生 / 太太 / 女士) Name of Applicant (Mr / Mrs / Ms)		香港身份證號碼 HKID Card No.
姓 (Surname)	名 (Given Name)	
家傭工作地址 Place of Employment of Domestic Helper		
通訊地址 (如與上述地址不同) Correspondence Address (If different from above)		
手提電話 Mobile No.	住宅電話 Home Tel.	電郵地址 E-mail

受保家傭資料 PERSONAL DETAILS OF INSURED DOMESTIC HELPER		
姓 (Surname)	名 (Given Name)	國籍 Nationality
出生日期 (日/月/年) Date of Birth (D/M/Y)	香港身份證 / 護照號碼 HKID Card / Passport No.	性別: Sex: <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
* 保單起保日期 (日/月/年) Policy Effective Date (D/M/Y)	保單年期 Insured Period	<input type="checkbox"/> 一年 HK\$600 <input type="checkbox"/> 兩年 HK\$1,080 One Year Two Years
包括附加保障「癌症及心臟病」治療費用 Apply for cover "Cancer & Heart Disease" Medical Expenses		<input type="checkbox"/> 一年 HK\$900 <input type="checkbox"/> 兩年 HK\$1,680 One Year Two Years

* 此保單提供的保險，必須在本公司確定接納投保後，才能正式生效。

The liability of the Company does not commence until this proposal has been accepted by the Company

投保人聲明 DECLARATION

本人/吾等謹此聲明，就本人/吾等之所知及所信，於本申請表內之陳述及資料乃屬真實，絕無隱瞞或保留，並同意將本投保書及聲明作為與創興保險有限公司和本人所訂合約之根據，並以保單上各條款為準則。

本人/吾等並聲明：

- 本人/吾等明白此保單只適用於替本人從事家務工作之家傭；
- 本人/吾等明白保單生效日之前已染有的疾病或傷勢不獲賠償；
- 受保家傭從未被拒絕接受投保同類保險或需附加任何特別條款於保單內；
- 本人/吾等絕無向創興保險隱瞞任何事實* (例如該等足以影響保險公司決定是否接受投保之事實)，如任何有關事實未有正確列明或有隱瞞，保單將會作廢。

*注意：若閣下不能確定任何資料或事實之重要性，均須陳述。

I/We hereby declare that the statements and particulars given in this proposal form are to the best of my/our knowledge and belief, true and complete and no material information is withheld; and agree that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between Chong Hing Insurance Company Ltd and myself/ourselves and shall subject to the terms and conditions of this Policy.

I/We declare that

- I/We understand that this insurance is for my employee(s) engaged for domestic duties only;
- I/We understand that no benefits are payable under this insurance for injury or illness that originated before the effective date of this policy;
- the insured domestic helper has never been refused by other insurance companies for insurance with similar coverage or imposed any special terms and conditions in the policy;
- I/We do not withhold any material information* (Such as any facts that likely to influence assessment of this application), any misrepresentation or non-disclosure may invalidate this policy.

*Note: If you are in doubts as to whether or not particular information or facts are material, they should be disclosed.

投保人簽署
Proposer's Signature _____

日期(日/月/年)
Date (D/M/Y) _____

付款授權書 PAYMENT AUTHORISATION

本人選擇以下列方式繳交保費 I wish to pay my premium by

現金 Cash 支票 (抬頭人請填「創興保險有限公司」) Cheque (payable to Chong Hing Insurance Company Limited)

由創興銀行戶口/信用卡直接轉賬支付保費 Direct Debit from Chong Hing Bank Account / Credit Card Account

創興銀行戶口 / 信用卡號碼

Chong Hing Bank Account / Credit Card No _____

發給銀行

Credit Card Issuing Bank _____

創興銀行戶口 / 信用卡持有人姓名

Account Holder/ Cardholder's Name _____

信用卡有效日期

Credit Card Expiry Date _____ 月Month / _____ 年Year

本人授權創興保險有限公司從本人上述之賬戶支取有關保險保單之保費，包括本人同意續保的各期保費。

I hereby authorize Chong Hing Insurance Company Limited, until further written notice from me, to charge my above account for the premium due of this insurance policy, including payment(s) for the subsequent years upon my acceptance on renewal of this insurance policy.

戶口/信用卡持有人簽署*

Account Holder/Cardholder's Signature _____

日期 (日/月/年)

Date (dd/mm/yyyy) _____

* 簽署必須與創興銀行戶口/信用卡簽署相同

Signature should correspond to the specimen signature of your Bank/Credit Card Account

投保人需知 IMPORTANT NOTES FOR PROPOSER

1. 閣下必須在其知悉範圍內提供所有有關會影響保險公司於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代理 / 經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。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。

Any other facts known to you which are likely to affect acceptance or 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 agent / broker. We recommend you keep a record (including copies of letters) 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.

2. 收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償、或該等索償的調查或分析；及

• 行使任何代位權

及可能移轉予

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險公司有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；

- 現存或不時成立的任何保險公司的協會或聯會或類同組織(「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監督職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及

- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權創興保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由創興保險有限公司持有有關閣下的個人資料，如有此要求，可向本公司的個人資料(私隱)條例監察主任提出。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

and may be transferred to

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;

- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and

- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Chong Hing Insurance Company Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

3. 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上之需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務之最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。

Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

* 此保單提供的保險，必須在本公司確定接納投保後，才能正式生效。

The liability of the Company does not commence until this proposal has been accepted by the Company.

代理印章 Agent's Stamp	公司專用 FOR OFFICE USE ONLY	
	分行代號 Branch Code	職員號碼 Staff No.
	日期 Date	保險代理登記號碼 Insurance Agent Reg. No.:
	註 Remarks	