

**中國太平保險(香港)有限公司**  
China Taiping Insurance (HK) Company Limited

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**Renewal Form for Employees' Compensation Insurance**

**僱員補償保險續保表格**  
**(Earnings Rating Basis)**  
(按收入作計算基礎)

**Employer's Details**

Policy No.060103032020000754

**僱主的資料**

1. Name of employer in full (Please provide a copy of valid Business Registration Document)

僱主全名 (請提供商業登記文件副本)

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2. Place of employment

僱用工作地點

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**Details of Employer's Business Activities / Profession**

**僱主之業務/行業的資料**

1. Please provide a general description of the employer's business activities / profession.

請就僱主之業務活動/職業提供詳細描述。

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2. How long has the business been established?

業務成立年期?

\_\_\_\_\_ Year(s)年

3. Does any of the work carry out by the employers involve:

僱主從事的工作是否涉及:

- a. any work on ships, chemical works, off-shore structures, oil or gas refineries?

任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?

Yes 是  No 否

- b. any work outside Hong Kong?

任何於香港範圍以外的工作?

Yes 是  No 否

- c. work at a height above 10 metres or underground?

於高度10米以上或地底進行的工作?

Yes 是  No 否

- d. use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?

有害物質, 如有毒化學物、爆炸品、氣體、石棉和放射性物質, 的使用、處理、貯存或運輸?

Yes 是  No 否

If yes, please give nature of work and no. of employee(s) involved:

如是, 請提供有關工作性質及所涉僱員人數:

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4. Does the employer:

僱主有否:

- a. hire any self-employed persons for their business?

為其業務僱用任何自僱人士?

Yes 是  No 否

- b. hire any part-time employees?

以兼職形式僱用任何僱員?

Yes 是  No 否

- c. plan to increase the no. of the employees substantially or add different occupations within 3 months?

計劃在3個月內大幅增聘員工或增設不同職務?

Yes 是  No 否

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**Employee's Details**
**僱員資料**

1. Please provide the following information: [Please provide a copy of latest 12 months wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents of employee(s))]:

請提供以下資料：

【請提供最近期12個月的僱員薪酬紀錄副本（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）】

**The Premium Adjustment & Declaration of Earnings Form**
**保費調整及收入聲明表格：**

| Occupation of Employee(s) by Categories<br>僱員職務 | Past Period of Insurance<br>上年度         |                                   | Period of Insurance<br>本年度              |   |
|---|---|-----------------------------------|---|---|
|   | Number of Employees<br>僱員人數             | Total Annual Earnings*<br>全年總收入*  | Number of Employees<br>僱員人數             | Estimated Total Annual Earnings*<br>估計全年總收入*  |
|   |   |                                   |   |   |
|   |   |                                   |   |   |
|   |   |                                   |   |   |
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|   |   |                                   |   |   |
|   |   |                                   |   |   |
| Occupation of Employee(s) by Categories<br>僱員職務 | Number of Part Time Employees<br>兼職僱員人數 | Total Annual Earnings *<br>全年總收入* | Number of Part Time Employees<br>兼職僱員人數 | Estimated Total Annual Earnings *<br>估計全年總收入* |
|   |   |                                   |   |   |
|   |   |                                   |   |   |
|   |   |                                   |   |   |
| Total 總計:                                       |   |                                   |   |   |

**Declaration聲明**

I/We, being the owner / authorized person of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

我／我等作為投保業務之擁有人／獲授權人士，保證以上由我／我等根據《僱員補償條例》（第282章）申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險作廢。

Authorized Signature (with Company Chop)

獲授權簽署（連公司蓋章）

Name姓名：\_\_\_\_\_

Position職位：\_\_\_\_\_

Date日期：\_\_\_\_\_

\* Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282)

根據《僱員補償條例》（第282章），收入包括：薪金、佣金、花紅、超時工作補薪、津貼等。

2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

請提供僱主或僱員對相關業務所擁有的工作經驗／資格／證書。

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**Claims and Related Details**
**僱員資料**

1. Please provide the claim history for the past 3 years:

[Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

請提供過去3年的索償紀錄：

【注意：僱主需要向曾投保的保險公司要求提供有關索償紀錄的書面證明】

| Accident Year<br>意外發生年份 | Paid Claim(s)<br>(including partial claim payment)<br>已支付索償<br>(包括部分索償償付) |                             | Outstanding Claim(s)<br>未支付索償 |                             | Total for the Year<br>全年總數 |                             |
|-------------------------|---|-----------------------------|-------------------------------|-----------------------------|----------------------------|-----------------------------|
|                         | No. of Case<br>賠案數目   | Amount (HK\$)<br>金額<br>(港幣) | No. of Case<br>賠案數目           | Amount (HK\$)<br>金額<br>(港幣) | No. of Case<br>賠案數目        | Amount (HK\$)<br>金額<br>(港幣) |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |
|                         |   |                             |                               |                             |                            |                             |

2. Details of any Claim with amount over HK\$50,000.

任何索償金額超過港幣50,000的個案詳情。

| Date of accident<br>意外發生年份 | Brief Details of each accident<br>(including cause of loss, degree of injury, current status, etc.)<br>概述每宗意外經過<br>(包括受傷原因、受傷程度、現況等等) | Claim Amount (HK\$)<br>索賠金額 (港幣) |                      |                        |
|----------------------------|---|----------------------------------|----------------------|------------------------|
|                            |   | Paid<br>已支付索償                    | Outstanding<br>未支付索償 | Variation Date<br>修訂日期 |
|                            |   |                                  |                      |                        |
|                            |   |                                  |                      |                        |
|                            |   |                                  |                      |                        |
|                            |   |                                  |                      |                        |
|                            |   |                                  |                      |                        |

Authorized Signature 獲授權簽署

(with Company Chop) 連公司蓋章: \_\_\_\_\_

Name 姓名: \_\_\_\_\_

Position 職位: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Remark: Chinese version of this is for reference only. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

註：本表之中文版本只供參考。如有任何歧義，概以英文版本為準。

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**IMPORTANT NOTICE 重要提示**

- (1) Any employer who fails to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years

任何僱主未有根據僱員補償條例第282章40(1)條投保，即屬違法，一經定罪最高可被判罰款港幣100,000元及監禁兩年。

- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines(e) below).

閣下需於限定日期內（請參照下列指引（e）），根據保單條款，向保險公司提交保費調整及收入聲明表格。

- (3) Under-reporting of earnings will result in proportionate reduction in indemnity for compensable claims.

若申報收入與實際收入不符，可獲賠償金額會因此按比例減少。

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GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT DECLARATION OF EARNINGS FORM  
填寫保費調整及收入聲明表格指引

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- (a) Description of Occupations 職業描述

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc

請分別列出不同職業之類別，如：文職人員、銷售及市場工作、信差、貨車司機、焊工等

- (b) Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282))

總收入（根據僱員補償條例第282章3條之詳盡定義）

Please declare the actual total gross earnings for the period of insurance.

請申報於保險期內之實際總收入。

- (c) Contractors & Sub-contractor's Employees 總承判商／次承判商之員工

If you contract out any of the work in connection with your business, please provide particulars as specified therein.

如閣下外判任何與閣下業務有關之工作，請提供有關資料。

- (d) Minimum Annual Earnings 最低年薪

For the purpose of premium calculation, any employee (including any articulated pupil or apprentice whether indentured or not) whose earnings are at a rate less than HK\$54,000 per annum, earnings must be assessed at not less than HK\$54,000 per annum.

計算保費時，任何僱員（包括有訂約學徒或無訂約學徒）其每年年薪少於港幣五萬四千元者則估計其不得低於港幣五萬四千元論。

- (e) Submission 遞交

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within 90 days the expiry or termination of the policy together with the following:

- i) Authorized Signature with Company Chop
- ii) Latest MPF contribution records, financial statements, tax returns or other relevant documents of employee(s) which stating the occupation and actual earning of each employee.

閣下需於保險到期日或保單完結後90日內填妥保費調整及收入聲明表格，並連同下列資料提交予保險公司：

- i) 獲授權簽署（連公司蓋章）
- ii) 最近期12個月的僱員薪酬紀錄副本（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）列明每位僱員之職業及實際收入。