



FOREIGN DOMESTIC HELPER PACKAGE INSURANCE PROPOSAL FORM

海外家傭綜合保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫，並在適當的空格內填上☑。

| INFORMATION OF EMPLOYER (PROPOSER) 僱主(投保人)資料 | |
|---|-----------------------|
| Name of Employer/Proposer (English) 僱主/投保人姓名(英文) | Chinese Name 中文姓名 |
| HKID Card No 香港身份證號碼 | Email Address 電郵地址 |
| Correspondence Address 通訊地址 | Contact No. 聯絡電話 |
| Effective Date of Insurance 保險生效日期 | (dd/mm/yy) (日/月/年) |

| Bank Account Details [For Claim settlement use only (Account holder must be the Proposer)] 銀行賬戶資料 [只作賠償之用 (帳戶持有人必須是投保人)] | | | |
|---|-------------------|---------------------|---------------------|
| Name of Bank 銀行名稱 | Bank Code 銀行編號 | Branch Code 分行編號 | Account No. 賬戶號碼 |

| INFORMATION OF DOMESTIC HELPER (INSURED PERSON) 家傭(受保人)資料 | | | |
|---|-------------------|---|-----------------------|
| Name of Domestic Helper (Insured Person) 家傭姓名(受保人) | Sex 性別 | Date of Birth 出生日期 | (dd/mm/yy) (日/月/年) |
| | Nationality 國籍 | Passport No. /HKID Card No. 護照/香港身份證號碼 | |

| | |
|-----------------------------|--|
| Place of employment 工作地點 | <input type="checkbox"/> Same as Correspondence Address 與通訊地址相同 |
|-----------------------------|--|

| Policy Period 保單年期 | SELECTED PLAN AND PREMIUM 投保計劃及保費 (PREMIUM IS INCLUSIVE OF LEVIES 保費已包括政府徵費及保險徵費) | | | | Employees' Compensation Insurance Plan 僱員補償保險計劃 |
|-----------------------|---|-------------------------------------|------------------------------------|-------------------------------------|--|
| | Plan 1 計劃 1 | Plan 2 計劃 2 | Plan 1 計劃 1 | Plan 2 計劃 2 | |
| 1 Year 1 年期 | Basic Cover 基本保障 | Basic + Optional Cover 基本 + 附加保障 | Basic Cover 基本保障 | Basic + Optional Cover 基本 + 附加保障 | |
| 2 Year 2 年期 | <input type="checkbox"/> HK\$730 | <input type="checkbox"/> HK\$1,050 | <input type="checkbox"/> HK\$650 | <input type="checkbox"/> HK\$950 | <input type="checkbox"/> HK\$300 |
| | <input type="checkbox"/> HK\$1,310 | <input type="checkbox"/> HK\$1,880 | <input type="checkbox"/> HK\$1,170 | <input type="checkbox"/> HK\$1,680 | N/A 不適用 |

GENERAL INFORMATION 一般資料

Please answer the following questions. If you answer "Yes" to any of the below questions, please give details.
請回答以下問題，如以下問題中有任何回答為“是”，請提供詳情：

1. Has your domestic helper insurance application been refused?
閣下於投保其他僱傭保險計劃時是否曾被拒絕? No 否 Yes 是
2. Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
閣下是否知道上述家庭傭工可能因某種病症而需要接受治療或手術? No 否 Yes 是
3. Is your domestic helper required to perform duties other than the domestic duties specified in the employment contract or any non-domestic work?
閣下的家庭傭工是否需要從事僱員合約訂明之家務以外的工作或任何非家務的工作?
If "Yes", please give details below. 如“是”者，請詳細說明如下：
 Driver 駕駛 Gardener 園藝 Doula 陪月 Others _____
4. Does your domestic helper have annual income exceeding HK\$100,000?
閣下的家庭傭工年薪是否超過港幣 100,000元?
If "Yes", annual income is _____ 如“是”，年薪是 _____

DECLARATION AND AUTHORISATION 聲明及授權

I/We declared and agreed that 本人/我們謹此聲明及同意：
1. to the best of my/our knowledge and belief the information and answers given on this form are true, complete and correct in every respect; all material factors affecting the decision of China Merchants Insurance Company Limited ("CMI") to accept this proposal of insurance have been disclosed.
上述填寫之資料及答案在各方面均為真實、完整及正確；並無隱瞞任何可能影響招商局保險有限公司("招商保險") 決定是否接納此投保申請的資料。

2. I/We have obtained the authorisation from the Insured Person to provide the information requested in this proposal and to deal with and receive or request information concerning the Insured Person from CMI in relation to any matters arising from this proposal. I/We further acknowledge that the Insured Person has been explicitly informed and agreed that his/her personal data will be transferred to CMI for the purpose of this proposal and has been informed of his/her rights under the Personal Data (Privacy) Ordinance.
本人/我們已獲受保人授權提供本申請所需之一切資料，與招商保險辦理本申請之相關事宜，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予招商保險作辦理本申請之用，亦已獲通知其在個人資料(私隱)條例下所享有的權利。

3. the information and answers given on this form are filled in by me/us or by any other person under my/our full instructions.
上述之所有資料及答案均屬本人/我們填寫或經本人/我們授意下填寫。

4. I/We have read and fully understood the Brochure and Proposal for the policy applied for.
本人/我們已詳閱並明白所申請的保險單之小冊子及投保書之內容。

5. this proposal and declaration shall be the basis of the insurance contract between me/us and CMI and shall be deemed to be incorporated in such contract.
此投保申請書及聲明將成為本人/我們與招商保險訂立保險合約之依據，並構成該合約之一部份。

6. I/We hereby confirm that I/We have read and fully understood the "Personal Information Collection Statement (PICS)" printed on this proposal form and/or page(s) attached hereon.
本人/我們特此確認本人/我們已細閱並完全明白印刷於本投保書及/或附頁的[個人資料收集聲明]。

7. I/We understand that the insurance cover will not be effective unless this Proposal has been formally accepted by CMI and the premium has been paid.
本人/我們明白此投保申請必須經招商保險審核及接納，及已繳付保費後，方可生效。

China Merchants Insurance Company Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (mandatory)

- (i) processing, assessing, and determining of applications for any insurance products and daily operation of the related services;
- (ii) administering, processing and assessing your insurance policy and providing services in relation to your insurance policy;
- (iii) any alterations, variations, cancellation or renewal of any insurance and related services;
- (iv) investigating, analyzing, processing and paying claims made under your insurance policy;
- (v) invoicing and collecting premiums and outstanding amounts from you;
- (vi) exercising the Company's right under the insurance policy including right of subrogation, if applicable;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.

The personal data you provide to the Company may be provided or transferred to the following parties in Hong Kong or outside Hong Kong for the purposes set out in the above paragraph:

- (a) any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services 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;
- (b) 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;
- (c) any members of the Federation by the Federation for any of the above or related purposes;
- (d) regulators;
- (e) lawyers;
- (f) auditors; and
- (g) The Company's related companies (as defined in the Companies Ordinance).

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company's policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company. To process the said request, the Company has the right to charge a reasonable administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, China Merchants Insurance Company Limited, Suites 2303-04, 23/F., South Island Place, 8 Wong Chuk Hang Road, Hong Kong. Fax: (852)2576 2292

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

[English version shall prevail should there be any discrepancies between the English and Chinese version of this statement]

招商局保險有限公司(本公司)將所收集閣下的個人資料,可能用作下列的用途:

保險服務(必須)

- (i) 處理、評核及確定任何保險產品之申請,及有關服務之日常運作;
- (ii) 執行、處理及評核閣下的保單及為閣下的保單提供相關服務;
- (iii) 有關保險產品及服務的任何更改、變更、取消或續保;
- (iv) 閣下保單索償的調查、分析、處理及賠償;
- (v) 發出保費通知、收集保費和未償還款項;
- (vi) 行使本公司有關保險單賦予的任何權利包括代位權,如適用;
- (vii) 為上述任何用途與閣下聯絡;
- (viii) 與上述用途直接有關之其他附帶的目的;及
- (ix) 遵守及符合任何法例及條例規定的要求、行業守則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求。

閣下向本公司提供的個人資料可能會提供或轉移予下列各方在香港或香港以外單位作前段所述的用途:

- (a) 任何代理、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應人,以達到任何上述或有關的用途;
- (b) 現存或不時成立之任何保險公司協會或聯會或類同組織(聯會),以達到任何上述或有關的用途,或以便聯會執行其監管職能,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;
- (c) 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;
- (d) 監管機構;
- (e) 執業律師;
- (f) 認可核數師;及
- (g) 本公司的關連公司(以「公司條例」內的定義為準)。

如果閣下不同意本公司使用閣下的個人資料於上述用途上,本公司可能不能處理閣下之申請及為閣下提供服務。

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,而本公司有權就閣下的要求收取合理的行政費用。有關查閱或更正的要求,可致函香港黃竹坑道8號South Island Place 23樓2303-04室,傳真:(852) 2576 2292向招商局保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣,閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考,文義如與英文本有歧異,概以英文版為準。]

IMPORTANT NOTE (APPLICABLE TO BROKER'S BUSINESS ONLY) 重要事項 (只適用於保險經紀業務)

The Proposer acknowledges and agrees that, as a result of the Proposer purchasing and taking up the policy issued by China Merchants Insurance Company Limited ("CMI"), commission will be paid, during the continuance of the policy including renewals, by CMI and received by the authorized insurance broker arranging the said policy. The Proposer further understands that the above agreement is necessary for CMI to continue the policy. If the Proposer pays the premium, the Proposer is deemed to have given permission to CMI to pay the commission to the authorized insurance broker in relation to the policy issued by CMI.

投保人確認及同意,招商局保險有限公司("招商保險")會就投保人購買及接受招商保險簽發的保單,於保單有效期內(包括續保期),向負責安排有關保單的獲授權保險經紀支付佣金。投保人亦明白招商保險必須取得投保人以上的同意,方可以維持保單的有效性。投保人繳付保費,即視作允許招商保險就所簽發的保單支付佣金予有關的獲授權保險經紀。

Signature of Proposer 投保人簽署:

Date 日期

FOR INTERNAL USE ONLY 只供內部使用

Name of Intermediary 中介人名稱

Account Code 帳戶號碼

DMH (PF) - 1021



Sun Flower Insurance Brokers Limited
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 Thank you for considering Sun Flower to be one of your selected intermediaries.
 We are pleased to get in touch should you have any enquiry regarding the captioned insurance.