亞 洲 保 險
ASIA INSURANCE

Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
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.

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM
僱 員 賠 償 保 險 投 保 書

(Please complete this Form in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及在適當空格填上剔號)

PROPOSER INFORMATION 申請人資料	
Name of Proposer 申請人名稱 :	
Correspondence Address 通訊地址 :	
Place of Employment 工作地址 :	☐ Same as the above Correspondence Address 與上述通訊地址相同
Business Registration Number : 商業登記號碼	(Please provide a copy of valid Business Registration Document) (請提供有效的商業登記副本)
Business Nature 營業性質 :	
Year(s) of business established : 公司成立年期	year(s) 年
Any Shift Duty 員工是否需要輪班 :	☐ Yes 是 ☐ No 否
Period of Insurance 保險期限 :	From 由 _____ for 12 months 開始投保一年

EMPLOYEES' DETAILS 僱員資料

Please provide the following information [Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents), of employee(s)]:
請提供以下資料 [請提供僱員的最新收入的副本 (例如最新的強積金供款紀錄, 財務報表, 報稅表或其他有關文件)] :

Occupation of Employee(s) by Categories 僱員工作類別	Number of Employees 僱員人數	Estimated Total Annual Earnings 估計全年收入* (HKD) (港元)	Temporarily working abroad 須在海外工作 Y 是 / N 否	Part Time 兼職 Y 是 / N 否	*Office use only*
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
			N 否	N 否	
	Total: 總額	**Total: 總額**			

**** 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, 獎金, 加班費, 津貼等。***

15 years+ 商界展關懷 caringcompany
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OTHER IMPORTANT INFORMATION 其他重要資料

1. Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad? 是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任?

☐ No 否 ☐ Yes 是 (please state Geographical Area 請列明地區範圍，並於上欄“僱員工作類別”列明_____)

2. Is there any family member included in the above employee list ? 上述僱員是否包括與僱主同住之家屬?

☐ No 否 ☐ Yes 是 (Name of employee 僱員姓名_____)

3. Does any work carried out by the employees involve 僱員進行的工作是否涉及:

a) any work on ships, chemical works, off-shore structures, oil or gas refineries?
任何有關船舶，化學工程，海上建築，石油和天然氣煉油廠的工作?

☐ No 否 ☐ Yes 是 (please state 請列明_____)

b) work at a height above 9 metres or underground ? 在 9 米以上或地下工作?

☐ No 否 ☐ Yes 是 (please state 請列明_____)

c) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 使用，處理，儲存或運輸任何有毒物質，如有毒化學品，爆炸性物質，氣體，石棉，放射性物質?

☐ No 否 ☐ Yes 是 (please state 請列明_____)

4. Do you plan to increase the number of the employees substantially or add different occupations in a short period of time?
閣下打算在短時間內大幅增加僱員人數或增加不同工作類別嗎?

☐ No 否 ☐ Yes 是 (please state 請列明_____)

5. a) Are you at present insured by another insurance company for Employee's Compensation Insurance?
閣下現在是否已投保對僱員之責任保險?

☐ No 否 ☐ Yes 是 (please state name of the company 請列明受保公司名稱_____)

b) Had any such proposal or renewal ever been declined or withdrawn? 該投保或續保曾否被拒絕或撤回?

☐ No 否 ☐ Yes 是 (please state 請列明_____)

c) Has an increased rate been required? 曾否被提高保率? ☐ No 否 ☐ Yes 是

CLAIMS AND RELATED DETAILS 索賠和相關記錄

1. Please provide the claim history for the past 3 years:
請提供過去 3 年的索賠記錄:
[Note: Employer shall make request to the previous insurers for providing written evidence of such records.]
[注意：僱主須向先前投保的保險公司要求提供相關記錄的書面證明]

Accident Year 意外年份	Paid Claim(s) (including partial claim payment) 已支付的索賠 (包括部分已支付的索賠)		Outstanding Claim(s) 未支付的索賠		Total for the Year 全年總計	
	No. of Case 意外次數	Amount (HK$) 金額(港元)	No. of Case 意外次數	Amount (HK$) 金額(港元)	No. of Case 意外次數	Amount (HK$) 金額(港元)

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2. Details of any Claim with amount over HK$50,000. 任何索賠的金額超過港元 50,000 的個案詳情

Date of Accident 意外發生日期	**Brief Details of each accident** (including cause of loss, degree of injury, number of days of sick leave, current status, etc.) 每宗事故的簡要描述（包括意外原因，受傷程度，病假天日數，現狀等）	**Claim Amount (HK$) 索賠金額(港元)**	
		Paid 已支付的索賠	**Outstanding 未支付的索賠**

DECLARATION 聲 明

I/We, being the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by Asia Insurance Co., Ltd.("the Company"). I/We 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). Under declaration of the Estimated Total Annual Earnings may invalidate the insurance. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/we have read over and checked are true, that I/we have not suppressed, mis-represented or mis-stated any material fact, and I/we agree that this proposal form shall be the basis of the contract between me/us and the Company.

本人/本公司作為下列之簽署人，願意向亞洲保險有限公司(“貴公司”)根據上述資料投保。本人/本公司保證上述根據“僱員補償條例（第 282 章）”所申報的估計的僱員全年收入均屬真確及完整。如少報全年總收入，可能導致保單失效。本人/本公司同意妥善保存薪金及工資記錄，並在保險期限屆滿時依照貴公司所要求的報表格式申報實際之所有薪金及工資，並支付因超過上述估計的薪金及工資而須加收之保費。本人/本公司在此聲明，本人/本公司已經閱讀及核實在此投保書內所填報的所有陳述和詳情均屬真確，本人/本公司並無隱藏虛報或歪曲任何事實，本人/本公司同意此投保書作為本人/本公司與貴公司訂立契约之基礎。

_____

Authorized Signature (with Company Chop)
獲授權簽署連公司蓋章

Name 姓名：_____

Position 職位：_____

Date Signed 簽署日期：_____

For office use only

Agent Code:

(If there is any conflict between the English and the Chinese versions of this document, the English version shall prevail. 本文件的中文內容力求符合英文原意，若有任何爭議，概以英文版本為準。)

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ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.

2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".

3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.

4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").

5. The Company may use the personal data the Company collect about you for the following purposes:
   (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
   (b) administering your insurance policy and providing services in relation to your insurance policy;
   (c) investigating, analyzing, processing and paying claims made under your insurance policy;
   (d) exercising any right under the insurance policy including right of subrogation, if applicable;
   (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
   (f) developing insurance and other financial services and products;
   (g) developing and maintaining credit and risk related models;
   (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
   (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
   (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
   (k) contacting you for any of the above purposes;
   (l) other ancillary purposes which are directly related to the above purposes.

6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
   (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide 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) organisations that consolidate claims and underwriting information for the insurance industry;
   (c) fraud prevention organisations;
   (d) other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
   (e) 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;
   (f) any members of the Federation by the Federation for any of the above or related purposes;
   (g) regulators;
   (h) lawyers;
   (i) accountants, financial advisors, auditors;
   (j) other members of the Group;
   (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;
   The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.

7. 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 policy and/or claim application and render the services.

8. You have the right to ascertain the Company 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 and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.

9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.

10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

Version: 05.09.2019

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亞洲保險有限公司 - 收集個人資料聲明

1. 亞洲保險有限公司（「本公司」）可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。

2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為 「閣下的個人資料」。

3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。

4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。

5. 本公司將所收集閣下的個人資料，可能用作下列的用途：
   (a) 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
   (b) 管理閣下的保單及為閣下的保單提供相關服務；
   (c) 閣下保單索償的調查、分析、處理及賠償；
   (d) 行使有關保險單賦予的任何權利包括代位權，如適用；
   (e) 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
   (f) 發展保險及其他金融服務及產品；
   (g) 發展及維持本公司信貸及風險之相關模型；
   (h) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、 承保及 / 或身份核証；
   (i) 作本公司或本集團的任何成員的統計或精算研究；
   (j) 遵守及符合任何法例及條例規定的要求、行業手則、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；
   (k) 為上述任何用途與閣下聯絡；
   (l) 與上述用途直接有關之其他附帶的目的。

6. 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
   (a) 任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、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) 整合保險業申索和承保資料的組織；
   (c) 防欺詐組織；
   (d) 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
   (e) 現存或不時成立的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；
   (f) 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；
   (g) 監管機構；
   (h) 執業律師；
   (i) 會計師、財務顧問、認可核數師；
   (j) 本集團的其他成員；
   (k) 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；

   本公司承諾將資料保密並純粹用作上述的用途。

7. 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保單及/或索償申請及為閣下提供服務。

8. 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，及本公司有權就處理閣下的查閱資料要求而收取合理費用。 有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。

9. 中英文版本如有差異，將以英文版本為準。

10. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效

版本: 05.09.2019