



僱員補償保險投保 / 續保表格 (按收入作計算基礎)

Proposal / Renewal Form for Employees' Compensation Insurance (Earnings Rating Basis)

僱主的資料 Employer's Details

1. 僱主全名 (請提供商業登記文件副本)

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

2. 僱用工作地點 Place of employment

僱主之業務 / 行業的資料 Details of Employer's Business Activities / Profession

1. 請就僱主之業務活動 / 職業提供詳細描述。

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

2. 業務成立於 When has the business been established

_____ 年 Year

3. 僱主的業務是否涉及 Does any of the work carry out by the employers involve:

- a 在建築地盤進行? Any work in construction sites?

是 Yes ☐ 否 No ☐

- b 任何回收工作? Any work involve recycling?

是 Yes ☐ 否 No ☐

- c 任何在碼頭進行之工作 (包括船上工作裝卸工人)?

是 Yes ☐ 否 No ☐

Any work at dock area (including stevedores)?

- d 使用船隻和駁船, 或潛水工作? Use of the vessel, barge, or any work involves diving?

是 Yes ☐ 否 No ☐

- e 於離地面 10 米以上或地底進行的工作?

是 Yes ☐ 否 No ☐

Work at a height above 10 metres or underground?

- f 任何於密閉空間進行工作, 例如污水渠、隧道等

是 Yes ☐ 否 No ☐

Any work in confined space, such as sewer, tunnel, etc.?

- g 使用棚架、吊船、擺動船、工作平台?

是 Yes ☐ 否 No ☐

Use of the scaffolding, gondola, swing boat, working platform?

- h 任何於化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?

是 Yes ☐ 否 No ☐

Any work on chemical works, off-shore structures, oil or gas refineries?

- i 使用、處理、貯存或運輸有害物質, 例如有毒化學物、

是 Yes ☐ 否 No ☐

爆炸品、氣體、石棉和放射性物質?

Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?

- j 是否需要聘用外判公司? Need to employ sub-contractors?

是 Yes ☐ 否 No ☐

- k 任何於香港境外進行工作? Any work outside Hong Kong?

是 Yes ☐ 否 No ☐

如是, 請提供有關工作性質及所涉僱員人數:

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

4. 僱主有否 Does the employer:

- (1) 為其業務聘用任何自僱人士? Hire any self-employed persons for their business?

是 Yes ☐ 否 No ☐

- (2) 以兼職形式僱用任何僱員? Hire any part-time employees?

是 Yes ☐ 否 No ☐

- (3) 計劃在投保保單期內大幅增聘員工或增設不同職務?

是 Yes ☐ 否 No ☐

Plan to increase the no of the employees substantially or add different occupations during the proposed period of insurance?



僱員資料 Employee's Details

1. 請提供足以證明投保僱員薪酬紀錄之文件（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）：
Please provide a document which can represent the real annual earnings of employee(s) (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents):

a. 全職 Full time

僱員職務（按類別） Occupation of Employee(s) (Each Category)	僱員人數 No. of Employees	估計全年總收入* Estimated Total Annual Earnings*
總計 Total:		

b. 兼職 Part time

僱員職務（按類別） Occupation of Employee(s) (Each Category)	兼職僱員人數 No. of Part Time Employees	估計全年總收入* Estimated Total Annual Earnings*
總計 Total:		

聲明 Declaration

我 / 我等作為投保業務之擁有人 / 獲授權人士 / 代表，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，可能導致保險失效。

I/We, being the owner / authorized person / representative 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.

獲授權簽署（連公司蓋章）

Authorized Signature (with Company Chop)

姓名 Name : _____

職位 Position: _____

日期 Date : _____

*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。

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

中銀集團保險保留要求僱主提交僱主或僱員所擁有的業務相關的工作經驗/資格/證書的權利。

BOCG Insurance reserves the right to request the documentary evidence related to the working experience/qualification/certificate of the employer or employee(s).



索償及相關資料 Claims and Related Details

1. 請提供過去三年的索償紀錄 Please provide the claim history records for the past 3 years:

【注意：索償資料應為曾投保的保險公司有關書面記錄】

[Note: Claims history records should be written evidence provided by the previous insurers.]

意外年度 Accident Year	已支付索償 (包括部分索償償付) Paid Claims (full and partial payment)		已報告未支付索償 Outstanding Claim(s)		全年總數 Total for the Year	
	賠案數目 No. of Case	金額 Amount	賠案數目 No. of Case	金額 Amount	賠案數目 No. of Case	金額 Amount

如提供資料多於 3 年，更有助於準確計算費率。

如提供資料少於 3 年，請說明：

If the claim history records are provided more than 3 years, it will be helpful to calculate premium rate.

If the claim history records are provided less than 3 years, please explain:

2. 任何索償金額超過港幣 50,000 的個案詳情 Details of any Claim with amount over HK\$50,000:

出險日期 Date of Accident	傷者姓名 Injuries	概述每宗意外經過 Brief Details of each accident	已支付索償 Paid	未支付索償 Outstanding	更新日期 Update on

獲授權簽署 (連公司蓋章)

Authorized Signature (with Company Chop)

姓名 Name : _____

職位 Position: _____

日期 Date : _____

以上為最低要求，建議提供所有的索償記錄，更有助於準確計算費率。

The above is the minimum information required, and we recommend to provide all claims history records, it will be helpful to calculate premium rate.