

# Employees' Compensation Insurance Premium Adjustment & Declaration of Earnings Form

## 僱員補償保險 保費調整及僱員收入申報表



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Placing through Sun Flower Insurance Agency 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.



FORM A

N.B. PLEASE SEE OVERLEAF FOR GUIDELINES FOR COMPLETING THIS FORM

注意: 請參閱背頁指引填寫本表格

(I) Employer's Details 僱主資料	
Policy Number 保單編號 :	
Period of Insurance 保單有效日期 :	
Insured's Name (Please provide a copy of valid Business Registration Document) 保戶名稱 (請提供商業登記文件副本) :	
Place of employment 僱用工作地點 :	
Business (Please provide a general description of the employer's business activities / profession) 行業(請就僱主之業務活動 / 職業提供詳細描述) :	
(II) Details of Employer's Business Activities / Profession 僱主之業務 / 行業的資料	
How long has the business been established? 業務成立年期?	_____ Year(s) 年
Does any of the work carry out by the employers involve: 僱主的業務是否涉及:	
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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b) Any work outside Hong Kong? Any need to extend the Geographical Area of the Policy to cover employees working temporarily outside Hong Kong? If so, please give details 任何於香港境外進行的工作? 是否需要將保單的保障範圍延伸至在香港境外工作的僱員? 如是, 請詳述說明。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c) Work at a height above 10 metres or underground? 於離地面10米以上或地底進行的工作?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
d) Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? If yes, please give nature of work and no. of employee(s) involved. 使用、處理、儲存或運輸有害物質, 例如有毒化學物、爆炸品、氣體、石棉和放射性物質? 如是, 請提供有關工作性質及所涉僱員人數。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Does the employer 僱主有否:	
a) Hire any self-employed persons for their business? 為其業務聘用任何自僱人士?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b) Hire any part-time employees? 聘用任何兼職僱員?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c) Plan to increase the no of the employees substantially or add different occupations in a short period of time? 計劃在短期內大幅增聘員工或增設不同職務?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business. 請提交僱主或僱員持有與業務相關的工作經驗 / 資格 / 證書。	

(III) Employee's Details 僱員資料				
Please provide the following information: a copy of latest 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: 最近期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)。				
Description of Occupations 職業類別 (a)	Total Earnings for the current period of insurance 保險期內之僱員收入總額		Estimated Total Earnings for renewal period 來年度僱員收入總額估計	
	Number of Employees 僱員人數	Total Earnings 僱員收入總額 (b)	Estimated Number of Employees 僱員人數估計	Estimated Total Earnings 僱員收入總額估計
Description of Occupations 職業類別 (a)	Number of Part Time Employees 兼職僱員人數	Total Earnings 僱員收入總額 (b)	Estimated Number of Employees 僱員人數估計	Estimated Total Earnings 僱員收入總額估計
Total 總額				

#### (IV) Claims and Related Details 索償及相關資料

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

Note: Employer shall make request on the previous insurers for providing written evidence of such records. 注意：僱主需要向曾投保的保險公司索取有關紀錄的書面證明

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

Details of any Claim with amount over HK\$50,000. 所有索償金額超過港幣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, current status, etc.) 概述每宗意外經過 (包括受傷原因、受傷程度、現況等等)	Claim Amount (HK\$) 索賠金額 (港幣)		
		Paid 已支付索償	Outstanding 未支付索償	Variation Date 修訂日期

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit [www.fwd.com.hk](http://www.fwd.com.hk) or contact: (852) 3123 3123.

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 [www.fwd.com.hk](http://www.fwd.com.hk) 或致電：(852) 3123 3123。

## IMPORTANT NOTICE

- (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.
- (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 (c) below)

## 重要通知

- (1) 任何未有按照《僱員補償條例》(香港法例第282章)第40(1)條中規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。
- (2) 根據保單條款，閣下必須在指定日期內向保險公司提交已填妥的保費調整及僱員收入申報表。詳情請參閱以下(c)項指引。

## GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

- (a) Description of Occupations  
Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.
- (b) Total Earnings (As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)  
Please declare the actual total gross earnings for the period of insurance.
- (c) Submission  
You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within 90 days after the expiry or termination of the policy together with the following:
  - i) Signature of an authorised officer;
  - ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee).

## 填寫保費調整及僱員收入申報表指引

- (a) 職業類別  
每一項職業類別必須分別申報，例如：文員、銷售/市場推廣員、信差、接待員、私家車司機等等。
- (b) 收入總額 (與《僱員補償條例》(香港法例第282章)第3節中相關詞語的涵義相同) 請如實申報所有僱員在保單有效期日期內的實際收入金額。
- (c) 提交  
閣下必須在保單到期或取消保單後90天內，向保險公司提交已填妥之保費調整及僱員收入申報表，並包括：
  - (i) 授權人士之簽署；
  - (ii) 保單有效期日期內之強積金月結單 (須列明各僱員的職業類別)。

## Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

1. 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.
2. Pursuant to the Insurance Premium Clause of the abovementioned Policy, I/We affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said Period of Insurance is true and correct to the best of my/our knowledge.

Signature of Insured (with Company Chop)

保戶簽署 (連公司蓋章) :

Name & Position

姓名及職位:

## 聲明

本人 / 我們，謹此聲明並同意：

1. 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實及完整。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。
2. 依據上述保單內之保費條款，本人/吾等謹此聲明以上申報在保單有效期內由本人/吾等支付給僱員的收入總額正確無訛。

Date  
日期