

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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 15/F., 18 King Wah Road, North Point, Hong Kong

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僱員補償保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知中國太平保險（香港）有限公司。

Please answer items below and tick the boxes where appropriate ☑ and inform China Taiping Insurance (HK) Company Limited if any of them has been altered.

投保入資料 PARTICULARS OF INSURED					
☐ 公司 Company	名稱： Name:	商業登記證號碼(I)： B.R. No.:			
☐ 個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:		
通訊地址： Correspondence Address:					
電郵地址： E-mail Address:		聯絡電話： Contact Tel. No.:		傳真號碼： Fax No.:	
投保細則 INSURANCE COVER					
營業性質 (2)： Business: (除填寫之營業性質外，此保險不包括其他營業性質。No other for the purpose of this insurance.)				業務成立年期? _____ 年 How long has the business been established? _____ Year(s)	
工作詳情： Particulars of work:					
工作地址： Place of employment:					
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)		由 _____ 至 _____ From _____ To _____ (起迄兩天均包括在內 Both dates inclusive)			
僱員職務 Occupation of employee(s) by Categories			僱員人數 No. of Employees		
全年總收入 Total Annual Earnings			由本公司填寫 FOR OFFICE USE ONLY		
費率 Rate (%)			備註/條款 Remarks / Clauses / Warranties		工種編號 ICC No.
總額 TOTAL					
僱員職務 Occupation of employee(s) by Categories			兼職僱員人數 No. of Part-time Employees		
全年總收入 Total Annual Earnings			由本公司填寫 FOR OFFICE USE ONLY		
費率 Rate (%)			備註/條款 Remarks / Clauses / Warranties		工種編號 ICC No.
總額 TOTAL					
			總保費(港幣) TOTAL PREMIUM(HKD) :		
◆若空位不敷應用，請另加紙張填寫。 Should there be insufficient space, please continue on separate sheet. ◆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). (1) Please provide a copy of valid Business Registration Document. 請提供有效的商業登記文件副本。 (2) 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。					
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）】 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))]					
僱主有否： Does the employer : 1. 為其業務僱用任何自僱人士？ hire any self-employed persons for their business? ☐是 Yes ☐否 No 2. 為其業務僱用任何外發工？ hire any outworkers for their business? ☐是 Yes ☐否 No 3. 以兼職形式僱用任何僱員？ hire any part-time employees? ☐是 Yes ☐否 No 4. 計劃在 3 個月內大幅增聘員工或增設不同職務？ plan to increase the no. of the employees substantially or add different occupations within 3 months? ☐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 :					

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僱主從事的工作是否涉及： Does any of the work carry out by the employers involve: 1. 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？ any work on ships, chemical works, off-shore structures, oil or gas refineries? 2. 任何於香港範圍以外的工作？ any work outside Hong Kong? 3. 於高度 10 米以上或地底進行的工作？ work at a height above 10 metres or underground? 4. 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？ use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive, substance? 5. 在建築工地工作？ work at construction site? 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 :	☐是 Yes ☐否 No ☐是 Yes ☐否 No ☐是 Yes ☐否 No ☐是 Yes ☐否 No ☐是 Yes ☐否 No
僱主或僱員是否擁有對相關業務的工作經驗／資格／證書。 Any working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business. ☐是 Yes ☐否 No	
聲明 Declaration 本人／我們作為投保業務之擁有人／獲授權人士，保證以上由本人／我們根據《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。 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. 獲授權簽署（連公司蓋章） Authorized Signature (with Company Chop) 姓名 Name : _____ 職位 Position : _____ 日期 Date : _____	
僱員賠償範圍 SCOPE OF EMPLOYEES' COMPENSATION ✧ 保障僱主對屬下僱員因工遭受意外傷亡或因該項業務引致有關之職業性疾病法律規定下之責任。 Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees. ✧ 本公司之標準保單是不保障不在所保地區範圍內之法院裁判。 The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy. ✧ 本公司之標準保單只保障表列於承保表內之僱員。 The Company's standard form of Policy covers the employees as specified in the Schedule only.	
(一) 是否願意依據僱員補償條例投保受僱於僱主而與僱主同住之家屬？ Do you wish to insure your liability under the Employees' Compensation law(s) to the member of the employer's family employed by such employer and who resides with the employer? ☐是 Yes ☐否 No 如是，請提供有關僱員的工作性質及姓名： If yes, please give nature of work and name of the employee involved :	
(二) 請申明所投保對僱員之責任保險是否保障閣下業務的所有工作地點？ 如答案為“否”，請申明所投保對僱員之責任保險是否只適用於指定的工作地點並需詳細列明有關指定的工作地點的地址。 Please confirm whether the insurance in respect of your liability to your Employees provide coverage to all place(s) of employment of your trade and business? If an answer is “no”, please confirm whether the insurance in respect of your liability to your Employees only provide coverage to specific place(s) of employment of your trade and business and please provide detailed of the address(es) of such place(s) of employment. ☐是 Yes ☐否 No	
(三) (a) 閣下現在是否已經投保或曾經投保對僱員之責任保險？ Are you at present insured, or have you ever proposed for the insurance in respect of your liability to your Employees? ☐是 Yes ☐否 No 如是，請列明受保公司名稱：If yes, please state the name of Company: (b) 該投保或續保曾否被拒絕或撤回？ Has any such proposal or renewal ever been declined or withdrawn? ☐是 Yes ☐否 No (c) 曾否被提高費率？ Has an increased rate been required? ☐是 Yes ☐否 No	
(四) 請列明僱用的員工有否在過去 10 年內向閣下或其以往的僱主作出因從事的工作所引致的職業病而追討補償。 如答案為是，請列明： (i) 該員工曾經因從事哪一種的工作引致職業病； (ii) 該種職業病的類型；及 (iii) 僱用他從事該種工作的僱主的名稱及地址資料。 State hereunder whether any of your employee has suffered from the occupational disease resulting in the incapacity or death in the employment to the nature of which the disease was due and made the claims against you or any previous employer(s) in the past ten years. If an answer is in an affirmative, please state: (i) nature of employment of which the occupational disease was due; (ii) the type of such occupational disease; and (iii) such information as to the names and addresses of the employer(s) who employed him in the employment to the nature of which the occupational disease in due. ☐是 Yes ☐否 No	

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索償及相關資料 Claims and Related Details						
1. 過去3年曾否就同類保險要求索償？如是；請詳加說明 □是 Yes □否 No 【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】 Any claim of the same type of insurance in the past 3 years? If yes, please give details. [Note: Employer shall make request on the previous insurers for providing written evidence of such records.]						
意外發生年份 <u>Accident Year</u>	已支付索償 (包括部分索償償付) <u>Paid Claim(s)</u>		未支付索償 <u>Outstanding Claim(s)</u>		全年總數 <u>Total for the Year</u>	
	賠案數目 <u>No. of case</u>	金額(港幣) <u>Amount (HK\$)</u>	賠案數目 <u>No. of Case</u>	金額(港幣) <u>Amount (HK\$)</u>	賠案數目 <u>No. of Case</u>	金額(港幣) <u>Amount (HK\$)</u>
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.						
意外發生日期 <u>Date of Accident</u>	概述每宗意外經過 (包括受傷原因、受傷程度、現況等等) <u>Brief Details of each accident</u> (including cause of loss, degree of injury, current status, etc.)	索賠金額(港幣) <u>Claim Amount (HK\$)</u>			修訂日期 <u>Variation Date</u>	
		已支付索償 <u>Paid</u>	未支付索償 <u>Outstanding</u>			

◆若空位不敷應用，請另加紙張填寫。 Should there be insufficient space, please continue on separate sheet.

獲授權簽署(連公司蓋章)
 Authorized Signature (with Company Chop): _____
 姓名 Name: _____
 職位 Position: _____
 日期 Date: _____

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。
 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.

投保書補充資料欄 SUPPLEMENT OF PROPOSAL FORM

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

此保單權益人／持有人已通知閣下，中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料(包括信用資料和以往索賠記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、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)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移 閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；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)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構；保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

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閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊: 經閣下同意，本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; 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;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications: With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本人/我們反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。

I / We object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

投保人聲明 DECLARATION

1. 本人/我們謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人/我們明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。

I / We declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.

2. 本人/我們同意有關保險須在該公司接受本投保書後才生效。

I / We agree that the insurance will not be in force until the proposal has been accepted by the Company.

日期:

Date: _____

投保人簽署(連公司蓋章):

Signature of Insured

(with Company Chop): _____

本投保書在未被同意受保前，中國太平保險(香港)有限公司不負任何責任。

China Taiping Insurance (HK) Company Limited has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

由本公司填寫 FOR OFFICE USE ONLY											
New Policy No.					Apply Min. Premium ☐ 是Yes ☐ 否No						
Old Policy No.					TIC Code						
Currency		☐ HKD ☐ Others, please specify:									
Dr. Note Name		☐ Same as Proposer's Name in full ☐ Others, please specify:									
Remarks		☐ Name of Employee(s) ☐ Register No. ☐ Place(s) of employment									
		☐ Others, please specify:									
Geographical Area:		☐ EC1 and EC2 ☐ EC1(applicable to all Sections), EC2(applicable to Section I only) and EC3(not applicable to Section I)									
HK SAR		☐ EC55 ☐ EC69 ☐ EC72-4 ☐ EC62-3 ☐ EC98 ☐ EC57 ☐ EC58 ☐ EC59									
		☐ Others, please specify:									
Liability Limit		☐ 100 Million ☐ 200 Million									
Internal Remarks		☐ HKID Card No. ☐ D.O.B. ☐ Passport No.									
		☐ Others, please specify:									
PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%		%						
	O	R:	%		%						
SC:											
REMARK:											