Underwriter 承保公司:



33/F, INFINITUS PLAZA, 199 DES VOEUX ROAD CENTRAL, HONG KONG Tel: (852) 3508 1040 Fax: (852) 2526 7045

Insurance Agent 保險代理:

样昇保險代理有限公司 Peaceful Insurance Agency Limited

Unit 2605, 26/F., Tamson Plaza, 161 Wal Yip Street, Kwun Tong, Kowloon 九龍製塘偉業街 161 號德勝廣場 26樓 2605室 Tel 電話: 2771 7213 Fax 博真: 2771 7136 E-mail 電郵: peaceful01 @peacefulins.com.hk Website 網址: www.peacefulins.com.hk

海外家傭綜合保險 Overseas Domestic Helper Insurance 更新地址申請書 Application For Change of Address

Pol	單號碼 icy Number R人名稱	:						-
	ured Name	:						_
家伽 Nev	事新工作地址 v Place of En	: nployment :	:					-
	通訊地址 v Correspond	dence Addres	ss:					-
略級	各電話			生效日	∄ H			
	No.	:		Effectiv	♥┐ e Date :	/	1	
Decl 1. 2.	I/We declare that I/we h 本人/我們聲明本人/我 I/We declare that the ir Insurance Company Lin	t們之家傭保險從未有被仍 nformation given above is nited. ("the Company") to	mestic helper insurance dec 保險公司拒絕投保、取消 s true and complete to the accept this Application of	e best of my/our knowledge insurance have been disclose	and believe that all mate	erial factors affect		CMB Wing Lung
3.	本人/我們聲明於此申請書內填寫的資料乃完全及真實,並無隱瞞可能影響招商永隆保險有限公司("招商永隆保險")決定是否接納此申請書的資料。 I.We hereby declare and agree that any personal information collected by the Company and Peaceful Insurance Agency Limited may be used, stored or disclosed to any organization or individual for the purpose of processing this application; providing subsequent insurance services; promotting insurance products and services; and meeting the requirements under an applicable law and regulation. I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning me/us held by the above companies; and request for such access can be made in writing to their Data Protection Office. 本人/我們特此聲明並授權招商永隆保險及祥昇保險代理有限公司使用、儲存或透露本投保申請書上所填寫的個人資料予任何機構或人任作下列用途:處理此投保申請;提行 技保險服務所需;推廣其他保險產品及服務;及符合任何適用的法例及條例規定的要求。如有此需要,可以書面形式向上述公司的資料保護主任提出。							
4.			**	cation has been formally accep	eted by the Company.			
5.		售必須經招商永隆保險批析 dication and declaration sh		tract between me/us and the	Company and shall be de	emed to be incorpo	orated in such contrac	t.
6.	本人我們同意此申請書及有關之保單,將成為本人/我們與招商永隆保險之間所簽署合约之全部。 I/We understand, acknowledge and agree that the Company will pay brokerage/commission to the authorized insurance intermediary, if any, during the continuance of the policy increnewals, for arranging this insurance with the Company. I/We further understand that the above agreement is necessary for the Company to proceed with this Application. 本人/我們明白、確知及同意,若本保險經由獲授權保險中介人安排,並由招商永隆保險承保,招商永隆保險會於保單有效期內(包括續保期) 支付佣金予該中介人。本們亦明白招商永隆保險必須取得本人/我們以上的同意,才可以處理此保險申請。							1.
 日其	男 Date			 投保人簽	 署 Signature	of the Ins	ured	-

Disclaimer - Insurance Service 保險服務 責任聲明

This Employment Agency only provides service in forwarding insurance application and/or premium to Peaceful Insurance Agency Ltd., we will not give advices, warranties or promises whether expressly or implicitly on insurance products, and assumes no responsibility for the coverage and related services of any insurance product. Customers are strongly suggested to make enquiry, if any, directly to Peaceful Insurance Agency Ltd. for insurance coverage, terms and conditions.

本僱傭公司為客户提供的購買保險服務,只限於替客户向祥昇保險代理有限公司遞交投保資料及/或保費之服務,並不會就保險產品向客提供意見或給予任何明示或暗示的保證或承諾,亦不會就保險產品的保障範圍及相關服務承担任何責任。本公司建議各客户在選購保險時,如有任何疑問,應直接致電祥昇保險代理有限公司了解保險產品內容和有關的條款及細則。

Employment Agency 僱傭公司

Code: