

Underwriter 承保公司:



招商局保險有限公司

CHINA MERCHANTS INSURANCE COMPANY LIMITED

Suites 2303-04, 23/F., South Island Place,

8 Wong Chuk Hang Road, Hong Kong.

香港黃竹坑道8號South Island Place 23樓2303-04室

Tel 電話: 2890 5940 Fax 傳真: 2576 2292

Website 網址: www.cm-insurance.com

Insurance Agent 保險代理:

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

九龍觀塘開源道49號創貿廣場26樓2606室

Room 2606, 26/F., APEC Plaza, 49 Hoi Yuen Road, Kwun Tong, Kowloon.

Tel: 2771 7213 2771 7228

Fax: 2771 7136

E-mail: peaceful01@peacefulins.com.hk http://www.peacefulins.com.hk

Overseas Domestic Helper Insurance Proposal Form 海外家傭綜合保險投保書

INFORMATION OF EMPLOYER (PROPOSER) 僱主(投保人)資料

Name of Employer (English) 僱主姓名(英文) Chinese Name 中文姓名 HKID Card No. 香港身份證號碼
Correspondence Address 通訊地址 Room/Flat 室 Floor 樓 Block 座 Building/Estate 大廈/屋苑
No./Street 街號/街道 District 地區 [] HK 香港 [] KLN 九龍 [] N.T. 新界
Mobile No. 手機號碼 Home Tel. 住宅電話 E-mail Address 電郵地址

INFORMATION OF DOMESTIC HELPER (INSURED PERSON) 家傭(被保人)資料

Name of Domestic Helper 家傭姓名 Special Job Duty 特殊工作職責 [] Gardening 園藝 [] Driving 駕駛 [] Pet Caring 照顧寵物
Nationality 國籍 Monthly Salary 月薪 Sex 性別 Date of Birth 出生日期 Passport /HKID Card No. 護照/香港身份證號碼
Place of Employment 工作地點 [] Same As Above 同上 Room/Flat 室 Floor 樓 Block 座 Building/Estate 大廈/屋苑
No./Street 街號/街道 District 地區 [] HK 香港 [] KLN 九龍 [] N.T. 新界

INSURANCE COVER REQUIRED 投保資料

Insured Plan and Period 投保計劃及年期 Effective Date 保險生效日期
Plan A 計劃A Plan B 計劃B Plan C 計劃C
1-year plan 一年計劃 [] HK\$720 [] HK\$950 [] HK\$1,200
2-year plan 兩年計劃 [] HK\$1,300 [] HK\$1,600 [] HK\$1,990
dd日 / mm月 / yy年

The above Premium is inclusive of EC levies and premium levy. 以上保費已包括勞工保險費及保費徵費。

保險業監管局將按適用徵費率向本保險單收取徵費。詳情可瀏覽招商局保險網頁www.cm-insurance.com 或致電(852) 2771 7213向祥昇保險查詢。

Bank Account Details (For Claim Settlement use only) 銀行賬戶資料(只作賠償之用)

(Account-holder must be the Proposer 賬戶持有人必須是投保人) Name of Bank 銀行名稱 Bank Code 銀行編號 Branch Code 分行編號 Account Number 賬戶號碼

自動轉帳, 特快賠款, 方便快捷。

DECLARATION & AUTHORISATION 聲明及授權

- 1. I/We declare that I/we have never had my/our domestic helper insurance declined, cancelled or refused to renew by any insurance company.
2. I/We declare that the information given above is true and complete to the best of my/our knowledge and believe that all material factors affecting the decision of China Merchants Insurance Co. Ltd. ("the Company") to accept this proposal of insurance have been disclosed.
3. 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; promoting insurance products and services; and meeting the requirements under any applicable law and regulation.
4. I/We understand that the insurance cover will not be effective unless this Proposal has been formally accepted by the Company.
5. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract.
[] Please [x] this box if you wish to opt-out of China Merchants Insurance Company Limited and Peaceful Insurance Agency Limited use or transfer of your personal data for direct marketing.

Date 日期

Proposer's Signature 投保人簽署

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 Limited, 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.

本僱傭公司為客戶提供的購買保險服務, 只限於替客戶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擔任何責任。

Employment Agency 僱傭公司

Code: