

海外家傭綜合保險投保書

Form 1

Overseas Domestic Helper Insurance Proposal Form

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					
District 地區 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HK 香港 KLN 九龍 N.T. 新界					
Mobile No. 手機號碼		Home Tel. 住宅電話		Office Tel. 辦公室電話	
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		Nationality 國籍		Monthly Wages 每月工資	
Passport / HKID Card No. 護照 / 香港身份證號碼		Sex 性別 <input type="checkbox"/> <input type="checkbox"/> Female Male		Date of Birth 出生日期 _____(dd)日/_____(mm)月/_____(yy)年	
Place of Employment 工作地點 <input type="checkbox"/> Same as above 同上		Special Job Duty 特殊工作職責 <input type="checkbox"/> Gardening 園藝 <input type="checkbox"/> Driving 駕駛 <input type="checkbox"/> Pet Caring 寵物照顧			
District 地區 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 計劃	A	B	C	_____(dd)日/_____(mm)月/_____(yy)年	
One-Year 一年期	<input type="checkbox"/> \$755	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,300		
Two-Year 二年期	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,550	<input type="checkbox"/> \$2,000		

Bank A/C Information (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)			Bank Code 銀行編號			Branch Code 分行編號			Account Number 賬戶號碼		
Name of Bank 銀行名稱											

DECLARATION & AUTHORISATION 聲明及授權

- I / We declare that I / we have never had my / our domestic helper insurance declined, cancelled or refused to renew by any insurance company.
本人/我們聲明本人/我們之家傭保險從未有被保險公司拒絕投保、取消或拒絕續保。
- 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 California Insurance Co. Ltd. ("the Company") to accept this proposal form have been disclosed.
本人/我們聲明於此投保申請書內填寫的資料乃完全及真實，並無隱瞞可能影響加洲保險有限公司("加洲保險")決定是否接納此投保申請書的資料。
- I / We understand that the insurance cover will not be effective unless this proposal form has been formally accepted by the Company.
本人/我們明白此投保申請書必須經加洲保險批核，方可生效。
- I / We agree that this proposal form 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.
本人/我們同意此投保申請書及有關之保單，將成為本人/我們與加洲保險之間所簽署合約之全部，並以保單上各條款為準。
- I / We understand, acknowledge and agree that the Company will pay brokerage / commission to the authorised insurance intermediary, if any, during the continuance of the policy including renewals, 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，並由加洲保險承保，加洲保險會於保單有效期內(包括續保期)支付佣金予該中介人。本人/我們亦明白加洲保險必須取得本人/我們以上的同意，才可處理此保險申請。
- I / We confirm my / our agreement to all sections in this proposal form, including without limitation, the above Declaration and Authorisation and the attached "Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").
本人/我們更確認同意本投保申請書內之所有部分，包括但不限於上列之聲明及授權細則及附接的"有關個人資料(私隱)條例("私隱條例")的客戶通知"。

Please check this box if you wish to opt-out of California Insurance Company Limited and Peaceful Insurance Agency Ltd use or transfer of your personal data for direct marketing and other voluntary purposes as stated in paragraph 3 and 4 under "the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")" at next page. For details, please refer to "the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance)".
如閣下反對接受加洲保險有限公司及祥昇保險代理有限公司使用或轉讓閣下的個人資料作為直接銷售推廣或下一頁中其他在"有關個人資料(私隱)條例("私隱條例")的客戶通知"第3及4段所提及的自願性用途，請在方格內填上✓號。詳情請參閱"有關個人資料(私隱)條例("私隱條例")的客戶通知"。

Proposer's Signature 投保人簽署 _____ Date 日期 _____

Disclaimer - Insurance Service 保險服務 - 責任聲明

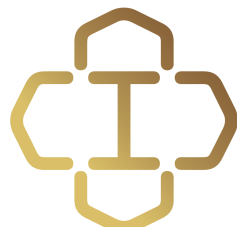
This Employment Agency only provides service in forwarding insurance application and / or premium to Peaceful Insurance Agency Ltd., we will not give advices, warranties or promises whether expressly or implicitly on insurance products, and assumes no responsibility for the coverage and related services 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戶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。本公司建議各客戶在選購保險時，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:

Underwriter 承保公司:

Insurance Agent 保險代理:



加洲保險有限公司
CALIFORNIA INSURANCE CO LTD

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141 Des Voeux Road Central Hong Kong
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Peaceful Insurance Agency Limited

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