

更新地址表格

Notification of New Address Form

Policy Details 保單資料	
保單號碼 Policy Number: _____	
投保人名稱 (僱主) Insured Name: _____	聯絡電話 Tel No.: _____
更新地址之生效日期 Effective Date: _____(dd)日 / _____(mm)月/ _____(yy)年	
家傭的新工作地址 New Place of Employment: _____ _____	
僱主的通訊地址 <input type="checkbox"/> Same as above 同上 Correspondence Address: _____ _____	

DECLARATION & AUTHORISATION 聲明及授權
<p>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. 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。</p> <p>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 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州保險有限公司("加州保險")決定是否接納此投保申請書的資料。</p> <p>3. 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州保險批核，方可生效。</p> <p>4. 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/我們與加州保險之間所簽署合約之全部，並以保單上各條款為準則。</p> <p>5. 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，並由加州保險承保，加州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/我們亦明白加州保險必須取得本人/我們以上的同意，才可處理此保險申請。</p> <p>6. 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"。</p> <p><input type="checkbox"/> Please <input checked="" type="checkbox"/> 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)". 如閣下反對接受加州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 <input checked="" type="checkbox"/> 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"。</p> <p>Proposer's Signature 投保人簽署 _____ Date 日期 _____</p>

Disclaimer – Insurance Service 保險服務 – 責任聲明

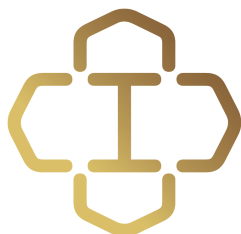
This Employment Agency only provides service in forwarding insurance application and / or premium to Peaceful Insurance Agency Ltd., we will not give advices, warranties or promises whether expressly or implicitly on insurance products, and assumes no responsibility for the coverage and related services 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:



加洲保險有限公司
CALIFORNIA INSURANCE CO LTD

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Website 網址 : www.california.com.hk

Insurance Agent 保險代理:

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

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