

# 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"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> 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"/> Female <input type="checkbox"/> 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"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> 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
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
			_____(dd)日/_____(mm)月/_____(yy)年

### 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

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。

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。

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。

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。

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。

6. I / We confirm my / our agreement to all sections in this proposal form, including without limitation, the above Declaration and Authorisation and the "Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance)". Please click here to view the full version of the Notice. [https://www.california.com.hk/web\\_doc/OHPICS/](https://www.california.com.hk/web_doc/OHPICS/)  
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"有關個人資料(私隱)條例"的客戶通知。有關詳情請參閱這裡: [https://www.california.com.hk/web\\_doc/OHPICS/](https://www.california.com.hk/web_doc/OHPICS/)

☐ Please ✓ 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)". 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其他在"有關個人資料(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"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

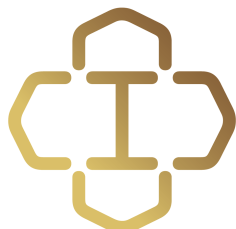
This Employment Agency only provides service in forwarding insurance application and / or premium to Peaceful Insurance Agency Ltd., we will not give advices, warranties or promises whether expressly or implicitly on insurance products, and assumes no responsibility for the coverage and related services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

Code:

Underwriter 承保公司:

Insurance Agent 保險代理:



**加州保險有限公司**  
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