



Overseas Domestic Helper Insurance Proposal Form 海外家傭保險投保表格

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"/>		Date of Birth 出生日期							
				Female Male		_____(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		Branch Code		Account Number					
Name of Bank 銀行名稱				銀行編號		分行編號		賬戶號碼					
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 AVO Insurance Company Limited ("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，並無隱瞞可能影響安我保險有限公司 (安我保險) 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安我保險有限公司批核，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/我們與安我保險有限公司之間所簽署合約之全部，並以保單上各條款為準。</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，本保險經由獲授權祥昇保險安排，並由安我保險有限公司承保，安我保險有限公司會於保單有效期內 (包括續保期) 支付佣金予祥昇保險。本人/我們亦明白保險公司必須取得本人/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 "Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance)". Please view the full version of the Notice in www.heyavo.com 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 (「私隱條例」) 的客戶通知。有關詳情請參閱: www.heyavo.com</p> <p>7. Please <input checked="" type="checkbox"/> this box if you wish to opt-out of AVO Insurance Company Limited & Peaceful Insurance Agency Limited to 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)". 如閣下反對接受安我保險有限公司和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 (「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>													