

智幫手家傭保障計劃

Smart Domestic Helper Insurance Plan

周全家傭保障 讓您生活倍添安心



中銀集團保險
BOCG INSURANCE

智幫手家傭保障計劃

都市人生活忙碌，工作經常早出晚歸，聘請家傭打理家務及照顧家中老幼十分普遍。中銀集團保險有限公司(「中銀集團保險」)瞭解您的需要，特別呈獻「智幫手家傭保障計劃」(「本計劃」)，為您及受聘的外籍家傭、本地家務助理或陪月員提供妥善的家庭傭工保障。外籍家傭更可附加「自選升級保障」，令您任何時刻都安心無憂。

產品特點

外籍家傭基本保障符合您所需

除提供根據《僱員補償條例》下，僱主需為家傭蒙受身體損傷或疾病承擔的法律責任保障外，更包括：

- 門診、住院及手術、牙科的醫療費用，以至門診處方藥物、跌打、物理治療及脊椎治療費。
- 人身意外保障：因家傭於香港休假期間身體損傷，提供人身意外保障高達港幣20萬元¹。
- 家傭個人責任保障：家傭於香港因疏忽所牽涉的第三者法律責任，保障額高達每年港幣20萬元¹。

選擇「全面計劃」 令您更放心

「全面計劃」除為您及外籍家傭提供更充裕的保障額度外，更附設多項額外保障：

- 家傭個人財物保障：家傭於僱主住所內，其個人財物因意外遺失或損毀及補領個人旅遊證件費用。
- 補聘家傭費用：因家傭嚴重疾病或身故，僱主需補聘家傭合理及必須的實際費用。
- 家傭誠信保障：保障因家傭的不誠實或欺詐行為引致的經濟損失，更延伸保障未經許可使用長途電話及更換住所大門鎖的費用。
- 家庭成員醫療費用保障：因家傭的故意或惡意行為，導致僱主同住的家庭成員(5歲或以下或75歲以上)身體受傷的醫療費用。

投保「自選升級保障」 讓您加倍安心

- 危疾保障：萬一您的家傭不幸被專科醫生診斷首次患上重病，可為您分擔多達40種指定危疾引致的住院及手術費用，保障額可提升至每年港幣15萬元¹。
- 提早終止僱傭合約保障：若一年²內發生家傭辭職或被解僱而僱傭合約提早終止兩次後，將賠償僱主在香港需重新補聘新家傭的合理及必須的實際費用。

特設本地家務助理計劃 配合您不同需要

- 您亦可為您的本地家務助理或陪月員投保，獲享僱主責任保障及家傭個人責任保障。
- 特設短期保險期，隨時配合您的需要，可每月延長保險期，而毋須每次核保。

賠償限額表

保障項目及承保範圍	最高賠償額(以HK\$)		
	本地家傭 ³	外籍家傭	
	本地家務助理計劃	精選計劃	全面計劃
基本保障			
家傭保障項目			
1. 門診費用 因受保家傭病痛、疾病或身體損傷 (1) 門診費用及處方藥物 (2) 跌打，物理治療及脊椎治療 等候期：15天 (因意外引起除外)	不適用	\$2,000/每年 ²	\$3,500/每年 ²
2. 住院及手術費用 因受保家傭病痛、疾病或身體損傷引致的住院費用 (1) 病房及雜費 (2) 外科手術費(包括門診手術) (3) 麻醉師費 (4) 手術室費 等候期：15天 (因意外引起除外)		\$150/每天/每次 \$500/每年 ² (\$100/每天/每次)	\$200/每天/每次 \$500/每年 ² (\$100/每天/每次)
3. 牙科費用 因受保家傭牙患而需由註冊牙醫脫牙、補牙、X光檢查、治療膿腫及口腔手術(賠償牙科費用的3分之2) 等候期：15天 (因意外引起除外)		\$20,000/每年 ²	\$35,000/每年 ²
4. 人身意外保障 因受保家傭於香港休假期間身體損傷 (1) 意外死亡 (2) 永久完全傷殘 (3) 喪失雙肢或雙目 (4) 喪失一肢及一目 (5) 喪失一肢或一目 (6) 永久喪失雙耳聆聽能力 (7) 永久喪失單耳聆聽能力 (8) 永久喪失說話能力		\$300/每天 \$10,000/每宗事故 \$2,500/每宗事故 \$1,250/每宗事故	\$300/每天 \$16,000/每宗事故 \$4,000/每宗事故 \$2,000/每宗事故
5. 家傭個人財物保障 受保家傭於僱主的住所內，其個人財物遭受意外遺失或損毀及個人旅遊證件補領費用 (自負額：每次索償事故的首HK\$ 200)		\$1,000/每年 ²	\$1,500/每年 ²
6. 家傭個人責任保障 受保家傭於香港因疏忽所牽涉的第三者法律責任	\$50,000/每段保險期	\$100,000/每年 ²	\$200,000/每年 ²

註：1. 指「全面計劃」的最高賠償額。
2. 指本保單起保日起，每一連續12個月的時間。
3. 本地家傭包括陪月員。
4. 40種受保危疾：癌症、心肌疾病、冠狀動脈搭橋移植手術、心臟置換、原發性肺動脈高血壓、主動脈手術、突發性心臟病、阿耳滋海默氏症、細菌感染腦膜炎、結核性腦膜炎、良性腦腫瘤、昏迷、腦炎、腦部損傷、運動神經元疾病、多發性硬化、肌肉營養不良症、截癱/癱瘓、帕金森症、脊髓灰質炎、中風、延髓性逐漸癱瘓、失明、失聰、末期肺病、暴發性病毒肝炎、腎衰竭、喪失獨立生活能力、喪失語言能力、嚴重燒傷、主要器官移植、喪失肢體、永久完全傷殘、肝衰竭、因輸血而感染人體免疫力缺乏病毒、再生障礙性貧血、象皮病、嚴重類風濕關節炎、末期疾病、植物性狀況(持續性)。
5. 保費已包括僱員補償保險徵款。

保障項目及承保範圍	最高賠償額(以HK\$)		
	本地家傭 ³	外籍家傭	
	本地家務助理計劃	精選計劃	全面計劃
基本保障			
僱主保障項目			
7. 僱主責任保障 保障根據《僱員補償條例》下，僱主需為受保家傭蒙受病痛、疾病或身體損傷承擔的法律責任	\$100,000,000 /每宗事故	\$100,000,000 /每宗事故	\$100,000,000 /每宗事故
8. 送返費用 因受保家傭嚴重病痛、疾病或身體損傷或身故而導致僱傭合約被終止，需由香港運返原居地 (1) 航機費用(經濟客位) (2) 運送遺體或骨灰的實際費用	不適用	\$10,000/每年 ²	\$20,000/每年 ²
9. 臨時替工津貼 因受保家傭住院連續4天或以上而不能工作，僱主需另聘替工合理及必須的實際費用 (津貼由住院第4天開始賠償)		\$3,000/每年 ² (\$150/每天)	\$7,500/每年 ² (\$250/每天)
10. 補聘家傭費用 受保家傭因嚴重病痛、疾病或身體損傷或身故而需由香港送返原居地，並導致僱傭合約被終止，而僱主需補聘新家傭合理及必須的實際費用		不適用	\$10,000/每年 ²
11. 家傭誠信保障 因受保家傭不誠實或欺詐行為引致的經濟損失 伸延保障 (1) 未經許可的長途電話費用 (2) 更換門鎖 僱主終止家傭合約，因受保家傭不誠實或欺詐行為，所引致僱主住所需要更換大門鎖的費用			\$10,000/每年 ² \$3,500/每年 ² \$500/每年 ²
12. 家庭成員醫療費用 因受保家傭的故意或惡意行為，導致與僱主同住的5歲或以下或75歲以上的家庭成員身體損傷的醫療費用			\$5,000/每年 ²
自選升級保障			
13. 危疾保障 若受保家傭首次患上40種受保危疾 ⁴ 其中之一所引致的住院及手術費用。於第2項「住院及手術費用」的最高賠償額將提升至於本項的最高賠償額及每天住院賠償限額及每宗手術賠償限額將不適用。 等候期：90天	不適用	\$70,000/每年 ²	\$150,000/每年 ²
14. 提早終止僱傭合約保障 一年 ² 內因受保家傭辭職或被解僱，而提早終止僱傭合約共兩次後，將賠償僱主在香港另聘新家傭的合理及必須的實際費用 (自負額：每次索償事故首HK\$ 500)		\$2,500/每年 ²	\$5,000/每年 ²

保費表^{5^}(每名家傭保費，以港幣計)
本地家傭³

	本地家務助理計劃*	
保險期	一個月期**	一年期
基本保障	\$150	\$300

* 如取消「本地家務助理計劃」，不設退回保費及保費徵費。
** 投保人如需延長保險期(最多可延長至12個月)，需在保險期滿前於中銀集團保險網頁申請，並每次支付港幣80元附加保費可延長保障期31天。

外籍家傭

	精選計劃		全面計劃	
保險期	一年期	二年期	一年期	二年期
基本保障	\$550	\$990	\$750	\$1,350
自選升級保障	\$350	\$630	\$600	\$1,080

^ 此保費表並未包括由保險業監管局「(保監局)」徵收的保費徵費。
保監局將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁www.ia.org.hk。

主要不保事項 (詳情請參閱保單)

戰爭、侵略、核武器、輻射或恐怖主義活動(另有列明則除外)；自殺、懷孕、酗酒或服用非註冊醫生處方指定之藥物；愛滋病、人體免疫力缺乏病毒；在保單生效前已存在的病狀；在香港以外發生的任何事故；精神病或性病；身體檢查；遺失金錢、貴重物品及手提電話或因住所無人居住而發生偷竊(只適用於第5項「家傭個人財物保障」)；在保單持有人居所內發生的任何事故或任何食物及飲料中毒(只適用於第6項「家傭個人責任保障」)；新受保家傭的機票或受保家傭或新受保家傭的薪水或薪金(只適用於第10項「補聘家傭費用」)；中醫治療費用(只適用於第13項「危疾保障」)。

保單審閱期及自動續保服務

- **15日保單審閱期 (適用於外籍家傭計劃)**
若投保申請獲即時批核且各項保障已確認生效，中銀集團保險將在收到投保申請後約10個工作天內繕發您的保單。如有需要，在確認保障生效起計的15日內(「保單審閱期」)，您可聯絡客戶服務查詢有關詳細保單內容。若保障項目未能符合您的需要，您可於保單審閱期內以書面方式通知中銀集團保險終止保單(若已收到保單文件，須將其送回中銀集團保險)。如受保人在保單審閱期內未有提出任何索償要求，所有已繳付的保費及保費徵費將獲全數退還。
- **自動續保服務 (適用於一年期或二年期計劃)**
成功投保後，中銀集團保險會於保險期完結前以書面形式通知您保單將到期續保。如續保條款有任何修改，中銀集團保險會同時以書面形式將已列明經修訂的承保表、賠償限額表、新保費、保費徵費及其生效日期等新承保內容通知您；除非您以書面拒絕有關修訂，否則新的承保內容會於所定明的日期生效。您只須繳交下一個保單年度所需的保費及保費徵費，您的保單便會自動續保，讓您安枕無憂。

投保注意事項

- 投保人的年齡須為18歲或以上。
- 投保家傭年齡為18歲至65歲，並受僱於投保人處理家務工作的全職合約外籍家傭或全職或兼職之本地家務助理/陪月員。
- 基本保障必須投保。如投保「自選升級保障」，保險期及計劃級別必須與基本保障相同。

修改及賠償

- **保費、條款及最高賠償額設定：**

保費、條款及最高賠償額是按照受保人投保當日選擇的計劃及健康狀況而定。受保人的保單生效後中銀集團保險不會因受保人的健康或索賠情況而額外收費或附加條款，**但中銀集團保險將保留對所有「智幫手家傭保障計劃」保單作核保、修改條款及/或調整保費及最高賠償額的權利。**

- **更改保障計劃：**

投保人可於保險期期滿日30天前以書面方式通知中銀集團保險。新計劃、新收費及保費徵費將會在新的保險期的首日生效。

- **賠償：**

若接受牙醫診治或醫生門診診治而需要索賠，只需向中銀集團保險提交醫療收據正本，收據上需列明病人姓名及病症，並在背頁寫上保單編號。若因住院或其他事故而需要索賠，只需填妥「申請理賠表格」連同醫療報告或證明單據送交中銀集團保險。任何索賠文件需於事發後30天內向中銀集團保險提交。

代理銀行客戶注意事項

- 代理銀行以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行的產品。
- 對於代理銀行與客戶之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），代理銀行須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。

條款及細則

- 本計劃由中銀集團保險有限公司(「中銀集團保險」)承保。
- 中銀集團保險已獲保險業監管局授權在中華人民共和國香港特別行政區經營一般保險業務，並受其監管。
- 中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。
- 中銀集團保險保留隨時修訂、暫停或取消本計劃、服務以及修訂有關條款的酌情權而毋須事先通知。如有任何爭議，中銀集團保險保留最終決定權。
- 本宣傳品僅供參考，宣傳品只在香港派發，不能詮釋為香港以外提供或出售或遊說購買中銀集團保險的任何產品的要約、招攬及建議，本計劃各項條款及細則以中銀集團保險繕發的正式保單為準。各項保障項目及承保範圍、條款及不承保事項，請參閱保單。
- 如本宣傳品的中、英文版本有任何歧異，概以英文版本為準。

Should you require the English version of this leaflet, please call the respective customer service hotline or enquire through Agent Bank/Agent/Broker.

客戶服務熱線 (852) 3187 5100

或 向代理銀行/經紀代理直接查詢

中銀集團保險網址：www.bocgins.com

Smart Domestic Helper Insurance Plan Proposal Form

客戶服務熱線 Customer Service Hotline : 3187 5100

傳真 Fax : 3906 9948

電郵 Email : osc_policy@bocgroup.com



中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

投保人(僱主)資料 Details of Proposer (Employer)

信託指根據信託法規法律，財產授予人委託受託人成立信託，使得受益人獲得利益。(Trust is a legal relationship in which settler gives its right to trustee who must keep and use it solely for beneficiary's benefit.)

1. 英文姓名 [#] English Name (請先填寫姓氏 Surname first)	2. 中文姓名 [#] Chinese Name	3. 性別 [#] Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
4. 香港身份證號碼 [#] HKID Card No. (如有 If any) [][] [][][][][][][][][][][][][][][] ([][])	5. 護照號碼 ^{1#} Passport No. ¹ (非香港居民適用 Applicable for non-HK resident)	6. 國籍 [#] Nationality
7. 出生日期 Date of Birth [#] (日 D / 月 M / 年 Y)	8. 聯絡電話 (手提) [#] Contact No. (Mobile)	9. 電郵地址 [#] Email Address
10. 通訊地址 [#] Correspondence Address 室 Room/ 號 Flat _____ 樓 Floor _____ 座 Block _____ 大廈名稱/ 期 Building/ Phase _____ 屋苑/ 鄉村號數及名稱 Estate/ Village no. & name _____ 街道號數及名稱 Number and Name of Street/ Road _____ 區份 District _____ 地區 Area <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories <input type="checkbox"/> 離島 Outlying Island		
11. 住址 Residential Address (<input type="checkbox"/> 與通訊地址相同 Same as the Correspondence address) 室 Room/ 號 Flat _____ 樓 Floor _____ 座 Block _____ 大廈名稱/ 期 Building/ Phase _____ 屋苑/ 鄉村號數及名稱 Estate/ Village no. & name _____ 街道號數及名稱 Number and Name of Street/ Road _____ 區份 District _____ 地區 Area <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories <input type="checkbox"/> 離島 Outlying Island		

12. 投保人職業# Occupation of Proposed Insured

<input type="checkbox"/> 01- 政要人士 Political VIP	<input type="checkbox"/> 06- 技術工人 Skilled workers
<input type="checkbox"/> 02- 官員和管理人員 Officers and Managers	<input type="checkbox"/> 07- 體力勞動者 Manual workers
<input type="checkbox"/> 03- 專家和技術人員 Experts and Technicians	<input type="checkbox"/> 08- 武裝部隊、警察、海關等執法人員 Armed forces and Customs Personnel and Police etc
<input type="checkbox"/> 04- 文員和事務工作者 Clerks and Administrators	<input type="checkbox"/> 09- 無業人員 Unemployed
<input type="checkbox"/> 05- 服務和銷售人員 Services and Sales Staff	<input type="checkbox"/> 10- 其他 Others (請說明 Please indicate)

必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必須填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

投保詳情 Details of Application

保障計劃類別及每名保費²(港幣) Category of Benefit Plan & Premium² Per Person (HK\$)

本地家傭 ³ Local Domestic Helper ³			外籍家傭 Foreign Domestic Helper				
保險期 Period of Insurance	一個月期 ⁴ 1-Month ⁴	一年期 1-Year	保險期 Period of Insurance	一年期 1-Year		二年期 2-Year	
計劃類別 Type of Plan	本地家務助理計劃 ⁵ Local Domestic Helper Plan ⁵		計劃類別 Type of Plan	精選計劃 Essential Plan	全面計劃 Comprehensive Plan	精選計劃 Essential Plan	全面計劃 Comprehensive Plan
基本保障 Basic Benefits	<input type="checkbox"/> \$150	<input type="checkbox"/> \$300	基本保障 ⁶ Basic Benefits ⁶ (必選項目 Compulsory Item)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$750	<input type="checkbox"/> \$990	<input type="checkbox"/> \$1,350
			加: 自選升級保障 Add: Optional Enhanced Benefits	<input type="checkbox"/> + \$350	<input type="checkbox"/> + \$600	<input type="checkbox"/> + \$630	<input type="checkbox"/> + \$1,080

總保費及保費徵費^Total Premium and Premium Levy^ (HK\$)

保費 Premium		保費 Premium				
折扣後保費 Discounted Premium (如適用 if Applicable):		折扣後保費 Discounted Premium (如適用 if Applicable):				
保監局保費徵費 Insurance Authority Premium levy:		保監局保費徵費 Insurance Authority Premium levy:				
應付總額 Total Payable:		應付總額 Total Payable:				

保險業監管局（「保監局」）將按適用徵費率向保單持有人收取保費徵費。為避免任何法律後果，保單持有人需於繳交保費時向保險公司繳付該筆保費的訂明徵費，並由保險公司將該已繳付的徵費轉付予保監局。徵費金額會因應徵費率調整而有所變更。有關詳情，請瀏覽保監局的網頁 www.ia.org.hk。The Insurance Authority ("IA") will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

保險生效日期 Effective Date of Insurance Cover

日 DD / 月 MM / 年 YYYY (必須在繳交保費及完成所有核保程序後，本保險方可生效。The insurance is effective which is subject to the Proposer has paid the premium and all underwriting procedure are completed.)

受保家傭資料 Details of Insured Domestic Helper

(本地家務助理或陪月員毋須提供資料 Details of Local Domestic Helper or Post-Natal Care Helper is not required to provide)

1. 姓 # Surname	名 # Given Name	2. 性別 Sex	<input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male
3. 香港身份證號碼 HKID Card No.	()	4. 護照號碼 Passport No.		
5. 出生日期 Date of Birth		6. 國籍 (國家/ 地區) # Nationality (Country/ Region)		
7. 居住地 Place of Residence #				

必須填寫項目 Mandatory Fields (如果提供的附夾文件中已有投保書所需資料，或之前曾提供予中銀集團保險且無須更新的資料，可不必填寫。You are not required to fill in the mandatory fields if the supporting documents attached to your application already contain the required information, or if the information had previously been provided to BOCG Insurance and it does not need to be updated.)

工作地址 Working Address (如與通訊地址不同 If it is difference from the Correspondence Address)

室 Room/ 號 Flat 樓 Floor 座 Block 大廈名稱/ 期 Building/ Phase

屋苑/ 鄉村號數及名稱 Estate/ Village no. & name

街道號數及名稱 Number and Name of Street/ Road 區份 District

地區 Area ☐ 香港 Hong Kong ☐ 九龍 Kowloon ☐ 新界 New Territories ☐ 離島 Outlying Island

註 Remarks :

- 如投保人以護照號碼投保，只適用投保本地家傭的保險計劃。If the Proposer enrolled with passport number, it is only applicable to enrol the insurance plan for local domestic helper.
- 保費已包括僱員補償保險徵款。Premium has included the Employee's Compensation Insurance Levy.
- 本地家傭包括陪月員。Local domestic helper includes post-natal care helper.
- 一個月以 31 天計。每次支付額外保費港幣 80 元可延長保險期一個月。A month is defined as a period of 31 days. The period of insurance can be extended for 1 month for each additional premium payment of HK\$80.
- 如取消「本地家務助理計劃」，不設退回保費。If "Local Domestic Helper Plan" is cancelled, no premium refund shall be made.
- 「基本保障」必須投保。如投保「自選升級保障」，保險期及計劃級別必須與「基本保障」相同。「Basic Benefits」should be enrolled compulsory. If "Optional Enhanced Benefits" is enrolled, the period of insurance and the plan level should be same with the "Basic Benefits".

繳付保費方法 Payment Method

<input type="checkbox"/> 信用卡付款 Payment made by Credit Card	<input type="checkbox"/> 其他付款方式 Other Payment Methods
請填妥第 2 頁的「信用卡付款授權書」交回。Please complete Credit Card Authorization Form in page 2. 適用於一年期或二年期計劃- Applicable to 1-Year or 2-Year Plan : 本人現授權中銀集團保險有限公司從本人/吾等之信用卡戶口轉賬繳交「智幫手家傭保障計劃」每個保險期應繳付的保費，包括其後背書所更改的保費以及每個新保險期續保保費。I hereby authorize Bank of China Group Insurance Company Limited to effect payment transfer from my/our credit card account for payment of premium under the "Smart Domestic Helper Insurance Plan", including subsequent revised premium by endorsement(s) and all renewal premiums for each new Period of Insurance.	請以劃線支票(祈付「中銀集團保險有限公司」)並交回「中銀集團保險有限公司」。Please make a crossed cheque payable to "Bank of China Group Insurance Company Limited" and submit to "Bank of China Group Insurance Company Limited". 銀行名稱 Bank Name: 支票號碼 Cheque No.:

適用於一年期或二年期計劃- Applicable to 1-Year or 2-Year Plan :
本人明白此投保書一經批核，在每個保險期期滿前，若未有接獲中銀集團保險有限公司有關修改任何條款的續保通知，本人只須繳交下個保險期所須的保費及保費徵費，此保單便會每個保險期自動續保。I understand that once this application is accepted, if no notice of amendment of renewal terms is sent to me/us from Bank of China Group Insurance Company Limited prior to the expiration of each Period of Insurance, the policy will be **automatically renewed** simply by my/our settlement of the required premium and premium levy for the upcoming Period of Insurance.

信用卡付款授權書 Credit Card Authorization Form

☐ Visa ☐ Master ☐ 中銀銀聯雙幣信用卡(必需在香港發出) CUP Dual Currency credit card (Must be issued in Hong Kong)

持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
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本人授權中銀集團保險有限公司從本人上述信用卡扣取「智幫手家傭保障計劃」的應繳保費，包括但不限於續保保費 (適用於一年期或二年期計劃)、其後以批改方式調整的保費及保費徵費及其他應繳費用。I hereby authorize Bank of China Group Insurance Company Limited to debit the premium of "Smart Domestic Helper Insurance Plan" from my above credit card, including but not limited to renewal premium (Applicable to 1-Year or 2-Year Plan), subsequent revision premium and premium levy by endorsement and any fees/charges payable.

若信用卡持有人並非投保人，請填寫下列資料。If Cardholder is not the Proposer, please provide the information as below:

1. 與投保人關係 Relationship with the Proposer :

2. 代投保人支付保費及保費徵費原因 Reason for paying premium and premium levy on Proposer's behalf:

☐ 本人同意及承擔以下投保人之全數應繳之「智幫手家傭保障計劃」保費及保費徵費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium and premium levy due under "Smart Domestic Helper Insurance Plan" for the Proposer. I also understand that any refund premium due to policy cancellation will be given to the Proposer by cheque.

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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投保注意事項 Important Notes of Application

1. 投保人的年齡須為 18 歲或以上。Proposer must be aged 18 or above.
2. 受保家傭須為年齡介乎 18 歲至 65 歲，並受僱於投保人處理家務工作的全職合約外籍家傭或本地家務助理/陪月員。Insured domestic helper must be aged between 18 and 65 years old and is a full-time foreign employee under a written contract of domestic service of the Proposer or a local domestic helper/Post-natal Care Helper of the Proposer to perform household work.
3. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司(下稱「中銀集團保險」)客戶服務熱線 (852) 3187 5100 或您的經紀代理查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) customer service hotline (852) 3187 5100 or contact your agent/broker. It is advantageous to the Proposer and/or Insured Person(s) to fully disclose all material facts to the insurance company. Failure to disclose may mean that the policy will not provide the Proposer and/or Insured Person(s) with the coverage required, or may invalidate the policy.
4. 此投保書申請一經被接納後，您的保單將會每保險期自動續保 (適用於一年期或二年期計劃)。Once the application for this proposal form is accepted, your policy will be **automatically renewed each period of insurance (Applicable to 1-Year or 2-Year Plan)**.
5. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
6. 「智幫手家傭保障計劃」(「本計劃」)由中銀集團保險承保。“Smart Domestic Helper Insurance Plan”(“this Plan”) is underwritten by BOCG Insurance.

聲明 Declaration

1. 本人謹此聲明本人未曾被保險公司或中銀集團保險有限公司取消保單、拒絕續保或申請家傭保險而被拒絕、延期或附加保費或條件承保。I declare that my domestic helper insurance have never been cancelled, refused to renew or applications have never been declined, postponed, accepted with extra premium or modified term by the insurer or Bank of China Group Insurance Company Limited.
2. 本人謹此聲明受保家傭只從事僱員合約所訂明的家務的工作，並不包括任何非家務的工作(如駕駛、園丁工作等)。I declare that the insured domestic helper is only required to perform the domestic duties specified in the employment contract and it is excluded any non-domestic work (e.g. Driving, work of Gardener, etc.).
3. 本人接納根據「智幫手家傭保障計劃」規定，凡在保單起保日前因已患之疾病、損傷或其他病況而引致之醫療需要，無論是否受保人當時已知悉或按合理情況下應知悉出現的病徵或症狀，一律不予賠償。I acknowledge that benefits are not payable under the “Smart Domestic Helper Insurance Plan” for any costs of treatment arising from any existing illnesses, injuries or other conditions, regardless of whether the insured person has known or should have been reasonably known or aware of such illness.
4. 本人在此授權任何醫生、醫院、診所、保險公司及其他人士，均可向中銀集團保險提供本人及/或受保人健康情況及病歷詳細資料。此授權書之影印本與正本有同等效力。I hereby authorize any doctor, hospital, clinic, insurance company or any other person to provide either myself and/or the insured person's (if any) health condition or detail medical history to BOCG Insurance. Copy of this authorization form will have same effect as of the original copy.
5. 就本人所知所信及經本人查詢有關受保外籍家傭，該受保外籍家傭未曾患上在「危疾保障」所列 40 種受保危疾，亦並未因此曾經，現正及/或可見有關危疾需要接受之診治或藥物治療。(適用於申請「自選升級保障」。) To the best of my knowledge and my belief and the inquiry to the foreign domestic helper to be insured, he/she did not contract 40 critical illnesses as list in the “Critical Illness Benefit”; he/she also did not ever, does not currently and/or has foreseeable needs to receive medical treatment or medication for such critical illnesses. (This is applicable when the “Optional Enhanced Benefits” is applied).
6. 本人明白如取消「本地家務助理計劃」，不設退回保費。I agree that no premium refund shall be made if “Local Domestic Helper Plan” is cancelled.
7. 本人謹此聲明，本人已向受保人取得授權，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I declare that I have obtained the necessary authorization from the Insured Person(s), that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for myself and/or for the Insured Person(s) may be invalidated.
8. 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I declare that this Proposal Form is applied and **signed in Hong Kong Special Administrative Region**, in case of fraud or factual misrepresentation, the cover for myself and/or for the Insured Person(s) may be invalidated.
9. 本人同意中銀集團保險保留一切有關投保書接納與否之權利。中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。I agree BOCG Insurance reserves the right to accept or decline this application. BOCG Insurance reserves the right to determine in its sole and absolute discretion whether to accept any application for the Plan on the basis of the information submitted at the time of application by the Proposer and/or Insured Person(s).
10. 本人明白此保險申請須待中銀集團保險覆核，接納本投保書及本人須繳付全額保費及保單生效後，中銀集團保險對本人及/或受保人之保險責任始行生效。I understand that BOCG Insurance's insurance liability for myself and/or for the Insured Person(s) will only take effect and the policy will be put in-force provided that premium has been fully paid and this insurance application has been reexamined by BOCGI Insurance.
11. 本人明白此投保申請一經批核，在每保險期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保險期所須的保費及保費徵費，此保單便會每保險期自動續保 (適用於一年期或二年期計劃)。I agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each Period of Insurance, the policy will be **automatically renewed** simply by my/our settling the required premium and premium levy for the upcoming Period of Insurance (Applicable to 1-Year or 2-Year Plan).

收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make;
- (2) 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
- (3) 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
- (4) 發出繳交保費通知及向本人收取保費、保費徵費及欠款 invoicing and collecting premiums, premium levy and outstanding amounts from me;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本人 contacting me for any of the above purposes;
- (7) 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及
- (9) 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“✓”選擇渠道) I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“✓”to select the channel(s)):

- ☐ 電子推廣郵件 Promotion Email ☐ 電話短訊 SMS ☐ 直銷郵件 Direct Mailing ☐ 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the [Data Policy Notice](#) of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

☐ 為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您**不欲**中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the [Data Policy Notice](#) of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

☒ **本人明白此產品為自動續保產品，本人只須繳交下個保單年度所須的保費及保費徵費，此保單便會每年自動續保。I understand that this is an auto renew product. The policy will be automatically renewed simply by my settling the required premium and premium levy for the upcoming policy year.**

本人確同意本投保書內之所有部份，包括但不限於上列之投保注意事項、聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Important Notes of Application, Declaration and Personal Information Collection Statement.

投保人姓名及簽署 Name of Proposer & Signature

簽署地：香港及日期(日/月/年)

Signed Place : Hong Kong and Date (DD/MM/YYYY)

**本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

保險公司專用 For Office use only			
經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀/代理資料 Broker/Agent Information			

適用於 2023 年
10 月 1 日或之後
生效的保單

專為 已完成 僱員再培訓局相關培訓課程而設 僱員再培訓局「陪月一站」之 陪月員保險計劃 申請表

- 本保險計劃已包括香港「僱員補償條例」下強制僱主購買的勞工保險。
- 除強制勞工保險外，另加第三者責任及陪月意外傷殘保障，令僱主更安心。
- 有關投保資料：(1)將轉交藍十字(亞太)保險有限公司，出單承保之用；(2)敝司將遵從「個人資料(私隱)條例」作出收集、持有、處理、使用和/或轉移。
- 本計劃由「衡量保險經紀有限公司」安排，「藍十字(亞太)保險有限公司」承保。

保障項目	最高賠償額(港幣)
勞工保險 在「僱員補償法例」規定下，因工作期間遭受意外受傷或死亡，僱主需承擔之法律責任	每次事故保障 一億元
第三者責任保險 在工作期間意外引致第三者身體受傷或財物損失需承擔之法律責任	每次事故及保險期內 一佰萬元
陪月意外保險 因意外引致死亡或永久傷殘	保障十萬元 永久傷殘按保單比例計算

收費 無最低收費 包政府徵費	保險期	保費(港幣)	
		一位陪月員	兩位陪月員
	一個月	\$150	\$270
	三個月	\$230	\$414
	六個月	\$380	\$684

投保手續	
選擇傳真、電郵或 WhatsApp 投保	1. 將保費透過「相同銀行」的櫃員機或網上理財，轉帳至以下任何一個「衡量保險經紀有限公司」(Assurance Appraisal Ltd.) 銀行 / 轉數快戶口： “中銀 012-828-0-001106-5” 或 “匯豐 809-164361-838” 或 “恒生 383-744281-883” 或 “轉數快 106538051”， 2. 再將「人數紙」連同「填妥表格」交回：傳真至 2579 0014 或 電郵至 info@insur-domestichelper.com 或 WhatsApp 至 5481 9491 註：如僱主不透過上述指定方式繳付保費，需額外繳付 \$30 以支付銀行服務費。
選擇郵寄投保	支票祈付「衡量保險經紀有限公司」(Assurance Appraisal Ltd.) 將「劃線支票」連同「填妥表格」郵寄 香港鯉魚涌海澤街 28 號東港中心 1007 室 注意：保單生效日必須以本公司收妥為準。
投保完成	敝司收妥上述文件後約三個工作天將「保險証書」寄上 有關保單詳文，可瀏覽 www.insur-domestichelper.com 查閱或致電熱線查詢

查詢熱線: 2597 9299 / 2887 0010 / 2564 4881

本單張僅供參考及投保之用。所有條款及不保事項，概以英文保單原文為準。

傳真號碼: 2579 0014

WhatsApp: 5481 9491

請用正楷填寫本表格及在適當之方格內加上「✓」號

僱主資料

姓	名
地址： <input type="checkbox"/> 香港 <input type="checkbox"/> 九龍 <input type="checkbox"/> 新界 <input type="checkbox"/> 離島	
香港身份證號碼：	
手提電話：	
電郵地址：	
住宅電話：	

注意
如經銀行櫃檯繳費
或入錯數，均需加收\$30
額外服務費

重要提示
如投保的「陪月員」未有完
成僱員再培訓局陪月一站的
相關課程，閣下必須聯絡敝
司 25979299，以便更正，
否則自誤。

陪月投保資料

1. 如需更改陪月，必須通知敝司更改記錄。
2. 陪月年齡必須由 **16** 至 **69** 歲。

3. 已完成僱員再培訓局陪月一站的相關課程。
4. 敝司(衡量)收到申請表後
 - a) 須經確認，才能生效；及
 - b) 容後有任何更改，每次收取手續費\$60 元。

陪月姓名	
工作性質	陪月
投保期	<input type="checkbox"/> 1 個月 <input type="checkbox"/> 3 個月 <input type="checkbox"/> 6 個月
及保費	合共保費: \$
生效日期	由 年 月 日 至 年 月 日 保險生效後保費概不退回

確認書

1. 我們謹指派衡量保險經紀有限公司為處理上述保險之獨家保險經紀。
2. 衡量保險經紀有限公司藉向保險公司收取的佣金，作為其所提供服務的酬金。我們同意進行是項保險交易，即構成我們同意衡量保險經紀有限公司收取佣金。
3. 陪月員已完成僱員再培訓局陪月一站的相關課程。

日期

僱主簽名

(Ed/20231016)

For policy effective on
/after 1 Oct 2023

For helper completed ERB related course

Application form Post-Natal Care Helper Insurance Scheme for Employees Retraining Board (Smart Baby Care)

- Included statutory required Employees' Compensation Insurance.
- "Comprehensive EC" provided a better & peace of mind coverage. Cover included Employees' Compensation, Third Party Liability and Personal Accident Insurance.
- About application's information contained herein : (1) Transferred to Blue Cross (Asia-Pacific) Insurance Ltd. for the purpose to effect insurance and other related usage. (2) We shall obey to Personal Data (Privacy) Ordinance in relation to it's collection, holding, processing, use and / or transfer.
- Arranged by "Assurance Appraisal Ltd." & unwritten by "Blue Cross (Asia-Pacific) Insurance Ltd."

Coverage Item	Limit of Indemnity (HK\$)
Employees Compensation Cover employer's legal liability under the Employees' Compensation Ordinance	\$100,000,000 any one occurrence
Third Party Liability To indemnify the legal liability for any accidental bodily injury or property damage in the course of business	\$1,000,000 any one accident & any one period
Helper Personal Accident Cover accidental death & disablement	\$100,000

Fee	Period	Insurance Fee(HK\$)	
		One Helper	Two Helpers
No Minimum Include all Government's levies	One month	\$150	\$270
	Three months	\$230	\$414
	Six months	\$380	\$684

Application Procedures	
Apply by Fax / Email / WhatsApp	1. Deposit appropriate fee to any of the following bank / Faster Payment System (FPS) accounts of 「Assurance Appraisal Ltd.」 BY TRANSFER THROUGH ATM (WITHIN THE SAME BANK ONLY) OR ONLINE BANKING. Bank of China: 012-828-0-001106-5 or HSBC: 809-164361-838 or Hang Seng Bank: 383-744281-883 or FPS: 106538051 2. Send the pay-in-slip with completed form to us for enrollment : fax (2579 0014) or email (info@insur-domestichelper.com) or WhatsApp (5481 9491) <i>Note : A surcharge of \$30 shall be borne by the employers if using other payment methods</i>
Apply by Mail	▪ Cheque payable to 「Assurance Appraisal Ltd.」 ▪ Mail the cheque with completed form to us ▪ Address: Room 1007, Eastern Harbour Centre, 28 Hoi Chak Street, Quarry Bay, Hong Kong
Apply Completed	▪ Insurance Certificate will be posted to you within 3 working days upon our receipt of the above documents ▪ For policy terms and conditions, please call us or visit our website www.insur-domestichelper.com for policy inspection

Enquiry : 2597 9299 / 28870010 / 25644881

Fax : 2579 0014

This leaflet is for reference & enrollment purpose. Please refer to policy(English) for exact terms and conditions. **WhatsApp : 5481 9491**

Please complete this form in block letter and tick 「✓」 at the appropriate box

Employer Details

Surname/ Last Name _____ First Name _____

Address : ☐ Hong Kong Island ☐ Kowloon ☐ New Territories

Hong Kong ID Card No. : _____

Mobile : _____

Email : _____

Telephone (Residential) : _____

Important Notes
A surcharge \$30 for those using bank teller / counter services, or bank-in incorrect insurance fee.

Important Reminder
If insured 'Post-Natal Care Helper' has not completed the related ERB course under Smart Baby Care, you are required to contact us 25979299 for the necessary rectification. Otherwise, you may have to bear legal consequence.

Post-Natal Care Helper Application Details

1. You must inform us for any change of helper.
2. Helper's age between **16** and **69** only.

3. Completed the related ERB course under Smart Baby Care.

4. Upon receipt of your Application
 - a) Coverage needs to be confirmed by us; &
 - b) For each subsequent change, handling fee \$60 is required.

Full Name of Helper	
Work Nature	Post-Natal Care
Choice of Period & Fee	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months Total Insurance Fee: \$ _____
Insurance Period	From _____ day _____ month _____ year to _____ day _____ month _____ year <i>No refund upon policy inception</i>

Confirmation

1. We hereby appoint Assurance Appraisal Ltd. as our exclusive Insurance Broker in handling the said insurance transaction.
2. Assurance Appraisal Ltd. is remunerated for its services by the receipt of commission paid by insurers. We agree to proceed with this insurance transaction shall constitute our consent to the receipt of commission by Assurance Appraisal Ltd.
3. Helper has completed the related ERB course under Smart Baby Care.

Date _____

Signed by Employer _____

(Ed/20231016)

豐隆家務助理保險

保障範圍簡介

保障範圍	最高賠償金額 (港幣)
1. 僱員補償保險	每次事故 100,000,000
2. 家務助理人身意外保障 (只適用於工作期間及香港境內)	每段受保期 20,000
3. 家務助理個人責任保障 (只適用於工作期間及香港境內)	每段受保期 50,000

保費表

家務助理工作時間	優惠類別	全期保費 (港幣)		
		1 年	半年	3 個月
兼職	投保客戶	260	199	不適用
	「樂活一站」僱主	198	148	不適用
	「智慳家」客戶	160	123	不適用
全職	投保客戶	450	350	250

重要事項

- 家務助理年齡必須為 18 至 65 歲。
- 兼職：一星期工作時間不多於 40 小時及不與僱主同住；全職：一星期工作時間多於 40 小時。
- 毋須提供家務助理之姓名。
- 以上之保費適用於申請人於同一工作時段內只僱用一名家務助理的情況，而該名家務助理的職責包括一般家務、陪月、保姆、家居長者照顧、陪診及離院／駐院病人照顧。
- 投保人必須為受保家務助理之僱主。
- 投保地址必須為家務助理之工作地址。
- 僱員補償保險徵款已包括在內。

主要不受保事項

戰爭；恐怖份子活動；自殺；懷孕或分娩；受酒精或藥物影響；愛滋病；違法行為；由擁有或使用任何車輛或船隻所引致之法律責任等。

註：

- 本公司將於閣下繳付保費時一併收取須轉交保監局的徵費。
- 所有中文譯本，如與英文本有異，概以英文本為準。
- 本小冊子乃資料撮要，謹供參考之用，各項細則以保險單為準，優惠受有關條款及細則約束。

Hong Leong Home Assistant Insurance

Coverage Outline

Coverage	Maximum Benefit Payable (HK\$)
1. Employees' Compensation Insurance	100,000,000/occurrence
2. Home Assistant's Personal Accident Insurance (Working in the course of employment and within HKSAR)	20,000/each Period of Insurance
3. Home Assistant's Personal Liability (Working in the course of employment and within HKSAR)	50,000/each Period of Insurance

Premium Table

Home Assistant Working Hours	Promotion Type	Full Term Premium (HK\$)		
		1 year	Half year	3 months
Part-time	Enrolment	260	199	Not applicable
	"Smart Living" Employer	198	148	Not applicable
	Smart Save Customer	160	123	Not applicable
Full- Time	Enrolment	450	350	250

Important Information

- Home Assistant must be between 18 and 65 years of age.
- Part-time: Working 40 hours or less and not living with the employer; Full-time: Working more than 40 hours per week.
- Name of Home Assistant is not required.
- The above premium is applicable to cases where at any point in time only one home assistant is employed by the applicant to perform household work, post-natal care; child care; household elderly care; escort for out-patient and care for discharged/hospital patient.
- Applicant must be the employer of the insured home assistant.
- Applicant's address must be the place of employment of home assistant.
- Employees' Compensation Insurance Levy is included.

Major Exclusions

War, act of terrorism, suicide, pregnancy or childbirth, influence of alcohol or drugs, AIDS, unlawful acts, legal liability arising from ownership or usage of any motor vehicle or watercraft.

Note:

- We will collect from you levies payable to the IA along with the premium payments.
- Whenever there is any discrepancy between the English and Chinese version of the above, the English version shall prevail.
- This leaflet is for reference only. Please refer to the original policy for the exact terms and conditions. The offer is subject to the relevant terms and conditions.

豐隆家務助理保險申請表格 Hong Leong Home Assistant Insurance Application Form

請填妥申請表格，以傳真 (2160 3700)、電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 送交本公司。
You may submit the completed form to Hong Leong Insurance by fax (2160 3700), by email (personal@hl-insurance.com) or by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

A. 保障選擇 Choice of coverage (請以英文正楷填寫，並在適當空格內加✓號 Please complete in English BLOCK letters and ✓ as appropriate)

起保日期 Period of insurance 由 from (日/月/年 D/M/Y) _____ / _____ / _____

(保險起保日期最早為申請日期的當天。 Earliest policy effective date will be same as the application date.)

家務助理工作時間 Home assistant working hours	優惠類別 Promotion type	保障年期 Policy term	保費 (港幣) Premium (HK\$)
兼職 Part-time	投保客戶 Enrolment	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
	「樂活一站」僱主 "Smart Living" employer	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
	「智慳家」客戶 "Smart Save" customer	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
全職 Full-time	投保客戶 Enrolment	<input type="checkbox"/> 3 個月 months <input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	

註 Note:

- 僱員補償保險徵款及保監局保費徵費已包括在內。 Employees' Compensation Insurance Levy and Premium Levy to Insurance Authority are included.
- 家務助理年齡必須為 18 至 65 歲。 Home assistant must be between 18 and 65 years of age.
- 兼職：一星期工作時間不多於 40 小時及不與僱主同住；全職：一星期工作時間多於 40 小時。 Part-time: Working 40 hours or less and not living with the employer; Full-time: Working more than 40 hours per week.
- 毋須提供家務助理之姓名。 Name of home assistant is not required.
- 以上之保費適用於申請人於同一工作時段內只僱用一名家務助理的情況，而該名家務助理的職責包括一般家務、陪月、嫺姆、家居長者照顧、陪診及離院/駐院病人照顧。 The above premium is applicable to cases where at any point in time only one home assistant is employed by the applicant to perform household work, post-natal care; child care; household elderly care; escort for out-patient and care for discharged/hospital patient.
- 保險單之最低保費為保險證明書所印示的最低保費。 The policy is subject to the minimum premium printed on the certificate of insurance.

B. 投保人個人資料 Personal details of applicant (必須為受保家務助理之僱主 Must be the employer of the insured home assistant)

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname	名 Given name	中文姓名 Chinese name	性別 Gender
_____	_____	_____	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female

出生日期 Date of birth (日/月/年 D/M/Y)	香港身份證 HKID	電郵地址 E-mail address
_____/_____/_____	_____	_____

手提電話 Mobile _____ 住宅電話 Home tel. _____ 辦公室電話 Office tel. _____

家務助理工作地址 Place of employment of home assistant

室 Flat/ Room _____ 樓 Floor _____ 座 Block _____

大廈 Building/ 屋邨 Estate _____ 街 Street/ Road _____

地區 District area _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT**通訊地址 Mailing address** (如不同上 if different from the above)

室 Flat/ Room _____ 樓 Floor _____ 座 Block _____

大廈 Building/ 屋邨 Estate _____ 街 Street/ Road _____

地區 District area _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

本人茲授權並要求豐隆保險(亞洲)有限公司從本人下列之信用卡戶口內，支付該保障之保費。I hereby authorize and request Hong Leong Insurance (Asia) Limited to charge my credit card account listed below for the premium of this insurance.

信用卡戶口號碼 Credit card account no. (☐ Visa ☐ Master)

有效日期 Expiry date (月/年 M/Y)

x

持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同 Signature should correspond to the specimen signature of your credit card account.)

1. 本人聲明投保之家務助理現在身體健康良好，並無任何傷殘或缺陷。I declare that the proposed Home Assistant(s) is now in good health and free from any physical impairment or physical deformity.

2. 本人聲明投保之家務助理並非本人之同住親屬及是在符合香港法例下所受僱的。I declare that the proposed Home Assistant(s) is not a member of my family permanently residing at my home and is legally employed under the law of HK SAR.

3. 本人同意此等聲明為本人與豐隆保險（亞洲）有限公司訂立保險契約之根據。本人特此聲明就是次有關「豐隆家務助理保險」（「保險單」）的申請所提供之資料，盡本人所知及所信全部正確，無訛和完整。I agree that these declarations shall be the basis of the contract between me and Hong Leong Insurance (Asia) Limited. I declare that the foregoing statements and particulars given in this application for "Hong Leong Home Assistant Insurance" policy ("Policy") are true, correct and complete in every aspect to the best of my knowledge and belief.

4. 本人明白主要不承保事項包括：戰爭、恐怖份子活動、自殺、懷孕或分娩、受酒精或藥物影響、愛滋病、違法行為、由擁有或使用任何車輛或船隻所引致之法律責任。詳情可參閱保險單內的所有條款及細則。I understand major exclusion including: war, act of terrorism, suicide, pregnancy or childbirth, influence of alcohol or drugs, AIDS, unlawful act, legal liability arising from ownership or usage of any motor vehicle or watercraft, etc. Details can refer to the Policy.

5. 如申請人要求將保險單終止，而不曾在保險有效日期內提出任何索償，申請人可獲退回按保險單未屆滿期間比例計算的已繳保費（須受列印於保險證明書上之最低保費所限）。詳情請參閱保險單條款。If the Applicant terminates the Policy, provided that no claim has been made or arisen during the Period of Insurance, the Applicant shall be entitled to a refund of premium paid (subject to the minimum premium as printed on the Certificate of Insurance) for the unexpired period of the Policy. Please refer to the Policy for further details.

6. 本人在投保此計劃時正身處香港。I am physically present in Hong Kong as the date of this application.

7. 本人，並代表每一位獲列於本申請內之人士（「受保人」）：I, and on behalf of each person covered under this application ("Insured Person"):

(a) 明白並且同意貴公司可：acknowledge and agree that you may:

(i) 收集、使用和披露本人及受保人的個人資料（包括但不限於信用資料和以往申索紀錄），以用作處理本人的申請、調查和結清申索、以及偵測和防止欺詐行為（無論是否與就本申請而發出的保單有關）所需的目的；及 collect, use and disclose my and the Insured Person's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and

(ii) 把我/我們的個人資料轉移給以下人士，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）（合稱「該等人士」）。transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons").

(b) 同意貴公司之「個人資料政策」（「該資料政策」）會被引用，貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載該資料政策。agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.

8. 本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).

9. 直接促銷 Direct Marketing

本人明白，未經本人同意，貴公司不會將本人的個人資料用於直接促銷。本人確認，本人提交是次申請即表明本人同意貴公司可將本人的個人資料用於該資料政策中載列之直接促銷（本人於以下段落指明不同意收取直接促銷資料或訊息的渠道除外）。I understand that you would not use my personal data in direct marketing without my consent. I acknowledge that my submission of this application gives consent to you to use my personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I have indicated my objection below.

本人不希望貴公司經下列渠道把本人的個人資料用於直接促銷或接收貴公司發出的任何直接促銷資料或訊息：I do not wish you to use my personal data in direct marketing / do not wish to receive any direct marketing materials or messages from you via the below channel(s):

☐ 郵件 Direct mail ☐ 電郵 Email ☐ 短訊 SMS ☐ 電話 Phone Call

本人明白以上代表本人目前就希望收到直接促銷聯繫或資訊的選擇，並取代本人於是次申請前向貴公司傳達的任何選擇。I understand that the above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to you prior to this application.

10. 本人確認已閱讀及明白此等聲明、保險單條款和條件及該資料政策，並同意受其約束。I confirm that I have read and understand these declarations, the terms and conditions of the Policy and the Data Policy, and agree to be bound by the same.

日期 Date (日/月/年 D/M/Y)