

僱員賠償保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓
 客戶服務熱線 Customer Service Hotline : 3187 5100

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
 傳真 Fax : 3906 9948 電郵 Email: osc_policy@bcgroup.com

保險範圍 : 保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾病法律規定下之責任。

Cover : **Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees.**

保險公司之標準保單是不保障不在所保地區範圍內法院裁判。

The indemnity under the insurance company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

(如投保公司只有英文名稱，請提供商業登記證副本。Please provide Business Registration copy if proposed Insured Company has English Name only)

投保人/投保公司名稱# Name of proposed Insured / proposed Insured Company(英文及中文名 Name in English and Chinese)

註冊日期# Date of Registration: _____

註冊地點# Place of Registration: _____

香港身份證號碼/商業登記證號碼# HKID Card No. / Business Registration No. _____ 電話# Tel _____

通訊地址# Mailing address _____

營業地址# Business address _____

營業性質# Business _____ 電子郵箱# e-mail _____

工作詳情 Particulars of work _____

保險期限# 由 From _____ 至 To _____ (Both Dates Inclusive)

所有屬於僱員補償條例下之員工均須包括內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

僱員工作類別 Description of Employees	僱員人數估計 Estimated Number of Employees	年薪/工資及其他收入估計 Estimated Annual Salaries/Wages & Other Earnings	保險公司專用 For Office use only			
			保率 Rate Percent	保費 Premium	編號 Classification Number	條款 Clause
學徒或年齡為18歲以下之僱員:- Apprentices and/or Employees under 18 years of age						
總額 TOTAL						

上列僱員在過去十二個月內支付薪金、工資及其它收益為 The total amount of salaries/wages and other earnings paid by me/us to the above mentioned employees during the past twelve months was _____

^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.

1. 是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任?如需要, 並列明。 Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad? If so, please give details. _____
2. 是否願意依據僱員補償條例投保承包商之責任?如需要, 並列明。 Do you wish to insure your liability under the Employees' Compensation law(s) to the employees of sub-contractors? If so, please state. _____

包商名稱 Name of Contractor	包工性質 Nature of Work Sublet	如合約包括勞動力與材料, 請列明合約估計承包之金額 If contract of labour and materials state estimated amount of contract	若合約只包括勞動力, 請列明包工金額 In cases for which the contract is for labour only state amount of contract

注意: 總包商或承包商必需依據一九八二年僱員補償條例「修訂」法案之第二十四節及四十節投保總包商之責任。

NOTED: THE LIABILITY OF THE PRINCIPAL CONTRACTOR MUST BE INSURED BY EITHER THE PRINCIPAL CONTRACTOR OR THE SUB-CONTRACTOR TO COMPLY WITH SECTIONS 24 AND 40 OF THE EMPLOYEES' COMPENSATION (AMENDMENT) ORDINANCE 1982.

3 是否僱用 Do you employ	(i) 行業之任何散工 any casual workers otherwise than for the purpose of your trade & business, (ii) 任何外工, 或 any out workers, or (iii) 任何與投保人同屋之家眷 any member of your family who resides with you	(i) (ii) (iii)
4 投保地點是否屬法例或法則管轄該樓宇之用途或維修? Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises? (a) 若然, 請列明該法例或法則。 If so, name such Laws or Regulations (b) 有無遵照該法例或法則切實執行? Have you carried out all the obligations imposed on you by such Laws and/or Regulations?		(a) (b)
5 (a) 是否裝有任何鋸床或蒸氣, 煤氣, 水力, 電力或其他機械動力所推動之其他機器? Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? (b) 一切機械廠房及通道是否採用堅固柵籬防護? Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?		(a) (b)
6 汽鍋種類? What boilers you have?		
7 請列明所用之酸性液體, 氣體, 化學原料或爆炸品及其用量。 State what acids, gases, chemicals or explosives will be used and to what extent.		

8. 請列明近三年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況。 State hereunder amount of salaries/wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years:-

年份 Year	薪/金/工資及其他收益 Salaries/Wages & other Earnings	死亡 Fatal		暫時殘廢 Temporary Disablement only		永久殘廢 Permanent Disablement	
		次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date
		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled	
		次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost

9 (a) 閣下現在是否已付投保或曾否投保對僱員之責任保險? Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees? (b) 投保或續保曾否被拒絕或撤回? Has any such proposal or renewal ever been declined or withdrawn? (c) 曾否被提高保率? Has an increased rate been required?	(a) 若然, 請列明受保公司名稱 If so, please state name of insurance company (b) (c)
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備註 Notes

- 「僱員賠償保險」(下稱“本計劃”)由中銀集團保險有限公司(下稱“中銀集團保險”)承保。Employees' Compensation Insurance (named below as “this Plan”) is underwritten by Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”).
- 中國銀行(香港)有限公司、南洋商業銀行有限公司、集友銀行有限公司、中銀信用卡(國際)有限公司及其他代理銀行(各稱為“代理銀行/代理”)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/代理的產品。Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited, Chiyu Banking Corporation Limited, BOC Credit Card (International) Limited and other agent banks (each an “agent Bank/agent”) are the appointed insurance agents of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not the agent Bank/agent.
- 對於代理銀行/代理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/代理須與客戶進行金融糾紛調解計劃程序;而有關於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。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent Bank/agent and the customer out of the selling process or processing of the related transaction, the agent Bank/agent is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of this Plan should be resolved between directly BOCG Insurance and the customer.

聲明 Declaration

- 本人/本公司謹此聲明,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/本公司亦明白如資料錯誤或不詳盡,本人/本公司及/或受保人之保障有失效之虞。I/Our Company declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/Our Company also understand that if any information stated is untrue or incomplete, the cover for me/our Company and/or the Insured Person may be invalidated.
- 本人/本公司謹此聲明,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/本公司及/或受保人之保障有失效之虞。I/Our Company declare that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me/our Company and/or the Insured Person may be invalidated.
- 本人/本公司同意中銀集團保險保留一切有關投保書接納與否之權利。I/Our Company agree BOCG Insurance reserves the right to accept or decline my/our Company's application.
- 本人明白必須繳付全額保費、保費徵費及保單生效後,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 insurance's liability for myself and/or for the Insured Person(s) will only take effect provided that premium and premium levy has been fully paid and the policy was put in-force.

收集個人資料聲明 Personal Information Collection Statement

本人/本公司明白本人/本公司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/Our Company understand that the information provided by me /our Company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- 處理及審批本人/本公司的保險申請或本人/本公司將來提交的保險申請; processing and evaluating my/our Company's insurance application and any future insurance application I/our Company may make;
- 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務; administering my/our Company's insurance policy and providing services in relation to my/our Company's insurance policy;
- 分析或調查、處理及支付本人/本公司保單有關的索償; analysis or investigating, processing and paying claims made under my/our Company's insurance policy;
- 發出繳交保費通知及向本人/本公司收取保費、保費徵費及欠款; invoicing and collecting premiums, premium levy and outstanding amounts from me/our Company;
- 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, cancellations or renewal of any insurance related product or service;
- 就以上用途聯絡本人/本公司; contacting me/our Company for any of the above purposes;
- 中銀集團保險行使任何代位權; exercising any right of subrogation by BOCG Insurance;
- 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 and
- 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 personal data for the above purposes to the following classes of transferees:

- 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);
- 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;
- 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- 保險資料服務公司及信貸資料服務公司; insurance reference bureaus or credit reference bureaus;
- 再保公司及再保經紀; reinsurers and reinsurance brokers;
- 本人/本公司的保險經紀(若有); my/our Company insurance broker (if I/our Company have one);
- 中銀集團保險的法律及專業業務顧問; BOCG Insurance's legal and professional advisors;
- 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);
- 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;
- 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;
- 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;
- 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 and
- 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本人/本公司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 data with the information collected by the Federation from the insurance industry.

此外，經本人/本公司同意，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 personal data otherwise with my/our Company's consent.

本人/本公司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/Our Company have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person 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 (只適用於非公司投保人 Applicable for non corporate policyholders only)

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.

支付經紀佣金 Payment of Broker Commission

本人/本公司明白、確知及同意，中銀集團保險會就本人/本公司購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/本公司為法人團體，代表本人/本公司簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。I/Our Company understand, acknowledge and agree that, as a result of my/our Company purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/our Company am/is a body corporate, the authorized person who signs on behalf of me/our Company further confirms to BOCG Insurance that he or she is authorized to do so.

本人/本公司亦明白中銀集團保險必須取得本人/本公司以上的同意，才可以處理本人/本公司之保險申請。I/Our Company further understand that the above agreement is necessary for BOCG Insurance to proceed with the application.

本人/本公司認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。I/Our Company confirms our agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

投保人姓名 或 簽署人姓名(適用於公司投保)
Name of proposed Insured or Name of the Signatory (applicable for company enrollment)

簽署人職位(適用於公司投保)
Title of Signatory (applicable for company enrollment)

投保人簽署 或 授權簽署及公司蓋章(適用於公司投保)
Signature of proposed Insured or Authorized signature & company stamp (applicable for company enrollment)

簽署地: 香港及日期 (日/月/年)
Signed Place: Hong Kong and Date (DD/MM/YY)

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.

銀行代理專用 For Bank use only			保險公司專用 For Office use only	
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.	
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人編號 Transfer Staff No.	經辦人 Handled By	
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By	