

繳付保費方法 Payment Method 信用卡付款**Payment made by Credit Card**

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.

 其他付款方式**Other Payment Methods**

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，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 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)

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 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:

- 與投保人關係 Relationship with the Proposer: _____
- 代投保人支付保費原因 Reason for paying premium 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 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

S.V.

聯絡電話號碼 Contact
Phone No.

日期 Date (日 D/月 M/年 Y)

投保注意事項 Important Notes of Application

- 投保人的年齡須為 18 歲或以上。Proposer must be aged 18 or above.
- 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.
- 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」)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”) 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.
- 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).
- 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.
- 「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保費後，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 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，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 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及欠款 invoicing and collecting premiums 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 bureaus or credit reference bureaus;
- 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，或以便「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.

本人確認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.

投保人簽署 Signature of Proposer

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
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經紀/代理資料 Broker/Agent Information