

家傭綜合險批改申請書

Domestic Helper Comprehensive Insurance Endorsement Application Form

致：中銀集團保險有限公司 To: Bank of China Group Insurance Co. Ltd. (傳真 Fax: 39069919)

保戶名稱 代理及經辦單位編號
Name of Insured: _____ Agent Code & Unit No.: _____

保單號碼 Policy No.*: _____ 保戶身份證號碼 Insured's HK ID Card No.#: _____

(*此資料必須由客戶提供或確認)

(#只需填寫英文字頭及首3位數目字)

(*This information must be provided or confirmed by client)

(#Fill in the first letter & first 3 digits only)

請照下述開列事項更改，並送回貴公司認簽之批改

Please issue an endorsement subject to the following particulars:

由 _____ 起更改內容如下 (請在適當方格內加「✓」)

As from _____ alter the followings: (Please put a "✓" in the box as appropriate)

(1) 保戶名稱
Name of Insured: _____

(2) 保戶通訊地址
Insured's Mailing Address: _____

(3) 保險處所
Place of Employment: _____

(4) 保險期限 由 _____ 至 _____ (首尾兩日包括在內)
Period of Insurance: From _____ To _____ (B.D.I.)

(5) 取消保單 (如要取消保單，必須把批改申請書連同原保單一起送回。)
Cancel Policy (In order to cancel the Policy, please return the original Policy together with this Endorsement Application Form.)

已附上原保單 原保單後補送回

Original Policy attached Original Policy will be returned later

未能送回原保單 原因
Cannot return the original Policy. Reasons: _____

(6) 受保家傭資料 Insured Domestic Helper's Information

姓名 Name	性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
出生日期 Date of Birth (日 D / 月 M / 年 Y)	年齡 Age
香港身份證/護照號碼 HKID Card No./ Passport No.:	國籍 Nationality

(7) 補發保單副本
Reprint Duplicate Policy

(8) 其他
Others: _____

申請人簽章 Signature of Applicant: _____

日期 Date: _____

備註：所取得之資料均按照“收集個人資料聲明”辦理。

Remarks: All data is collected in accordance with the 'Personal Information Collection Statement'.

本公司專用 For Office Use Only

覆核人	經辦人
No.	No.