

# Employees' Compensation Insurance Proposal Form 僱員補償保險投保書



Cover: Indemnify against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees.  
保障範圍：保障僱主在法律規定下對僱員因工遭受意外傷亡或患與該項業務有關之職業性疾病的責任。

Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「√」號。

<b>(I) Details of Applicant 投保人資料</b>	
Proposer's name in full (Note (1)) 投保人(註釋(1)):	<input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐
Correspondence Address 通訊地址:	
Place of employment 僱用地點的地址: (if different from the above 如與上址不同)	
Business 行業:	Particulars of work 工作:
Period of insurance required 要求保單生效日期: From 由 _____ DD日 _____ MM月 _____ YY年 To 至 _____ DD日 _____ MM月 _____ YY年	

<b>(II) Insurance Questionnaires 保險一般資料</b>				
All Employees within the scope of the employees' compensation ordinance must be included: 必須包括一切屬於僱員補償條例法規範圍內之員工:				
Description of Occupation of employees 僱員工作類別	Estimated number of Employees (Note 2) 估計僱員人數(註釋(2))	Estimated Wages, Salaries and other Earnings to be paid during the above period (Note (3)) 工資薪金及其他酬益估額(註釋(3))		
1.				
2.				
3.				
4.				
5.				
Total 總數				
Do you want to extend the Geographical Area of the policy to cover employees working temporarily outside Hong Kong Special Administrative Region? If so, please give details. 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, 請列明。				
Please give particulars of nature of accidents to your employees arising out of their occupation during the past three years. 請將最近三年有關僱員由執行職務而發生意外傷害之詳情狀況說明。 A "Nil" reply shall be deemed to be given if this question is not answered. 此問題若未有填寫, 則作「沒有索償」論。				
Year 年份	No. 次數	Particulars 詳情	Compensation Paid 賠償額	Estimated Further Cost for Unsettled Claims 未賠償估計額
Has any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn or cancelled? If "Yes", please give details. 關於閣下對各僱員之責任投保保險是否有任何申請或延續被拒絕、撤回或取消? 如「是」, 請說明。				
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit [www.fwd.com.hk](http://www.fwd.com.hk) or contact: (852) 3123 3123.  
保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢, 請瀏覽 [www.fwd.com.hk](http://www.fwd.com.hk) 或致電: (852) 3123 3123。

敢 至係人生

[fwd.com.hk](http://fwd.com.hk)

24小時服務熱線 3123 3123

FWD General Insurance Company Limited 富衛保險有限公司  
9/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong  
香港中環德輔道中308號富衛金融中心9樓 T 3123 3123 F 2850 3031

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## Notes

Note (1)  
The insurance policy insures only the employer specified as "The proposer" in respect of his liabilities towards employees in his direct employ.  
If the insurance policy is also required to insure employees of other employers, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.  
If the insurance policy is required to insure a group of companies, that is, consisting of holding company and subsidiaries, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.

Note (2)  
The Employees' Compensation Ordinance requires an employer to take out an insurance policy covering ALL employees engaged in his business with a Minimum Amount of insurance coverage. The proposer should ensure that this Policy complies with the Ordinance requirements. A subsequent change in number of employees may result in a higher amount of insurance coverage being required under the Ordinance. In this event, the Insured should consult the Company immediately.  
Under the Employees' Compensation Ordinance (Cap.282), an employer must take out an employees' compensation insurance policy that meets the following requirement:  
(i) if the number of employees does not exceed 200, a minimum policy liability limit of HK\$100 million any one event; or  
(ii) if the number of employees exceed 200, a minimum policy liability limit of HK\$200 million any one event.

Note (3)  
Please state the total Earnings expected to be paid to persons in your direct employ during the period to be insured by the proposed insurance policy. Earnings means all gross wages, salaries, remunerations, commissions, bonuses, overtime, termination payments, allowances and the like directors' fees or other benefits whether at piecework rates or otherwise and whether paid in cash or in kind by the Insured to his Employees.

## 註釋

註釋(1)  
此保單只承保僱主(即保單內所稱之保戶)所直接僱用之僱員。  
如保單須承保其他僱主之僱員,請與本公司之職員或閣下之保險顧問磋商。  
如保單須承保集團公司,即是包括控股公司及其附屬公司,請與本公司職員或閣下之保險顧問磋商。

註釋(2)  
僱員補償條例規定僱主應為其所有僱員後事其有關行業投保僱員補償保險的最低限額,投保人應該確定其保單履行有關賠償條例的要求。根據賠償條例的要求,若僱員人數其後有變動而需要增加保險額,投保人應立刻諮詢保險公司。

根據僱員補償法例(第二百八十二章),僱主須替僱員投保符合以下條文之僱員補償保險單:

- (i) 如僱員人數不高於二百人,每次事故之責任限額不少於港幣一億元;
- (ii) 如僱員人數在二百人以上,每次事故之責任限額不少於港幣二億元。

註釋(3)  
請列明在保單投保日期內預期付給直接僱員之酬勞包薪金、花紅、津貼、補時及佣金等。

## Important Notes

You are required to disclose all material facts which you know FWD General Insurance Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

## 重要事項

申請人必須提供所有可能影響富衛保險有限公司接受承保及評估之重要事實,如未能確定這項事實是否具有實質性的關係,應該將等事實填報,我們建議你將有關的資料(包括此投保書副本)作紀錄,以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

## Declaration

### 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration and the proposal shall form the basis of the contract between the FWD General Insurance Company Limited ("Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
2. I/We agree to keep a proper Wages Record and to render at the end of each period of insurance a statement in the form required by the Company of all Wages actually paid and to pay premium on any wages paid in excess of the amount estimated above.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/We have paid the required premium.
4. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the Personal Data (Privacy) Ordinance.

#### Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD General Insurance Company Limited, FWD General Insurance Company Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to FWD General Insurance Company Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for FWD General Insurance Company Limited to proceed with the application.

本人/我們,謹此聲明並同意:

1. 於此申請表格內所提供的資料及細節均是準確無誤,真實及為事實之全部,並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為本公司及本人/我們之保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料,將可能導致本公司不能接受或處理此保險申請或令本保單失效。
2. 本人/我們同意保持適當的工資記錄,及於每個保險期屆滿時以本公司要求之表格提交實際支付的工資表,並就超過以上估計金額的工資繳付保險費用。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料,並就本申請之相關事宜,與本公司進行交涉,並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意,其個人資料將會轉予本公司作辦理本申請之用,亦已獲通知其在個人資料(私隱)條例下所享有的權利。

#### 只應用於保險經紀:

申請人明白,確知及同意,富衛保險有限公司會就申請人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。

假如申請人為法人團體,代表申請人簽署的獲權人員須向富衛保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白富衛保險有限公司必須取得申請人的同意,才可以處理其保險申請。

Signature of Applicant / Individual to whom the PICS is given  
申請人/獲發收集個人資料聲明人士簽署 \_\_\_\_\_

Date  
日期 \_\_\_\_\_

Name of Agent / Broker / Technical Representative  
代理人/經紀/業務代表 \_\_\_\_\_

Account Code  
賬戶號碼 \_\_\_\_\_

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail. 本申請表格的中英文版本如有差異,以英文版為準。