

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。

(I) Employer's Details 僱主資料	
Name of employer in full (Please provide a copy of valid Business Registration Document) (Note (1)) : 僱主全名 (請提供商業登記文件副本) (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 僱用工作地點 : (if different from the above 如與上址不同)	
Business (Please provide a general description of the employer's business activities / profession): 行業(請就僱主之業務活動 / 職業提供詳細描述) :	
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	
(II) Details of Employer's Business Activities / Profession 僱主之業務 / 行業的資料	
How long has the business been established? 業務成立年期 ?	_____ Year(s) 年
Does any of the work carry out by the employers involve: 僱主的業務是否涉及 : a) Any work on ships, chemical works, off-shore structures, oil or gas refineries? 任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作 ? b) Any work outside Hong Kong? Any need to extend the Geographical Area of the Policy to cover employees working temporarily outside Hong Kong? If so, please give details 任何於香港境外進行的工作 ? 是否需要將保單的保障範圍延伸至在香港境外工作的僱員 ? 如是, 請詳述說明。 c) Work at a height above 10 metres or underground? 於離地面10米以上或地底進行的工作 ? d) Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? If yes, please give nature of work and no. of employee(s) involved. 使用、處理、儲存或運輸有害物質, 例如有毒化學物、爆炸品、氣體、石棉和放射性物質 ? 如是, 請提供有關工作性質及所涉僱員人數。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Does the employer 僱主有否 : a) Hire any self-employed persons for their business? 為其業務聘用任何自僱人士 ? b) Hire any part-time employees? 聘用任何兼職僱員 ? c) Plan to increase the no of the employees substantially or add different occupations in a short period of time? 計劃在短期內大幅增聘員工或增設不同職務 ?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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遲被拒絕、撤回或取消 ? 如「是」, 請說明。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business. 請提交僱主或僱員持有與業務相關的工作經驗 / 資格 / 證書。	

(III) Employee's Details 僱員資料		
Please provide the following information: a copy of latest wage roll [e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents] of employee(s). 請提供以下資料：最近期的僱員薪酬紀錄副本 (例如：強積金供款紀錄、財務報表、報稅表或其他相關文件)。		
Occupation of Employee(s) by Categories 僱員職務類別	Number of Employees (Note 2) 僱員人數 (註釋(2))	Estimated Total Annual Earnings (Note (3)) 估計全年總收入(註釋(3))
Occupation of Employee(s) by Categories 僱員職務類別	Number of Part Time Employees (Note 2) 兼職僱員人數 (註釋(2))	Estimated Total Annual Earnings (Note (3)) 估計全年總收入(註釋(3))
	Total 總計 :	Total 總計 :

Employees' Compensation Insurance Proposal Form

僱員補償保險投保書



(IV) Claims and Related Details 索償及相關資料						
Please provide the claim history for the past 3 years 請提供過去三年的索償紀錄： Note: Employer shall make request on the previous insurers for providing written evidence of such records. 注意：僱主需要向曾投保的保險公司索取有關紀錄的書面證明						
Accident Year 意外發生年份	Paid Claim(s) (including partial claim payment) 已支付索償 (包括部分索償償付)		Outstanding Claim(s) 未支付索償		Total for the Year 全年總數	
	No. of Case 賠案數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠案數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠案數目	Amount (HK\$) 金額 (港幣)
Details of any Claim with amount over HK\$50,000. 所有索償金額超過港幣50,000的個案詳情。						
Date of Accident 意外發生日期	Brief Details of each accident (including cause of loss, degree of injury, current status, etc.) 概述每宗意外經過 (包括受傷原因、受傷程度、現況等等)			Claim Amount (HK\$) 索賠金額 (港幣)		
				Paid 已支付索償	Outstanding 未支付索償	Variation Date 修訂日期

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 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 或致電：(852) 3123 3123。

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)

Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).

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；或
- (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)

根據《僱員補償條例》(第282章)，收入包括：薪金、佣金、花紅、超時工作補薪、津貼等。

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，應該將該等事實填報，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。

Employees' Compensation Insurance Proposal Form

僱員補償保險投保書



Declaration

I/WE HEREBY DECLARE AND AGREE THAT:

1. I/We, being the owner / authorized person / representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.
2. 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.
3. 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.
4. 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.
5. (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.

Signature of Applicant / Individual to whom the PICS is given (with Company Chop)
申請人 / 獲發收集個人資料聲明人士簽署 (連公司蓋章)

Date
日期

Name
姓名

Position
職位

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

Account Code
賬戶號

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, 以英文版本為準。

聲明

本人 / 我們, 謹此聲明並同意:

1. 我 / 我等作為投保業務之擁有人 / 獲授權人士 / 代表, 保證以上由我 / 我等根據《僱員補償條例》(第282章)申報之估計全年總收入均屬真實及完整。如未有披露所有重要事實或少報全年總收入, 可能導致保險失效。
2. 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。
3. 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出的工資表, 並就超過以上估計金額的工資繳付保險費用。
4. 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。
5. (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, 其個人資料將會轉介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。

敢 至係人生

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

Nov 2018 / 2018年11月