



**僱員補償保險(家庭僱傭)申請書**  
**EMPLOYEES' COMPENSATION INSURANCE (for Domestic Helper)**  
**APPLICATION FORM**

This Plan provides you with the protection against your legal liability as an Employer under the Employees' Compensation Ordinance with limit up to **HK\$100,000,000.00**

本計劃提供僱主在僱員補償條例下所應負的法律責任，保障額高達 **HK\$100,000,000.00**

<b>EMPLOYEES' COMPENSATION INSURANCE</b>  <b>僱員補償保險</b>	<b>Annual Net Premium</b> <b>全年折實保費</b>
	<b>HK\$500.00 per person (每人)</b>

- The net premium includes 6.3% E.C.I. Levy and 3% Government Terrorism Facility charge and 2% Employees Compensation Insurer Insolvency Bureau (ECIIB).  
保費已包括 6.3% 僱員補償保險徵款、3% 恐怖襲擊保費及 2% 保險公司[僱員補償]無力償債管理局徵款。
- Minimum premium HK\$400 per policy  
保單最低收費 HK\$400。
- The above premium is applicable to domestic helper aged between 18 and 60 with full-time employment contract in Hong Kong.  
以上保費只適用於年齡介乎 18 至 60 歲之家庭僱傭 並擁有在香港所簽定之全職僱傭合約

Return Form By

- 遞交申請書 :  By Fax : 2519-6301 / 2827-0622 (for Credit Card Payment only) 傳真 : 2519-6301 / 2827-0622 (只供信用卡付款)
- By Post : Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K.  
郵寄 : 香港灣仔港灣道 30 號新鴻基中心 23 樓 2305-16 室

**FOR FAX APPLICATION, DO NOT SEND THE ORIGINAL SIGNED FORM BY POST IN ORDER TO AVOID DUPLICATION.**

凡以傳真申請，請勿將此正本表格寄回，以免重複。

**Insured's Personal Information 投保人資料**

Please use Block Letters (請用英文正楷填寫)

Name of Insured 投保人姓名	Surname 姓	Given Name 名
H.K.I.D. Card No. 香港身份證號碼		
Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Date of Birth 出生日期	(D 日 / M 月 / Y 年)	
Correspondence Address 通訊地址	Flat 單位	Floor 層
	Block 座	
	Building/Estate Name 大廈 / 屋苑名稱	
	Street No. and Name 街道號數及名稱	
	District 地區	
	Hong Kong/Kowloon/New Territories 香港 / 九龍 / 新界	
Contact Telephone No. 聯絡電話	mobile 手提	home 住宅
Fax No. 傳真	office 辦公室	
Email 電子郵件		
SHKP Club Membership No. 新地會會員編號	Ordinary Member 普通會員 :	
	Star Member 星級會員 :	

**Insurance Particulars 投保事項**

Please use Block Letters (請用英文正楷填寫)

Name of Employee 僱傭姓名	
Total Annual Wageroll 僱傭總薪金	
Address where employees are employed 僱傭地址	



**Payment Instruction and Authorization 付款指示及授權書**

- Cheque (Payable to "Sun Hung Kai Properties Insurance Ltd.") 支票(收款人請寫新鴻基地產保險有限公司)
- Credit Card (Please fill in the following details.) 信用卡(請填妥以下資料)
  - VISA  MasterCard

I hereby authorize Sun Hung Kai Properties Insurance Ltd. to charge my credit card account below for the above Employees' Compensation Insurance annual premium payment.

本人授權新鴻基地產保險有限公司從本人下述之信用卡賬戶支取火險全年保費。

Credit Card Number 信用卡號碼: [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]

Expiry Date 有效日期: [ ] [ ] / [ ] [ ] [ ] [ ] M M / Y Y Y Y

Name of Cardholder 信用卡持卡人姓名: \_\_\_\_\_

Signature of Cardholder 信用卡持卡人簽署: \_\_\_\_\_

**DECLARATION 聲明**

I declare that the statements and particulars made in this Application are true and correct to the best of my knowledge and belief. I understand that this Application and Declaration shall form the basic of my contract with Sun Hung Kai Properties Insurance Limited and I am willing to accept a Policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder.

本人茲聲明此申請書內的資料就本人所知所信，全部正確無訛。本人明白此申請書及聲明應作為本人與新鴻基地產保險有限公司合約的基礎及願意接受保單之條款、規定及繳付保費。

Signature of Insured 投保人簽署

Date 日期

The liability of the Company does not commence until the Proposal has been accepted by the Company and the Premium paid.

有關保險須在本保險公司接受此投保書及呈交保費後才生效。

**Personal Information Collection Statement**

Your personal data provided to the Company will be protected but may be used to underwrite contracts of insurance and may be disclosed or transferred to any member of the group of companies to which the Company belongs for the purpose of promoting or offering their products and services; to the employees of such companies who are designated in carrying out insurance business and to any agent and/or sub-contractor and/or claims adjusters who provides administrative, telecommunications, computer or other services to the Company in connection with the operation of its business.

You have the right to request access to and the correction of any of your personal data. Any such request may be made in writing with 7-days advance notice to the Company's Data Privacy Officer at its office situated at Rooms 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong (Tel. 2827 8111 and Fax. 2827 0622).

**收集個人資料聲明**

閣下提供之個人資料，將予保密，並用作評估投保申請，及可能披露或轉送與本公司之集團成員公司、本公司之僱員、經紀及索償調查公司以提供保險服務，如銷後服務、設計及推廣本公司的產品及服務時，須與閣下保持聯絡。

閣下有權要求查閱本公司所保存有關閣下之個人資料，並要求將之改正。有關之要求可於七天前以書面提出並寄交：香港灣仔港灣道 30 號新鴻基中心 2305-16 室新鴻基地產保險有限公司保障資料私隱主任。(電話：2827 8111 傳真：2827 0622)

**☎ Customer Services Hotlines 客戶服務熱線：2828 7886**