

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。

1. Proposer's name in full (Note (1)) 投保人 (註釋 (1)) _____
2. Address 地址 _____
3. Place of employment 僱用地點的地址
(if different from the above 如與上址不同) _____
4. Business 行業 _____
5. Particulars of work 工作 _____
6. Period of insurance required 要求保單生效日期: From 由 _____ To 至 _____
7. Please complete the schedule below 請列明及填寫以下表格:

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		

8. 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。

9. 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

10. 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any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn or cancelled?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買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。
a. Yes 是 _____
b. No 否 _____

Please see overleaf
請轉後頁

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, overtimes, 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 (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從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括薪金、花紅、津貼、補時及佣金等。

IMPORTANT NOTES

重要事項

You are required to disclose all material facts which you know ING 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.

申請人必須提供所有可能影響ING General Insurance Company Limited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)作記錄, 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。

Personal Information Collection Statement

收集個人資料聲明

The information you provide to ING General Insurance Company Limited ("ING") is collected to enable ING to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") 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; and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, ING General Insurance Company Limited ("ING") is hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by ING. Requests for such access can be made to the Corporate Data Protection Officer at 1/F, ING Tower, 308 Des Voeux Road Central, Hong Kong.

閣下提供的資料, 為ING General Insurance Company Limited ("ING")提供保險業務所需, 並可能使用於下列目的

- 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期;
- 任何索償、或該等索償的調查或分析; 及
- 行使任何代位權; 及

可能移轉予:

- 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;
- 現存或不時成立之任何保險公司的協會或聯會或類同組織 ("聯會"), 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; 及
- 或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。

此外, 在此授權ING由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由ING持有有關閣下的個人資料, 如有此項要求, 可向ING之資料保護主任提出, 地址為香港中環德輔道中308號安泰金融中心1樓。

DECLARATION

聲明細則

I/We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. I/We agree that the proposal shall be the basis of the contract between me/us and ING. 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 ING of all Wages actually paid and to pay premium on any wages paid in excess of the amount estimated above.

本人/吾等聲明上列資料乃本人/吾等所知一切據實填報, 本人/吾等同意此投保書及聲明將構成本人/吾等與ING合約根據。本人/吾等同意設一正確之薪金及工資記錄表冊, 並於保險期屆時遵照 貴公司所需之表格式並報實際支出之薪金及工資, 並繳付超過以上所估計之薪金及工資數額之保險費用。

Signature of Proposer 投保人簽署

Date 日期

Name of Agent/Broker 代理人/經紀

Account Code 賬戶號碼