



China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號民安廣場19字樓
19/F, Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong.

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

保戶名稱

Proposer's name in full :

營業地址

Business address :

營業性質

Business : Tel No.:

工作詳情

Particulars of work : _____

保險期限 (日/月/年): 由 _____ 至 _____ 保 _____ 月 (包括首尾兩天)
 Period of Insurance (Day/Month/Year) : From _____ to _____ for _____ month(s) (Both Dates Inclusive)

下列僱員在過去 12 個月內支付薪金、工資及其他收益為：

The total amount of salaries/wages and other earnings paid by me/us to the following mentioned employees during the past twelve months was :

The total amount of salaries/wages and other earnings paid by or made to the following selected employees during the past 12 months			由本公司填寫 For Office Use Only		
僱員工作類別 Description of employee(s)	僱員人數 No. of Employees	年薪/工資及其他收入 Annual Salaries/Wages & other Earnings	Rate %	Remarks / Clauses / Warranties	Class
總額 Total :			總保費 Total Premium :		
是否已包括僱用行業之任何散工？ 及任何外工？ Whether the aforesaid description has included any casual workers otherwise than for the purpose of your trade and business employed by you? and any out workers employed by you? 若然，是否需要為該僱員投保？If so, do you require cover for such employees ?			是 / 否 / 不適用 是 / 否 / 不適用 Y / N / NA Y / N / NA 備註 Remarks :		

< 由本公司填寫 For Office Use Only >

< 此欄由“業務經辦人”填寫 >

New Policy No : _____ Apply Min Premium : Y (☐ N)

☐ Old Policy No : _____ TIC Code : _____

Currency : HKD () SC : () (A-Z / a-z)

Dr Note Name : Same as Proposer's Name in full

☐ (Others)

Remarks : ☐ Name of Employee(s) ☐ Register No. ☐ Place(s) of employment ☐ (Others) _____

Geographical Area : HKSAR

Liability Limit : 100 Million (☐ 200 Million)

☐ EC1 and EC2 ☐ EC1 (applicable to all Sections), EC2 (applicable to Section I only) and EC3 (not applicable to Section I)

☐ EC55 ☐ EC69 ☐ EC72-4 ☐ EC62-3 ☒ EC98 ☐ EC57 ☐ EC58 ☐ EC59

☐ (Others) _____

Internal Remarks : ☐ HKID Card No ☐ D O B ☐ Passport No ☐ (Others) _____

Handled by : _____ Checked by : _____ < 第一頁 Page 1 >

中國太平保險(香港)有限公司
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投保書第一頁的補充資料欄 Supplement to Page 1 of Proposal Form :

保障範圍：保障僱主對僱員因工遭受意外傷亡或因該項業務引致有關之職業性法律規定下之責任。

Cover Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees

本公司之標準保單是不保障不在所保地區範圍內之法院裁判。

The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

1 是否願意依據僱員補償條例投保受僱於僱主而與僱主同住之家屬？

Do you wish to insure your liability under the Employees' Compensation law(s) to the member of the employer's family employed by such employer and who resides with the employer?

2 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。

Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad ?
If so, please give details

3 請申明所投保對僱員之責任保險是否保障閣下業務的所有工作地點？如答案為否，請申明所投保對僱員之責任保險是否只適用於指定的工作地點並需詳細列明有關指定的工作地點的地址。

Please confirm whether an insurance in respect of your liability to your Employees provide coverage to all place(s) of employment of your trade and business. If an answer is in a negative, please confirm whether an insurance in respect of your liability to your Employees only provide coverage to specific place(s) of employment of your trade and business and please provide detailed of the address(es) of such place(s) of employment

4 (a) 閣下現在是否已經投保或曾經投保對僱員之責任保險？Are you at present insured or have you ever proposed for an insurance in respect of your liability to your Employees ?

若然，請列明受保公司名稱。If so, please state name of Company

(b) 該投保或續保曾被拒絕或撤回？Has any such proposal or renewal ever been declined or withdrawn ?

(c) 曾否被提高費率？Has an increased rate been required ?

5 請列明近5年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況。

State hereunder amount of salaries/wages paid and give particulars of bodily injury by accidents to your employees incidental to their occupation during the past five years

6 請列明僱用的員工有否在過去10年內向閣下或其以往的僱主作出因從事的工作所引致的職業病而追討補償。如答案為是，請列明 (i) 該員工曾經因從事哪一種的工作引致職業病；(ii) 該種職業病的類型及 (iii) 僱用他從事該種工作的僱主的名稱及地址資料。

State hereunder whether any of your employee has suffered from the occupational disease resulting in the incapacity or death in the employment to the nature of which the disease was due and made the claims against you or any previous employer(s) in the past ten years. If an answer is in an affirmative, please state (i) nature of employment of which the occupational disease was due ; (ii) the type of such occupational disease and (iii) such information as to the names and addresses of the employer(s) who employed him in the employment to the nature of which the occupational disease is due



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【收集個人資料聲明 Personal Information Collection Statement】

閣下提供的資料，為本公司提供保險業務所需，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；
- 任何索償或索償分析；及可能轉移予：

現存或不時成立的任何有關的公司，或任何其他從事與保險或再保險有關的公司，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，或任何保險公司的協會或聯會。

閣下有權查閱及要求更正本公司持有有關閣下的個人資料，如有任何要求或查詢，請來函或聯絡本公司總經理辦公室經理。

The information you provide to us is collected to enable us 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 them;
- any claim or analysis of it; and may be transferred to:

any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Should you have any requests or enquires, please contact or write to our Manager of the Office of the General Manager

【聲明 Declaration】

1 本人/吾等下列具名人士茲聲明上列各欄所填報資料均屬完全及真實無訛，並同意以本投保書作為本人/吾等與中國太平保險(香港)有限公司訂立契約的基礎。

I/We, the undersigned, declare that to the best of my/our knowledge and belief the information is true and complete in every respect and agree that this Proposal Form shall be the basis of the contract between me/us and China Taiping Insurance (HK) Company Limited.

2 本投保書在未經中國太平保險(香港)有限公司同意接受投保前，保險並不生效。

The Insurance will not commence until this proposal has been accepted by China Taiping Insurance (HK) Company Limited.

日期

Date :

投保人簽署及公司蓋章

Signature of Proposer and Company Chop :