

上海商業銀行家庭傭工保險計劃投保書
SCB Domestic Helper Insurance Plan Proposal Form

<p>投保人必須確保投保書內各項內容填寫清楚無訛。並請用英文正楷填寫。 Please complete this proposal in BLOCK LETTERS and ensure all information provided is correct.</p>	<p>請<input checked="" type="checkbox"/>適用方格及*刪去不適用者 Please tick the appropriate box and *delete whichever is inappropriate</p>
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I. 投保人資料 Proposer Information

英文姓名 (先生/太太/女士)*: _____ 中文姓名: _____ 出生日期: _____
Name in English (Mr./Mrs./Ms.) * Name in Chinese Date of Birth 日 D / 月 M / 年 Y

身份證號碼: _____ () 通訊地址: _____
HKID Card No. Correspondence Address

受聘公司名稱: _____ 職業及職位: _____
Name of employer Occupation & Position

電話(日): _____ 手機: _____ 傳真: _____ 電郵地址: _____
Tel. No. (Daytime) Mobile No. Fax No. E-mail Address

II. 家傭資料 Domestic Helper's Information

家傭姓名: _____ 性別: _____ 身份證/護照號碼: _____ (____)
Name of Helper Sex H.K.I.D. Card No./Passport No.

出生日期: _____ 提議保單生效日期: _____
Date of Birth 日 D / 月 M / 年 Y Proposed Effective Date of Policy: 日 D / 月 M / 年 Y

僱用地址(如與上述通訊地址不同, 請填寫。)
Place of Employment (If different from the Correspondence Address, please state.)

III. 計劃選取 Plan Selection 請 please

	基本保障計劃 Basic Plan	加倍保障計劃 Advance Plan	全面保障計劃 Comprehensive Plan
一年期保費 Annual Premium	<input type="checkbox"/> HK\$394	<input type="checkbox"/> HK\$544	<input type="checkbox"/> HK\$794
兩年期保費 Premium for Two Years	<input type="checkbox"/> HK\$749	<input type="checkbox"/> HK\$983	<input type="checkbox"/> HK\$1,432

IV. 以往保險資料 Previous Insurance Details 請 please

閣下曾否遭保險公司拒絕接受投保同類型保障計劃? 否 No: 是 Yes:
Have you ever been refused by other insurance companies for similar insurance plan?

閣下曾否在最近三年內向保險公司要求索償同類型保險? 否 No: 是 Yes:
Have you ever submitted any claim to insurance company under similar policy in the past 3 years?

如上述任何一條問題的答案是「是」, 請在下列空白位置詳細說明。If "Yes" to any of the questions above, please provide details below.

保費繳付及授權書
Premium Payment & Authorization

繳付保費 Premium Payable (HK\$): _____

本人選擇以下列方式繳交保費 I would like to pay my premium: 請√適用方格 Please tick the appropriate box

現金 by cash

支票 by cheque 支票收款人爲「上海商業銀行」 Cheque payable to Shanghai Commercial Bank Limited

直接扣帳 Direct Debit

請由本人/本公司於上海商業銀行下述之帳戶扣除保險費 Please deduct the premium from my Shanghai Commercial Bank account as below

_____ 帳戶號碼 Account Number

_____ 簽署及公司蓋章(如有) Signature/Company Chop(if any)

信用卡 by credit card 請填寫以下付款指示 Please complete the Payment Instruction below

本人授權寶豐保險(香港)有限公司從本人下述之信用卡賬戶支取此「家庭傭工保險計劃」之保費。I hereby authorize Pafoong Insurance Co. (HK) Ltd. to debit my credit card account below for the premium of the Domestic Helper Insurance Plan.

持卡人姓名: _____ 持卡人香港身份證號碼: _____ 與投保人之關係: _____
Name of Cardholder Cardholder HKID Card No. Relationship with Proposer

信用卡號碼爲 Credit Card Number is _____ Visa MasterCard

信用卡有效期至 Card Expiry Date: _____ 月 M 年 Y

持卡人簽署 Signature of Cardholder: _____ 日期 Date: _____

聲明 Declaration

本人/吾等現依據 寶豐保險(香港)有限公司〔簡稱「貴公司」〕之家庭傭工保險單內之條款及細則投保該項保險。本人/吾等謹此聲明在本投保書內所填報的資料及陳述，均屬正確無誤及詳盡，並同意以此投保書作爲本人/吾等與貴公司訂立保險合約之依據。

本人/吾等明白所有貴公司收取或持有的個人資料，不論以任何方式獲取，均可供貴公司或向在香港境內或境外任何人或機構披露作以下用途：(1)評核此項申請或提供有關服務，(2)辦理網上繳款或信用卡付款，(3)提供貴公司及關連機構的推廣資料，(4)處理保險的索償或有關之分析。任何關於個人資料查閱或更改之要求，可向貴公司之個人資料私隱主任提出。

I/We hereby apply to Pafoong Insurance Company (Hong Kong) Limited. ("the Company") for insurance according to the terms and conditions as stipulated in the Company's Domestic Helper Insurance Policy. I/We warrant that the particulars and statements I/we have supplied in this Proposal are true, correct and complete and further agree that this Proposal shall form the basis of the contract between me/us and the Company.

I/ We understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess this application and provide the relevant service, (2) to process the direct debit authorization or credit card payment, (3)

to provide marketing materials of the Company or its associated companies and (4) to conduct insurance claims or analysis. Requests for access to personal data or any correction should be addressed to the Data Protection Officer of the Company.

投保人簽署 Signature of Proposer: _____ 日期 Date: _____

投保人注意事項/Important Notes to Proposer

1. 所有資料如可能影響此申請之接納與否或保單條款之釐定，閣下必須盡己所知作出披露。如對資料應否透露有疑問，請向本公司或閣下的保險中介查詢。閣下如未能據實呈報有關資料，此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
2. 未經填妥之投保書會延誤閣下之申請。
3. 此單張僅屬簡概，所有保障細則、條款及不承保事項以保單所列之內容為準。
1. Any facts known to you, which are likely to affect acceptance and terms and conditions of this application, must be disclosed. If you have doubts in disclosing some facts, please check with your insurance intermediary or us. Failure to disclose material information may nullify the cover you require and may even invalidate the policy.
2. Incomplete Proposal Form will delay your application.
3. This leaflet is descriptive only. The Coverage, Terms and Conditions and Exclusions are subject to the policy document.

只供內部使用 For Internal Use Only	經辦職員編號: WEB Handler	所屬行處: i-Banking 中心 Department	BL: Y/N	PEP: Y/N	NCCT: Y/N
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保障範圍一覽表 Benefits Table

保障項目	基本保障	加倍保障	全面保障	最高保障金額(港幣/元)	
	Basic Plan	Advanced Plan	Premier Plan	Maximum Limit (HK\$)	
僱主責任 Employer's Liability	✓	✓	✓	每宗事件 per event	100,000,000
臨時替代家傭津貼 (因家傭住院) Temporary Helper Subsidy (if your domestic helper is hospitalized)		✓	✓	每日 per day	200 (最高 30 日 Max. 30 Days)
家傭運送費用 Repatriation Costs		✓	✓		10,000
家傭人身意外保障 Personal Accident to Helper		✓	✓		100,000
住院醫療費用 Hospitalization Expenses due to injury or sickness			✓	每年 each year	20,000
				每次索償 each & every claim	5,000
				每日住院 per day	300
門診及一般醫療費用 Out-patient Treatment and Medical Expenses			✓	每年 each year	2,000
- 門診 Consultation				每次 per visit	200
- 牙科 Dental Treatment				每次 per visit	診金之 2/3 及 每次最高 300 2/3 of consultation expenses & up to 300 per visit
更換門鎖之補償 (因家傭犯刑責) Changing Door Lock Subsidy (if your domestic helper is dismissed due to conviction of criminal offence)			✓	每年 each year	500
臨時替代家傭津貼 (因家傭犯刑責) Temporary Helper Subsidy (if your domestic helper is dismissed due to conviction of criminal offence)			✓	每日 per day	200 (最高 30 日 Max. 30 Days)

備註：家傭年齡限制為 18 至 55 歲。

Remarks: The domestic helper must be between 18 and 55 years of age.

保費表 Premium Table

	基本保障 Basic Plan	加倍保障 Advanced Plan	全面保障 Premier Plan
一年期保費 Annual Premium	394	544	794
兩年期保費 Premium for Two Years	749	983	1,432

備註：所列保費已包括僱員補償保險徵款。

Remarks: Government levy is already included in the above premiums.

主要不受保項目：投保前已存在之疾病、例行檢查及療養、自我傷害、懷孕及分娩、精神病、美容手術、HIV、愛滋病及性病等。

Major Exclusions: pre-existing condition, routine check up and treatment undertaken in nature cure clinics or hydros, self-inflicted injury, pregnancy and give birth, mental illness, cosmetic surgery, HIV, AIDS and sexually transmitted disease etc.

此簡介只供參考之用，有關此項保險計劃的詳細內容及細則，請參閱保單。

This summary is for reference only. The Coverage, Terms and Conditions and Exclusions are subject to the policy document.

承保公司：

寶豐保險(香港)有限公司
上海商業銀行附屬公司

Insurer:

Paofong Insurance Company (Hong Kong) Limited
A subsidiary of Shanghai Commercial Bank Ltd.