



上海商業銀行

SHANGHAI COMMERCIAL BANK LTD.

保險部-個人保險推廣處
香港北角港運城 英皇道510號2樓
2/F ISLAND PLACE TOWER
510 KING'S ROAD NORTH POINT HK

電話：2902 4330-3
傳真：2907 9198

上商「僱易寶」家庭傭工保險投保書

SCB Maid Safe Domestic Servant Insurance Proposal Form

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 use English Block Letters to complete this form and ensure all information provided is correct.

I. 投保人資料 Proposer's Particulars

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

身份證號碼 : _____ () 通訊地址 : _____
H.K.I.D. Card No. Correspondence Address

受聘公司名稱 : _____ 職業及職位 : _____ 職員號碼(如屬本行職員): _____
Name of employer Occupation & Position Staff No. (If staff of the Bank)

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

II. 受保家傭資料 Insured Helper's Particulars

僱傭姓名 : _____ 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 : _____ 建議起保日期: 由 : _____
Date of Birth (dd/mm/yyyy) Proposed Effective Date of Insurance: From (dd日/mm月/yy年)

投保地址 : 與上述通訊地址相同, 如非請填寫: _____
Insured Address: Same as Correspondence Address. If not, please state

III. 投保範圍 Cover Required

	基本保障 (項目1) Basic (Section 1)	加倍保障(項目1-4) Advance (Section 1-4)	全面保障 (項目1-6) Comprehensive (Section 1-6)
一年保費 Annual Premium	<input type="checkbox"/> HK\$394	<input type="checkbox"/> HK\$544	<input type="checkbox"/> HK\$794
兩年保費 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?

若答案‘是’，請指出及詳細列明事件細節及日期。If your answer is “Yes”, please provide full details in the space provided.

V. 聲明 Declaration

本人/吾等現依據「上商僱易寶家庭傭工保險計劃」保險單內之條款投保該項保險。謹此聲明在本投保書內填報的資料，均屬正確無誤，並同意以此投保書作為本人/吾等與亞洲保險有限公司（簡稱「貴公司」）訂立保險合約之根據。

本人/吾等明白一切因貴公司所收集或持有的個人資料，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) 辦理直接付款授權書或信用卡付款，(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。

此保險計劃需在本公司覆核，接納投保書及已繳付保費才能生效。

I/We hereby apply to Asia Insurance Co. Ltd. (“the Company”) for insurance on the terms as set out in the Company’s SCB Maid Safe Domestic Servant Insurance Policy. I/We warrant that the particulars and statements I/We supply in this Proposal are complete true and correct and further agree that this Proposal shall be 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 and service this application, (2) to process the direct debit authorization or credit card payment, (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

This insurance will not be in force until the proposal has been accepted by Asia Insurance Company Limited and the premium has been paid.

日期 Date: _____

簽署 Signature: _____

VI. 保費支付方法與授權書 Premium Payment Instruction & Authorization

繳付保費(港幣) Premium Payable (HK\$) : _____

- 現金直接轉賬至上海商業銀行賬戶號碼1757026 (請將入賬紙連同投保書交回保險部)
Cash transfer to Shanghai Commercial Bank Ltd. A/C No. 1757026 (Please submit this Proposal with Payment Slip to Insurance Department)
- 支票抬頭請寫"上海商業銀行有限公司"
Cheque payable to Shanghai Commercial Bank Ltd
- 信用卡 本人授權亞洲保險有限公司從本人信用卡戶口內支取保費
Credit Card I/We hereby authority Asia Insurance Co. Ltd. to charge my credit card account for the premium.
- VISA Master

持卡人姓名: _____ 與投保人關係: _____ 持卡人身份證號碼: _____ ()
Card Holder's Name Relationship with Proposer Card Holder HKID Card No.

信用卡號碼: _____ - _____ - _____ 有效期至: _____ / _____ 持卡人簽署: _____
Credit Card No. Expiry Date (mm月/yy年) Card Holder's Signature

只供內部使用: 經辦職員編號: WEB
For Internal Use: Handler

所屬行處: i-Banking中心
Department

BL: Y/N PEP: Y/N NCCT: Y/N

注意事項

- 閣下必須盡己所知提供所有可能影響亞洲保險有限公司於接納或釐定此保單條款的資料, 如對資料應否透露有任何疑問, 請即向本公司或閣下的保險代理查詢。
- 閣下應如實呈報有關資料, 否則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。
- 未經填妥之投保書會延誤閣下之申請。
- 此小冊子並非保單, 詳情請參閱保單之條款細則及不承保範圍。
- 根據僱傭合約, 僱主須承擔家庭傭工的醫療費用。
- 傭工年齡限制: 18 至 55 歲。
- 住院及門診費用保障 - 保單起保日起計 15 天之內之意外或疾病不獲賠償。

Remarks:

- Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt what you should disclose, please do not hesitate to check with Asia Insurance Co. Ltd. or your insurance agent.
- Failure to disclose such information may mean that our policy will NOT provide you with the cover you require and may even invalidate the policy altogether.
- Incomplete Proposal Form will delay your application.
- This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.
- According to the Employment Contract, the employer is responsible for the domestic helper's medical expenses.
- Age limit for the domestic servant: 18 to 55
- The policy does not cover bodily injury or sickness happens within 15 days from the policy inception date.

保障範圍 Coverage

基本保障 Basic Plan	加倍保障 Advanced Plan	全面保障 Premier Plan	保障金額 Limit of Indemnity (港幣/元) (HK\$)
1. 僱主責任 Employer's Liability	1. 僱主責任 Employer's Liability	1. 僱主責任 Employer's Liability	100,000,000/每事件Per Event
	2. 臨時替代傭工津貼 Temporary Helper Subsidy	2. 臨時替代傭工津貼 Temporary Helper Subsidy	200/每日per day (最高30日Max. 30 days)
	3. 傭工運送費用 Repatriation Costs	3. 傭工運送費用 Repatriation Costs	10,000
	4. 人身意外保障 Personal Accident to Helper	4. 人身意外保障 Personal Accident to Helper	100,000
		5. 住院醫療費用 Hospitalization Expenses due to injury or sickness 自負額Excess: 300	20,000/每年each year 每次索償Each and every claim: 5,000 (已包括每日住院費Inclusive of daily Room and Board: 300/ 每日per day)
		6. 門診及一般醫療費用 Out-patient Treatment and Medical Expenses - 門診 Consultation - 牙科 Dental Treatment	2,000/每年each year - 200/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
394	544	794	一年保費 1 year Premium
749	983	1,432	兩年保費 2 years Premium

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.

由亞洲保險有限公司承保 Underwritten by Asia Insurance Company limited