



海外家傭綜合保險投保書  
FOREIGN DOMESTIC HELPER COMPREHENSIVE INSURANCE PROPOSAL FORM

\*投保申請人名稱

\*Name of Proposer/Applicant : \_\_\_\_\_

(\*投保人必須為僱主 Insured must be the employer)

僱用地點

Place of Employment: \_\_\_\_\_

通訊地址 (如與投保僱用地點不同者)

Correspondence Address (If different from Place of Employment): \_\_\_\_\_

投保申請人職業

Proposer's Occupation: \_\_\_\_\_

聯絡電話

Telephone No. 852- \_\_\_\_\_

電郵地址

E-Mail Address: \_\_\_\_\_

保險期 由 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 至 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
Period of Insurance: FROM \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date TO \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Date

**被保人資料 INSURED PERSON INFORMATION:**

海外家傭姓名

Name of Domestic Helper : \_\_\_\_\_

香港身份證/護照號碼

HKID No./Passport No. : \_\_\_\_\_

出生日期

Date of Birth : \_\_\_\_\_ (日/月/年) (dd/mm/yyyy)

性別

Sex : \_\_\_\_\_

國籍

Nationality: \_\_\_\_\_

**所選計劃及保險期(請在適當空格內填上√) Plan and Period of Insurance Selected (Please "√" the appropriate box )**

| 保險期 Period of Insurance | 保障計劃 Plan A - *保費 *Premium       | 保障計劃 Plan B - *保費 *Premium         |
|-------------------------|----------------------------------|------------------------------------|
| 一年保期 1 Year             | <input type="checkbox"/> HK\$500 | <input type="checkbox"/> HK\$680   |
| 兩年保期 2 Years            | <input type="checkbox"/> HK\$900 | <input type="checkbox"/> HK\$1,150 |

\*上述保費並不包括保險業監管局保費徵費 The above premium does not include IA levy

**如選擇計劃 B 者, 請回答下列有關您的家傭健康狀況之問題 :**

If you select Plan B, please complete the following about the health condition of your domestic helper.

- 您是否知道上述家傭可能因某種病症而需要接受治療或手術?  是 Yes  否 No  
Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
- 您的家傭曾否被拒保意外或醫療保險, 或需附加特別項目或條件才受保?  是 Yes  否 No  
Has the domestic helper ever been rejected or subject to special terms and conditions when applying for accident or illness insurance?

以上任何一項回答“是”者, 請詳細說明 : \_\_\_\_\_

If any the above answer is “yes”, please give details.

**繳付保費方法 PREMIUM PAYMENT METHOD**

請選擇下列方法繳付保費 Please select the premium payment method below :

- 銀行轉賬<sup>△</sup> Bank Transfer<sup>△</sup>  支票<sup>\*</sup> Cheque<sup>\*</sup>

<sup>△</sup> 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

| 銀行名稱 Bank Name                     | 銀行賬戶編號 Bank Account Number |
|------------------------------------|----------------------------|
| 中國銀行(香港) Bank of China (Hong Kong) | 031-350-1-0336036          |
| 恒生銀行 Hang Seng Bank                | 256-220138-668             |

\*如選擇以支票付款, 支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to “China BOCOM Insurance Co., Ltd.”

**投保申請人特別須知:**

由 2018 年 1 月 1 日起, 保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》, 向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比, 而且每份保單每保單周年均設有徵費上限, 並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 [www.ia.org.hk](http://www.ia.org.hk)。

**Special Note to Insurance Applicant:**

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at [www.ia.org.hk](http://www.ia.org.hk).

**In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1<sup>st</sup> April, 2013)**

**PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)**

**PART 1 : COLLECTION AND USE OF PERSONAL DATA**

**China BOCOM Insurance Co., Ltd.** (hereafter called “**the Company**”) may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company’s business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

**PART 2 : DIRECT MARKETING**

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box  below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box  below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.  
 I/We do not consent to receive marketing communications from the related companies of the Company.  
If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies  
In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

**IMPORTANT NOTE TO INSURANCE APPLICANT:**

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on “**ACCESS AND CORRECTION OF PERSONAL DATA**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

**ACCESS AND CORRECTION OF PERSONAL DATA:**

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of**

**投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理(2013年4月1日起生效)**

**收集個人資料的聲明**

**部分1: 收集及使用個人資料**

中國交銀保險有限公司(下稱“本公司”)可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請;
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務;
- (iii) 調查、處理及支付閣下保單有關的索償;
- (iv) 發出繳交保費通知及向閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
- (ix) 進行身份和/或信用核查和/或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途;及
- (xiv) 遵循適用法律,條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方:

- (a) 就上述用途,向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括:醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀(若有);
- (g) 本公司的法律及專業業務顧問;
- (h) 本公司的關連公司;
- (i) 香港保險業聯會(或同類的保險公司聯會)及其會員;
- (j) 保險索償投訴局及同類的保險業機構;
- (k) 法例要求或許可的政府機關。

經閣下同意,本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處,不論其所在地。

**部分2: 直銷促銷**

經閣下同意,本公司可能使用閣下的聯絡資料、個人基本資料及保單資料,通過書信、電郵、電話或流動短訊與閣下聯絡,提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊,請在以下的方格內填上☑。

經閣下同意,本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司,關連公司可以以書信、電郵、或流動短訊與閣下聯絡,提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊,請在以下的方格內填上☑。

若閣下反對接收本公司的直接促銷通訊,請在方格內填上☑

若閣下反對接收關連公司的直接促銷通訊,請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇,即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊,我司將停止提供閣下的個人資料給予本公司的關連公司,但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

**申請人需留意的重要事項**

- (1) 敬請注意,如果閣下不向本公司提供閣下的個人資料,本公司可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇,這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回閣下給予本公司的同意,請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策,歡迎與本公司聯絡索取進一步資料。

**個人資料的查閱和更正**

根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

## 聲明 Declaration

1. 本人/本公司謹此聲明，根據本人/本公司所知及所信，上述所有資料均屬實無訛且事實之全部，並所有能影響是項申請評估的事實因素均已呈報。I/We declare that the information given above is true and complete to the best of my knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
2. 本人/本公司明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。I/We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE COMPANY LIMITED and agreed that this Proposal and Declaration shall be the basis of the contract between me/us and CHINA BOCOM INSURANCE COMPANY LIMITED.
3. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

### 投保申請人簽署

Signature of Insurance Proposer/ Applicant : \_\_\_\_\_

日期

Date: \_\_\_\_\_

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

### 投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，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。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional 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.
- (2) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (3) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

### 此部份只供內部使用 INTERNAL USE ONLY

|              |   |               |   |
|--------------|---|---------------|---|
| Agent Code:  |   | Client Code:  |   |
| Payment Term | <input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty<br><input type="checkbox"/> Credit Period | Premium Paid: | <input type="checkbox"/> Paid<br><input type="checkbox"/> Unpaid (Reason : _____) |