



中國交銀保險有限公司

China BOCOM Insurance Co.,Ltd.

僱員補償保險投保申請書

「適用於以工資收入基礎計算保費的保單」

Proposal Form for Employees' Compensation Insurance

(Earnings Rating Basis)

第一部分：一般資料（必須填寫）

Part I: General Information (Mandatory Information)

#投保申請人(僱主)名稱 #Name of Proposer (Employer):	:			
通訊地址 Correspondence Address	:			<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
投保申請人之公司所處於之行業 Business of Proposer (Employer)	:		聯繫人姓名 Contact Person Name	:
手提電話 Mobile No.	:	852-	公司電話 Office Tel. No.	:
電郵地址 Email Address	:			
工作地點 Location of Employment	:			<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
保險期限 Period of Insurance:	:	由 From	至 To	*公司商業登記編號 *Business Registration No

#只限單一僱主。若以控股公司名義投保包括其子公司需提供補充資料及相關證明。

Cover single employer only. If proposer desires to insure on group of companies basis, supplemental information and related document proof are necessary

*需提供商業登記副本。

*Copy of BR is required.

第二部分：僱主經營的業務所涉及業務性質及或職業範疇資料（必須填寫）

Part II: Details of Employer's Business Activities and/or Profession (Mandatory Information)

1. 請提供僱主的商業活動/職業的一般說明。 Please provide a general description of the employer's business activities / profession.	
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.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 僱主經營之業務有否涉及: Does any of the work carry out by the employers involve:	
a) 在船舶·化學工程·離岸結構·石油或天然氣煉油廠的任何工作? any work on ships, chemical works, off-shore structures, oil or gas refineries?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
b) 距離地面十米以上之高空工作或於地底下工作? work at a height above 10 metres or underground?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
c) 使用·處理·儲存或運輸任何有害物質·如有毒化學品·爆炸性物質·氣體·石棉·放射性物質? use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
d) 使用有任何鋸床或蒸氣,煤氣,水力,電力或其他機械動力所推動之其他機器? use any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
e) 任何機器或汽車的安裝·維修或保養? any machinery or automobile installation, repairing or maintenance work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
f) 貨物裝運·物流·運輸和倉儲? carting of goods, logistics, transportation and warehousing?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

如果答案為「是」請清楚列出有關之工作詳情包括工作性質及所涉及之僱員職位和人數。
If yes, please give nature of work, name of occupation and no. of employee(s) involved. _____

4. 僱主是否有
Does the employer

a) 聘請任何自僱人士為其工作或提供服務? 「不包括外判商聘用之員工」 是 Yes 否 No
hire any self-employed persons (other than subcontractor's employees) for their business?

b) 聘請兼職員工? 是 Yes 否 No
hire any part time worker for their business?

c) 計劃在短時間內大幅增加加員工人數或增加不同職業? 是 Yes 否 No
plan to increase the no of the employees substantially or add different occupations in a short period of time?

5. 閣下現在是否已付投保或曾否投保對僱員之責任保險? 若然, 請列明受保公司名稱 是 Yes 否 No
Are you at present insured, or have you ever proposed for insurance in respect of your liability to your Employees? If so, please state name of insurance company
如有請說明
If yes, please give details _____

6. 該投保或續保曾否被拒絕或撤回? 是 Yes 否 No
Has any such proposal or renewal ever been declined or withdrawn?

7. 曾否被提高費率? 是 Yes 否 No
Has an increased rate been required?

第三部分：受保僱員資料 (必須填寫)

Part III Insured Employee's Details (Mandatory Information)

所有屬於僱員補償條例下受保障之僱員均須包括在內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

1. 請提供以下資料

Please provide the following information:

投保申請人(僱主)必須提供有關的工資支出證明供保險公司作核實紀錄及審批此保險用, 例如最新的強積金供款紀錄, 財務報表, 報稅表或其他有關文件之副本。

Proposer (Employer) should provide the salary expenditure proof for approval of this insurance e.g. latest copy of MPF contribution records, financial statements, tax returns or other relevant documents as an evidence to substantiate the figures declared by them:

按不同職業類別歸類之受保僱員 Occupation of Employee(s) by Categories	全職僱員人數 Number of Full-Time Employees	預計受保全職僱員下一年度的總收入* Estimated Total Annual Earnings for full-time employees*	兼職僱員人數 Number of Part Time Employees	預計受保兼職僱員下一年度的總收入*Estimated Total Annual Earnings for part-time employees*
總數 TOTAL:				

* 根據「僱員補償條例」(第282章), 收入包括薪金, 佣金, 獎金, 加班費, 津貼等。在估算下年度之受保僱員年度總收入時, 一般都是按照在填寫此投保申請書時過去十二個月受保僱員的總收入為基礎, 再綜合考慮未來十二個月受保僱員總收入「如: 加薪幅度, 員工數目及職業類別等預測之變化去釐定的。

* Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282). In estimating the total annual earnings of the insured employees in the next year, it is generally based on the total earnings of the insured employees in the past 12 months right before this insurance application, and taking into account of the changes that is foreseeable to be happened in next 12 months such as change in salary, employees turnover and expected new occupations.

2. 請提交僱主或僱員持有與業務相關的工作經驗 / 資格 / 證書。

Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

第四部分：索償記錄及相關細節（必須填寫）

Part IV Claims and Related Details (Mandatory Information)

1. 請提供過去3年的索償記錄：[注：僱主應向先前的保險公司提出要求，要求對方提供此類記錄的書面證據。

Please provide the claim history for the past 3 years: [Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

事故發生年份 Accident Year	賠案最後更新日期 Last Claim Position Update	以往保險公司名稱 Name of Previous Insurer	保單編號 Policy No.	已支付之賠款總額 (包括支付部分賠款) Paid Claim(s) (including partial claim payment)		未決賠款之總額 Outstanding Claim(s) Amount		已招致之賠款總額 Total Claim Incurred Amount	
				數量 No. of Case	金額(港幣) Amount (HK\$)	數量 No. of Case	金額(港幣) Amount (HK\$)	數量 No. of Case	金額(港幣) Amount (HK\$)

投保申請人「僱主」必須提供由以往投保之保險公司所發出之最新書面索償記錄供保險公司作核實。若單一意外年度(年份)涉及之已招致賠款金額超過港幣\$50,000，投保申請人「僱主」必須提供由以往投保之保險公司所發出之詳細賠償記錄供保險公司參考。

The insurance applicant "Employer" must provide the latest written claim record imprinted by the previous insurance companies for our verification. If the amount of the indemnity involved in a single accident year exceeds HK\$50,000, the insurance applicant "employer" must provide a detailed claim record imprinted by the previous insurance companies for our reference.

2. 任何索償金額超過 50,000 港元案件的詳情。Details of any Claim with claim incurred amount over HK\$50,000.

事故發生日期 Date of Accident	受傷僱員的職業 Occupation of Employee(s)	導致意外之原因、傷勢及現狀包括是否已康復、復工等 Brief Details of each accident (including cause of loss, degree of injury, current status, etc.)	已支付之賠款金額 (港元) Claim Amount (HK\$)	未決賠款之金額 (港元) Outstanding Claim Amount (HK\$)	賠案最後更新日期 Last Claim Position Update

第五部分：繳付保費方法（必須填寫）

Part V: Premium Payment Method (Mandatory Information)

請選擇下列方法繳付保費

Please select the premium payment method below :

銀行轉賬[△] Bank Transfer[△] 支票^{*} Cheque^{*}

[△] 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。

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.

第六部分：收集個人資料的聲明

Part VI : Personal Information Collections Statement ("PICS")

甲部：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：

- 處理及審批 閣下的保險申請或 閣下將來提交的保險申請；
- 執行 閣下保單的行政工作及提供與 閣下保單相關的服務；
- 調查、處理及支付 閣下保單有關的索償；
- 發出繳交保費通知及向 閣下收取保費、自負額及欠款；
- 執行直接付款方式授權繳付保費；
- 為客戶設計產品及/或服務；
- 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。

乙部：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此：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。

PART A : 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 B : 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 China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

第七部分: 投保申請人(僱主)聲明

Part VII: Proposer's (Employer's) Declaration

1. 本人/本人公司作為投保申請人/僱主/僱主授權代表，在此保證本人/本公司所提供之上述於僱員補償條例(第282章)下受保障之僱員之職業類別、僱員人數、預計年度總收入數字及過去之賠償紀錄為真實完整。本人/本人公司完全明白本人/本公司作為投保申請人/僱主/僱主授權代表若未能正確披露所有重要事實及或不誠實提供上述資料均可能使保障/保險失效。

I/We, being the insurance applicant/employer/employer's authorized representative, warrant the above occupational categories, no. of Insured employees, estimated total annual earnings and past claim experience made by me/us or on my/our behalf are true and complete for all employees falling within the scope of the Employees' Compensation Ordinance (Chapter 282). I/We, being the insurance applicant/employer/employer's authorized representative, fully understand if I/We fail to properly disclose all material facts and or dishonestly provide such information that may invalidate the insurance cover.

2. 本人/本人公司作為投保申請人/僱主/僱主授權代表，決定向中國交銀保險有限公司依據上述及或相關由中國交銀保險有限公司發出之報價單或保障建議書內列明之保險條款投保，本人/本人公司同意當保險期屆滿時遵照中國交銀保險有限公司所需之表格格式去申報實際支付予受保僱員之薪金或工資並同意向中國交銀保險有限公司支付一切超過以上所估計之薪金或工資數額所須之額外保險費用。

I/We, being the insurance applicant/employer/employer's authorized representative, decide to effect an insurance as above according to the terms and conditions stated in above or in the insurance quotation or insurance proposal issued by China BOCOM Insurance Co., Ltd. I/We agree to keep a proper salaries or wages record and to render at the end of each period of insurance a statement in the form required by China BOCOM Insurance Co., Ltd. of all salaries or wages actually paid and agree to pay the extra premium on any salaries and wages paid in excess of the amount estimated above.

3. 本人/本人公司作為投保申請人/僱主/僱主授權代表茲聲明已閱讀及審核這投保申請書內及隨投保申請書一併提交之證明文件內容及細則均屬正確無誤，本人/本公司並無隱藏、虛報或歪曲任何事實。

I/We hereby declare that all information, statements and particulars contained hereinabove and inside all document as evidence annexed thereto this proposal form which I/We have read over and checked are true and correct that I/We have not suppressed, misrepresented or misstated any material fact that is required.

4. 本人/本人公司作為投保申請人/僱主/僱主授權代表同意本項聲明作為本人/本人公司與中國交銀保險有限公司訂立契約之基礎。

I/We, being the insurance applicant/employer/employer's authorized representative, agree that this declaration shall be the basis of the contract between me/us and China BOCOM Insurance Co., Ltd.

5. 本人/本人公司作為投保申請人/僱主/僱主授權代表確認已閱讀並明白收集個人資料的聲明。本人/本人公司確認本人/本人公司已被通知本人/本人公司須詳細閱讀該聲明，而本人/本人公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本人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/本人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/本人公司的個人資料，包括根據本人/本人公司在上述收集個人資料聲明乙部中給予貴司的指示在直接促銷中是否使用及將本人/本人公司個人資料提供予其他人士。

I/WE, being the insurance applicant/employer/employer's authorized representative, 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 B above.

投保申請人/僱主之授權代表簽名及蓋章

Stamp and Authorized Signature on behalf of the Proposer/Employer

授權代表姓名

Authorized Representative Name : _____

職位

Position : _____

日期

Date : _____

報價單編號

Quotation Reference No.: _____

第八部分: 投保人須知

Part VIII 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) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
- (3) 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.
- (4) 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.
- (5) 保險公司在收妥投保申請後一般需要最少5個工作天去處理及審批有關投保申請。所以投保申請人必須於保障生效前最少5個工作天向保險公司提交投保申請書正本及相關證明文件副本否則我司將不會承諾保障能如期生效。
In general, insurance company takes about 5 working days to process and approve the insurance application upon receipt of the completed insurance application. Therefore, the proposer must submit the original proposal form together with relevant supporting documents as evidence to the insurance company at least 5 working days before the effective date of the insurance. Otherwise, our company will not promise that the required insurance will take effect as scheduled.

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 <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)