

# 海外家傭綜合保險 OVERSEAS DOMESTIC HELPER INSURANCE SCHEME

NEW



衡安保險顧問公司  
MUTUAL INSURANCE CONSULTANTS CO.

SECTION OF BENEFITS (BASIC PLAN)	MAXIMUM LIMIT(HK\$)
<b>1. Employer's Liability</b> Employer's legal liability under the Hong Kong Employees' Compensation Ordinance and Common Law.	\$100,000,000 per event
<b>2. Clinical Expenses</b> Reimbursement of clinical expenses incurred by the Domestic Helper due to sickness or accident up to Expenses for necessary treatment by bonesetter or Registered Chinese Herbalist practised at a registered hospital, or * registered physiotherapist are payable up to (* To be referred and recommended by a legally qualified and registered medical practitioner in writing) Total maximum amount payable per year under this Section	\$210 per visit per day \$100 per visit per day / \$700 per year \$4,200
<b>3. Surgical &amp; Hospitalization Expenses</b> Reimbursement of surgical and hospitalization expenses incurred by the Domestic Helper due to sickness or accident up to Room, board & other miscellaneous hospital charges Surgical benefit per disability Anaesthesia and its administration benefit per disability Operating theatre benefit per disability Total maximum amount payable per year under this Section (Hospital means a hospital providing 24 hours service by qualified and registered medical practitioner for the care and treatment of sick and injured person and is not primarily a clinic, an institution for custodial care, alcoholics or drug addicts, a nursing, rest or convalescent home or for the aged.)	\$300 per day \$10,000 35% of payable surgical benefit but not exceeding \$3,500 25% of payable surgical benefit but not exceeding \$2,500 \$35,000
<b>4. Dental Expenses</b> Reimbursement of two-thirds of the dental expenses incurred by the Domestic Helper up to	\$1,500 per year
<b>5. Personal Accident Benefits</b> Death or Permanent Disablement resulting from accidental injury occurring in Hong Kong during the rest days of the Domestic Helper Accidental Death or Permanent Total Disablement Loss of two or more limbs Loss of sight of both eyes Loss of one limb and sight of one eye Loss of one limb or sight of one eye (Loss of limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean total and irrecoverable loss of all sight.)	\$200,000 \$200,000 \$200,000 \$200,000 \$100,000
<b>6. Loss of Services Cash Allowance</b> Cash allowance for loss of services commencing from the 4 <sup>th</sup> day of the Domestic Helper's confinement in a hospital. Provided that a local temporary domestic helper is employed in such period. (A valid claim must be payable under Section 3 "Surgical & Hospitalization Expenses")	\$200 per day / \$6,000 per year
<b>7. Repatriation Expenses</b> i) Emergency repatriation of the Domestic Helper in the event of serious sickness or injury in Hong Kong; ii) Post-mortem treatment and repatriation of mortal remains (including death resulting from suicide)	\$30,000 per year
<b>8. Replacement Helper Expenses</b> Extra expenses reasonably and necessarily incurred for employing a new helper in the event that the Domestic Helper is repatriated due to serious injury, illness or death. (A valid claim must be payable under Section 7 "Repatriation Expenses")	\$10,000 per year
<b>9. Fidelity Coverage</b> Direct loss of cash due to any act of fraud or dishonest committed by the Domestic Helper.	\$5,000 per year

## SUPPLEMENTARY MAJOR ILLNESS MEDICAL INSURANCE PLAN

"Major Illness Medical Insurance" is specially designed to supplement the basic "Overseas Domestic Helper Insurance Scheme" offered by Wing Lung Insurance Co. Ltd. The additional medical coverage can help you, as an employer, ease your financial burden and meet the increasing surgical and hospitalization expenses that your overseas domestic helper may incur due to cancer, heart disease or stroke. By paying a little extra premium, you can have an additional benefit of up to HK\$120,000 in the event that your domestic helper catches an illness.

SECTION OF BENEFITS (OPTIONAL COVER)	MAXIMUM LIMIT(HK\$)
<b>10. Surgical &amp; Hospitalization Expenses</b> Reimbursement of surgical and hospitalization expenses incurred by the Domestic Helper due to the following major illnesses : <b>Cancer, Heart Disease or Stroke :</b> Room and board Hospital special services Surgical benefit Anaesthesia  Operating theatre  <b>Total maximum amount payable per year</b>	\$300 per day \$15,000 per disability \$30,000 per disability 35% of payable surgical benefit but not exceeding HK\$7,000 25% of payable surgical benefit but not exceeding HK\$5,000 \$120,000 per disability

## MAJOR EXCLUSIONS

(Please refer to the insurance policy for details)

### GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

- War and allied perils, suicide, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, pre-existing conditions, acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC); and
- Any injury, illness or death which occurs or results from events taking place outside Hong Kong.

## SPECIFIC EXCLUSIONS APPLICABLE TO THE SECTIONS BELOW

### 1. Employer's Liability

Any late payment surcharge that the Insured may become liable under the legislation. Any accident outside Hong Kong, unless arise out of and in the course of employment while accompanying the Insured on an overseas trip.

### 2. Clinical Expenses and

#### 3. Surgical and Hospitalization Expenses

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

### 4. Dental Expenses

Routine examination, scaling, polishing or cleaning, root canal therapy, crowning, bridges, braces and dentures

### 5. Personal Accident Benefits

Driving or riding in any kind of race, underwater activities involving the use of breathing apparatus.

### 6. Loss of Services Cash Allowance

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

### 7. Repatriation Expenses and

#### 8. Replacement Helper Expenses

Any repatriation or transportation of mortal remains originating outside Hong Kong.

### 10. Surgical & Hospitalization Expenses due to Cancer, Heart Disease or Stroke

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

## WAITING PERIOD

A 8-day waiting period from the inception date of the policy shall be applicable to Sections 2, 3, 4, 6 and 10 of the Schedule of Benefits. No benefits shall be payable under these Sections for events or treatments that occur during the waiting period.

## IMPORTANT NOTES

- Age limit for domestic helper is restricted from 18 to 60.
- This insurance is only available for domestic helper employed from overseas.
- You have to disclose in this application ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this application should be endorsed by the Policyowner.
- This policy is not assignable.
- The minimum and non-refundable premium of each basic "Overseas Domestic Helper Insurance" policy is HK\$710, or HK\$860 if a supplementary "Major Illness Medical Insurance" Plan is added but no premium will be refunded if the Insured cancel the policy of which there is any claim made during the period of insurance or the insurance coverage for the second year has been commenced.
- The Insurance will not become effective until this proposal form has been accepted by Wing Lung Insurance Co. Ltd.
- Proposer should keep a record (including copies of letters) of all information supplied to Wing Lung Insurance Co. Ltd. for the purpose of application for this insurance.
- In case of discrepancies between the English and Chinese version, the English version shall prevail.
- This leaflet is simply a general summary for your reference and information only. For details, please refer to the insurance policy.

## PERSONAL INFORMATION COLLECTION STATEMENT

The information you provide to Wing Lung Insurance Co. Ltd. ("the Company") is collected to enable us to carry on our business by providing insurance and other financial products and services in Hong Kong ("the Business"). This includes but not limited to the personal data contained in the proposal form or in any document in relation to the general insurance services and products or any claim made under the product.

Provision of the personal data to the Company by you is voluntary. However, failure to supply personal data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquiries, complaints from you and/or to comply with any laws or guidelines issued by the regulatory or other authorities.

You agree that your personal data may be used by us for the purposes of:

- the evaluation, assessment, communication, daily operation, administration and enforcement of services and facilities in relation to any insurance or any financial related product or service or any alterations, variations, cancellation or renewal of the such product or service;
- assessment and processing of any claim or investigation or analysis of such claim and any subsequent legal proceedings;
- any sales, promotion, marketing of other general insurance products and services provided by us;
- exercising any right of subrogation, if applicable;
- compliance with the laws, statutes, rules, regulations and codes of conduct and practice binding on the Company in relation to our business;
- purposes of statistical or actuarial researches carried out by the Company; and
- other purposes connected with, or necessary to carry out any of the

activities set out above.

Your personal data will be kept confidential by us, but you agree that we may be transferred to:

- any related subsidiary or affiliated company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes in or out of Hong Kong;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- any member(s) of the Federation by the Federation for any of the above or related purposes;
- any auditors, accountants, lawyers, other professional advisers, employees, sub-contractor, agent, contractor or third party who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or other services provider providing services relevant to the Company's business; and
- Wing Lung Bank Group for the purposes of:-
  - management, operation and maintenance of the Company's business; and
  - design and improvement of the Company's business.

In this statement, the following terms shall have these following meanings:-

"Bank" means Wing Lung Bank Ltd.;

"Wing Lung Bank Group" means the Bank, any subsidiary undertaking of the Bank, any related company of the Bank, any associated company of the Bank, any direct and/or indirect parent undertaking of the Bank, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance of doubt, undertakings within the group of China Merchants Group Ltd (and "Group member" shall be construed accordingly); and

The expressions "subsidiary undertaking", "parent undertaking" and "undertaking" bear the meanings under the Companies Ordinance (Cap.32).

Moreover, we are hereby authorized to obtain access to and/or to verify any of your and/or the Insured Person(s) data with the information collected by the Federation from the insurance industry.

Under the relevant laws and regulations, you have the right to check whether we hold your personal data and to obtain access to that data, to request correction of any personal information concerning yourself held by the Company, to ascertain our policies and practices in relation to the data and to be informed of the kind of data held by us. We reserve the right to charge you a reasonable fee for complying with any request for access to your data. You also have a right, at any time and without charge, to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer. Nothing in this statement shall limit your rights under the relevant laws and regulations.

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

The Data Protection Officer  
Wing Lung Insurance Co. Ltd.  
45 Des Voeux Road,  
Central, Hong Kong  
Tel: 2826 8259 Fax: 2526 7045

March 2012

Wing Lung Insurance Co. Ltd.

## 衡安保險顧問公司 MUTUAL INSURANCE CONSULTANTS CO.

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Yau Ma Tei, Kowloon, Hong Kong.  
電話 Tel: 2385 1402, 2385 1806  
傳真 Fax: 2385 1412, 2385 1881

## 承保機構 Underwritten By



## 永隆保險

WING LUNG INSURANCE

永隆保險有限公司 WING LUNG INSURANCE CO. LTD.  
WHOLLY OWNED SUBSIDIARY OF WING LUNG BANK LTD  
香港德輔道中45號 45 Des Voeux Road Central, Hong Kong

## 公司簡介

永隆保險有限公司成立於1981年，為永隆銀行有限公司全資附屬機構。隨著2008年招商銀行成功併購永隆銀行，永隆銀行已正式成為招商銀行集團之一員。

永隆保險獲香港特別行政區政府保險業監理處授權經營一般保險業務，並且是香港保險業聯會和保險索償投訴局之會員。我們提供的保險產品範圍全面，包括財產險、船舶貨運險、汽車險、各類責任保險、意外及醫療險等多種業務，在建築工程保險方面具有市場領導地位，同時為商業及個人客戶提供多方面的保險保障和服務。

## COMPANY PROFILE

Wing Lung Insurance Co. Ltd., incorporated in 1981, is a wholly-owned subsidiary of Wing Lung Bank Ltd. Since the acquisition of Wing Lung Bank by China Merchants Bank (CMB) in 2008, Wing Lung Bank has become a member of CMB Group.

As a general insurance company authorized by the Office of Commissioner of Insurance of the Hong Kong Special Administrative Region, we provide various products including property insurance, motor insurance, liability insurance, personal accident and medical insurance, catering for needs of both corporate and individual customers in Hong Kong. We are also noted as one of the leading insurers in construction-related insurance. Wing Lung Insurance is also a member of the Hong Kong Federation of Insurers and the Insurance Claims Complaints Bureau.

保障範圍 (基本保障)	最高賠償額 (港幣)
<b>1 僱主責任</b> 僱主在香港僱員補償條例及普通法下須承擔之責任。	每次意外 100,000,000元。
<b>2 門診醫療費用</b> 家傭因疾病或意外導致身體受傷引致之門診醫療費用。 跌打或 *物理治療 **或註冊中醫之費用亦可獲賠償。( * 需有註冊西醫之轉介信)(** 需註診於註冊醫院) 此項目每年最高總賠償額	每天每次診療 210元 每天每次診療 100元 / 每年 700元 4,200元
<b>3 外科手術及住院醫療費用</b> 家傭因疾病或意外導致身體受傷須入住醫院所引致之外科手術及住院醫療費用。 住院費用及雜費 外科手術費用 麻醉師費用 手術室費用 此項目每年最高總賠償額 (醫院是指由註冊西醫診診及管理, 提供24小時緊急護理及醫療服務之醫院, 但不包括診所、護理院、戒毒所、療養院及護老院等)	每天 300元 每病症 10,000元 每病症不超過外科手術獲償款項之 35%或 3,500元 每病症不超過外科手術獲償款項之 25%或 2,500元 35,000元
<b>4 牙科費用</b> 家傭因牙齒疾患所引致之醫療費用, 可獲三份之二賠償。	每年 1,500元
<b>5 個人意外保障</b> 家傭在休假期間並非因工作而致身體意外受傷, 死亡或永久性傷殘, 可獲賠償。 意外死亡或永久性完全傷殘 喪失任何兩肢或以上 雙目失明 喪失一肢及一目失明 喪失一肢或一目失明 (喪失肢體指在手腕或足踝或以上斷失, 而失明指不可復完的永久性視力完全喪失。)	200,000元 200,000元 200,000元 200,000元 100,000元
<b>6 中斷服務現金津貼</b> 家傭因患病或受傷住院連續超過三天而未能提供服務, 而僱主須於此期間聘請本地臨時家傭, 於其住院第四天起, 可獲現金津貼。 (此保障適用於已獲取第三項(外科手術及住院醫療費用)賠償的受保人)	每天 200元 / 每年 6,000元
<b>7 緊急醫療運送</b> i) 家傭在香港患重病或嚴重受傷, 可獲緊急護送服務回原居地; ii) 運送家傭之遺體回原居地(包括自殺身亡)。	每年 30,000元
<b>8 補聘新家傭費用</b> 因家傭患重病, 嚴重受傷或死亡而須送回原居地, 補聘新家傭所引致之合理及必須費用。 (此保障適用於已獲取第七項(緊急醫療運送)賠償的受保人)	每年 10,000元
<b>9 忠誠保險</b> 因家傭欺詐、舞弊所引致僱主的直接現金損失。	每年 5,000元

### 主要不保事項

(請參閱正式保單的詳細條款與細則)

不保事項 (適用於所有保障項目)

戰爭及有關風險、自殺、懷孕或生育、酗酒、或服用非經註冊醫生處方指定之麻醉品或藥物、保險生效前已存在的傷病, 愛滋病或其他相關的病症, 以及在香港範圍外發生之事項所引致之受傷、疾病或死亡。

特定不保事項 (適用於以下個別保障項目)

<b>1 僱主責任</b> 法例下僱主因不依期作工傷賠償而須付之罰款。在香港以外發生之意外, 除非家傭在僱用期間是因工作與僱主一同離開香港期間及因工作引起。
<b>2 門診醫療費用 及</b> <b>3 外科手術及住院醫療費</b> 精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌症、療養、體格檢查、防疫注射、美容或整形手術 (由本保單保障範圍內損傷引致之矯形手術除外)。
<b>4 牙科費用</b> 口腔檢查、洗牙、磨牙、杜牙根、鑲裝牙冠、牙橋及牙箍及假牙等。
<b>5 個人意外保障</b> 任何形式之賽車或策騎比賽及用供氧設備輔助呼吸之水中活動。
<b>6 中斷服務現金津貼</b> 精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌症、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。
<b>7 緊急醫療運送 及</b> <b>8 補聘新家傭費用</b> 在香港範圍外所發生引致家傭或其遺體送返原居地之事件。
<b>10 因癌症、心臟病或中風引致之外科手術及住院醫療費用</b> 精神病、性病、先天性異常或畸形、不育、絕育、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。

等候期

受保家傭在受保日期起首八天之等候期內, 本保單第二、三、四、六及第十項等保障暫緩生效。

### 附加「嚴重疾病住院醫療保險」

「嚴重疾病住院醫療保險」是一份附加保險, 專為永隆保險有限公司「海外家傭綜合保險」之客戶提供額外保障, 以應付海外家傭一旦因癌症、心臟病或中風入院而帶來之不斷上升的外科手術及住院醫療費用, 減輕負擔。只需加付相宜保費, 僱主便可獲得更大保障, 就其家傭每宗病症獲取最高賠償額港幣120,000元。

保障範圍 (自由選擇項目)	最高賠償額 (港幣)
<b>10 外科手術及住院醫療費用</b> 家傭因以下所列疾病需入住醫院而引致之醫療和外科手術費用: <b>癌症、心臟病或中風:</b> 住院及膳食費用 住院雜費 外科手術費用 麻醉師費用  手術室費用	每天 300元 每病症 15,000元 每病症 30,000元 每病症不超過外科手術獲償款項之 35%或 7,000元 每病症不超過外科手術獲償款項之 25%或 5,000元 每病症 120,000元
每年最高總賠償額	

### 收集個人資料聲明

閣下向永隆保險有限公司(「本公司」)提供的資料, 是收集作為本公司在香港提供保險和其他金融產品和服務所需。當中包括但不限於你在申請表填寫或任何與一般保險服務和產品有關之文件上或任何透過產品索償上所載之個人資料。

閣下是自願向本公司提供個人資料。然而, 若閣下未能提供個人資料, 可能導致本公司不能為閣下提供保險及/或相關產品與服務, 處理經由本公司發出及/或安排的保單之下的索償事宜, 及/或處理閣下的任何或所有其他要求、查詢或投訴及/或遵守法例規定或監管或其他管理機構所發出的指引。

閣下同意閣下的個人資料可被本公司用於以下用途:

- 審計、評估、溝通、日常運作、管理或執法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;
- 評價及處理任何索償或索償分析及任何日後的法律訴訟之用;
- 任何本公司提供的其他一般保險產品及服務銷售、市場營銷及推廣用途;
- 行使任何代位權, 如適用;

- 履行一切約束本公司業務、客戶個人資料的法律、法規、規則、規例、工作守則及慣例；

- 由本公司所進行或本公司所參與的統計或精算研究；及

- 其他任何與上述所需及有關的行動。

本公司持有的閣下資料將予保密，但是在閣下的同意下，本公司可能會將有關資料移轉予：

- 任何在香港或在香港以外地方的有關公司、附屬公司或子公司，或任何其他從事與保險或再保險業務有關的公司，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，以達到任何上述或有關的目的；

- 現存或不時成立的任何保險公司協會或聯會或類同組織（「聯會」），以達到任何上述或有關的目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；

- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關的目的；

- 任何核數師、會計師、律師、其他專業顧問、僱員、分包商、代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關提供本公司服務的第三者供應商；及

- 永隆銀行集團作以下用途：
  - 管理、運作及保養本公司服務；及
  - 設計及改善本公司服務。

在本聲明內，下列詞語具以下涵義：—

「銀行」指永隆銀行有限公司；

「永隆銀行集團」指銀行、銀行的任何附屬企業、銀行的任何關連公司、銀行的任何相聯公司、銀行的任何直接和/或間接母企業、任何前述母企業的任何附屬企業、其任何關連公司或相聯公司，為免產生疑問，包括招商局集團有限公司轄下各企業（而「本集團成員」須據此解釋）；及「附屬企業」、「母企業」及「企業」具有香港法例第32章公司條例所指之相同涵義。

此外，本公司亦據此獲授權由「聯會」從保險業內收集的資料中查閱及/或核對閣下及/或受保人任何資料。

根據有關法律及法規，閣下有權要求查閱本公司是否擁有閣下的資料並取得此等資料，更正本公司持有有關閣下的資料之紀錄及確定本公司處理資料慣例和獲告知本公司持有的資料類別。本公司保留就依從閣下要求查閱閣下的資料而向閣下收取合理費用的權利。閣下亦有權在將來任何時間選擇拒收任何本公司的直銷產品及服務的推廣資訊而閣下毋須承擔任何費用。如閣下欲行使以上權利，請以書面形式通知本公司的資料保護主任。本聲明不會限制閣下就有關法律及法規可行使的權利。

本條款及細則的中、英文如有歧異，概以英文本為準。

資料保護主任  
永隆保險有限公司  
香港中環德輔道中45號  
電話：2826 8259  
傳真：2526 7045

2012年3月

永隆保險有限公司

## 海外家傭綜合保險投保書 OVERSEAS DOMESTIC HELPER INSURANCE PROPOSAL FORM

僱主姓名: (中文)  
Employer Name: (Chinese) \_\_\_\_\_  
(英文)  
(English) \_\_\_\_\_

(請以英文填寫。Please fill in English.)

香港身份証/護照號碼  
HKID Card / Passport No.: \_\_\_\_\_

國籍: \_\_\_\_\_

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

職業: \_\_\_\_\_

Occupation \_\_\_\_\_

通訊地址: \_\_\_\_\_

Correspondence \_\_\_\_\_

Address \_\_\_\_\_

(若與上址不同，請填此項。If different from above address, please fill in this item.)

僱員工作地址  
Place of \_\_\_\_\_

Employment \_\_\_\_\_

聯絡電話: (住家) (手提)  
Contact No. (Home) (Mobile) \_\_\_\_\_

(公司) (傳真)  
(Office) (Fax) \_\_\_\_\_

請提供下列資料，用作以轉賬方式支付閣下之門診賠款  
Please provide the following information for our company to make autopsy of out-patient claims

銀行戶口號碼 Bank Account No. \_\_\_\_\_

銀行名稱 Name of Bank \_\_\_\_\_

電郵地址 Email \_\_\_\_\_

戶口持有人名稱 Name of Account Holder \_\_\_\_\_

### 家傭資料 Particulars of Domestic Helper

僱員姓名: \_\_\_\_\_  
Employee Name: \_\_\_\_\_

性別: 男M / 女F 出生日期: \_\_\_\_\_  
Gender: Date of Birth: \_\_\_\_\_

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

香港身份証號碼: \_\_\_\_\_  
HKID No.: \_\_\_\_\_

護照號碼: \_\_\_\_\_  
Passport No.: \_\_\_\_\_

估計全年薪金: HK\$ \_\_\_\_\_  
Estimate Annual Salary: \_\_\_\_\_

起保日期: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

保費表 Premium Table

保障範圍 Insurance Coverage	保期 - 1年 Policy Period - 1 year	保期 - 2年 Policy Period - 2 years
「海外家傭綜合保險」 “Overseas Domestic Helper Insurance Scheme”	<input type="checkbox"/> HK\$710*	<input type="checkbox"/> HK\$1,280*
「海外家傭綜合保險」+ 附加「嚴重疾病住院醫療保險」 “Overseas Domestic Helper Insurance Scheme”+ “Major Illness Medical Insurance”	<input type="checkbox"/> HK\$860*	<input type="checkbox"/> HK\$1,560*

\*已包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款  
Included the Government Levy, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution

請詳答每一問題，Please give a full reply to each question

(如以下問題未有填寫者則作「否」定論。A negative reply shall be deemed to be given if any question on this proposal is not answered.)

1. 閣下的家傭是否正在接受或打算接受任何醫療護理或手術或服食任何藥物？ Is your domestic helper receiving or contemplating any medical attention or surgical treatment or taking any medicine?	是 / 否 Yes / No
2. 閣下過往曾否申請或續保家傭保險而被保險公司拒絕、或在保期中被取消保險，或須受附加特別條款約束？ Have you ever been refused for application or renewal of, or requested for cancellation of domestic helper insurance by any insurance company or subject to special terms and conditions?	是 / 否 Yes / No
3. 閣下的家傭在過去三年內曾否因患病或意外受傷而需入院接受手術或治療？ Has your domestic helper confined in hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?	是 / 否 Yes / No

如上述任何一項答案為「是」，請詳細列明。  
If any of the above answer is "Yes", please provide full details.

### 注意事項

- 此保險只適用於年齡由18至60歲之海外家傭。
- 本保險只承保海外家傭。
- 閣下必須在本投保書上填報一切有關事實，因所簽發之保單將以這些事實為根據，否則所發出的保單將告無效或作廢。如閣下有不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得保單權益人加簽作實。
- 本保險單不可轉讓。
- 每張「海外家傭綜合保險」保單之最低及不可退回保費為港幣710元正，如附加「嚴重疾病住院醫療保險」則最低及不可退回保費為港幣860元正；但若投保人要求取消保單而在承保期內曾申請賠償或第二年保障已開始生效，則已繳付之保費將不獲退還。
- 此投保書在永隆保險有限公司接納後，保險契約始正式生效。
- 投保人對於所有提供給永隆保險有限公司用以投保之資料（包括書信之副本）應予保留紀錄。
- 如中英文本有任何差異，皆以英文為準。
- 本簡章僅為保險摘要只作參考之用，詳細內容請參閱保險合約之條款及細則。

### 聲明 DECLARATION

1. 本人 / 本公司謹聲明就本人 / 本公司所知所信 i) 上列各節均屬完整無訛 ii) 更絕未作任何事實之隱瞞 iii) 上述之資料及答案均屬本人 / 本公司填寫或經本人 / 本公司授意下填寫。

2. 本人 / 本公司明白及同意如有任何重要事實隱瞞，即使保單已簽發，永隆保險有限公司仍可將本保單作廢。

3. 本人 / 本公司謹承認本投保書為本人 / 本公司與永隆保險有限公司訂立此保險契約及以後續約之根據。本人 / 本公司謹同意上文各項若有經由他人繕寫均屬已獲本人 / 本公司認可及授意。

4. 本人 / 本公司確認已閱讀並清楚明白附於本投保書內之「收集個人資料聲明」。

1. I/We declare that to the best of my/our knowledge and belief: (i) the foregoing answers are true and complete in every respect; (ii) all material facts affecting in assessment of the risk have been disclosed; (iii) that the information and answers given on this form are filled in by me/us or by any other person under my/our full instructions;

2. I/We understand and agree that failure to disclose any material facts may cause Wing Lung Insurance Co. Ltd. to declare the policy void even after the policy has been issued.

3. I/We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me/us and Wing Lung Insurance Co. Ltd. If any answer has been written by any other person such person shall for the purpose be deemed to be my/our agent and not the agent of Wing Lung Insurance Co. Ltd.

4. I/We confirm that I/We have read and understood the "Personal Information Collection Statement" attached in this Proposal Form.

投保人簽署 Proposer's (Employer's) Signature \_\_\_\_\_

日期 Date: \_\_\_\_\_

01062012