亞 洲 保 險
Asia Insurance

THE 1ST CARBON NEUTRAL INSURANCE COMPANY IN GREATER CHINA

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM
僱 員 賠 償 保 險 投 保 書

(Please complete this Form in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及在適當空格填上剔號)

PROPOSER INFORMATION 申請人資料	
Name of Proposer 申請人名稱 :	
Correspondence Address 通訊地址 :	
Place of Employment 工作地址 :	☐ Same as the above Correspondence Address 與上述通訊地址相同
Business Registration Number 商業登記號碼	(Please provide a copy of valid Business Registration Document)（請提供有效的商業登記副本）
Business Nature 營業性質 :	
Year(s) of business established 公司成立年期 :	year(s) 年
Any Shift Duty 員工是否需要輪班	☐ Yes 是 ☐ No 否
Period of Insurance 保險期限 :	From 由 _____ for 12 months 開始投保一年

EMPLOYEES' DETAILS 僱員資料

Please provide the following information [Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents), of employee(s)]:
請提供以下資料 [請提供僱員的最新收入的副本（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）] :

Occupation of Employee(s) by Categories 僱員工作類別	**Number of Employees 僱員人數**	**Estimated Total Annual Earnings* (HKD)估計全年收入* (港元)**	**Temporarily working abroad 須在海外工作 Y 是 / N 否**	**Part Time 兼職 Y 是 / N 否**	***Office use only***
	Total: 總額	**Total:** 總額			

Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).
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。

Asia Insurance Co., Ltd.
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OTHER IMPORTANT INFORMATION 其他重要資料	
1.	Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad? 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? ☐ No 否 ☐ Yes 是 (please state Geographical Area 請列明地區範圍，並於上欄“僱員工作類別”列明_____)
2.	Is there any family member included in the above employee list ? 上述僱員是否包括與僱主同住之家屬 ? ☐ No 否 ☐ Yes 是 (Name of employee 僱員姓名_____)
3.	Does any work carried out by the employees involve 僱員進行的工作是否涉及： a) any work on ships, chemical works, off-shore structures, oil or gas refineries? 任何有關船舶，化學工程，海上建築，石油和天然氣煉油廠的工作? ☐ No 否 ☐ Yes 是 (please state 請列明_____) b) work at a height above 9 metres or underground ? 在 9 米以上或地下工作? ☐ No 否 ☐ Yes 是 (please state 請列明_____) c) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 使用，處理，儲存或運輸任何有毒物質，如有毒化學品，爆炸性物質，氣體，石棉，放射性物質物質？ ☐ No 否 ☐ Yes 是 (please state 請列明_____)
4.	Do you plan to increase the number of the employees substantially or add different occupations in a short period of time? 閣下打算在短時間內大幅增加僱員人數或增加不同工作類別嗎？ ☐ No 否 ☐ Yes 是 (please state 請列明_____)
5.	a) Are you at present insured by another insurance company for Employee's Compensation Insurance? 閣下現在是否已投保對僱員之責任保險? ☐ No 否 ☐ Yes 是 (please state name of the company 請列明受保公司名稱_____) b) Had any such proposal or renewal ever been declined or withdrawn ? 該投保或續保曾否被拒絕或撤回? ☐ No 否 ☐ Yes 是 (please state 請列明_____) c) Has an increased rate been required? 曾否被提高保率? ☐ No 否 ☐ Yes 是

CLAIMS AND RELATED DETAILS 索賠和相關記錄

1. Please provide the claim history for the past 3 years
   請提供過去 3 年的索賠記錄:
   [Note: Employer shall make request on the previous insurers for providing written evidence of such records.]
   [注意：僱主須向先前投保的保險公司要求提供相關記錄的書面證明]

Accident Year 意外年份	**Paid Claim(s) (including partial claim payment)** 已支付的索賠（包括部分已支付的索賠）		**Outstanding Claim(s)** 未支付的索賠		**Total for the Year** 全年總計	
	No. of Case 意外次數	**Amount (HK$)** 金額(港元)	**No. of Case** 意外次數	**Amount (HK$)** 金額(港元)	**No. of Case** 意外次數	**Amount (HK$)** 金額(港元)

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2. Details of any Claim with amount over HK$50,000. 任何索賠的金額超過港元 50,000 的個案詳情

Date of Accident 意外發生日期	**Brief Details of each accident** (including cause of loss, degree of injury, current status, etc.) 每宗事故的簡要描述（包括意外原因，受傷程度，現狀等）	**Claim Amount (HK$)** 索賠金額(港元)	
		Paid 已支付的索賠	**Outstanding** 未支付的索賠

DECLARATION 聲 明

I/We, being the undersigned, desire to effect an insurance as abovestated in terms of the Policy to be issued by Asia Insurance Co.,. Ltd. ("the Company"). I/We warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Under declaration of the Estimated Total Annual Earnings may invalidate the insurance. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/we have read over and checked are true, that I/we have not suppressed, mid-represented or mis-stated any material fact, and I/we agree that this proposal form shall be the basis of the contract between me /us and the Company.

本人/本公司作為下列之簽署人，願意向亞洲保險有限公司(“貴公司”)根據上述資料投保。本人/本公司保證上述根據“僱員補償條例（第 282 章）”所申報的估計的僱員全年收入均屬真確及完整。如少報全年總收入，可能導致保單失效。本人/本公司同意妥善保存薪金及工資記錄，並在保險期限屆滿時依照貴公司所要求的報表格式申報實際之所有薪金及工資，並支付因超過上述估計的薪金及工資而須加收之保費。本人/本公司在此聲明，本人/本公司已經閱讀及核實在此投保書內所填報的所有陳述和詳情均屬真確，本人/本公司並無隱藏虛報或歪曲任何事實，本人/本公司同意此投保書作為本人/本公司與貴公司訂立契約之基礎。

_____

Authorized Signature (with Company Chop)
獲授權簽署連公司蓋章

Name 姓名 : _____

Position 職位 : _____

Date 日期 : _____

For office use only

Agent Code:

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