

Agent Name & Code

Policy No

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL / RENEWAL FORM 僱員賠償保險投保 / 續保書

Cover : Indemnity against employers' liability at law to pay compensation in respect of bodily injury or death by Accident or Disease to their employees

承保範圍：保障僱主對其僱員因工傷意外傷亡或患以該項業務有關之職業病法律規定下之責任

The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction of Hong Kong.

本公司之標準保單只承保香港之認可司法仲裁判決。

Employer's Information 僱主資料	
Proposer's name in full 投保人姓名 (Please provide a copy of valid Business Registration Document) (請提供商業登記文件副本)	
Correspondence address 通訊地址	
Place of employment 僱用地址	
Name of Contact Person 聯絡人姓名	Contact Number 聯絡人電話
Period of Insurance 保險期限	From 由 To 至

Details of Employer's Business Activities / Profession 僱主之業務 / 行業的資料	
1. Please provide a general description of the employer's business activities / profession. 請就僱主之業務活動 / 職業提供詳細描述	
2. How long has the business been established? 業務成立多少年?	Years 年
3. Does any of the work carry out by the employers involve: 閣下的業務是否涉及：	
a) any work on ships, chemical works, off-shore structures, oil or gas refineries? 任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) any work outside Hong Kong? If yes, please specify. 任何於香港境外進行的工作？如是，請詳細說明。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
c) work at a height above 10 metres or underground? 於離地面 10 米以上或地底進行的工作？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 使用、處理、貯存或運輸有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If yes, please give nature of work and no. of employee(s) involved. 如是，請提供有關工作性質及所涉僱員人數。	
4. Does the employer 僱主有否	
a) hire any self-employed persons for their business? 為其業務聘用任何自僱人士？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) hire any part-time employees? 聘用任何兼職僱員？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
c) plan to increase the no of the employees substantially or add different occupations in a short period of time? 計劃在短期內大幅增聘員工或增設不同職務？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

Employee's Information 僱員資料

1. Please provide the following information: 請提供以下資料:

[Please provide a copy of latest wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s):

請提供以下資料: [請提供最近期的僱員薪酬紀錄副本(例如:強積金供款紀錄、財務報表、報稅表或其他相關文件)]

Occupation of Employee(s) by Categories 僱員職務類別	Number of Employees 僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
Occupation of Part Time Employee(s) by Categories 兼職僱員職務類別	Number of Part Time Employees 兼職僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
	Total: 總計:	Total: 總計:

Declaration

I/We, being the owner / authorized person / representative of the proposed business, 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).

Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

聲明

我/我等作為投保業務之擁有人/獲授權人士/代表,保證以上由我/我等根據《僱員補償條例》(第282章)申報之估計全年總收入均屬真確及完整。如有未披露所有重要事實或少報全年總收入,可能導致保險失效。

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

Name 姓名: _____

Position 職位: _____

Date 日期: _____

* 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、花紅、超時工作補薪、津貼等。

2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
請提供僱主或僱員持有與業務相關的工作經驗/資格/證書。

Claims and Related Details 索償及相關資料

1. 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.]

請提供過去三年的索償紀錄：[注意：僱主需要向曾投保的保險公司索取有關紀錄的書面證明。]

Name of Insurance Company 保險公司名稱	Accident Year 意外發生年份	Paid Claim(s) (including Partial Claim Payment) 已支付索償 (包括部份索償償付)		Outstanding Claim(s) 未支付索償		Total for the Year 全年總數	
		No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)

2. Details of any Claim with amount over HK\$50,000.

所有索償金額超過港幣 50,000 的個案詳情。

Accident Date 意外發生日期	Brief Details of Each Accident (including Cause of Loss, Degree of Injury, Current Status, etc.) 概述每宗意外經過 (包括受傷原因、受傷程度、現況等)	Claim Amount (HK\$) 索賠金額 (港幣)		
		Paid 已支付索償	Outstanding 未支付索償	Variation Date 修訂日期

3. Have any such proposal or renewal ever been declined or withdrawn?

有否被保險公司拒絕續保或投保？

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

Name 姓名: _____

Position 職位: _____

Date 日期: _____

If there is any inconsistency or conflict between English and Chinese version, the English version shall prevail.
如中英文版本有差異之處，以英文版本為準