



Insurance

GAN Assurances

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僱員賠償保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

保險範圍：保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾病法律規定下之責任。

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

本公司之標準保單是不保障不在所保地區範圍內之法院裁判。

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 in the Geographical Area covered by the Policy.

- 1. 保戶名稱 (註釋 1)
Proposer's name in full (Note 1)
2. 營業地址
Business address
3. 營業性質
Nature of Business
4. 工作詳情
Particulars of work
5. 受保期間
Period of Insurance : From To

6. 請列明及填寫以下表格：

Please complete the Schedule below

Table with 3 columns: Description of occupation of employees, Estimated number of Employees, Estimated Salaries/Wages & other Earnings to be paid during the above period.

7. 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 to extend the Geographical Area of the policy to cover employees working temporarily outside Hong Kong Special Administrative Region ? If so, please give details.

8. 請將最近三年有關僱員由執行職務而發生意外傷害之詳情狀況說明。
Please give particulars of nature of accidents to your employees arising out of their occupation during the past three years.

Table with 5 columns: Year, No., Particulars, Compensation Paid, Estimated Further Cost for Unsettled Claims.

9. 關於閣下對各僱員之責任投保保險是否有任何申請或續保被拒絕、撤回或取消? 如「是」, 請說明。
Has any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn or cancelled? If "Yes", please give details.

- 註釋 (1) 此保單只承保僱主 (即保單內所稱之保戶) 所直接僱用之僱員。
如保單須承保其他僱主之僱員, 請與本公司之職員或閣下之保險顧問磋商。
如保單須承保集團公司, 即是包括控股公司及其附屬公司, 請與本公司職員或閣下之保險顧問磋商。
- 註釋 (2) 僱員補償條例規定僱主應為其所有僱員從事其有關行業投保僱員補償保險的最低限額, 投保人應該確定其保單履行有關賠償條例的要求。
根據賠償條例的要求, 若僱員人數其後有變動而需要增加保險額, 投保人應立刻諮詢保險公司。
根據僱員補償法例 (第二百八十二章), 僱主須替僱員投保符合以下條文之僱員補償保險單
(i) 如僱員人數不高於二百人, 每次事故之責任限額不少於港幣一億元。
(ii) 如僱員人數在二百人以上, 每次事故之責任限額不少於港幣二億元。
- 註釋 (3) 請列明在保單投保日期內預期付給直接僱員之酬勞包括薪金, 花紅, 津貼, 補時及佣金等。
- Note (1) The insurance policy insures only the employer specified as “The proposer” in respect of his liabilities towards employees in his direct employ.
If the insurance policy is also required to insure employees of other employers, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.
If the insurance policy is required to insure a group of companies, that is, consisting of holding company and subsidiaries, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.
- Note (2) The Employees’ Compensation Ordinance requires an employer to take out an insurance policy covering ALL employees engaged in his business with a Minimum Amount of insurance coverage. The proposer should ensure that this Policy complies with the Ordinance requirements. A subsequent change in number of employees may result in a higher amount of insurance coverage being required under the Ordinance. In this event, the Insured should consult the Company immediately.
Under the Employees’ Compensation Ordinance (Cap. 282), an employer must take out an employees’ compensation insurance policy that meets the following requirement :
(i) if the number of employees does not exceed 200, a minimum policy liability limit of HK\$100 million any one event; or
(ii) if the number of employees exceed 200, a minimum policy liability limit of HK\$200 million any one event.
- Note (3) Please state the total Earnings expected to be paid to persons in your direct employ during the period to be insured by the proposed insurance policy. Earnings means all gross wages, salaries, remunerations, commissions, bonuses, overtime, termination payments, allowances and the like directors’ fees or other benefits whether at piecework rates or otherwise and whether paid in cash or in kind by the Insured to his Employees.

重要事項 IMPORTANT NOTES

投保人必須在其知悉範圍內提供所有有關會影響保險公司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, 請即向本公司或投保人的保險中介人查詢。我們建議投保人將有關的資料作記錄(包括此投保書), 以備日後作參考之用。為確保投保人的利益, 投保人應如實呈報所有有關資料, 否則此保單將可能無法提供投保人所需的保障, 甚至可能導致此保單無效。再者, 本保單必須在本公司確定接納投保後才正式生效。

Any other facts known to you which are likely to affect acceptance of 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 intermediary. We recommend you keep a record (including copy of this application) 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. I Understand that this application will not become effective until this proposal has been accepted by the Company.

聲明細則 DECLARATION

本人/吾 聲明上列資料乃本人/吾 所知一切據實填報, 本人/吾 同意此投保書及聲明將構成本人/吾 與法國敬邦保險之間的合約根據。本人/吾 同意設一正確之薪金及工資記錄表冊, 並於保險期屆時遵照 貴公司所需之表格式並報實際支出之薪金及工資, 並繳付超過以上所估計之薪金及工資數額之保險費用。本人/吾 向法國敬邦保險所提供的資料, 將可能使用於任何與保險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; 任何索償或索償分析及可能轉移予現存或不時成立之任何有關公司或任何其他從事於保險或再保險業務有關的公司或與保險業有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。本人/吾 明白本人/吾 有權查詢及要求更改已由法國敬邦保險持有有關本人/吾 的個人資料, 如有此要求, 本人/吾 可向法國敬邦保險之個人私穩主任提出。

I/We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. I/We agree that this proposal shall be the basis of the contract between me and GAN Assurances (“the Company”). I/We agree to keep a proper Wages Record and to render at the end of each period of insurance a statement in the form required by the Company of all Wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Request for such access can be made to the Company’s Data Protection Officer.

Date 日期

Signature of Proposer 投保人簽署

保險公司自用
For Office Use Only

Account Code 賬戶號碼

Name of Agent/Broker 代理人/經紀