



太平洋保險有限公司 THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行

電話 Tel: 2876 0000 傳真 Fax: 2876 0111

分行

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Proposal / Renewal Form for Employees' Compensation Insurance (Earnings Rating Basis)

僱員補償保險投保/續保表格 (按收入作計算基礎)

保險範圍: 保障僱主對屬下僱員因工遭受意外傷亡或患上與受僱業務有關之職業性疾病之法律規定責任。

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.

Employer's Details 僱主的資料

1. Name of employer in full (Please provide a copy of valid Business Registration Document)

僱主全名 (請提供商業登記文件副本)

2. Place of employment 僱用工作地點

3. Tel. No. 電話號碼 _____

4. Email 電郵 _____

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? 業務成立年期 _____年 Year(s)

3. Does any of the work carry out by the employers involve 僱主的業務是否涉及:

a) Any work on ships, chemical works, off-shore structures, oil or gas refineries? 是 Yes 否 No

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?

b) Any work outside Hong Kong? 任何於香港境外進行的工作? 是 Yes 否 No

c) Work at a height above 10 metres or underground? 是 Yes 否 No

於離地面 10 米以上或地底進行的工作?

d) Use, handle, store or transport any hazardous substances such as toxic 是 Yes 否 No

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?

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? 是 Yes 否 No
為其業務聘用任何自僱人士？
- b) hire any part-time employees? 聘用任何兼職僱員？ 是 Yes 否 No
- 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？ 是 Yes 否 No

Employee's Details 僱員資料

1. Please provide the following information [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 Employee(s) by Categories 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：
Please state period of insurance required. 請列出所需受保之期間。	From 由	To 至
Declaration 聲明		
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.		
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。如未有披露所有重要事實或少報全年總收入，可能導致保險失效。		
Name 姓名: _____		
Position 職位: _____		
Authorized Signature (with Company Chop) 獲授權簽署（連公司蓋章）		
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. 請提交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 請提供過去三年的索償紀錄：

[Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

【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】

Accident Year 意外發生年份	Paid Claim(s) (including partial claim payment) 已支付索償（包括部分索償償付）		Outstanding Claim(s) 未支付索償		Total for the Year 全年總數	
	No. of Case 賠案數目	Amount(HK\$) 金額（港幣）	No. of Case 賠案數目	Amount(HK\$) 金額（港幣）	No. of Case 賠案數目	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。

Date of Accident 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. a) Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If so, please state name of insurance company. 是 Yes 否 No

閣下現在是否已投保或曾否投保對僱員之責任保險？若是，請列明保險公司名稱。

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

- c) Has an increased rate been required? 是否被提高保率？ 是 Yes 否 No

Remarks: In case of any discrepancy between the English and Chinese Versions of this form, the English version shall prevail 註：本表格之中英文版本如有任何歧義，一概以英文版本為準。

投保人姓名：
Full Name of Proposer: _____

聲明 **DECLARATION**

- 本人/我們謹聲明，本投保書內所提供之資料皆屬真實無訛，並無隱瞞、虛報或歪曲任何事實。
I/We declare that all the particulars of this proposal form are true and that I/we have not withheld, mis-represented or mis-stated any material facts.
- 本人/我們（下簽署人）願向太平洋保險有限公司依據上述之保險條款投保，及同意設一正確薪金及工資記錄表冊並於保險期屆滿時遵照貴公司所需之報表格式填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/我們並聲明所估計之薪金及工資乃公平者。
I/We, the undersigned, desire to effect an insurance as above stated in terms of policy to be issued by The Pacific Insurance Company, Limited and 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 the total salaries wages and expenditure are fairly estimated.
- 本人/我們謹聲明上述資料及所答各項，如非本人/我們親筆而由別人代筆者，皆由本人/我們授意代為填寫，本人/我們茲同意接受太平洋保險有限公司根據本投保書及聲明所發給之 僱員補償保單。
I/We hereby declare that if any of such particulars and answers are not in my/our own writing, the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We hereby agree and accept that this Proposal and Declaration shall be the basis of and be considered as incorporated in the Policy to be issued hereunder which in the ordinary form use by The Pacific Insurance Company, Limited.
- 本人/我們謹聲明本人/我們已獲得以上所提及第三者之同意使用其個人資料以填寫此投保書。
I/We hereby declare that I/we have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

收集個人資料聲明 **PERSONAL INFORMATION COLLECTION DECLARATION**

本人/我們明白並同意本人/我們所提供之資料，為太平洋保險有限公司（“太平洋保險”）提供保險業務所需，並可能使用於下列目的：

- 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；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；
- 由太平洋保險提供的推廣訊息包括有關太平洋保險的財務、保險及相關服務和產品的消息、優惠、推廣及資訊；及/或由太平洋保險的集團公司及商業夥伴提供有關財務、保險及相關服務和產品的推廣訊息；

及

可能移轉予：

- 任何有關的公司，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目的；
- 如上所述的為直接推廣目的之集團公司及商業夥伴。

此外，本人/我們在此授權太平洋保險由聯會從保險業內收集的資料中查閱及/或核對本人/我們的任何資料。

本人/我們明白本人/我們有權查閱及要求更正由太平洋保險持有有關本人/我們的資料。如有此項要求，可向香港灣仔皇后大道東43-59號東美中心10樓太平洋保險有限公司總經理提出。

本人/我們明白並同意太平洋保險為本人/我們辦理有關事項之最低收費為港幣五十元。

The information provided by me/us to The Pacific Insurance Company, Limited (“Pacific Insurance”) is collected to enable Pacific Insurance to carry on insurance 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 such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation;
- provision of marketing communications containing news, offers, promotions and information regarding Pacific Insurance's financial, insurance and related services and products; and/or marketing communications provided by Pacific Insurance's group companies and business associates regarding their financial, insurance and related services and products; 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 for any of the above or related purposes;
- 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 members of the Federation by the Federation for any of the above or related purposes; and
- the group companies and business associates as specified above for direct marketing purposes.

Moreover, Pacific Insurance is hereby authorized to obtain access to and/or verify any of my/our data with the information collected by the Federation from the insurance industry.

I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning myself/ourselves held by Pacific Insurance. Requests for such access can be made to the General Manager of The Pacific Insurance Company, Limited at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong. I/We also understand and agree that Pacific Insurance may charge a fee of minimum HK\$50 for acceding to my/our request.

接收直接推廣訊息指示 **RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION**

太平洋保險有限公司（“太平洋保險”）不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋保險使用或轉移閣下的個人資料給第三方為直接推廣的用途，請勾選以下相關方格。

The Pacific Insurance Company, Limited (“Pacific Insurance”) may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to Pacific Insurance's use or transfer of your personal data to third parties for use in direct marketing, please tick the relevant box(es) below.

- 本人/我們不欲太平洋保險使用本人/我們的個人資料作直接推廣。
I/We **do not wish** Pacific Insurance to use my/our personal data in direct marketing.
 - 如您遞交此投保書而沒有在以上方格內以“✓”號顯示您的選擇，即代表您並不拒絕太平洋保險任何形式的直接推廣。
If you return this Proposal Form without ticking “✓” the above box, it means you do not wish to opt-out from any form of direct marketing of Pacific Insurance.
 - 以上代表您現在對是否接收直接推廣資料的選擇，亦取代任何您之前已告知太平洋保險的選擇。
The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to Pacific Insurance prior to this application.
- 為改善及提供更全面的服務予太平洋保險的客戶，太平洋保險可能會將您的個人資料提供予「本集團」* 其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。若您不欲太平洋保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。
To improve and provide more comprehensive services to our customers, Pacific Insurance may provide your personal data to other members of the Group* and business associates for their use in direct marketing of financial, insurance and related services and products. Please tick “✓” this box if you **do not wish** Pacific Insurance to provide your personal data to the above persons for the above purposes.
*「本集團」包括太平洋保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。
The “Group” means Pacific Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.

保險經紀佣金同意聲明 **CONSENT DECLARATION ON INSURANCE BROKER COMMISSION**

本人/我們明白、確知及同意，太平洋保險有限公司（“太平洋保險”）會就本人/我們購買及接受太平洋保險簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋保險確認他/她已獲我們授權簽署。

本人/我們亦明白太平洋保險必須取得本人/我們以上的同意，才可以處理有關申請。

I/We understand, acknowledge and agree that as a result of my/our purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (“Pacific Insurance”), Pacific Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf confirms to Pacific Insurance that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for Pacific Insurance to proceed with the application.

日期

Date

獲授權簽署（連公司蓋章）

Authorized Signature (with Company Chop)

此欄由本公司填寫 For Office Use Only

Agent :	A/C Code :	Policy No.:
Remarks :		