



® Sun Flower Insurance Brokers Limited
Placing through Sun Flower Insurance Agency Limited
 Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
 Thank you for considering Sun Flower to be one of your selected intermediaries.
 We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



Employees' Compensation Insurance Premium Adjustment & Declaration of Earnings Form

僱員補償保險保費調整及僱員收入申報表

N.B. please see overleaf for guidelines for completing this form 注意: 請參閱背頁指引填寫本表格

(I) Employer's Details 僱主資料	
Policy number 保單編號:	
Period of insurance 保單有效日期:	
Insured's name (please provide a copy of valid business registration document) 保戶名稱 (請提供商業登記文件副本) :	
Place of employment 僱用工作地點:	
Business (Please provide a general description of the employer's business activities / profession): 行業(請就僱主之業務活動/職業提供詳細描述):	
(II) Details of Employer's Business Activities / Profession 僱主之業務/行業的資料	
How long has the business been established? 業務成立年期?	_____ Year(s) 年
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? 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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b. Any work outside Hong Kong? Any need to extend the Geographical Area of the Policy to cover employees working temporarily outside Hong Kong? If so, please give details 任何於香港境外進行的工作? 是否需要將保單的保障範圍延伸至在香港境外工作的僱員? 如是, 請詳述說明。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c. Work at a height above 10 meters or underground? 於離地面 10 米以上或地底進行的工作?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
d. Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? If yes, please give nature of work and no. of employee(s) involved. 使用、處理、儲存或運輸有害物質, 例如有毒化學物、爆炸品、氣體、石棉和放射性物質? 如是, 請提供有關工作性質及所涉僱員人數。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b. Hire any part-time employees? 聘用任何兼職僱員?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否



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。

(III) Employee's Details 僱員資料

Please provide the following information: 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：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）。

Description of Occupations 職業類別 (a)	Total earnings for the current period of insurance 保險期內之僱員收入總額		Estimated total earnings for renewal period 來年度僱員收入總額估計	
	Number of employees 僱員人數	Total earnings 僱員收入總額 (a)	Estimated number of employees 僱員人數估計	Estimated total earnings 僱員收入總額估計
Description of Occupations 職業類別 (b)	Number of part time employees 兼職僱員人數	Total earnings 僱員收入總額 (b)	Estimated number of employees 僱員人數估計	Estimated total earnings 僱員收入總額估計
Total 總額:				

(IV) Claims and Related Details 索償及相關資料

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)



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

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit boltechinsurance.hk or contact: (852) 3123 3344.

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 boltechinsurance.hk 或致電：(852) 3123 3344。

Important Notice

- Any employer who fails to insure himself in accordance with section 40(1) of the employees' compensation ordinance (chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- You are required under the policy conditions to furnish the premium adjustment & declaration of earnings form to your insurance company within the stipulated time (see guidelines (c) below)

重要通知

- 任何未有按照《僱員補償條例》（香港法例第 282 章）第 40(1)條中規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。
- 根據保單條款，閣下必須在指定日期內向保險公司提交已填妥的保費調整及僱員收入申報表。詳情請參閱以下 (c)項指引。

Guidelines For Completing The Premium Adjustment & Declaration of Earnings Form

- Description of occupations
Each category of occupation is to be shown separately e.g. Clerical staff, sales/marketing, messenger, lorry driver, welder etc.
- Total earnings (as more fully defined under section 3 of the employees' compensation ordinance (chapter 282)
Please declare the actual total gross earnings for the period of insurance.
- Submission
You have to complete the premium adjustment & declaration of earnings form and submit it within 90 days after the expiry or termination of the policy together with the following:
 - Signature of an authorised officer;
 - Monthly MPF contribution statements for the period of insurance (stating the occupation of each employee).

填寫保費調整及僱員收入申報表指引

- 職業類別
每一項職業類別必須分別申報，例如：文員、銷售/市場推廣員、信差、接待員、私家車司機等等。
- 收入總額（與《僱員補償條例》（香港法例第 282 章）第 3 節中相關詞語的涵義相同）請如實申報所有僱員在保單有效日期內的實際收入金額。
- 提交
閣下必須在保單到期或取消保單後 90 天內，向保險公司提交已填妥之保費調整及僱員收入申報表，並包括：
 - 授權人士之簽署；
 - 保單有效日期內之強積金月結單（須列明各僱員的職業類別）。



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Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application/renewal, as applicable.
2. The information and particulars provided on this application form / renewal notice are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application/renewal and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application/renewal or inform the Company of all material information about this application/renewal may render the Company unable to accept or process this application/renewal or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application/renewal has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application/renewal and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application/renewal and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application/renewal. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application/renewal and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application/renewal.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請/續保之產品小冊子及保單條款，如適用。
2. 此申請表格/續保通知書內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格/續保通知書之內容及聲明將成為保特保險(香港)有限公司(“本公司”)及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請/續保之重要資料，將可能導致本公司不能接受或處理此保險申請/續保或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。

4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請/續保並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第 8 和 9 段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。

本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。

6. (如適用) 本人/我們已獲受保人授權提供本申請/續保所需之一切資料，並就本申請/續保之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請/續保之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第 4 段)。

7. 如申請人有保險經紀：

本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請/續保。

Signature of Applicant / Individual to whom the Personal Information

Collection Statement of the Company is given (with Company Chop)

申請人/獲發收集個人資料聲明人士簽署(連公司蓋章) _____

Name

姓名 _____

Position

職位 _____

Name of Agent / Broker/ Technical Representative

代理人/經紀/業務代表 Sun Flower

Date (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 SFIAPH

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail. 本申請表格的中英文版本如有差異，以英文版本為準。



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