



 **Sun Flower Insurance Brokers 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.

**Liberty International Insurance Limited**  
**利實國際保險有限公司**

13/F., Berkshire House,  
 25 Westlands Road,  
 Quarry Bay, Hong Kong  
 Tel: (852) 2892 3888 Fax: (852) 2577 9578  
 www.libertyinsurance.com.hk

**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）**

**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（請提供有效的商業登記文件副本）

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2. Place(s) of employment 僱用工作地點

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**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。

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2. How long has the business been established in Hong Kong? 香港業務成立年期 \_\_\_\_\_ Year(s) 年

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

- a) any work on ships, chemical works, off-shore structures, oil or gas refineries? Yes 是  No 否   
 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 by means of riding bicycle or motor cycle? Yes 是  No 否   
 任何使用單車或電單車進行的工作?
- c) any work at construction site(s)? Yes 是  No 否   
 任何於建築地盤進行的工作?
- d) any work outside Hong Kong? Yes 是  No 否   
 任何於香港境外進行的工作?
- e) work at a height above 9 metres or underground? Yes 是  No 否   
 於離地面 9 米以上或地底進行的工作?
- f) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive, substances, gases, asbestos, radioactive substance? Yes 是  No 否   
 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。

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4. Does the employer 僱主有否
- a) hire any self-employed persons for their business? Yes 是  No 否   
 為其業務聘用任何自僱人士?
- b) hire any part-time employees? Yes 是  No 否   
 聘用任何兼職僱員?
- c) plan to make change on no. of the employees and/or job categories/occupation? Yes 是  No 否   
 計劃改變僱員數目或工作類別/職務?

If yes, please give the details for information.

如是，請提供有關詳情。

#### **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, audited 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、經審查的財務報表、報稅表或其他相關文件):

<u>Occupation of Employee(s) by Categories 僱員職務類別</u>	<u>Number of Employees 僱員人數</u>	<u>Estimated Total Annual Earnings* 估計全年總收入*</u>
	<b>Total 總計:</b>	<b>Total 總計:</b>

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

\* 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。



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2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

請提交僱主或僱員所持有與業務相關的工作經驗／資格／證書。

Employer/Employee 僱主／僱員	Experience (No. of years) 經驗 (年)	Qualification 資格			Certificate 證書		
		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用
		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用
		Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	N/A <input type="checkbox"/> 不適用

#### Claims and Related Details 索償及相關資料

1. Please provide the up-to-date claim history from previous insurer(s) for the past years (minimum latest 3 years):  
 請提供過去保險公司的最新索償紀錄(最少提供近三年紀錄)

[Note: Employer shall make request on the previous insurer(s) 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)	Claim Amount (HK\$) 索償金額(港幣)		
		Paid 已支付索償	Outstanding 未支付索償	Variation Date 修訂日期



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Personal Information Collection Statement (PICS) 個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance").

Purpose

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

- 1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
2. Processing requests for payment and for direct debit authorization;
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
4. Compiling statistics or using for accounting purposes
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
6. Monitoring compliance with the Company's rules;
7. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies ("Liberty Mutual Insurance Group of Companies");
8. To comply with any legal or regulatory obligations in Hong Kong or overseas;
9. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Insurance Group of Companies;
10. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
11. Establishing, exercising or defending legal rights of any member of the Liberty Mutual Insurance Group of Companies;
12. Conducting identity and/or credit checks and/or debt collection;
13. Conducting medical or health reference checks for relevant insurance products;
14. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes;
15. Facilitating global cooperation, communication and teamwork within the Liberty Mutual Insurance Group of Companies;
16. Carrying out due diligence or other screening activities (including background and probity checks) in accordance with legal or regulatory obligations or our risk management procedures that may be required by law or that may have been put in place by us;
17. Providing, allowing access to, administering or maintaining computer hardware and software systems used by us;
18. Maintaining, reviewing and developing our business systems, procedures and infrastructure, including testing or upgrading our computer hardware and software systems;
19. Other purposes directly relating to any of the above; and
20. Any other purposes we notify you at the time of obtaining your consent.

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request where use of your personal data is required.

Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Insurance Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Insurance Group of Companies and/or other financial services providers.

Please tick the box below if you do not consent to receive such marketing communications.

- Please tick here if you do not consent to receive marketing communications.

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.



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**Transfer of Personal Data**

The personal data provided / disclosed by you and held by the Company will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

Subject to the provision of any applicable law, we may need to disclose the personal data disclosed / provided by you to third parties, whether located within or outside Hong Kong for one or more of the above Purposes. The personal data provided by you may be shared with the following parties, within or outside of Hong Kong :-

1. Any Liberty Mutual Insurance Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, accountants and data processors;
4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
6. Any person pursuant to any order of a court of competent jurisdiction;
7. Any actual or proposed assignee of the Liberty Mutual Insurance Group of Companies or transferee of the Liberty Mutual Insurance Group of Companies' rights in respect of the policy owners;
8. Companies within the Liberty Mutual Insurance Group of Companies;
9. Providers of risk intelligence for the purpose of customer and/or intermediary due diligence or anti-money laundering screening;
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided; and
11. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided.

**Access and Correction of Personal Data**

Under the Personal Data (Privacy) Ordinance, all policyholder/customers have the right to access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

Liberty International Insurance Limited, 13/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

利寶國際保險有限公司 (以下簡稱『本公司』) 根據『個人資料 (私隱) 條例』 (香港法例第 486 章) (以下簡稱『條例』) 就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

**目的**

本公司所收集或持有的客戶個人資料 (包括但不限於保單持有人、受保人及受益人) 可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的 :-

1. 處理和確定保險申請書、理賠、及持續提供保險服務；
2. 處理付款事宜和直接付款授權書；
3. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. 從事統計資料或用於會計事務；
5. 從事研究、保險調查及開發產品和設計之分析；
6. 協助本公司監察違規事宜；



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7. 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
8. 遵守任何本地或海外的法律或監管義務；
9. 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
10. 協助本公司的實質或建議受讓人評估有關之轉讓交易；
11. 建立、行使或維護任何利寶互助保險集團公司成員的法律權利；
12. 從事核實身份和/或信貸審查和/或追收債務；
13. 為相關保險產品進行具參考用途之醫療或健康調查；
14. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；
15. 協助促進利寶互助保險集團公司的全球性配合、溝通和團隊合作；
16. 依照法律或監管所需履行的義務和責任或本公司因應法律需求而定下的風險管理程序所進行的盡職調查或其他篩查（包括背景及誠信審查）；
17. 提供、授權、管理或維護本公司使用的電腦硬件及軟件系統；
18. 維護、檢視和研發本公司的業務系統、流程和基礎設施包括測試或升級本公司的電腦硬件及軟件系統；
19. 直接涉及任何上述的其他目的；及
20. 當獲得閣下同意時提及的任何其他目的。

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

#### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

如果你不同意接收有關直銷通訊，請標上剔號。

如保客戶沒有“選擇退出”的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

#### 個人資料之轉移

閣下向本公司提供/披露及本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。閣下提供的個人資料可能會與以下香港境內或境外人士分享：-

1. 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；



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3. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
4. 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. 根據有司法管轄權的法院命令受權之任何人士；
7. 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. 利寶互助保險集團公司旗下的公司；
9. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
10. 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

**查閱及更正個人資料**

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料；

利寶國際保險有限公司，香港鰂魚涌華蘭路 25 號，栢克大廈 13 樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如中、英文版本有任何歧義或不相符之處，概以英文版本為準。

**Commission Disclosure Statement 佣金支付聲明**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty International Insurance Limited will pay the authorized insurance brokers a remuneration during the continuance of the policy including renewals, for procuring the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Liberty International Insurance Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Liberty International Insurance Limited to proceed with the application.

申請人明白、確知及同意，利寶國際保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向利寶國際保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白利寶國際保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。



**Sun Flower Insurance Brokers 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](http://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.

**Liberty International Insurance Limited**  
**利實國際保險有限公司**

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 25 Westlands Road,  
 Quarry Bay, Hong Kong  
 Tel: (852) 2892 3888 Fax: (852) 2577 9578  
[www.libertyinsurance.com.hk](http://www.libertyinsurance.com.hk)

## 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。

I/We further confirm my/our agreement to all sections in this proposal/renewal form including Personal Information Collection Statement (PICS) and Commission Disclosure Statement.

我／我等更確認同意本投保／續保表格內之所有部分，包括個人資料收集聲明及佣金支付聲明。

\_\_\_\_\_  
 Authorized Signature (with Company Chop)

獲授權簽署 (連公司蓋章)

Name 姓名 : \_\_\_\_\_

Position 職位 : \_\_\_\_\_

Date 日期 : \_\_\_\_\_