

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 (請提供商業登記文件副本)

2. Place of employment 僱用工作地點

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 _____ Year(s) 年

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? 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 outside Hong Kong? Yes 是 No 否
任何於香港境外進行的工作?
- c) work at a height above 10 metres or underground? Yes 是 No 否
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 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：

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 有 No 否
- b) hire any part-time employees 聘用任何兼職僱員? Yes 有 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? Yes 有 No 否

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#	Preceding Period of Insurance 上年度		Ensuing Period of Insurance 本年度	
	Number of Employees 僱員人數	Actual Total Annual Earnings* 全年總收入*	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# 僱員職務類別#	Number of Part Time Employees 兼職僱員人數	Actual Total Annual Earnings* 全年總收入*	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:				

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。

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

Name 姓名 : _____

Position 職位: _____

Date 日期 : _____

* Total Annual Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Section 3 of the Employees' Compensation Ordinance Chapter 282.

* 全年總收入包括：薪金、佣金、花紅、超時工作補薪、津貼等，詳情請參照《僱員補償條例》（第 282 章 3 條之詳盡定義）。

Each category of occupation is to be shown separately, e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder, etc.

請清楚分別列明每一職務類別，例如：文職員工、銷售/市場推廣、信差、貨車司機、焊工等。

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

Authorized Signature 獲授權簽署:
 (with Company Chop) (連公司蓋章) _____ Date 日期: _____

Name 姓名 : _____

Position 職位 : _____

IMPORTANT NOTICE 重要提示

1. 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.

任何僱主未有根據僱員補償條例第 282 章 40 (1) 條投保，即屬違法，一經定罪最高可被判罰款港幣 100,000 元及監禁兩年。

2. You are required under the policy conditions to furnish the Proposal / Renewal Form for Employees' Compensation Insurance (Earnings Rating Basis) for Declaration of Earnings & Premium Adjustment to your insurance Company within the stipulated time.

根據保單條款，閣下需於限定日期內，向保險公司提交僱員補償保險投保 / 續保表格（按收入作計算基礎）以作為僱員收入聲明及計算保費調整。

KINDEST REMINDER BEFORE SUBMISSION 遞交前溫馨提示

You have to complete the Proposal / Renewal Form for Employees' Compensation Insurance (Earnings Rating Basis) and submit it within 90 days after the expiry or termination of the Policy together with the following:

閣下需於保險到期日或保單完結後 90 日內填妥僱員補償保險投保 / 續保表格（按收入作計算基礎）連同下列資料提交予保險公司：

- i) Please provide a copy of the latest total earnings proof of your employees (e.g. latest MPF contribution records or financial statements or tax returns or other relevant documents);

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）；

- ii) Signature of an authorized officer.

授權人之簽署。