



新華保險顧問有限公司

Sun Flower Insurance Brokers Ltd.

香港專業保險經紀協會會員

A MEMBER OF PROFESSIONAL INSURANCE BROKERS ASSOCIATION

由 2019 年 1 月 1 日開始，因應保監局要求，在接受僱員補償保險申請時，客戶必須向保險公司提供完備資料如下：
For ECI policies effective from January 1, 2019, the Insured **MUST** submit the following documents to our insurer required by the Hong Kong Insurance Authority:

文件 Document	續保申請 For renewal	新投保保單 New Application
1.	由保險公司發出的僱員補償保險保費調整及僱員收入申報表 Employees' Compensation Insurance Premium Adjustment & Declaration of Earnings Form required by the Insurer	由保險公司發出的僱員補償保險投保書 (簽署並蓋公司章) Employees' Compensation Insurance Proposal Form (sign with company chop)
2.	請簽署新華保險的續保通知書於保單到期日前一併交回 Please send back the signed Sun Flower's renewal notice before the policy expiry date	請簽署新華保險顧問有限公司報價書 (簽名並蓋公司章) Please confirm by signing with company chop on Sun Flower Insurance Brokers Ltd.'s Quotation
3.	請提交投保人的商業登記文件副本 Please provide updated Business Registration copy	請提交投保人的商業登記文件副本 Please provide updated Business Registration copy
4.	<p>請提供足以證明僱員薪金記錄之文件: Please provide:</p> <p>4.1/ 最近三個月的強積金供款通知書，並以此作投保數據及作核保用途 The latest 3 months of MPF remittance statement for underwriting purpose</p> <p>4.2/ 強積金供款通知書如果未能反映實際受僱人數及薪金記錄，請提供出糧記錄 或 僱主填報的“薪酬及退休金報稅表” 或 “財務報表” 或 “報稅表” 作核保用途 The latest 3 months of “payroll record” or “Employer's return of remuneration” or “Financial statements” for underwriting purpose if MPF record cannot reflect the actual number of employee and annual earnings</p> <p>備註 Remark: 若僱員年齡超過 65 歲或以上而無需供強積金，請提供最近三個月的出糧記錄 或 僱主填報的薪酬報稅表 或 僱員和僱主之僱員合約以作核保用途。 If the age of employee over 65, please provide the latest 3 months payroll record or Employer's return of remuneration or the employment contract for underwriting purpose.</p>	

重要聲明：投保人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。

The estimated total annual earnings made by insured 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.

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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 (按收入作評級)

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. Contact details of employer 僱主聯絡資料

Name of contact person 聯絡人名稱

Contact No. 聯絡電話

Email 電郵地址

4. Your existing Policy Number (if any) 你現有的保單號碼 (如適用)

Details of Employer's Business Activities / Profession 僱主之業務 / 行業的資料

1 Please provide detailed 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 carried out by the employers involve: 僱主從事的工作是否涉及:

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 任何於香港範圍以外的工作? Yes 是 No 否

c) work at a height above 10 metres or underground? 於高度 10 米以上或地底進行的

工作?

d) the use, handling, storage or transport of any hazardous substances such as toxic

chemicals, explosive substances, gases, asbestos, radioactive substances 有害物質如

有毒化學物、爆炸品、氣體、石棉和放射性物質的使用、處理、貯存或運輸?

If yes, please provide details of the respective nature of works and number 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 Yes 是 No 否

a) hire or plan to hire any self-employed persons for their business 為其業務僱用或計劃僱用任何自僱人仕

b) hire or plan to hire any part-time employees 以兼職形式僱用或計劃僱用任何僱員 Yes 是 No 否



c) plan to increase the number of the employees by more than 5% or add different occupations in the next 12 months 計劃在未來 12 個月內計劃將員工人數增加 5% 以上或增設不同職務 Yes 是 No 否

Employees' Details 僱員資料

1. Please provide the following information. 請提供以下資料。

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	Number of Employee(s) 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	Number of Part Time Employee(s) 兼職僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
	Total 總計:	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，可能導致保險作廢。

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

Name 姓名: _____

Position 職位: _____

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 relevant 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擁有的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 insurer(s) for providing written evidence of such records.]

【注意：僱主需要向曾投保的保險公司要求提供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. 任何索償金額超過港幣 50,000 的個案詳情。

Date of Accident 意外發生 日期	Brief Description 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 Reserve 未支付索償儲備	Review Date 修訂日期

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

Name 姓名: _____

Position 職位: _____

Date 日期: _____

註：本表格之中英文版本如有任何歧義，概以英文版本為準。