

包商名稱 Name of Contractor	包工性質 Nature of Work Sublet	如合約包括勞動力與材料， 請列明合約估計承包之金額 If contract of labour and materials state estimated amount of contract	若合約只包括勞動力， 請列明包工金額 In cases for which the contract is for labour only state amount of contract

注意：總包商或承包商必需依據一九八二年僱員補償條例「修訂」法案之第二十四節及四十節投保總包商之責任。

NOTED: THE LIABILITY OF THE PRINCIPAL CONTRACTOR MUST BE INSURED BY EITHER THE PRINCIPAL CONTRACTOR OR THE SUB-CONTRACTOR TO COMPLY WITH SECTIONS 24 AND 40 OF THE EMPLOYEES' COMPENSATION (AMENDMENT) ORDINANCE 1982.

3 是否僱用? Do you employ	(i) 行業之任何散工 any casual workers otherwise than for the purpose of your trade & business, (ii) 任何外工，或 any out workers, or (iii) 任何與投保人同屋之家眷 any member of your family who resides with you	(i) (ii) (iii)
若然，是否需要為該僱員投保? If so, do you require cover for such employees?		
4 投保地點是否屬法例或法則管轄該樓宇之用途或維修? Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises?	(a) 若然，請列明該法例或法則。If so, name such Laws or Regulations (b) 有無遵照該法例或法則切實執行? Have you carried out all the obligations imposed on you by such Laws and/or Regulations?	(a) (b)
5 (a) 是否裝有任何鋸床或蒸氣，煤氣，水力，電力或其他機械動力所推動之其他機器? Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power? (b) 一切機械廠房及通道是否採用堅固柵欄防護? Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?		(a) (b)
6 汽鍋種類? What boilers you have?		
7 請列明所用之酸性液體，氣體，化學原料或爆炸品及其用量。State what acids, gases, chemicals or explosives will be used and to what extent.		

8. 請列明近三年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況。State hereunder amount of salaries/wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years:-

年份 Year	薪/金/工資及其他收益 Salaries/Wages & other Earnings	死亡 Fatal		暫時殘廢 Temporary Disablement only		永久殘廢 Permanent Disablement	
		次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date
		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled	
		次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost	次數 No.	估計應付費用 Estimated further cost

9 (a) 閣下現在是否已付投保或曾否投保對僱員之責任保險? Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your employees? (b) 投保或續保曾否被拒絕或撤回? Has any such proposal or renewal ever been declined or withdrawn? (c) 曾否被提高保率? Has an increased rate been required?	(a) 若然，請列明受保公司名稱 If so, please state name of insurance company (b) (c)
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10. 客戶從以下那個途徑得知本產品? How does the customer know about this product?

- 我行銷售人員推介 Refer by our bank's staff (BR01) 月結單插張 Statement insert (SI01)
 擺放分行或網站之宣傳品或客戶通訊或宣傳語句 Branch, website, customer newsletter or promotion message (BR02)
 直銷途徑，例如直銷郵件、電話營銷 Direct mail; telesales (DM01) 傳媒 Media (ME01)
 親友介紹 Refer by friend or relative (RE01) 其他 Others (OT01)

聲明 Declaration

1. 本人/本公司謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本人/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I/Our Company also understand that if any information stated is untrue or incomplete, the cover for me/our Company and/or the Insured Person may be invalidated.
2. 本人/本公司謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that this Proposal Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me/our Company and/or the Insured Person may be invalidated.
3. 本人/本公司同意中銀集團保險有限公司（下稱“中銀集團保險”）保留一切有關投保書接納與否之權利。 I/Our Company agree Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) reserves the right to accept or decline my/our Company’s application.
4. 本人/本公司明白必須繳付保費後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。 I/Our Company understand that BOCG Insurance insurance liability for me/our Company and/or the Insured Person will only take effect provided that premium has been paid.
5. 本人/本公司明白本人/本公司提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的： I/Our Company understand that the information provided by me /our Company to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:
 - (1) 處理及審批本人/本公司的保險申請或本人/本公司將來提交的保險申請; processing and evaluating my/our Company’s insurance application and any future insurance application I/our Company may make ;
 - (2) 執行本人/本公司保單的行政工作及提供與本人/本公司保單相關的服務; administering my/our Company’s insurance policy and providing services in relation to my/our Company’s insurance policy;
 - (3) 分析或調查、處理及支付本人/本公司保單有關的索償; analysis or investigating, processing and paying claims made under my/our Company’s insurance policy;
 - (4) 發出繳交保費通知及向本人/本公司收取保費及欠款; invoicing and collecting premiums and outstanding amounts from me/our Company;
 - (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期; any alterations, variations, cancellation or renewal of any insurance related product or service;
 - (6) 就以上用途聯絡本人/本公司; contacting me/our Company for any of the above purposes;
 - (7) 中銀集團保險行使任何代位權; exercising any right of subrogation by BOCG Insurance;
 - (8) 其它與上述用途有直接關係的附帶用途; other ancillary purposes which are directly related to the above purposes;及 and
 - (9) 遵循適用法律，條例及業內守則及指引。 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方： BOCG Insurance may disclose my and/or the Insured Person’s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商); third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問; in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司; insurance reference bureaus or credit reference bureaus;
- e. 再保公司及再保經紀; reinsurers and reinsurance brokers;
- f. 本人/本公司的保險經紀(若有); my/our Company insurance broker (if I/our Company have one);
- g. 中銀集團保險的法律及專業業務顧問; BOCG Insurance’s legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準); BOCG Insurance’s related companies (as that term is defined in the Companies Ordinance);
- i. 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」)及其會員，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; any association, federation or similar organization of insurance companies (“Federation”) and its members 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;
- j. 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; any member(s) of the “Federation” by the “Federation” for any of the above or related purposes;
- k. 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; 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;
- l. 保險索償投訴局及同類的保險業機構; the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本人/本公司在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person's data with the information collected by the Federation from the insurance industry.

此外，經本人/本公司同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料。Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person's personal data otherwise with my/our Company's consent.

本人/本公司有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出（電話：2867 0888，傳真：3906 9939）。I/Our Company have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction (只適用於非公司投保人 Applicable for non corporate policyholders only)

本人**不欲**中銀集團保險使用本人的個人資料經以下渠道作直銷推廣（請以“✓”選擇渠道）I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“✓”to select the channel(s)):

- 電子推廣郵件 Promotion Email 電話短訊 SMS 直銷郵件 Direct Mailing 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品，服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣（請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品，服務及/或標的而使用。）若您**不欲**中銀集團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, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

香港 H.K./

投保人/投保公司(連公司印鑑)簽署 Signature of proposed Insured/proposed Insured Company (with Company Chop)

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。
The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

銀行代理專用 For Bank use only		保險公司專用 For Office use only	
經辦編號 Staff No.	保險中介人編號 Agent No.	轉介單位編號 Transfer Unit No.	保單編號 Policy No.
經辦姓名 Staff Name	經辦單位編號 Unit No.	轉介人員編號 Transfer Staff No.	經辦人 Handled By
經辦聯絡電話 Staff Contact No.	CIN 號碼 CIN No.	申請編號 TX No.	覆核人 Checked By



僱員補償保險投保 / 續保表格 (按收入作計算基礎)

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

僱主的資料 Employer's Details

1. 僱主全名 (請提供商業登記文件副本)
Name of employer in full (Please provide a copy of valid Business Registration Document)

2. 僱用工作地點 Place of employment

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

1. 請就僱主之業務活動 / 職業提供詳細描述。
Please provide a general description of the employer's business activities / profession.

2. 業務成立於 When has the business been established _____ 年 Year
3. 僱主的業務是否涉及 Does any of the work carry out by the employers involve:
- a 在建築地盤進行? Any work in construction sites? 是 Yes 否 No
- b 任何回收工作? Any work involve recycling? 是 Yes 否 No
- c 任何在碼頭進行之工作 (包括船上工作裝卸工人)?
Any work at dock area (including stevedores)? 是 Yes 否 No
- d 使用船隻和駁船, 或潛水工作? Use of the vessel, barge, or any work involves diving? 是 Yes 否 No
- e 於離地面 10 米以上或地底進行的工作?
Work at a height above 10 metres or underground? 是 Yes 否 No
- f 任何於密閉空間進行工作, 例如污水渠、隧道等
Any work in confined space, such as sewer, tunnel, etc.? 是 Yes 否 No
- g 使用棚架、吊船、擺動船、工作平台?
Use of the scaffolding, gondola, swing boat, working platform? 是 Yes 否 No
- h 任何於化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?
Any work on chemical works, off-shore structures, oil or gas refineries? 是 Yes 否 No
- i 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?
Use, handle, store or transport any hazardous substances such as toxic chemicals,
explosive substances, gases, asbestos, radioactive substance? 是 Yes 否 No
- j 是否需要聘用外判公司? Need to employ sub-contractors? 是 Yes 否 No
- k 任何於香港境外進行工作? Any work outside Hong Kong? 是 Yes 否 No

如是, 請提供有關工作性質及所涉僱員人數:
If yes, please give nature of work and no. of employee(s) involved:

4. 僱主有否 Does the employer:
- (1) 為其業務聘用任何自僱人士? Hire any self-employed persons for their business? 是 Yes 否 No
- (2) 以兼職形式僱用任何僱員? Hire any part-time employees? 是 Yes 否 No
- (3) 計劃在投保保單期內大幅增聘員工或增設不同職務?
Plan to increase the no of the employees substantially or add different occupations
during the proposed period of insurance? 是 Yes 否 No



僱員資料 Employee's Details

1. 請提供足以證明投保僱員薪酬紀錄之文件（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）：
Please provide a document which can represent the real annual earnings of employee(s) (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents):

a. 全職 Full time

僱員職務（按類別） Occupation of Employee(s) (Each Category)	僱員人數 No. of Employees	估計全年總收入* Estimated Total Annual Earnings*
總計 Total:		

b. 兼職 Part time

僱員職務（按類別） Occupation of Employee(s) (Each Category)	兼職僱員人數 No. of Part Time Employees	估計全年總收入* Estimated Total Annual Earnings*
總計 Total:		

聲明 Declaration

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, 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.

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

姓名 Name : _____

職位 Position: _____

日期 Date : _____

*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。

* Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).

中銀集團保險保留要求僱主提交僱主或僱員所擁有的業務相關的工作經驗/資格/證書的權利。

BOCG Insurance reserves the right to request the documentary evidence related to the working experience/qualification/certificate of the employer or employee(s).



索償及相關資料 Claims and Related Details

1. 請提供過去三年的索償紀錄 Please provide the claim history records for the past 3 years:

【注意：索償資料應為曾投保的保險公司有關書面記錄】

[Note: Claims history records should be written evidence provided by the previous insurers.]

意外年度 Accident Year	已支付索償 (包括部分索償償付) Paid Claims (full and partial payment)		已報告未支付索償 Outstanding Claim(s)		全年總數 Total for the Year	
	賠案數目 No. of Case	金額 Amount	賠案數目 No. of Case	金額 Amount	賠案數目 No. of Case	金額 Amount

如提供資料多於3年，更有助於準確計算費率。

如提供資料少於3年，請說明：_____

If the claim history records are provided more than 3 years, it will be helpful to calculate premium rate.

If the claim history records are provided less than 3 years, please explain: _____

2. 任何索償金額超過港幣50,000的個案詳情 Details of any Claim with amount over HK\$50,000:

出險日期 Date of Accident	傷者姓名 Injuries	概述每宗意外經過 Brief Details of each accident	已支付索償 Paid	未支付索償 Outstanding	更新日期 Update on

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

姓名 Name : _____

職位 Position: _____

日期 Date : _____

以上為最低要求，建議提供所有的索償記錄，更有助於準確計算費率。

The above is the minimum information required, and we recommend to provide all claims history records, it will be helpful to calculate premium rate.