

東京海上火災保險(香港)有限公司 The Tokio Marine and Fire Insurance Co.(HK) Ltd.

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EMPLOYEES' COMPENSATION ORDINANCE

Wages Declaration Statement and Premium Adjustment and Declaration of Earnings Form (N.B. Please see overleaf for guidelines for completing this Form)

INSURED								
Period of Insurance:	From				Expired Policy	Expired Policy No.		
	То				Period of Insurance:			
(1) Occupations of Employees		Estimated No. of Employees	Estimated total salary/wages & other earnings	No. of Persons Employed	(2) Actual Total Gross Earnings for above Period of Insurance			
	we s mustra va t							
		-848 (1.78)	3					
	10.750 HII. HURO W							
						*1		
				rate sheet if the space provide on minimum annual earnings		mployee		
TOTAL								
(3) Contractors'/	Sub-contractors'	Employees (if co	vered under this	Policy)				
Name of Contractor / Nature o Sub-contractor sub-con			Estimated Amount Paid/Payable to Sub-contractor for the Period of Insurance	Name of Contractor / Sub-contractor	Nature of Work sub-contracted	Total Amount Paid/Payable to Sub-contractor for the Period of Inaurance		
тот	ΓAL							
GRAND								
Pursuant to the	Insurance Prem	ium Clause of the	abovementione	ed Policy, I/We affirm that the discorrect to the best of my/our	above amount of al knowledge.	l earnings paid by me	/us to every employee in	
Signature of the								
Company cho	p where appli	icable						
Name & Title of Person Signing:								
Designation:			Date	i:				



IMPORTANT NOTICE

- a) 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.
- b) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to us within the stipulated time (see Guidelines "4" below)

GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM

(1) Description of Occupations

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

(2) 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

(3) Contractors & Sub-contractor's employees

If you contract out any of the work in connection with your business, please provide particulars as specified therein.

(4) Submission

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it to us within **90 days** after the expiry or termination of the Policy together with the following:

- i) Signature of an authorized officer
- ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee)