

Domestic Helper Protector 3.0 Proposal Form

家傭靈活保3.0 投保表格

Enhanced Version 2024 升級版

(Please complete in ENGLISH BLOCK letter 請以英文正楷填寫)

Policy Effective Date 保單生效日期

From 由 (MM月/DD日/YY年)

(Back-dating is unacceptable 不可追溯保單生效日期)

Information of Employer 僱主資料

Full Name of Employer(Policy Holder) 僱主(投保人)姓名:

Surname 姓 Given Name 名

HKID Card / Passport No. 香港身份證 / 護照號碼 ()

Mobile No. 電話號碼

E-mail 電郵地址

Mailing Address 聯絡地址

☐ HK 香港島 ☐ KLN 九龍 ☐ NT 新界 ☐ Outlying Island 離島

Information of Domestic Worker 家傭資料

Full Name of Domestic Worker (Insured Person) 家傭(受保人)姓名:

Surname 姓 Given Name 名

Date of Birth 出生日期 (MM月/DD日/YY年)

HKID Card / Passport No. 香港身份證 / 護照號碼 ()

Sex 性別 ☐ Female 女性 ☐ Male 男性

Nationality 國籍 ☐ Philippines 菲律賓 ☐ Thailand 泰國 ☐ Indonesia 印尼

☐ Vietnamese 越南 ☐ Hong Kong SAR/ Chinese 香港/中國

☐ Other 其他

Nature 性質 ☐ Full-time 全日 ☐ Part-time 兼職

Duties 工作 ☐ Domestic works 一般家務# ☐ Chauffeur 司機*

☐ Doula 陪月¹ ☐ Others 其他*

Monthly salary 每月薪金# HK\$ 港幣

Place of employment 傭工受保工作地址 (if different from above 如與上述地址不同)

☐ HK 香港島 ☐ KLN 九龍 ☐ NT 新界 ☐ Outlying Island 離島

* Subject to special rating / extra premium 需附加額外保費
No refund for cancellation of Doula Policy 取消陪月保單不設退款
Premium loading applies if monthly salary more than HK\$8,000 如每月薪金多於港幣 8,000 元需附加額外保費

Please "✓" the appropriate box 請在適當的方格加上✓號

Select Coverage Plan 選擇計劃

Please refer to Important Notes. 請參閱「重要事項」

Basic 基本計劃	Extra Care 優越計劃	Super Care 卓越計劃	Ultra Care 超凡計劃
1 year plan 1 年計劃 (HK\$/港幣\$)			
☐ \$300	☐ \$435	☐ \$795	☐ \$1,188
2 year plan 2 年計劃 (HK\$/港幣\$)			
☐ \$540	☐ \$783	☐ \$1,450	☐ \$2,211

Optional Add-On: Major Cancer and Heart Disease Extension

自選附加保障: 主要癌症及心臟疾病保障

	1 year plan 1 年計劃 (HK\$/港幣\$)		
N/A	☐ \$294	☐ \$294	☐ \$294
	2 year plan 2 年計劃 (HK\$/港幣\$)		
N/A	☐ \$532	☐ \$532	☐ \$532

* Premium is inclusive of Levies 保費已包括徵款

Has your domestic worker ever been refused and/or required special terms and/or additional premium for any accident or illness insurance?
閣下之家傭曾否被拒絕接受投保意外或疾病保險, 或被附加特別條件或要求繳付額外保費?

☐ Yes 是 ☐ No 否

Payment Method 保費付款方法

☐ Payment by Cheque 支票付款

Cheque No. 支票號碼:

Bank 銀行:

Cheque should be crossed and made payable to "AIG Insurance Hong Kong Limited"
劃線支票抬頭請註明「美亞保險香港有限公司」

☐ Payment By Credit Card 信用卡付款

☐ VISA Card VISA 卡 ☐ MasterCard 萬事達卡

Card No. 信用卡號碼:

Expiry Date 信用卡屆滿日期: (MM月/YY年)

Card Holder's Name 信用卡持有人姓名:

Card Holder's Signature 信用卡持有人簽署:

Date 日期:

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/ MasterCard account for the premium stated on this Proposal Form.

本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註明之保費。



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.

Declaration 聲明

I/we declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this Proposal Form the following:

本人/吾等現聲明並謹代表本人/吾等及任何有權或聲稱有權就本投保表格要求保險賠償的人仕同意下列各項:

- In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.
本人/吾等同意如本文之譯本於意義上遇到任何爭議時,一概以英文版本為準;本人/吾等同時明白保險契約只會以英文發出,並會於本申請獲接納及核實時生效。
- I/we agree that AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong") reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective.
本人/吾等同意美亞保險香港有限公司(以下簡稱爲「美亞保險」),保留一切接納申請與否之權利;並明白申請經美亞保險接納及批核後,保障才正式生效。
- My/our declarations made herein, together with all information provided by me/us are full, complete and true and shall constitute the basis of the contract between the parties thereto.
I/we understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void.
本人/吾等謹此聲明上述填報及其他本人/吾等提供之資料均為完整無缺及全為事實,並同意此等資料將構成本人/吾等與美亞保險所訂保險合約之基本條件;本人/吾等明白凡因投保/或已患之疾病、損傷或其他狀況而引致之醫療需要,一律不予賠償。如有違反此項聲明,任何關於本投保表格之保險合約將會作廢。

4. If this application is made through an insurance broker, by signing this form the applicant agrees to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.

如本申請是經由保險經紀安排,申請人在簽署本表格後,同意美亞保險香港有限公司向保險經紀支付佣金,作為保險經紀安排(及/或續保)有關保單的報酬。

5. I/we have read, understood and accept the terms, conditions and exclusions of the Policy Wording and agree to be bound by the same. 本人/吾等已細閱及明白並同意本保單之條款及細則。

6. In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料,本人/吾等同意及確認:

(a). (Unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.

除非於本表格上另有訂明,本表格所要求提供的個人資料是供美亞保險香港有限公司(「美亞保險」)處理此申請的所需資料,若未能提供任何所需資料此申請則可能不被處理;

(b). The personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).

美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料,其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途);

(c). Unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.

除非本人/吾等於以下的「不收取推廣資料」方格填上✓號以作表示(其內容本人/吾等已細閱),美亞保險可使用本人/吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關於其它由AIG集團提供之保險產品,而在未獲本人/吾等同意的情況下,本人/吾等之個人資料將不會被如此使用;

(d). AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:

- Third parties providing services related to the administration of my/our policy (including reinsurance);
- Financial institutions for the purpose of processing this application and obtaining policy payments;
- In the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;

iv) For the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;

v) Another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or

vi) Other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.

美亞保險亦可向以下類別的人士(不論在香港或海外)轉交這些個人資料,作上述(b)及(c)項所列明之用途:

- 提供有關本人/吾等保單管理服務的第三者(包括再保險公司);
- 財務機構,作處理此申請及收取保費;
- 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構,以處理索償事宜;
- AIG集團授權的市場推廣公司,以作直銷之用(如上(c)項所述);
- 其它在任何國家之AIG集團之成員公司,作上述(b)及(c)項所有列明之用途;或
- 其它於美亞保險私隱政策所列明的人士,作於私隱政策列明之用途。

(e). I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱456號或電郵:cs.hk@aig.com)查閱、或要求修改本人/吾等的個人資料(美亞保險可就查閱及修改要求收取合理費用),或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

Promotion Material Opt-out (if you wish to opt-out, please tick) ☐

不收取推廣資料(如閣下不欲收取推廣資料,請在方格填上✓號)

Signature of Employer 僱主簽名

Date 日期