



招商永隆保險
CMB WING LUNG INSURANCE



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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.

招商永隆保險有限公司
CMB Wing Lung Insurance Company Limited

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A Member Company of China Merchants Group

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Employees' Compensation Insurance 僱員補償保險 Proposal / Premium Adjustment and Declaration Form 投保／保費調整及收入聲明表格

Employer's Details 僱主資料

Policy Number 保單編號 : _____ Period of Insurance 保單有效日期 : _____
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) _____
Place of employment 僱用的工作地點 _____

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? 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? Yes 是 ☐ No 否 ☐
- b) any work outside Hong Kong? 任何於香港境外進行的工作? Yes 是 ☐ No 否 ☐
- c) work at a height above 10 metres or underground? 於離地面10米以上或地底進行的工作? Yes 是 ☐ No 否 ☐
- d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 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? Yes 是 ☐ No 否 ☐
- If any of the above is "yes", please give nature of work and no. of employee(s) involved: 如上述任何項目之答案為「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 是 ☐ No 否 ☐
- b) hire any part-time employees? 聘用任何兼職僱員? Yes 是 ☐ 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 是 ☐ No 否 ☐
- If any of the above is "yes", please provide details: 如上述任何項目之答案為「是」，請提供詳情：

Employee's Details 僱員資料

1. Please provide the following information 請提供以下資料：
[Please provide a copy of latest (at least 3 months) 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(不少於三個月)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 Full-Time Employee(s) by Categories 全職僱員職務類別	Total Earnings* for the Current Period of Insurance 保險期內之僱員收入*總額		Estimated Total Earnings* for Renewal Period of Insurance 來年度之僱員收入*總額估計	
	No. of Employees 僱員人數	Actual Total Earnings* 實際總收入*	Estimated No. of Employees 估計僱員人數	Estimated Total Earnings* 估計總收入*
Occupation of Part-Time Employee(s) by Categories 兼職僱員職務類別	No. of Employees 僱員人數	Actual Total Earnings* 實際總收入*	Estimated No. of Employees 估計僱員人數	Estimated Total Earnings* 估計總收入*
Total 總計:				

* 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 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

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.
 任何未有按照“僱員補償條例”(第282章)第40(1)條購買僱員補償保險的僱主，即屬違法，一經定罪，最高可被判罰款十萬港元及監禁兩年。
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines (c) below). 根據保單條款，閣下必須在指定時間內向閣下的保險公司提交保費調整及收入聲明表格 (參見下面指引(c))。
- (3) The Insurance Company is not liable under the policy in respect of any occupations of employees not declared to the Insurance Company upon their employment. 對於任何未有在員工受聘時向保險公司申報的職業類別，保險公司不承擔任何責任。

**GUIDELINES FOR COMPLETING THE PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM
 保費調整及收入聲明表格填報指引**

- (a) **Description of Occupations 職業類別**
 Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.
 每項職業類別將分開申報，例如 文員，銷售人員，信差，貨車司機，焊工等。
- (b) **Total Earnings (As more fully defined under Section 3 of Employees' Compensation Ordinance (Chapter 282)). 收入總額 (與“僱員補償條例”(第282章)第3條相關詞語的定義相同)。**
 Please declare the actual total gross earnings for the period of insurance. 請如實申報保險期間的實際收入總額。
- (c) **Submission 提交**
 You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within **90 days** after the expiry or termination of the policy together with the following: 閣下必須完成保費調整及收入聲明表格，並在保單到期或終止後的 **90 天**內連同以下內容一併提交：
 i) Signature of an authorized officer. 授權人員的簽署。
 ii) Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee). 保險期間之強積金月結單 (須列明每名僱員的職業類別)。

Declaration 聲明

1. 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。
2. Pursuant to the Insurance Premium Clause of the abovementioned Policy, I/We affirm that the above amount of all earnings paid by me/us to every employee in my/our employment during the said Period of Insurance is true and correct to the best of my/our knowledge.
 按上述保單的保險費條款，本人/我們確認，以上申請在上述保險期間內本人/我們支付給僱員的收入總額正確無誤。

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

Name & Position 姓名及職位: _____

Date 日期: _____

Note: In case of any discrepancy of this form, the English version shall prevail between the Chinese and English versions.

註：本表格之中英文版本如有任何歧義，概以英文版本為準。