



Em	ployer'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	
<u>De</u> 1.	tails of Employer's Business Activities / Profession 僱主之業務/行業的資料 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 employer 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? 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?	是 Yes□ 否 No □
	b. Any work outside Hong Kong? 任何於香港範圍以外的工作?	是 Yes□ 否 No □
	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?	是 Yes□ 否 No □
	d. Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 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?	是 Yes□ 否 No □
	If yes, please give nature of work and no. 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:	
	a. Hire any self-employed persons for their business? 為其業務僱用任何自僱人士?	有 Yes□ 否 No□
	b. Hire any part-time employees? 以兼職形式僱用任何僱員?	有 Yes□ 否 No□
2	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?	有Yes□ 否No□

Employee's Details 僱員資料

1. Please provide the following information [Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s)]:

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請提供以下資料:	【請提供最近期的僱員薪酬紀錄副本	(例如:強積金供款紀錄	リノ バ会 当ワフマ 、	・報稅表或其他相關文件)

Occupation of Employee(s) by Categories 僱員職務	<u>Number of Employees</u> <u>僱員人數</u>	<u>Estimated Total Annual Earnings*</u> <u>估計全年總收入*</u>
Occupation of Employee(s) by	Number of Part Time	Estimated Total Annual Earnings*
Categories 僱員職務	Employees 兼職僱員人數	估計全年總收入*
	Total 總計:	Total 總計:
Declaration 聲明		
total annual earnings made by me/us o of the Employees' Compensation Ordir on the total annual earnings may invali	r on my/our behalf are true and nance (Chapter 282). Failure to d date the insurance. 授權人士/代表,保證以上由我	posed business, warrant the above estimated complete for all employees within the scope disclose all material facts or under declaration /我等根據《僱員補償條例》(第 282 章)申報全年總收入,可能導致保險作廢。
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^{*} 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。

請提供過去日	e the claim history E年的索償紀錄:	for the past 3 y	/ears:			
	三年的索償紀錄:					
[Noto: Emplo						
[Note. Emplo	yer shall make req	uest on the prev	vious insurers for	providing writte	en evidence of suc	h records.]
【注意:僱主	三需要向曾投保的個	保險公司要求提	供有關紀錄的書面	面證明,否則需	等數付最高的保養	費附加費】
AccidentPaid Claims (including partial claim payment)Year它支付索償 (包括部分 索償償付)		<u>Outstanding Claim(s)</u> <u>未支付索償</u>		<u>Total for the Year</u> <u>全年總數</u>		
<u>意外</u> 發生年份	No. of Case 賠案數目	Amount 金額	No. of Case 賠案數目	Amount 金額	No. of Case 賠案數目	Amount 金額
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Remarks: In case of any discrepancy between the English and Chinese versions of this form, the English version shall prevail 註:本表格之中英文版本如有任何歧義, 概以英文版本為準。