



中國交銀保險有限公司

CHINA BOCOM INSURANCE CO., LTD.



香港灣仔告士打道 231-235 號交通銀行大廈 16 樓 電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192
16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.

ISO 9001 : 2000
Certificate No. 202608

家傭綜合保險投保書

DOMESTIC HELPER COMPREHENSIVE INSURANCE PROPOSAL FORM

投保人姓名(僱主) : _____ 電話 : _____
 Name of Proposer (Employer) : _____ Tel. No. : _____
 傳真 : _____ 電郵地址 : _____
 Fax No. : _____ E-mail Address : _____
 通訊地址 : _____
 Mailing Address : _____
 僱用地址 : _____
 Place of Employment : _____
 保險期 由 _____ 日 _____ 月 _____ 年 至 _____ 日 _____ 月 _____ 年
 Period of Insurance : From _____ D _____ M _____ Y To _____ D _____ M _____ Y
 家傭姓名 : _____ 身份證/護照號碼 : _____
 Name of Domestic Helper : _____ I.D./Passport No. : _____
 出生日期 : _____ 性別 : _____ 國籍 : _____
 Date of Birth : _____ Sex : _____ Nationality : _____
 年薪 : _____ 保費 : _____
 Annual Income : _____ Premium : _____

所選計劃及保險期(請在適當空格內填上√)
Plan and Insurance Period Selected (Please "√" the appropriate box)

計劃 Plan A 1 年 Year 2 年 Years
 計劃 Plan B* 1 年 Year 2 年 Years

*計劃 B 只適用於海外家傭。(Plan B is ONLY applicable to Oversea Domestic Helper.)

如選擇計劃 B 者, 請填寫有關您的家傭健康狀況 :
If you select Plan B, please complete the following about the health condition of your domestic helper.

- 您是否知道上述家傭可能因某種病症而需要接受治療或手術? 是 Yes 否 No
Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
- 您的家傭曾否被拒保意外或醫療保險, 或需附加特別項目或條件才受保? 是 Yes 否 No
Has the domestic helper ever been rejected or subject to special terms and conditions when applying for accident or illness insurance?

以上任何一項回答"是"者, 請詳細說明 : _____
If any the above answer is "yes", please give details.

投保人須知 Important Notes to Proposer

為了提供此項和其他保險服務予投保人, 及知會投保人本公司之最新發展, 本公司現收集並可能轉傳投保人的資料予其他有關團體。投保人有權向本公司查閱及要求更正該等資料。

To enable us to provide this and other insurance services, as well as to keep you information of our new development, your personal data is collected and may be transferred to other relevant parties. Request to access or correct the data can be made to us now or in the future.

聲 明 Declaration

- 本人/我們謹此聲明, 根據本人/我們所知及所信, 上述所有資料均屬實無訛且事實之全部, 並所有能影響是項申請評估的事實因素均已呈報。
I/We declare that the information given above is true and complete to the best of my knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
- 本人/我們明白本投保書被中國交銀保險有限公司接受後保障才正式生效, 及同意該投保書和聲明將被用作雙方合約之根據。
I/We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE COMPANY LIMITED and agreed that this Proposal and Declaration shall be the basis of the contract between me/us and CHINA BOCOM INSURANCE COMPANY LIMITED.

投保人簽署 _____ 日期 _____
 Signature of Proposer: _____ Date: _____

Agent Code		Client Code	
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