



中國交銀保險有限公司

CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000
Certificate No. 202608

僱員保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

保戶名稱

Proposer's Name in

Full :

營業地址

Business

Address :

營業性質

Business :

保險期限 由 至 (起訖日期包括在內)

Period of Insurance : From To both date inclusive.

所有屬於僱員賠償條例下之員工均須包括在內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION MUST BE INCLUDED

僱員工作類別 Description of Employees	僱員人數估計 Estimated no. of Employees	年薪/工資及其他收入估計 Estimated Annual Salaries/Wages' & other Earnings	FOR OFFICE USE ONLY			
			Rate Percent	Premium	Class. Code	Clause
TOTAL:						

上列僱員在過去十二個月內支付薪金, 工資及其他收益為

The total amount of salaries wages and other earnings paid by me/us to the above mentioned employees during the past twelve months was

<p>1. 是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任?如需要,請列明 Do you want the Geographical Area of the Policy to be extended to apply outside Hong Kong in respect of employees working temporarily abroad?</p>	
<p>2. 投保地點是否屬法例或法則管轄該樓宇之用途或維修? Do your premises come within the meaning of any Law or Regulation governing the conduct or maintenance of such premises?</p> <p>(a) 若然, 請列明該法例或法則 If so, named such Laws or Regulations</p> <p>(b) 有無遵照該法例/或法則切實執行 Have you carried out all the obligations imposed on you by such Laws and/or Regulations?</p>	<p>(a)</p> <p>(b)</p>
<p>3. (a) 是否裝有任何鋸床或蒸氣,煤氣,水力,電力或其他機械動力所推動之其它機器? Have you any circular saws or other machinery driven by steam, gas, water, electricity or other mechanical power?</p> <p>(b) 一切機械廠房及通道是否採用堅固柵籬防護? Are your machinery, plant and pathways properly fenced and guarded and otherwise in good order and condition?</p>	<p>(a)</p> <p>(b)</p>

4. 汽鍋種類? What boilers do have you?	
5. 請列明所用之酸性液體, 氣體, 化學原料或爆炸性及其用量? State what acids, gases, chemicals or explosives will be used and to what extent	

6. 請列明近三年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況?
State hereunder amount of salaries/wages paid and give particulars of number of accident to your employees incidental to their occupation during the past three years:-

年份 Year	薪金/工資及其它收益 Salaries/Wages' & other Earnings	死亡 Fatal		暫時殘廢 Temporary Disablement only		永久殘廢 Permanent Disablement	
		次數 No.	迄今已付賠償金額 Compensation Paid To Date	次數 No.	迄今已付賠償金額 Compensation Paid To Date	次數 No.	迄今已付賠償金額 Compensation Paid To Date
		尚待解決索賠 Claims Outstanding		尚待解決索賠 Claims Outstanding		尚待解決索賠 Claims Outstanding	
		次數 No.	估計時付費用 Estimated further cost	次數 No.	估計時付費用 Estimated further cost	次數 No.	估計時付費用 Estimated further cost

7. (a) 閣下現在是否已付投或曾否投保對僱員之責任保險? 若然, 請列明受保公司名稱 Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If so, please state name of insurance company	(a)
(b) 該投保或償保曾否被拒絕或撤回? Has any such proposal or renewal ever been declined or withdrawn?	(b)
(c) 是否被提高費率? Has an increased rate been required?	(c)

聲明

Declaration:

本人/我們/我們下列具名人願向 貴公司依據上述之保險條款投保,本人/我們同意設一正確之薪金及工資記錄表並於保險期屆時遵照 貴公司所需之表報格式,並報實際支出之薪金及工資並付超過以上所估計之薪金及工資數額之保險費用.本人/我們茲聲明本人/我們已閱讀及審核上列之一切表報及細則均屬正確,本人/我們並無隱藏,虛報或歪曲任何事實,本人/我們所估計之薪金及工資乃是公平者,本人/我們同意本項聲明時作為本人/我們與中國交銀保險有限公司訂立契約之基礎.

I/We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true, that I/We have not suppressed, misrepresented or misstated and material fact, that I/We have fairly estimated my/our total salaries wages and expenditure, and I/We agree that this declaration shall be the basis of the contract between me/us and **CHINA BOCOM INSURANCE COMPANY LIMITED.**

日期
Date :

投保人簽署
Signature of Proposer :

Agent Code	
Client Code	