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Reset Form

## 豐隆家傭嚴重疾病保險申請表格 Hong Leong Domestic Helper Serious Disease Insurance Application Form

請填妥申請表格,以電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 至本公司。 You may submit the completed form to Hong Leong Insurance by email (personal@hl-insurance.com) or by mail or in person (Room 807-10. 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

A. 保障選擇 Choice of coverage (請以英文				ters and ✓ as app	propriate)				
起保日期 Period of insurance 由 from (日/月 (保險起保日期最早為申請日期的當天。 Ear	/年 D/M/Y)/	/至 to (日/	月/年 D/M/Y)						
家傭嚴重疾病保 Domestic Helper Serious Dise			┼劃─ Plan 1 HK\$100,000		計劃二 Plan 2 HK\$200,000				
總保費 Total p	remium								
註 Note: (1) 保監局保費徵費已包括在內。Premium Levy to Insurance Authority are included. (2) 家傭指您僱用以提供全職家政服務之海外傭工,並獲得人境事務處合法批准的人士。Domestic helper refers to the foreign domestic helper employed by you for full-time domestic service and who has been approved by the Immigration Department. (3) 此保障不適用於保險單生效日期或自有關與您訂立的僱傭合約最初生效之日期前(以較遲者為準)家傭已經接受醫學診治、診斷、檢驗或治療的任何嚴重疾病,又或不論是否為家傭所認知已出現徵兆及症狀的任何嚴重疾病。This Coverage shall not apply to any Serious Disease for which the domestic helper received medical consultation, diagnosis, examination or treatment, or of which the signs and symptoms, whether known or unknown to the domestic helper, manifested prior to the Effective Date of the Policy or the date which the employment contract with the Policyholder first commenced, whichever is the later. (4) 家傭年齡必須為18至60歲並可續保至65歲(以上次生日為準)。Domestic helper must be between 18 and 60 years of age. Renewal up to aged 65 (at last birthday). (5) 投保人必須為受保家傭之合約僱主。The applicant must be the employer of the insured domestic helper stated in the employment contract. (6) 每名僱主只可享有投保優惠一次,及只限首次投保。The enrolment offer is valid for first time enrolment and once for each applicant employer. (7) 保險單之最低保費為保險證明書所印示的最低保費。The policy is subject to the minimum premium printed on the Certificate of Insurance. (8) 每名家傭需有15天的等候期,等候期內任何疾病將不獲賠償。Each domestic helper has 15 days waiting period, no benefit shall be payable for any disease or sickness occurring within the period.									
B. 投保人個人資料 Personal details of ap	plicant								
英文姓名 English Name (須與香港身份證相	司 as printed on HKID)								
姓 Surname	名 Given name	中	文姓名 Chinese name		性別 Gender				
					□ 男 Male □ 女 Female				
出生日期 Date of birth (日/月/年 D/M/Y)	香港身份證 HKID		郵地址 E-mail address	s					
手提電話 Mobile	住宅電話 Home tel		辦公室電話	Office tel.					
家傭工作地址 Place of employment of don	nestic helper								
室 Flat/ Room	樓 Floor			Block					
大廈 Building/ 屋邨 Estate		街 Street/ Road							
地區 District area		香港 HK九龍 F	KLN						
通訊地址 Mailing address (如不同上 if differ	ent from the above)								
室 Flat/ Room	樓 Floor			Block					
大廈 Building/ 屋邨 Estate		街 Street/ Road							
地區 District area			KLN  新界 NT						
C. 家傭資料 Details of domestic helper									
英文姓名 English Name (須與香港身份證相	司 as printed on HKID)								
姓 Surname	名 Given name	國家	籍 Nationality		性別 Gender				
					☐ 男 Male ☐ 女 Female				
出生日期 Date of birth (日/月/年 D/M/Y)	香港身份證 HKID	護照 Passport							

證件號碼 Document no.

D. 付款指示及授權 Payment instruction and authorization												
	本人茲授權並要求豐隆保險(亞洲) 有限公司從本人下列之信用卡戶口內,支付該保障之保費。I hereby authorize and request Hong Leong Insurance (Asia) Limited to charge my credit card account listed below for the premium of this Insurance.											
持	持卡人姓名 Name of cardholder:											
信	用卡戶	□號碼	€ Credit c	ard ac	count no.		Visa	Mas	ster)			有效日期 Expiry date (月/年 M/Y)
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X									_			
持	卡人簽	署 Siç	gnature of	cardh	iolder (簽署	必須	與信用-	卡戶口簽署	式樣	相同 Sigr	atures	should correspond to the specimen signature of your credit card account.)
E	E. 聲明	Decla	ration									
1.												守此聲明就是次有關「豐隆家傭嚴重疾病保險」(「保險單」) 的申請所提供之資料,盡本人所 of the contract between me and Hong Leong Insurance (Asia) Ltd. I declare that the foregoing
					-							rer Serious Disease Insurance" policy ("Policy") are true, correct and complete in every aspect
2			•	•	and belief. 壬:懷孕戓	分婚、	- 受洒#	青戓藝物昌	⁄ 继、	人類母店	は陷病	(包括愛滋病)或在香港以外地方所發生之疾病等。詳情可參閱保險單內的條款及細則。
	under	stand	major exc	lusion	including:	oregn	ancy c	r childbirt				ol or drugs, HIV (including AIDS), or illness sustained outside Hong Kong etc. For details,
3.					l conditions 引於保險單의			-	人訂立	Z的僱傭合	約最初	70年效之日期前 (以較遲者為準) 家傭已經接受醫學診治、診斷、檢驗或治療的任何嚴重疾
	病,又或不論是否為家傭所認知已出現徵兆及症狀的任何嚴重疾病。I understand that the Policy coverage shall not apply to any serious disease for which the domestic helper received medical consultation, diagnosis, examination or treatment, or of which the signs and symptoms, whether known or unknown to the domestic helper, manifested											
	prior to the effective date of the Policy or the date which the employment contract with me first commenced, whichever is the later.											
	4. 本人在投保此計劃時正身處香港。I am physically present in Hong Kong as the date of this application. 5. 本人,並代表每一位獲列於本申請內之人士(「受保人」):I, and on behalf of each person covered under this application ("Insured Person"):											
					acknowled							
	(i) 收集、使用和披露本人及受保人的個人資料 (包括但不限於信用資料和以往申索紀錄),以用作處理本人的申請、調查和結清申索、以及偵測和防止欺詐行為 (無論是否與 就本申請而發出的保單有關) 所需的目的;及 collect, use and disclose my and the Insured Person's personal information (including but not limited to credit information											
	and claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy											
	issuedin respect of this application); and  (ii) 把我/我們的個人資料轉移給以下人士,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:保險理算人、代理和經紀:僱主:醫護專業人士;醫院;會計師:財務顧問:律師:整合保險業申索和承保資料的組織:防欺許組織:其他保險公司(無論是直接地,或是通過防欺許組織或本段中指名的其他人士);警察:和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)(合稱「該等人士」)。 transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this											
		_					_	isters (an	d the	ir operato	rs) us	ed by the insurance industry to analyse and check information provided against existing
	information (collectively, "Such Persons").  (b) 同意貴公司之「個人資料政策」(「該資料政策」) 會被引用,貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人 (等) 可以向貴公司索取或從網址www.hl-insurance.com 下載該資料政策。agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-											
	in	suranc	e.com, sh	all ap	ply and my	our p	ersona	al informat	ion m	ay be use	d, disc	closed and/or transferred in accordance with the Data Policy.
6.	5. 本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any											
7.		•	request fo ect Marke		y amendm	ent (sa	ave for	designati	on or	amendme	ent of t	peneficiary, which must be made by the relevant Insured Person(s)).
												本人提交是次申請即表明本人同意貴公司可將本人的個人資料用於該資料政策中載列之直接促
												d that you would not use my/our personal data in direct marketing without my consent.  ny personal data in direct marketing as set out in the Data Policy, except for the channel(s)
				-	ur objection			<b>本</b> ₩/□₩	-1-4-4-11	· · · · · · · ·	: 1 1 44-7-	
												任何直接促銷資料或訊息: I do not wish you to use my/our personal data in direct marketing / do blow channel(s):
	□郵件				コ電郵 Ema			短訊 SMS				ne Call
												、於是次申請前向貴公司傳達的任何選擇。I understand that the above represents my his replaces any choice communicated by me to you prior to this application.
8.					聲明、保險區 by, and agr						其約束	${\overline{\mathbb{R}}}$ . I confirm that I have read and understand these declarations, the terms and conditions of
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投保人簽署 Signature of applicant

日期 Date (日/月/年 D/M/Y)

投保人姓名 Name of applicant