

**豐隆家傭綜合保險申請表格 Hong Leong Domestic Helper 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** (請以英文正楷填寫，並在適當空格內加 ✓ 號 Please complete in English BLOCK letters and ✓ as appropriate)

起保日期 Period of insurance 由 from (日/月/年 D/M/Y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(保險起保日期最早為申請日期的當天。 Earliest policy effective date will be same as the application date.)

保障年期 Coverage period	<input type="checkbox"/> 1 年 year <input type="checkbox"/> 2 年 years	每名海外家傭保費 Premium per overseas domestic helper (港幣\$HK)
全職家政服務 Full-time domestic service	<input type="checkbox"/> 不包括附帶駕駛工作 excluding incidental driving duties <input type="checkbox"/> 包括附帶駕駛工作 including incidental driving duties (只限一年期 for 1 year only)	
自選附加保障 Optional cover		
嚴重疾病增保保障額 Serious disease extension coverage	<input type="checkbox"/> HK\$100,000 <input type="checkbox"/> HK\$200,000	
總保費 Total premium		

註 Note:

- 僱員補償保險徵款及保監局保費徵費已包括在內。Employees' Compensation Insurance Levy and Premium Levy to Insurance Authority are included.
- 家傭指您僱用以提供全職家政服務之海外傭工，並獲得入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.
- 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. Renew up to aged 65 (at last birthday).
- 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.
- 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.
- 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.
- 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 applicant**

英文姓名 English Name (須與香港身份證相同 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

電郵地址 E-mail address

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 domestic helper**

室 Flat/ Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈 Building/ 屋邨 Estate \_\_\_\_\_ 街 Street/ Road \_\_\_\_\_

地區 District area ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT**通訊地址 Mailing address** (如不同上 if different from the above)

室 Flat/ Room \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈 Building/ 屋邨 Estate \_\_\_\_\_ 街 Street/ Road \_\_\_\_\_

地區 District area ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT**C. 家傭資料 Details of domestic helper**

英文姓名 English Name (須與香港身份證相同 as printed on HKID)

姓 Surname

名 Given name

國籍 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. \_\_\_\_\_

請繼續填寫下頁 Please go on next page

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.

信用卡戶口號碼 Credit card account no. ( ☐ Visa ☐ Master )

有效日期 Expiry date (月/年 M/Y)

持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同 Signature should correspond to the specimen signature of your credit card account.)

1. 本人證實該投保家傭現在身體健康良好，並無任何傷殘或缺陷。I certify that the proposed domestic helper is now in good health and free from any physical impairment or physical deformity.

2. 本人於過去未曾於申請任何家傭保險計劃時被拒絕或要求附加任何條件，本人於剛過去的 12 個月內，未曾就該家傭於任何家傭保險計劃中獲得合共超過港幣 3,000 元之賠償。I have not been refused and/or required special terms for any domestic helper insurance. I have not made any claims in excess of HK\$3,000 in aggregate for the proposed domestic helper with any insurance company within the past 12 months.

3. 本人同意此等聲明為本人與豐隆保險（亞洲）有限公司訂立保險契約之根據。本人特此聲明就是次有關「豐隆家傭綜合保險」（「保險單」）的申請所提供之資料，盡本人所知及所信全部正確、無訛和完整。I agree that these declarations shall be the basis of the contract between me and Hong Leong Insurance (Asia) Ltd. I declare that the foregoing statements and particulars given in this application for "Hong Leong Domestic Helper Insurance" policy ("Policy") are true, correct and complete in every aspect to the best of my knowledge and belief.

4. 本人明白主要不受保事項包括：戰爭、恐怖份子活動；自殺；懷孕或分娩；受酒精或藥物影響；投保前已存在的傷患或疾病；人類免疫缺陷病毒（包括愛滋病）；違法行為；在香港以外地方所發生之疾病或其他事項（家傭人身意外保障除外）；由擁有或使用任何車輛或船隻所引致之法律責任。詳情可參閱保險單內的所有條款及細則。I understand major exclusions including: war, act of terrorism, suicide, pregnancy or childbirth, influence of alcohol or drugs, pre-existing injury, illness or disease, HIV (including AIDS), unlawful acts, accident or illness sustained outside Hong Kong (other than Domestic Helpers Personal Accident Insurance), legal liability arising from ownership or usage of any motor vehicle or watercraft. Details can refer to the Policy.

5. 本人明白外科手術及住院費用、門診費及服務中斷保障的主要不受保疾病：精神病、性病、先天性之殘疾、不孕、絕育、心臟病、癌病、心悸、腎石病、膽囊石病、高血壓、關節炎。I understand major exclusions applicable to surgical & hospital expenses cover, clinical expenses cover, and service interruption cover including: nervous or mental disease or disorder, venereal diseases, congenital anomalies and deformities, infertility, sterilization, heart disease or cancer, palpitation, renal calculus, gall bladder stone, hypertension, arthritis.

6. 本人明白「嚴重疾病增保」保障不適用於增保生效日期前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 this endorsement for serious disease extension 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 coverage.

7. 如申請人要求將保險單終止，而不會在保險有效日期內提出任何索償，申請人可獲退回按保險單未屆滿期間比例計算的已繳保費（須受列印於保險證明書上之最低保費所限）。詳情請參閱保險單條款。If the Applicant terminates the Policy, provided that no claim has been made or arisen during the Period of Insurance, the Applicant shall be entitled to a refund of premium paid (subject to the minimum premium as printed on the Certificate of Insurance) for the unexpired period of the Policy. Please refer to the Policy for further details.

8. 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.

9. 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"):

(a) 明白並且同意貴公司可：acknowledge and agree that you may:

(i) 收集、使用 and 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索賠紀錄），以用作處理本人的申請、調查和結清索賠、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 issued in respect of this application); and

(ii) 把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；整合保險業索賠和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐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 paragraph), the police and databases or registers (and their operators) used 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](http://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-insurance.com](http://www.hl-insurance.com), shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.

10. 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 subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).

11. 直接促銷 Direct Marketing

本人明白，未經本人同意，貴公司不會將本人的個人資料用於直接促銷。本人確認，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銷（本人於以下段落指明不同意收取直接促銷資料或訊息的渠道除外）。I understand that you would not use my/our personal data in direct marketing without my consent. I acknowledge that my submission of this application gives consent to you to use my personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I have indicated my/our objection below.

本人不希望貴公司經下列渠道把本人的個人資料用於直接促銷或接收貴公司發出的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 not wish to receive any direct marketing materials or messages from you via the below channel(s):

☐ 郵件 Direct mail      ☐ 電郵 Email      ☐ 短訊 SMS      ☐ 電話 Phone Call

本人明白以上代表本人目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代本人於是次申請前向貴公司傳達的任何選擇。I understand that the above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to you prior to this application.

12. 本人確認已閱讀及明白此等聲明、保險單條款和條件及該資料政策，並同意受其約束。I confirm that I have read and understand these declarations, the terms and conditions of the Policy and the Data Policy, and agree to be bound by the same.

日期 Date (日/月/年 D/M/Y)

香港北角英皇道510號港運大廈8樓807-10室  
Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong



DH/AF/122024/EC