

豐隆家務助理保險申請表格 Hong Leong Home Assistant 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 (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.)

家務助理工作時間 Home assistant working hours	優惠類別 Promotion type	保障年期 Policy term	保費 (港幣) Premium (HK\$)
兼職 Part-time	投保客戶 Enrolment	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
	「樂活一站」僱主 "Smart Living" employer	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
	「智慳家」客戶 "Smart Save" customer	<input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	
全職 Full-time	投保客戶 Enrolment	<input type="checkbox"/> 3 個月 months <input type="checkbox"/> 6 個月 months <input type="checkbox"/> 1 年 year	

註 Note:

- (1) 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.
- (2) 家務助理年齡必須為 18 至 65 歲。 Home assistant must be between 18 and 65 years of age.
- (3) 兼職：一星期工作時間不多於 40 小時及不與僱主同住；全職：一星期工作時間多於 40 小時。 Part-time: Working 40 hours or less and not living with the employer; Full-time: Working more than 40 hours per week.
- (4) 毋須提供家務助理之姓名。 Name of home assistant is not required.
- (5) 以上之保費適用於申請人於同一工作時段內只僱用一名家務助理的情況，而該名家務助理的職責包括一般家務、陪月、嫺姆、家居長者照顧、陪診及離院／駐院病人照顧。 The above premium is applicable to cases where at any point in time only one home assistant is employed by the applicant to perform household work, post-natal care; child care; household elderly care; escort for out-patient and care for discharged/hospital patient.
- (6) 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.

B. 投保人個人資料 Personal details of applicant (必須為受保家務助理之僱主 Must be the employer of the insured home assistant)

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. _____

家務助理工作地址 Place of employment of home assistant

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

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)

Age Group	Number of People
0-14	10
15-24	20
25-34	30
35-44	25
45-54	20
55-64	15
65-74	10
75-84	5
85-94	2
95-104	1

x

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. 本人聲明投保之家務助理現在身體健康良好，並無任何傷殘或缺陷。I declare that the proposed Home Assistant(s) is now in good health and free from any physical impairment or physical deformity.

2. 本人聲明投保之家務助理並非本人之同住親屬及是在符合香港法例下所受僱的。I declare that the proposed Home Assistant(s) is not a member of my family permanently residing at my home and is legally employed under the law of HK SAR.

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「豐隆家務助理保險」（「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) Limited. I declare that the foregoing statements and particulars given in this application for "Hong Leong Home Assistant Insurance" policy ("Policy") are true, correct and complete in every aspect to the best of my knowledge and belief.

4. 本人明白主要不承保事項包括：戰爭、恐怖份子活動、自殺、懷孕或分娩、受酒精或藥物影響、愛滋病、違法行為、由擁有或使用任何車輛或船隻所引致之法律責任。詳情請參閱保險單內的所有條款及細則。I understand major exclusion including: war, act of terrorism, suicide, pregnancy or childbirth, influence of alcohol or drugs, AIDS, unlawful act, legal liability arising from ownership or usage of any motor vehicle or watercraft, etc. Details can refer to the Policy.

5. 如申請人要求將保險單終止，而不曾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.

6. 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.

7. 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 issued in 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 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, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.

8. 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)).

9. 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 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 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 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.

10. 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)