MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555 Fax +852 2890 5741
msig.com.hk

A Member of MS&AD INSURANCE GROUP

For Agent & Direct Use Only

H109AG Employees' Compensation Insurance Proposal Form
僱員賠償保險投保書

Name of Proposer in Full 投保人全名

Correspondence Address 通訊地址

FOR OFFICE USE ONLY 只供內部使用	
Account No.	Policy No.

Email Address 電郵地址：

Contact No. 聯絡電話： Fax No. 傳真號碼：

Period of Insurance required 要求保單生效日期：

From 由 ： To 至： (Day/Month/Year) (日 ／月／ 年)

Employer's Details 僱主資料

1. Name of employer in full 僱主全名 (if different from Name of Proposer above 如與投保人不同)

   Business Registration No. 商業登記號碼
   (Please provide a copy of valid Business Registration Document 請提供有效商業登記文件之副本)

2. Place of employment 僱用工作地點 (if different from Correspondence Address above 如與通訊地址不同)

Details of Employer's Business Activities / Profession 僱主之業務 / 行業資料

1. Please provide a general description of the employer's business activities / profession.
   請詳細說明僱主之業務活動 / 職業提供。

2. How long has the business been established?
   業務成立年期 Year(s) 年

3. Does any of the work carry out by the employers involve:
   僱主所從事的工作是否涉及:

   a) any work on ships, chemical works, off-shore structures, oil or gas refineries?
      任何於船舶、化學廠、離岸建築物、石油或天然氣精煉廠進行的工作？ Yes 是 ☐ No 否 ☐
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

   b) any work outside Hong Kong?
      任何在香港以外的地方工作？ Yes 是 ☐ No 否 ☐
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

   c) work at a height above 10 metres or underground?
      在高度10米以上或於地底進行的工作？ Yes 是 ☐ No 否 ☐
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

   d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance
      使用、處理、貯存或運送任何危險物質，如有毒化學品、爆炸性物質、氣體、石棉、放射性物質？ Yes 是 ☐ No 否 ☐
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

4. Does the employer 僱主有否
   a) hire any self-employed persons for their business
      為其業務聘用任何自僱人士？ Yes 是 ☐ No 否 ☐
   b) hire any contractor for their business
      為其業務聘用任何承判商？ Yes 是 ☐ No 否 ☐
   c) hire any part-time employees
      聘用任何兼職員工？ Yes 是 ☐ No 否 ☐
   d) plan to increase the no. of the employees substantially or add different occupations in a short period of time
      計劃在短時間內大幅增聘員工或增設不同職務？ Yes 是 ☐ No 否 ☐

Employee's Details 僱員資料

1. Please provide the following information 請提供以下資料
   [Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s)]:
   (請提供最近期的僱員薪酬記錄副本（例如：最近期的強積金供款記錄、財務報表、報稅表或其他有關文件）):

Occupation of Employee(s) by Categories 僱員職務類別	Number of Employees 僱員人數	Estimated Total Annual Earnings* 估計全年總收入*	For Office Use Only 只供內部使用			
			Classification No.	Warranty	Rate Percent	Premium
Occupation of Employee(s) by Categories 僱員職務類別	**Number of Part Time Employees 兼職僱員人數**	**Estimated Total Annual Earnings* 估計全年總收入***				
Total 總計：						

Declaration 聲明

I/We, being the owner / authorized person / representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.
本人（等）作為投保業務的擁有人 / 獲授權人士 / 代表，謹此保證本人（等）或代本人（等）對上述全部僱員所申報之估計全年總收入均根據《僱員補償條例》（第282章）並屬真確及完整。倘未披露所有重要事實或少報全年總收入，可能導致保險作廢。

Authorized Signature (with Company Chop)
獲授權簽署（連公司圖章）

Name 姓名：

Position 職位：

Date 日期：

* Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).
* 根據《僱員補償條例》（第282章），收入包括：薪金、佣金、花紅、超時工作補薪、津貼等。

2 Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
請提供僱主或僱員所擁有的業務相關之工作經驗 / 認可資格 / 證書。

Insurance History 投保歷史

1. Is the employer's at present insured, or has the employer ever proposed for an insurance in respect of employer's liability to its employees?
   僱主 目前是否已投保或曾投保對僱員之責任保險？ Yes 是 ☐ No 否 ☐
   If yes, please state the name of insurance company.
   如是，請列出保險公司名稱

2. Has any such proposal or renewal ever been declined or withdrawn?
   該投保或續保是否曾被拒絕或撤回？ Yes 是 ☐ No 否 ☐
3. Has an increase premium rate been required?
   是否曾被提高保費率？ Yes 是 ☐ No 否 ☐

Claims and Related Details 索償及相關資料

1. Please provide the claim history for the past 3 years 請提供過去三年之索償記錄:
[Note: Employer shall make request on the previous insurers for providing written evidence of such records.] [註：僱主需向曾投保的保險公司索取書面形式的索償記錄。]

Accident Year 意外發生年份	Paid Claim(s) (including partial claim payment) 已支付索償（包括部分索償償付）		Outstanding Claim(s) 未支付索償		Total for the year 全年總計	
	No. of Case 賠案數目	Amount (HK$) 金額（港幣）	No. of Case 賠案數目	Amount (HK$) 金額（港幣）	No. of Case 賠案數目	Amount (HK$) 金額（港幣）

2. Details of any Claim with amount over HK$50,000. 任何索償金額超過港幣50,000元的個案詳情。

Date of Accident 意外發生日期	Brief Details of each accident (including cause of loss, degree of injury, current status, etc.) 概述每宗意外的經過（包括受傷原因、受傷程度、現況等等）	Claim Amount (HK$)索償金額（港幣）		
		Paid 已支付	Outstanding 未支付	Variation Date 修訂日期

Declaration 聲明

I/We, the undersigned, desire to effect the insurance as abovestated in the terms of the Policy to be issued by MSIG Insurance (Hong Kong) Limited ("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 statement and particulars which I/We have read over and checked are true, that I/We have not suppressed, mis-represented or mis-stated any 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 made between me/us and the Company.

本人（等）（下列簽署人）同意向三井住友海上火災保險（香港）有限公司（“貴公司”）根據上述之保險條款投保，本人（等）同意妥善保留有關的薪金及工資記錄並於每個保險期屆滿時遵照貴公司所要求之報表格式並申報實際支付之薪金及工資並繳付超過上面所估計之薪金及工資數額之保險費用。本人（等）特此聲明本人（等）已閱讀及審查上列之所有陳述及報表詳情均屬實正確，本人（等）並沒有隱藏、虛報、歪曲任何重要事實，本人（等）亦公平地估計本人（等）之總薪金、工資及支出，並同意以本項聲明作為本人（等）與貴公司訂立契約之基礎。

PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below. ☐

To enable us to process your opt-out request, please provide us below information.
Full Name:
Contact Number:
HKID Number: *(for identification purpose)*
Policy / Certificate / Acknowledgement Number *(if you have one)* :
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies;
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization 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.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at
9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

私隱政策
三井住友海上火災保險（香港）有限公司（下稱「**三井住友保險**」、「**我們**」或「**本公司**」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁msig.com.hk下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明
個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：
- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲 三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。
您亦可填妥本公司網頁msig.com.hk的一般查詢表格 — 拒絕直銷活動。 ☐

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。
姓名：
聯絡電話：
香港身份證號碼： *(作識別之用)*
保單號碼 / 證書編號 / 確認編號 *(如適用)*：
附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：
- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括:醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 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；及
- 保險業就現有資料而對所有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）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 (852) 3122 6922與我們聯絡。

DATE
日期 _____

SIGNATURE OF PROPOSER
投保人簽署 _____