

Agent Code

Agent Name

Policy No

僱員賠償保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

承保範圍：保障僱主對其僱員因工傷意外傷亡或患以該項業務有關之職業病法律規定下之責任

Cover : Indemnity against employers' liability at law to pay compensation in respect of bodily injury or death by Accident or Disease to their employees
本公司之標準保單只承保香港之認可司法裁判判決。

The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction of Hong Kong.

投保人姓名

Proposer's name in full

營業地址

Business address

電話

Tel.

僱用地址

Place of employment

業務種類

Business

工作詳況或細則

Particulars of work

保險期限 由 起至

Period of Insurance from to

注意：所有屬於僱員賠償條例下之員工均須投保，請詳列於表內

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

項目 Item No.	僱員工作類別 Occupation of Employees	僱員人數 No. of Employees	估計每年總薪 酬(港幣) Estimated Total Annual Earnings (HKD)	僱員是否需在香港區域以外工作 Employees Working Aboard ?			僱員是否需操作機械或 使用化學燃料 如是，請詳細列明 Do employees need to operate machines or use chemicals ? If so, please give details	此格保險 公司自用 For Office Use Only
				否 No	是， 世界各地 Yes, Worldwide	是，中國 Yes, China		Rate Percent

FURTHER PARTICULARS REQUIRED OVERLEAF 後頁各項問題需一併填答 →

請列最近三年之賠償紀錄

State claim record during the past three years:-

年份 Year	賠償次數 No. of Claim	已支付之賠償額 Claim Amount Paid	未解決之賠償額 Claim Amount Outstanding	詳情 Details

(1) 閣下是否已購買「僱員賠償」保險或曾經向保險公司申請投保？如有則請列保險公司名稱 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 Company. (2) 有否被保險公司拒絕續保或投保 Have any such proposal or renewal ever been declined or withdrawn? (3) 曾否被保險公司索加額外保費 Has an increased rate been required?	(1) (2) (3)
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聲明及簽署

本人/吾等謹此作下列聲明及同意

- 本人/吾等下列署名人欲向富勤保險(香港)有限公司(“貴公司”)依據保險保條例申請承保。
- 本人/吾等同意備置一確當之工資紀錄冊並於每次保險單到期日遵照貴公司所規定之表格造具保單期內之一切實際付出之工資薪金詳表並繳超過本投保書內所估計之工資薪金數額之保險費。
- 本人/吾等茲聲明本人/吾等所閱讀及審核以上之一切敘述及細則就本人/吾等所知均屬真實本人/吾等並無隱藏虛報或歪曲任何事實。
- 本人/吾等所估計之工資薪金或其他支出為合理者。
- 本人/吾等同意以本項聲明作為本人/吾等與貴公司訂立契約之基本條件。
- 本人/吾等明白此保障計劃需在貴公司審核接納申請並已繳費後方才生效。

Declaration and Signature

I/We declare and agree that

- I/We the undersigned desire to effect an insurance as above stated in terms of the Policy to be issued by Falcon Insurance Company (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 statements and particulars which I/We have read over and checked are true to the best of my/our knowledge and that I/We have not suppressed mis-represented or mis-stated any material fact.
- I/We have fairly estimated my/our total salaries wages and expenditure.
- I/We agree that this declaration shall be the basis of the contract between me/us and the Company.
- I/We understand that the insurance will not be in force until this proposal has been accepted by the Company and the premium has been paid.

日期

Date _____

投保人簽名及蓋章

Chop & Signature of Proposer _____