

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong
Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

居安心保險計劃投保書
DOMESTIC CARE INSURANCE SCHEME PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

投保人資料 PARTICULARS OF PROPOSER		
姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:		
電郵地址： E-mail Address:	聯絡電話： Contact Tel. No.:	傳真號碼： Fax No.:
保險處所地址： Premises:		

投保細則 INSURANCE COVER						
實用面積(平方英尺) Saleable Area(square feet)	計劃一 Plan 1 (HKD)		計劃二 Plan 2 (HKD)		計劃三 Plan 3 (HKD)	
	一年期 1 Year	二年期 2 Years	一年期 1 Year	二年期 2 Years	一年期 1 Year	二年期 2 Years
800 呎或以下 800 sq. ft. or below	\$1,200	\$2,280	\$800	\$1,520	\$400	\$760
801 - 1,200 呎 801 - 1,200 sq. ft.	\$1,600	\$3,040	\$1,000	\$1,900	\$500	\$950
超過 1,200 呎 Over 1,200 sq. ft.	另議 To be quoted					
保險處所所在大廈建築年份： Year of Built:	(樓齡超過 40 年，承保條件另議) (Building years over 40 to be considered separately)				同住家庭成員人數(包括投保人)： Total Member of Family(Incl. Proposer):	
(一) 過去三年內，你是否曾發生家居意外，而向本公司或其他保險公司提出索償？ Whether any accident and made the claims against in the past 3 years? 若“是”，請詳述意外性質、發生日期及索償銀碼： If "Yes", please specify type of accident, date of loss & claim amount: 是 Yes 否 No						
承保日期：(日/月/年) 由 開始 投保一年 投保兩年 Period of Insurance: (dd/mm/yyyy) From Start One Year Two Years						

自選附加保障 OPTIONAL COVER		
* 如須投保下列附加保障，請在空格內填上☑號，並填寫下頁投保資料。 If you wish to apply the following additional coverage, please make with a ☑ and fill in the particulars in the next page.		
1. 樓宇保障 BUILDINGS COVER	2. 家傭保險 DOMESTIC SERVANT INSURANCE	3. 大廈公共地方業主責任保險 INDIVIDUAL OWNERS' CONTINGENT LIABILITY

投保書第一頁補充資料欄 SUPPLEMENT TO PAGE 1 OF PROPOSAL FORM

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自選附加保障 OPTIONAL COVER			
1. 樓宇保障 BUILDINGS COVER	2. 家傭保險 DOMESTIC SERVANT INSURANCE	3. 大廈公共地方業主責任保險 INDIVIDUAL OWNERS' CONTINGENT LIABILITY	
1. 樓宇保障 BUILDINGS COVER			
投保金額： Sum Insured:		港幣 HKD	
過戶銀行 / 財務機構名稱： Mortgagee:			
2. 家傭保險 DOMESTIC SERVANT INSURANCE			
家傭類別： Domestic Servant Type:		外地家傭 Overseas Domestic Servant 本地家傭 Local Domestic Servant	
姓名： Name:		性別： Sex:	國籍： Nationality:
出生日期：(日/月/年) Date of Birth: (dd/mm/yyyy)		首次抵港日期：(日/月/年) First Stated Hong Kong: (dd/mm/yyyy)	
香港身份證號碼 / 護照編號： HKID Card No. / Passport No.:			
僱傭合約日期：(日/月/年) Contract Period: (dd/mm/yyyy)		由 From	
家傭每年工資： Annual Salaries/Wages:		港幣 HKD	
(一) 家傭是否曾被保險公司拒絕接受投保，取消同類型保險？ Have you ever been declined or withdrawn by any other Insurers? 如答案為“是”，請詳述： If "Yes", please specify: 是 Yes 否 No			
(二) 家傭是否曾因身體某體狀況而需要接受治療或手術？ Have you suffered any illness or accidental injury requiring treatment or surgical operation? 如答案為“是”，請詳述： If "Yes", please specify: 是 Yes 否 No			
3. 大廈公共地方業主責任保險 INDIVIDUAL OWNERS' CONTINGENT LIABILITY			
(一) 大廈是否已購買公共地方責任保險？ Are there any Public Liability Insurance for Building Common Area? 如答案為“是”，請詳述： If "Yes", please specify: 是 Yes 否 No			
投保金額： Sum Insured:		港幣 HKD	
(二) 投保單位並非位於地面樓層或地庫位置？ Are the premises below the level of the under surface of its lowest floor? 是 Yes 否 No			
(三) 過往並未曾被保險公司拒保，或受特別條款約束？ Have you ever been declined or withdraw by any other Insurers or accepted at revised terms and conditions? 是 Yes 否 No			
投保書第二頁補充資料欄 SUPPLEMENT TO PAGE 2 OF PROPOSAL FORM			

中國太平保險(香港)有限公司
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投保人資料 PARTICULARS OF PROPOSER		
姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT		

中國太平保險(香港)有限公司 (下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下提供本申請表要求的個人資料，是為本公司提供保險業務所需，否則，本公司將無法處理閣下的申請。本公司並可能使用閣下的個人資料作以下用途：

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請；
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務(包括但不限於更改、變更、取消或續期)；
- (iii) 分析、調查、處理及支付閣下保單有關的索償；
- (iv) 發出繳交保費通知及向閣下收取保費及欠款；
- (v) 本公司行使任何代位權；
- (vi) 就以上用途聯絡閣下；
- (vii) 其它與上述用途有直接關係的附帶用途；及
- (viii) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、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)；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀(若有)；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司(以《公司條例》內的定義為準)；
- (i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；
- (j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；
- (k) 保險索償投訴局及同類的保險業機構；
- (l) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：

- 1. 經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或短信與閣下聯絡，提供金融及保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上「✓」。
- 2. 經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料、人口統計數據及保單資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，獲取有關資料的公司可以以書信、電郵、或短訊與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給本公司的關連公司、關連公司之合作伙伴及第三方金融機構，或不欲接收本公司的關連公司、關連公司之合作伙伴及第三方金融機構的直接促銷通訊，請在以下的方格內填上「✓」。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的總經理辦公室經理(詳情參閱下文)。

閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查閱本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。如有需要，請以書面形式向本公司總經理辦公室經理提出，地址為香港銅鑼灣新寧道8號中國太平大廈19樓。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. If you fail to provide all the personal data requested in this form, we will not be able to process your application. The Company may also use your personal data for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy (include but not limited to any alterations, variations, cancellation or renewal of such product or service);
- (iii) analyzing, investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) exercising any right of subrogation;
- (vi) contacting you for any of the above purposes;
- (vii) other ancillary purposes which are directly related to the above purposes; and
- (viii) complying with applicable laws, regulations or any industry codes or guidelines.

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The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) 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);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) the Company's legal and professional advisors;
- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies (collectively called "the Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (j) any members of the Federation by the Federation for any of the above or related purposes;
- (k) the Insurance Claims Complaints Bureau and similar insurance industry bodies; and
- (l) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications:

1. With your consent, the Company may also use your contact details, personal data and policy details to contact you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications.
2. With your consent, the Company may also provide your contact details, personal data, demographic information and policy details to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions, who may send you direct marketing communications regarding financial and/or insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not consent to the Company providing your personal data to the Company's related companies, partners of the Company's related companies or third party financial institutions or do not wish to receive direct marketing communications from the Company's related companies, partners of the Company's related companies or third party financial institutions.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Manager of Office of the General Manager (please find the details below).

You have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it. Requests for such access can be made in writing to the Company's Manager of the Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

- ☐ 本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

投保人聲明 DECLARATION

1. 本投保處所是由投保人純粹用作住宅並作為自住用途。
The Premises have been occupied by the Proposer solely for the dwelling purpose.
2. 本投保處所全部為鋼筋三合土建築結構。
The Premises is built of brick or concrete and roofed with concrete.
3. 本投保處所除偶然全家外出外，經常保持有人居住，並無空置 14 天以上無人居住的情況。
The Premises will not be unoccupied for more than fourteen consecutive days.
4. 本人明白此項保險計劃只限於保障從事家庭職務之家傭，並接受保險公司無須負責本保單生效前該家傭染有之疾病或傷亡賠償。
I understand that the Policy shall only cover the domestic servant performing domestic duties, and the Policy will not responsible for any injury, sickness or disease sustained by the insured domestic servants prior to inception of the insurance.
5. 本投保書所填各項俱屬真實，並無虛報，投保人同意以本投保書作為與保險公司訂立契約的基礎。
I declare that the statements and particulars given hereon are true and complete. I also further agree that this Proposal shall be the basis of and form part of the contract of insurance between me and China Taiping Insurance (HK) Co. Ltd.
6. 投保人同意本保險按居安保險計劃保險單及批單上所訂的條件及條款辦理。
I agree to follow the terms and conditions stated in the Policy & any subsequent Endorsement.
7. 本投保書在未經中國太平保險(香港)有限公司審曉及同意前，保險並不生效。
I understand that the Policy does not become effective until this proposal had been examined and agreed by China Taiping Insurance (HK) Co. Ltd.

日期：

Date :

(日/月/年 dd/mm/yyyy)

投保人簽署：

Signature of Proposer :

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

投保人資料 PARTICULARS OF PROPOSER											
姓名： Name:					性別： Sex:		香港身份證號碼： HKID Card No.:				
由本公司填寫 FOR OFFICE USE ONLY											
PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%								
	O	R:	%								
SC:											
REMARK:											