



THE NEW INDIA ASSURANCE CO. LTD.

(INCORPORATED IN INDIA WITH LIMITED LIABILITY)

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(Regd. & Head Office: New India Assurance Bldg., 87, M. G. Road, Fort, Mumbai - 400 001.)

(Rated As "A - (Excellent)" By A.M. Best)

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

Coverage: Indemnify against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees.

保障範圍：保障僱主在法律规定下對僱員因工遭受意外傷亡或患與該項業務有關之職業性疾病的責任。

- Proposer's name in full (Note (1)) 投保人 (註釋(1)) _____
- Address 地址 _____
- Place of employment 僱用地點的地址
(if different from the above 如與上址不同) _____
- Business 行業 _____
- Particulars of work 工作 _____
- Period of insurance required 要求保單生效日期: From 由 _____ To 至 _____
- Please complete the schedule below 請列明及填寫以下表格:

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED. 必須包括一切屬於僱員補償條例法規範圍內之員工:		
Description of occupation of employees 僱員工作類別	Estimated number of Employees (Note 2) 估計僱員人數 註釋 (2))	Estimated Wages, Salaries and other Earnings to be paid during the above period (Note (3)) 工資薪金及其他酬益估額 註釋 (3))
1)		
2)		
3)		
4)		
5)		
Total 總數		

- Do you want to extend the Geographical Area of the policy to cover employees working temporarily outside Hong Kong Special Administrative Region? If so, please give details.
是否需要擴展保障僱員暫時在香港以外範圍工作之僱主責任？如需要，請列明。

- Please give particulars of nature of accidents to your employees arising out of their occupation during the past three years.

請將最近三年有關僱員由執行職務而發生意外傷害之詳情狀況說明。

A "Nil" reply shall be deemed to be given if this question is not answered. 此問題若未有填寫，則作「沒有索償」論。

Year 年份	No. 次數	Particulars 詳情	Compensation Paid 賠償額	Estimated Further Cost for Unsettled Claims 未賠償估計額

- Has any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn or cancelled? If "Yes", please give details.

關於閣下對各僱員之責任投保保險是否有任何申請或延續被拒絕、撤回或取消？如「是」，請說明。

- Yes 是
- No 否

Please see overleaf

Note (1)

The insurance policy insures only the employer specified as "The proposer" in respect of his liabilities towards employees in his direct employment..

If the insurance policy is also required to insure employees of other employers, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.

If the insurance policy is required to insure a group of companies, that is, consisting of holding company and subsidiaries, please discuss the insurance requirements with the servicing staff of our Company or with your insurance consultants.

Note (2)

The Employees' Compensation Ordinance requires an employer to take out an insurance policy covering ALL employees engaged in his business with a Minimum Amount of insurance coverage. The proposer should ensure that this Policy complies with the Ordinance requirements. A subsequent change in number of employees may result in a higher amount of insurance coverage being required under the Ordinance. In this event, the Insured should consult the Company immediately.

Under the Employees' Compensation Ordinance (Cap.282), an employer must take out an employees' compensation insurance policy that meets the following requirement:

- (i) if the number of employees does not exceed 200, a minimum policy liability limit of HK\$100 million any one event; or
- (ii) if the number of employees exceed 200, a minimum policy liability limit of HK\$200 million any one event.

Note (3)

Please state the total Earnings expected to be paid to persons in your direct employ during the period to be insured by the proposed insurance policy. Earnings means all gross wages, salaries, remunerations, commissions, bonuses, overtime, termination payments, allowances and the like directors' fees or other benefits whether at piecework rates or otherwise and whether paid in cash or in kind by the Insured to his Employees.

Important Notes

You are required to disclose all material facts which you know to 'The New India Assurance Company Limited' as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

Declaration

I/We hereby declare that the particulars and statements given above are, to the best of my/our knowledge and belief, true and complete. I/We agree that the proposal shall be the basis of the contract between me/us and 'The New India Assurance Company Limited'. I/We agree to keep a proper Wages Record and to render at the end of each period of insurance a statement in the form required by 'The New India Assurance Company Limited' of all Wages actually paid and to pay premium on any wages paid in excess of the amount estimated above.

Personal Information collection statement:

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- Any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them,
- Any claim or analysis of it ; and may be transferred to
- Any company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other services provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed time to time.
- Any person / organization to fulfill any of the above purposes and/or for the purpose of data verification within insurance industry.

You have right to obtain access to and to request correction of any personal information concerning yourself held by us. Request for such access can be made to the Manager of the company.

Applicable only in case Insurance Intermediary is involved:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by 'The New India Assurance Company Limited', 'The New India Assurance Company Limited' will pay the authorized insurance intermediary (Broker / agent) commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to The New India Assurance Company limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for The New India Assurance Company Limited to proceed with the application.

Date: _____

Proposer's Signature: _____

Place: _____

Name: _____

Insurance Broker / Agent name: _____

This form is not a policy of insurance. Please refer to the policy terms and conditions of the Policy which will be issued to you upon acceptance of your proposal.