Blue Cross 藍十字
An AIA Company 友邦保險成員公司

收集個人資料聲明
Personal Information Collection Statement

聯絡我們
Contact Us

「智富商業保」申請表格 SmartBiz Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant

1. 公司名稱 Company Name （請提供商業登記文件副本 Please provide a copy of valid business registration certificate）	2. 公司成立年份 Year of Establishment
3. 業務性質 Business Nature （請就公司之業務活動／僱主之職業提供詳細描述 Please provide a general description of the company's business activities/employer's profession）	
4. 香港通訊地址 Correspondence Address in Hong Kong	
5. 聯絡電話號碼 Contact Telephone No. 公司／店鋪 Office/Shop 手提 Mobile. （請提供至少1個電話號碼 Please provide at least one telephone no.）	6. 電郵地址 E-mail Address

(II) 投保詳情 Policy Particulars

1. 保單生效日期 Policy Effective _____日 DD _____月 MM _____年 YY 有效期為1年 Valid for 1 year （承保日期以藍十字審核為準。Policy effective date is subject to the Company's underwriting acceptance.）

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

(IIA) 基本保障 Basic Benefits（不包括第六部份 - 僱員補償及第七部份 - 個人意外保障 excluding Section 6 - Employees' Compensation and Section 7 - Personal Accident）

投保種類 Type of insurance
（請在所需的種類上加上「✓」號。 Please "✓" the insurance items required.）

選擇計劃及每年保費（於辦公室及店舖選擇其一） Plan Selected and Annual Premium (Please choose either one from Office and Shop)				
	☐ 辦公室 Office	☐ 計劃1 Plan 1 - HK$1,350	☐ 計劃2 Plan 2 - HK$2,600	☐ 計劃3 Plan 3 - HK$4,260
	☐ 店舖 Shop	☐ 計劃1 Plan 1 - HK$1,760	☐ 計劃2 Plan 2 - HK$3,050	☐ 計劃3 Plan 3 - HK$5,190
			基本保障保費 Basic Benefits - Annual Premium	

(IIB) 自選保障 Optional Benefits

第一部份 財物全險保障 Section 1 – Property All Risks Protection

自選受保項目 Optional Interest Insured	增加存貨投保額 Additional Sum Insured on Stock (HK$)	年費率 Premium Rate（辦公室 Office - 0.30%）（店舖 Shop - 0.35%）	每年保費 Annual Premium (HK$)
主要存貨類別包括 _____ Major stock nature consists of _____			

第六部份 僱員補償 Section 6 - Employees' Compensation

所有屬於僱員補償條例下之僱員均須包括在內。
All employees within the scope of the Employees' Compensation Ordinance must be included.
【請提供最近期三個月的僱員薪酬紀錄副本（例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）】
[Please provide a copy of latest 3 months wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s)]

受保職務類別# Categories of Insured Occupation#	員工人數 No. of Employees (1)	估計全年收入* Estimated Total Annual Earnings* (HK$) (2)	年費率 Premium Rate (3)	每年保費 Annual Premium (HK$) (4) = (1) x (2) x (3)
☐ 辦公室 Office				
文職人員（非體力勞動工作；只限於香港工作）Clerical Staff (Non-Manual Work Only; Working in Hong Kong Only)			0.18%	
文職人員（非體力勞動工作；短暫於外地工作）Clerical Staff (Non-Manual Work only; Temporarily Working Overseas)			0.35%	
私家車司機（只限於香港工作）Private Car Driver (Working in Hong Kong Only)			0.60%	
茶水員／辦公室助理／信差（只限於香港工作）Pantry Worker/Office Assistant/ Messenger (Working in Hong Kong Only)			0.60%	

受保職務類別# Categories of Insured Occupation#	員工人數 No. of Employees (1)	估計全年收入* Estimated Total Annual Earnings* (HK$) (2)	年費率 Premium Rate (3)	每年保費 Annual Premium (HK$) (4) = (1) x (2) x (3)
☐ **店舖 Shop**				
銷售員（只限於香港工作） Sales (Working in Hong Kong Only)			0.45%	
工人（只限於香港工作） Workers (Working in Hong Kong Only)			1.00%	
司機 (5.5 噸或以下)（只限於香港工作） Drivers (5.5 tonnes or below) (Working in Hong Kong Only)			2.20%	
美甲師／美容師／髮型師／助理（只限於香港工作） Nail Beautician/Facial Beautician/Hair Stylist/Assistant (Working in Hong Kong Only)			0.75%	
室內導師（只限於香港工作） Indoor Tutor (Working in Hong Kong Only)			0.25%	
第六部份 僱員補償 - 總員工人數、收入及保費 **Section 6 – Employees' Compensation –** **Total No. of Employees, Earnings and Premium**				

* 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。

* Earnings include salaries, commission, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).

第六部份每年保費
Section 6 - Annual Premium

\# 僱員從事的工作如涉及下列性質，請註明:
1. 於香港以外地方工作
2. 於高度10米以上或地底進行的工作
3. 需於建築地盤、船廠、船舶、化工廠、離岸建築物、石油或天然氣精煉廠工作或視察
4. 使用、處理、貯存或運輸有害物質如有毒化學物、爆炸品、氣體、石棉和放射性物質

\# Please specify if the work carry out by the employees involves the following :
1. work outside Hong Kong
2. work at a height above 10 metres or underground
3. work in/on or visiting construction site, shipyard, ships, chemical works, off-shore structures, oil or gas refineries
4. use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance

IIA - 基本保障 IIA - Basic Benefits _____ + IIB - 自選保障 (第一部份) IIB - Optional Benefits (Section 1) _____ + IIB - 自選保障 (第六部份) IIB – Optional Benefits (Section 6) _____ = 每年總保費 Total Annual Premium _____ + 保監局徵費 IA Levy _____ + 僱員補償保險徵費 EC Levy _____

(III) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票 Cheque （劃線支票抬頭人請填寫「**藍十字（亞太）保險有限公司**」）
支票號碼 Cheque No. _____ (Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")

2. ☐ 信用卡 Credit Card

本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳總額包括保險業監管局徵費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the grand total due including levy to the Insurance Authority from my credit card account specified below for the insurance policy.

☐ VISA ☐ Mastercard

持卡人姓名 Name of Cardholder _____	到期日（月／年） Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(IV) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷**（除接收續保資訊外）
   ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. **接收續保資訊**
   ☐ 我不同意接收此保單的續保資訊。
3. **把個人資料提供聯盟計劃合作夥伴**
   ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。 請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. **Use of Personal Data in Direct Marketing** (except receiving renewal information)
   ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. **Receiving Renewal Information**
   ☐ I do not agree to receive renewal information of this policy.
3. **Provision of Personal Data in Direct Marketing to Alliance Program Partners**
   ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(V) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 本人／我們並未僱用任何自僱人士從事業務。
4. 本人／我們於過往3年內，從未遭受保障範圍內的財物全險、業務中斷、金錢保障、公眾責任和僱員忠誠所引致的任何遺失或損失。
5. 本人／我們於過往3年內從未作出僱員補償和個人意外索償。
6. 本人／我們於過往3年內未曾於投保同類型保險時被拒絕接納申請／續保，或被增加附帶條款。
7. 本人／我們作為投保業務之擁有人／獲授權人士／代表，保證以上由本人／我們根據《僱員補償條例》（第282章）申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險失效〔只適用於第六部份 - 僱員補償保險〕。
8. 本人／我們同意妥善保存實際支付的薪金及工資紀錄，並於保險屆滿時以藍十字所指定之格式填報有關紀錄。本人／我們並同意繳付跟超過以上所估計之薪金及工資數額之額外支付數額有關的保費〔只適用於第六部份 - 僱員補償保險〕。
9. 本人／我們明白及同意當藍十字就本保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
10. **本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
11. 投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／#根據《商業登記條例》（香港法例第310章）登記的法人團體、合夥業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. I/We do not employ any self-employed person for my/our business.
4. I/We did not suffer from any loss or damage covered by Property All Risk, Business Interruption, Money, Public Liability and Fidelity Guarantee in the past 3 years.
5. I/We did not incur any Employees' Compensation and Personal Accident claim(s) in the past 3 years.
6. I/We have never had any new application/renewal declined, nor have special terms and conditions been imposed on similar application or renewal for insurance in the past 3 years.
7. I/We, being the owner/authorised 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 (applicable to Section 6 – Employees' Compensation Insurance only).
8. I/We hereby agree to keep a proper record of salaries and wages actually paid and agree to render such record in the form specified by the Company at the end of each period of insurance. I/We further agree to pay premium relating to any salaries and wages paid in excess of the amount estimated above (applicable to Section 6 – Employees' Compensation Insurance only).
9. I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
10. **I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.**
11. The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong / #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

(VI) 投保所需文件 Documents Required For Insurance Application

1. 商業登記文件副本。 A copy of valid business registration certificate.
2. 最近期的三個月的僱員薪酬紀錄副本。A copy of latest 3 months wageroll of employee(s).
   例如：強積金供款紀錄、財務報表、報稅表或其他相關文件。
   For example：Latest MPF contribution records, financial statements, tax returns or other relevant documents.

(VII) 簽署 Signature

投保人簽署（公司蓋印（如適用）） Signature of Applicant with Company Chop where applicable	日期（日／月／年） Date (DD/MM/YY)

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中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.