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

# 「僱員補償保險」申請表格 Employees' Compensation 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 （如投保人為個人 — 投保人必須年滿18歲或以上。If Applicant is an individual - The Applicant must be aged 18 or above.）

| 1. 投保人姓名 Name of Applicant （請提供商業登記文件副本 Please provide a copy of valid Business Registration Document） | 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. 通訊地址 Correspondence Address | |
| 5. 電話號碼 Contact Telephone No. 公司 Office 手提 Mobile （請提供至少1個電話號碼 Please provide at least one telephone no.） | 6. 傳真號碼 Fax No. |
| | 7. 電郵地址 Email Address |

## (II) 投保詳情 Policy Particulars

1. 保單生效日期 Policy Effective Date _____ 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 the Correspondence Address)

## (IIA) 受保職位詳情 Details of Insured Occupation

**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 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# | 僱員人數 No. of Employees | 估計每年收入* Estimated Total Annual Earnings* (HK$) | 藍十字專用 For Office Use only 保率 Rate Percent | 保費 Premium (HK$) |
|---|---|---|---|---|
| | | | | |
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| **兼職僱員詳情（如適用）Details of Part Time Employees (if applicable)** | | | | |
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* 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).

| | |
|---|---|
| **徵收費用 Levy Charges** | |
| **全年保費 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

## (III) 其他資料 General Information

| | | |
|---|---|---|
| 1. 閣下是否僱用 Do you employ | | |
| a) 任何自僱人士從事業務？ any self-employed person for your business? | ☐ 是 Yes | ☐ 否 No |
| b) 任何兼職僱員？ any part-time employees? | ☐ 是 Yes | ☐ 否 No |
| c) 任何與投保人同住之家庭成員？ any member of the Applicant's family who resides with the Applicant? | ☐ 是 Yes | ☐ 否 No |
| 2. 閣下是否計劃在短期內大幅增聘員工或增設不同職務？ Do you plan to increase the no. of employees substantially or add different occupations in a short period of time? | ☐ 是 Yes | ☐ 否 No |
| 3. 閣下於過往3年內曾否作出僱員補償保險索償？ Have you made any Employees' Compensation Insurance claim(s) in the past 3 years? | ☐ 是 Yes | ☐ 否 No |
| 4. 閣下於申請僱員補償保險時曾否被拒絕投保、拒絕續保，或續保時被附加特別條款？ Have you ever been declined, refused to renew or renewed but subject to special terms or conditions for an Employees' Compensation Insurance? | ☐ 是 Yes | ☐ 否 No |

如上述問題的答案為「是」者，請於另紙詳加說明，並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.

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

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

2. ☐ 現金 Cash

3. ☐ 信用卡授權 Credit Card Authorisation

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

## (V) 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.**

## (VI) 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。
4. 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。
5. 本人／我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與受保人（等）有關之資料。本人／我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
6. **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。**
7. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
8. 適用於個人客戶
   #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
   適用於公司客戶
   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、合顆業務、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, 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.
4. 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.
5. I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
6. **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.**
7. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
8. For individual customer
   #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
   For entity customer
   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)

## (VII) 簽署 Signature

| | |
|---|---|
| 投保人簽署<br>Signature of Applicant | 日期（日／月／年）<br>Date (DD/MM/YY) |

**藍十字專用 For Office Use Only**

| | | | |
|---|---|---|---|
| 中介人姓名<br>Name of Intermediary | 中介人編號<br>Intermediary's Code | 保單號碼<br>Policy No. | 批核人簽署<br>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.