

## 家傭保險投保書 DOMESTIC HELPER INSURANCE PROPOSAL FORM

請以英文正楷填寫，並在適當的空格內填上  Please fill in this form in English block letters and tick the boxes where appropriate

<b>投保人資料 Proposer Details</b> (必須年滿18歲 Must be 18 years old or above)		保單號碼 Policy No.	代理編號 Agent No.
姓名 Fullname		注: 投保人必須為家傭合約上列明之僱主。 Name of Proposer must be the employer of domestic helper(s) stated in the employment contract.	
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	職業及職位 Industry & Position	
通訊地址 Correspondence Address			
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
聯絡電話 Contact No.	電郵地址 Email		

### 保險期限 Period of Insurance

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	起兩年內有效 for two years	本保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
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### 僱傭資料 Employee's Details

僱傭姓名* Name of Employee(in full)		性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	國籍 (如其他，請註明) Nationality (if others, Please specify)	<input type="checkbox"/> 印尼 Indonesia <input type="checkbox"/> 菲律賓 Philippines
本地兼職家傭，請填寫轉介公司名稱 (本地家傭及兼職家傭只限投保計劃一) Name of Employment Agency for Local Part-time Domestic Helper (Local domestic helper and Part-time domestic helper are only eligible to Plan I only)			
受僱地址 (如與通訊地址不同 Different from the Correspondence Address) Place of Employment			
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
職位 Position (非家傭之職位將受額外承保條款限制 Positions other than domestic helper is subject to special underwriting)		本保險產品不適用於職責包括駕駛、園藝、護理、陪月的本地工人 Local employee with driving, gardening, nursing or post-natal care duties is not eligible to this Insurance	
<input type="checkbox"/> 家傭 Domestic Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 司機 Chauffeur <input type="checkbox"/> 其他 (請註明) Others (Please specify)			

### 投保計劃及承保期 Plan and Insurance Period Selection

計劃 III * Plan III*	兩年期 2 Year	Special promotion: HKD 998
如選擇計劃 II 或 III 者，請填寫你家傭的健康狀況：If you select Plan II or III, please complete the following about the health condition of your domestic helper：		
1. 他 / 她是否正在接受或打算接受任何醫療護理或手術或服食任何藥物？ Is he / she receiving or contemplating any medical attention or surgical treatment or taking any medicine?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 他 / 她曾否被拒投保意外或醫療保險，或需附加特別項目或條件才受保？ Is he / she receiving or contemplating any medical attention or surgical treatment or taking any medicine?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
如以上任何一項答案為“是”，請詳細說明 If any of the above answer is "Yes", please give details：		

### 聲明 Declaration

- 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。  
I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.
- 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.

本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。  
I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

投保人簽署 Proposer's Signature	日期 (日/月/年) Date (dd/mm/yyyy)
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Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

### 繳付保費方法 Premium Payment Method

<input type="checkbox"/> 支票 Cheque	抬頭：世聯保險有限公司 payable to Allied World Assurance Company, Ltd	支票號碼 Cheque No.
<input type="checkbox"/> 本人授權 世聯保險有限公司 Allied World Assurance Company, Ltd 從本人信用卡戶口內支取有關保費。 I hereby authorise Allied World Assurance Company, Ltd to charge the relevant premium to my credit card account for this insurance policy.	港幣(元) HK \$	
簽發銀行 Issuing Bank	信用卡 Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
信用卡號碼 Credit Card No.	信用卡有效期 (月/年) Credit Card Expiry Date (mm/yy)	
持卡人姓名 Cardholder's Name	日期 (日/月/年) Date (dd/mm/yyyy)	
持卡人簽署 Cardholder's Signature	日期 (日/月/年) Date (dd/mm/yyyy)	
簽署必須與上述信用卡戶口簽署式樣相同。 Signature should correspond to the specimen signature of the above credit card account.		

### 本公司專用 For Office Use Only

Allied World Assurance Company, Ltd	日期 (日/月/年) Date (dd/mm/yyyy)
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## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
  - 再保險公司；
  - 中介人包括保險代理人及保險經紀；
  - 索償調查者、公證行及其他專業顧問；
  - 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
  - 任何保險業組織或聯會及其成員；及
  - 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，
- 以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：

郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)