



聯豐亨保險有限公司

Luen Fung Hang Insurance Company Limited

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僱員賠償保險投保書

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

保險範圍：保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾病律法規定下之責任。

Cover : Indemnity against employer's liability to pay compensation in respect of bodily injury by lent accident or disease to their employees.

本公司之標準保單是不保障不在所保地區範圍內之法院裁判。

The indemnity under the company's standard form of Policy will not apply in respect of judgements which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

重要事項

第 40/95/M 號法令規定，僱員人數及其收入均須十足投保，否則保險公司在賠償時將會按比例分攤，賠償不足之數由僱主負責。

保戶名稱

Name of Proposer in full : _____

營業／居住地址

Business / Residence Address : _____

聯絡電話

Tel. No. : _____

身份證明編號

I.D./ B.I.R No. : _____

作業性質

Type of work-risk : _____

工作詳情

Particulars of work : _____

工程價

Contract Value : _____

保固期

Maintenance Period : _____

保險期限

Period of Insurance : _____ 月，由(日 dd/月 mm/年 yy) _____ 至(日 dd/月 mm/年 yy) _____ to _____

所有屬於僱員賠償條例下之員工均須包括在內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

僱員工作類別 Description of employees	僱員人數估計 Estimated Number of Employees	年薪／工資及其他收入估計 Estimated Annual Salaries/Wages & other Earnings	保險公司自用 For Office Use Only		
			Rate	Premium	Class Code

上列僱員在過去十二個月內所支付薪金，工資及其他收益之總額為\$ _____

The total amount of salaries / wages and other earnings paid by me/us to the above employees during the past twelve months was \$ _____

1. 閣下現在是否已付投保或曾否投保對僱員之責任保險?

Are you at present insured, or have you ever proposed for insurance in respect of your liability to your employees?

若然，請列明受保公司名稱

If so, please state name of Company _____

2. 投保或續保會否被拒絕或撤回?

Has any such proposal or renewal ever been declined or withdrawn? 沒有 No 有 Yes 原因： _____

3. 曾否被提高保率?

Has an increased rate been required? 沒有 No 有 Yes 原因： _____

請列明近三年來僱主所付出之工資總額及僱員因職務而發生意外傷亡之詳細狀況：

State hereunder amount of salaries/wages paid and give particulars of number of accidents to your employees incidental to their occupation during the past three years:

年份 Year	薪金/工資及其他收益 Salaries/Wages & other Earnings	死亡 Fatal		暫時殘廢 Temporary Disablement Only		永久殘廢 Permanent Disablement	
		次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date	次數 No.	迄今已付賠償金額 Compensation paid to date
		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled		尚待解決索賠 Claims still unsettled	
		次數 No.	估計有尚需賠償金額 Estimated further cost	次數 No.	估計有尚需賠償金額 Estimated further cost	次數 No.	估計有尚需賠償金額 Estimated further cost

聲明及授權

余/余等下列具名人願向 貴公司依據上述之保險條款投保，余/余等同意設一正確之薪金及工資記錄表冊並於保險期屆時遵照 貴公司所需之表格格式並報實際支出之薪金及工資並繳付超過以上所估計之薪金及工資數額之保險費用。余/余等茲聲明余/余等已閱讀及審核上列一切表報及細則均屬正確，余/余等並無隱瞞，虛報或歪曲任何事實，余/余等所估計之薪金及工資乃是公平者，余/余等同意本項聲明時作為余/余等與聯豐亨保險有限公司訂立契約之基礎。

本人/我們明白及同意：

- 本人/我們於本投保書內之陳述乃真實無訛，可作為簽發保單之根據。
- 本投保書是本人/我們在澳門特別行政區內簽署，如有任何訛騙或資料失實，本人/我們及/或受保人之保障有失效之虞。
- 本人/我們同意接受「僱員賠償保險」保單上所述的條款及細則。
- 本人/我們同意「聯豐亨保險有限公司」(「聯豐亨」)保留一切有關投保書接納與否之權利。
- 本人/我們明白必須繳付保費後，聯豐亨對本人/我們及/或受保人之保險責任始行生效。
- 本人/我們明白本人/我們提供的資料為聯豐亨提供保險業務所需，並可能使用於下列目的：
 - 任何與保險或財務有關的產品或服務，包括但不限於保險、理財、退休金或退休金計劃，或該等產品或服務的申請及任何更改、變更、取消、續期及/或復效的申請；
 - 不時向本人/我們推薦及提供產品及/或服務，及執行、維持、管理及營運該等產品及/或服務；
 - 任何索償，或該等索償的調查、分析、處理、評估、釐定或回應該等索償；
 - 行使任何代位權；
 - 防止及/或偵查罪行、欺詐及其他不誠實的行為；及
 - 可能轉移予下述各方(無論在澳門特別行政區境內或境外)作為上述列出目的之用；
 - 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會的會員；
 - 任何向聯豐亨及/或其相關聯公司提供業務運作有關的行政、電訊、電腦、市場推廣及/或其他服務的代理人、承攬人、商業夥伴及第三方服務供應者；
 - 根據對聯豐亨具法律約束力的規定，或因監管或其他管理機構所要求聯豐亨遵守的指引，履行對任何人士的披露責任；
 - 任何對聯豐亨有保密責任的人。
- 本人/我們明白本人/我們有權查閱及要求更正由聯豐亨持有有關本人/我們及/或受保人的個人資料；及/或要求不將該等個人資料用於直接促銷的用途。如有需要，本人/我們可向聯豐亨人力資源部提出，地址：澳門新口岸宋玉生廣場 398 號中航大廈四樓。

本人/我們明白及授權，且不得撤回：

- 本人/我們授權聯豐亨可向有關的保險行業協會及聯會和該等協會及聯會的會員從保險業內收集的資料中查閱及/或核對本人/我們及/或受保人任何資料。
- 任何知悉或擁有本人/我們/被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士，向聯豐亨透露有關資料。即使本人/我們/被保人死亡或喪失能力，此授權書仍然存在法律效力，而本人/我們/被保人之繼承人及轉讓入亦會受此授權書約束。此授權書之正本與副本同屬有效。

Declaration & Authorization

I/We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by the Company. I/We agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the Company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above. I/We have not suppressed, mis-represented or mis-stated any material fact, that I/We have fairly estimated my/our total salaries wages and expenditure, and I/We agree that this declaration shall be the basis of the contract between me/us and Luen Fung Hang Insurance Company, Limited.

IT IS UNDERSTOOD AND AGREED :

- I/We declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance.
- I/We declare that this Proposal Form is applied and signed at Macau Special Administrative Region, in case of fraud or factual misrepresentation, the cover for me/us and/or for the Insured Person(s) may be invalidated.
- I/We agree to accept all the terms and conditions of "Employees' Compensation Insurance" Policy.
- I/We agree "Luen Fung Hang Insurance Company Limited" ("Luen Fung Hang") reserves the right to accept or decline my/our application.
- I/We understand that Luen Fung Hang's liability for myself/ourselves and/or for the Insured Person(s) will only take effect provided that premium has been paid.
- The information provided by me/us to Luen Fung Hang is collected to enable Luen Fung Hang to carry on insurance business and may be used for the purpose of :
 - processing and/or approving applications for products and/or services and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and/or services which may include, without limitation, insurance, provident fund or scheme, or other financial products or services;
 - offering and providing products and/or services to me/us from time to time, and administering, maintaining, managing and operating such products and/or services;
 - any claim or investigation, analyzing, processing, assessing, determining or responding of such claims;
 - exercising any right of subrogation;
 - preventing and/or detecting crimes, fraud and other dishonest behavior; and
 - may be transferred to the following parties (whether within or outside the Macau Special Administrative Region) for the purposes set out as above :
 - reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
 - agents, contractors, business partners, and third party service providers who provide administration, telecommunications, computer, marketing, and/or other services to Luen Fung Hang and/or any of its affiliated companies in connection with the operation of business;
 - any person to whom Luen Fung Hang is under an obligation to make disclosure under the requirements of any law binding on Luen Fung Hang or under and for the purposes of any guidelines issued by regulatory or other authorities with which Luen Fung Hang are expected to comply;
 - any other person under a duty of confidentiality to Luen Fung Hang which has undertaken to keep such information confidential.
- I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves and/or the Insured Person(s) held by Luen Fung Hang and/or not to use data for direct marketing purpose. Requests for such access can be made to the Human Resources Department of Luen Fung Hang, address: No. 398 Alameda Dr. Carlos D'Assumpcao, Edificio CNAC, 4 Andar, Macau.

IT IS UNDERSTOOD AND IRREVOCABLY AUTHORIZED :

- Luen Fung Hang is hereby authorized to obtain access to and/or to verify any data provided by me/us and/or the Insured Person(s) with the information collected by the relevant insurance industry associations and federations, and members of such industry associations and federations from the insurance industry.
- any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of Luen Fung Hang may disclose any such information. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

投保單在未經本公司接受允保及投保人未付清全數保費以前不生效力。

The liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium paid, except as provided by any official Cover Note issued by the Company.

日期
Date: _____

投保人簽署
Proposer's Signature: _____

For Office Use Only	
Agent code :	Premium : (HKD / MOP)
	S.D. :
	D/C :
Prepared by :	Approved by :