

鐘點家傭保險

「鐘點家傭保險」是一項特別為有聘用鐘點家傭的僱主所提供的保險計劃。本計劃保障僱主在香港特別行政區之僱員補償條例規定下所需承擔的僱員賠償責任。投保手續簡便、快捷，保費廉宜，令僱主倍感安心。

保障範圍

- 僱主對受保障家傭在香港僱員補償條例及普通法下需要承擔之責任。
- 每宗事故最高賠償額為HK\$100,000,000。
- 保障包括下列因工傷引致的
 1. 死亡
 2. 殮葬費
 3. 醫療費用
 4. 住院費用
 5. 暫時喪失工作能力
 6. 永久完全或局部喪失工作能力
 7. 裝配義肢或器具

上述各項賠償限額按照香港特別行政區之僱員補償條例規定。

一般除外責任

1. 戰爭及有關風險、自殺、懷孕或生育、酗酒、或服用非經法定認可的註冊醫生處方指定之麻醉品或藥物、愛滋病或其相關的病徵，在保險生效前已存在的傷病。
2. 肺塵埃沉着病、間皮瘤、職業性失聰、核能放射、法例下僱主因不依期作出工傷賠償而需繳付之罰款。

地區範圍

- 香港

鐘點家傭年齡限制

- 18至65歲。

保費表

投保期	保費*(每名家傭)	最低收費(每名家傭)
一年	HK\$280包括徵款	HK\$150包括徵款
兩年	HK\$500包括徵款	HK\$300包括徵款

* 以上保費只適用於負責一般日常家務工作（不包括駕駛車輛）及年薪不超過HK\$50,000為限之鐘點家傭。

注：此單張上所載的內容由中國太平保險(香港)有限公司全權負責，僅供參考之用。
鐘點家傭保險由中國太平保險(香港)有限公司承保保險，並依據保單之條款及細則，承擔所有保障及賠償事宜。
中國工商銀行(亞洲)有限公司為中國太平保險(香港)有限公司之授權保險代理商。



承保公司：
中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

如果您選擇不收取有關工銀亞洲的宣傳郵件，請以書面通知本行，地址及收件人為「香港中環花園道3號中國工商銀行大廈33樓，資料保護主任收」。

**查詢詳情，歡迎親臨本行各分行，
我們的客戶服務主任隨時樂意為您提供更多資料。**

您亦可致電客戶服務熱線

218 95588 或
瀏覽我們的網站
www.icbcasia.com

Part-time Domestic Helper Insurance

"Part-time Domestic Helper Insurance" is an insurance plan specially designed for employer of part-time domestic helper. On the one hand, this plan provides coverage to the employers against liability to pay employees' compensation under the Employees' Compensation Ordinance of the Hong Kong SAR. On the other hand, the process of application is simple and fast. While the small amount of premium gives the best value for your money, it also gives the best protection to the employers.

Coverage

- The liability of employers to the insured part-time domestic helper under the Employees' Compensation Ordinance of Hong Kong SAR and common law.
- The maximum amount of reimbursement per accident is HK\$100,000,000.
- It covers the following which are caused by work injury:-
 1. Death;
 2. Funeral expenses;
 3. Medical expenses;
 4. In-patient treatment expenses;
 5. Temporary incapacity;
 6. Permanent total or partial incapacity;
 7. Fitting of prostheses and appliances.

The amount of the above reimbursement should comply with the stipulations in the Employees' Compensation Ordinance of Hong Kong SAR.

General Exclusions

1. War and its related risks, suicide, pregnancy or childbirth, intoxication by alcohol or narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, AIDS or AIDS Related Complex (ARC), pre-existing injury, sickness or disease.
2. Pneumoconiosis, Mesothelioma, noise-induced deafness, nuclear radiation, any penalty for which the employer may become liable for late payment of compensation for work injury under legislation.

Geographical Area

- Hong Kong

Age Limit for Part-time Domestic Helper

- 18 to 65 years of age

Premium Table

Period of Insurance	Premium* (Each Maid)	Minimum Charge (Each Maid)
1 year	HK\$280 inclusive of levies	HK\$150 inclusive of levies
2 years	HK\$500 inclusive of levies	HK\$300 inclusive of levies

* The above premium is only applicable to part-time domestic helper who is responsible for general daily household chores (excluding driving vehicles) and with annual income not exceeding HK\$50,000.

* China Taiping Insurance (HK) Company Limited assumes full responsibility for the contents of this leaflet.
The information of this leaflet is for reference only. China Taiping Insurance (HK) Company Limited is the insurance underwriter of "Part-time Domestic Helper Insurance" and is solely responsible for all coverage and compensation subject to the terms and conditions of the Policy.
Industrial and Commercial Bank of China (Asia) Limited is an authorized insurance agent of China Taiping Insurance (HK) Company Limited.



Underwritten by:
中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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「鐘點家傭保險」投保書 Part-time Domestic Helper Insurance Proposal Form

(為方便輸入電腦，請以英文正楷填寫 To facilitate computer input, please fill in BLOCK letters) 請於適當 內加 號 Please in the appropriate

投保人資料 Particulars of Insured

投保人姓名 (僱主):
Name of Insured (employer): (中文 Chinese) (英文 English)

香港身份證號碼 HKID Card No.:

通訊地址 Correspondence Address:

聯絡人 Contact Person: 電郵地址 Email Address:

聯絡電話 Contact Tel. No.: (住宅 Home) (辦公室 Office) (手機 Mobile)

保險地址 Place of Employment:

鐘點家傭 (受保障人) 資料 Particulars of Domestic Helper (Insured Person)

1) 閣下的鐘點家傭是否屬本地僱員? Is your part-time domestic helper a local employee? 是 Yes 否 No
如答案為「否」，請填寫國籍及原居地: _____
If the answer is 'No', please fill in the nationality and place of origin:

2) 閣下的鐘點家傭年齡是否屬18至65歲? Is your part-time domestic helper aged between 18 to 65? 是 Yes 否 No
如答案為「否」，請填寫年齡: _____
If the answer is 'No', please fill in the age:

3) 閣下的鐘點家傭年薪是否不超過HK\$50,000? Is it true that the annual income of your part-time domestic helper does not exceed HK\$50,000? 是 Yes 否 No
如答案為「否」，請填寫年薪: _____
If the answer is 'No', please fill in the annual income:

備註: 1) 如上述答案為「否」，保費及承保條件另議。
2) 若需投保超過一名鐘點家傭，請將詳細資料填寫另一份投保書並簽署交回。
Note: 1) If there is one or more than one of the above answers is 'No', premium and policy terms will be subject to negotiation.
2) If more than 1 part-time domestic helpers are to be covered by the insurance, please fill in the details in another proposal form and sign and return the same.

投保類別 Type of Insurance

保險期限 (日/月/年): 由 From _____ 至 to _____ 止 (首尾兩天包括在內 both days inclusive)

一年保險期 One-year period of insurance 保費HK\$280 (受保人數: 只限一名) Premium of HK\$280 (No. of Insured Person: limited to ONE only)

兩年保險期 Two-year period of insurance 保費HK\$500 (受保人數: 只限一名) Premium of HK\$500 (No. of Insured Person: limited to ONE only)

付款方式指示及授權書 Payment Method and Authorisation

本人(等)現授權中國工商銀行(亞洲)有限公司從下述本人(等)之港幣儲蓄/往來*戶口內支取本人(等)之「鐘點家傭保險」首年以及續期保費。
本人(等)明白如有需要，須於一個月以前以書面通知中國工商銀行(亞洲)有限公司保險部取消此項授權。
I/We hereby authorise ICBC (Asia) to debit my/our HKD Savings/Current* Account above for my/our "Part-time Domestic Helper Insurance" first and renewal premiums. I/We understand that I/We may withdraw this authorisation by giving one month in advance a written notice of cancellation to ICBC (Asia) Insurance Department.

中國工商銀行(亞洲)有限公司港幣儲蓄/往來*戶口號碼
ICBC (Asia) HKD Savings/Current* Account No. _____

戶口持有人簽署 Signature of Account Holder: _____ 日期 Date: _____
(*請刪去不適用者 Please delete whichever is inappropriate)

收集個人資料聲明 Declaration for Personal Data Collection

閣下提供的資料，為本銀行及中國太平保險(香港)有限公司提供保險業務所需，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，或該等產品或服務的任何更改、變更、取消或續期;
- 任何定價或審核分析，及可能轉售;
- 現存或不時成立的任何有關的公司，或任何其他從事與保險或再保險有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。

閣下有權查閱及要求更正本公司持有有關閣下的個人資料。如有任何要求或查詢，請來函或聯絡本銀行資料保護主任及中國太平保險總經理辦公室經理。
The information you provide to the Bank and China Taiping Insurance (HK) Company Limited 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 the said products or services;
- Any claims or analysis of claims; and may be transferred to.
- Any related company which exists or is formed from time to time, or any other related company carrying on insurance or reinsurance related business or an intermediary or claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies.

You have the right to inspect and request rectification of your personal data held by this company. Should there be any request or enquiry, please write to Data Protection Officer of the Bank and the Manager of the Office of the General Manager, China Taiping Insurance (HK) Company Limited.

投保人聲明 Declaration

1. 上述與受保障人是以鐘點家傭性質為投保人以從事一般日常家務工作(不包括駕駛車輛)之僱員。
 2. 本投保書所填各項供屬真實，並無隱情。投保人同意以本投保書作為與保險公司訂立契約的基礎。
 3. 投保人同意本保險受鐘點家傭保險及批單上所訂的條件及條款處理。
 4. 本投保書在未經中國太平保險(香港)有限公司同意接受投保前，保險並不生效。
- The above proposed Insured Person is employed by the Insured on a part-time basis for handling general daily household chores (excluding driving vehicles).
- All the items filled in this proposal form are true and complete. The Insured agrees that this proposal form forms the basis of the contract with the insurance company.
- The Insured agrees that this insurance will be handled according to the terms and conditions of Part-time Domestic Helper Insurance Policy and endorsement.
- This insurance will not be effective before China Taiping Insurance (HK) Company Limited agrees to accept the application in this proposal form.

投保人簽署 Signature of the Proposer: _____ 投保日期 Date of Proposal: _____

由銀行填寫		由保險公司填寫			
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	DT	SC		GC	
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鐘點家傭保險

