



Falcon

家傭寶

Win Helper



家傭寶 綜合保障計劃 Win Helper Helper Insurance Package

富勤保險(香港)有限公司
Falcon Insurance Company (Hong Kong) Limited

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我們誠意向閣下推薦家傭寶綜合保障計劃。本小冊子將扼要地介紹這計劃所提供的各項保障服務。閣下如欲了解更詳盡的保障細則，歡迎隨時向富勤保險(香港)有限公司索取詳細條文。

家傭寶特點

- 高達港幣一億元之僱主責任
- 高達港幣二仟元之診療費用
- 高達港幣二萬元之外科手術及住院費用
- 高達港幣一仟五百元之牙科費用
- 高達港幣十萬元之個人意外保障
- 高達港幣二萬元之緊急醫療支援服務



保障範圍

一 僱主責任

(僱員補償保險) 保障投保人在僱員補償法例規定下，對被保人在受僱期間工作引起生病，受傷或死亡而須承擔之賠償責任。

依據僱員補償法例規定賠償，每宗事故最高賠償額為港幣100,000,000元。

二 診療費用

被保人如因生病或意外引致身體受傷需接受正式註冊醫生診治，其實際合理及必須支付之醫療費用將獲得賠償，但賠償金額以每天每次診療不超過港幣150元或在每年受保期內總賠償金額不超過港幣2,000元為限。

三 外科手術及住院費用

被保人如因生病或意外導致身體受傷而需入住醫院接受外科手術或治療，所支付之實際必須及合理之費用將獲得賠償，但賠償金額不超過下列規定：

- 住院費每天不超過港幣300元。
- 每次外科手術費不超過港幣10,000元。
- 麻醉師費用不超過(b)項賠償之百分之二十五。
- 手術室費用不超過(b)項賠償之百分之十二點五。

每年受保期內之最高賠償額為港幣20,000元。



四 牙科費用

被保人如因牙齒疾患需接受口腔手術、治療膿腫、X光檢查，脫牙或補牙，將獲得賠償實際及必須支付費用的三分之二，但每年受保期內之總賠償金額以港幣1,500元為限，而所有治療必須由註冊牙科醫生進行。

五 個人意外保障

被保人在休假期間並非因工而身體意外受傷，導致十二個月內因傷死亡或永久性殘廢，將依下列情況賠償：

意外死亡	港幣100,000元
喪失肢體中任何兩肢或以上	100,000元
雙目失明	100,000元
喪失一肢及一目失明	100,000元
喪失一肢	50,000元
一目失明	50,000元

(喪失肢體即在手腕或足踝或以上斷失，而失明即不可復完的永久性視力喪失)

六 緊急醫療支援服務

如被保人經註冊醫生證明因受傷或疾病不能工作而導致僱傭合約被終止或因而死亡，本公司將會支付：

- 以國際航機（經濟客位）將被保人送返原居國家，包括行程起止兩地之機場接送；或
- 將遺體運到原居地最近葬殮處的機場。

本公司支付 (a) 或 (b) 項下之實際、必須及合理之費用，但總額不超過港幣20,000元。



不保事項

所有保障項目之一般不保事項

戰爭及有關風險、自殺、懷孕或生育、酗酒、或服用非經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及其它身體狀況，恐怖活動（但法例規定下的僱主責任除外）。

個別保障項目之特定不保事項

一 僱主責任

在香港以外的地方受傷或生病；肺積塵病，核能放射，或法例下僱主因不依期作工傷賠償而須付之罰款。

二 診療費用

精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌症、療養、體格檢查、美容或整形手術（但由本保單範圍內損傷引致之矯形手術除外）、接種疫苗、預防針或預防藥物。

三 外科手術及住院費用

不保事項與二相同

四 牙科費用

口腔檢查、洗牙、磨牙、鑲裝牙冠、牙橋、牙箍及假牙等。

五 個人意外保險

任何形式之騎策、駕車比賽及用供氧設備輔助呼吸之水中活動。

六 緊急醫療支援服務

遺體從香港以外地方運送遺返原居地及在香港以外地區發生事件引致被保人或其遺體之遺返或運送原居地。

年齡限制

由十八歲至五十五歲

等候期

由保單開始日起十五天內為等候期，適用於第二、三、四項。等候期內投保人所支付任何有關第二、三、四項的費用將不會獲得賠償。

保費

一年：港幣720元

兩年：港幣1,300元

Thank you for your interest in the comprehensive domestic helper insurance Win Helper - offered by Falcon, of which you can find a short description hereafter. For full details on terms, conditions, limitations and exclusions, please obtain a standard Policy Wording from Falcon Insurance Company (Hong Kong) Limited.

Win Helper provides: -

- Employer's Liability with maximum indemnity up to HK\$100,000,000
- Up to HK\$2,000 of Clinical Expenses
- Up to HK\$20,000 of Surgical and Hospitalisation Expenses
- Up to HK\$1,500 of Dental Expenses
- Up to HK\$100,000 of Personal Accident
- Up to HK\$20,000 of Emergency Medical Assistance

BENEFITS

1. Employer's Liability

In the event the Insured Person suffers injury or disease arising out of and in the course of her/his employment, the policy indemnifies the Insured against liability at law including liability under the legislation, to pay compensation, costs and/or expenses. According to the legislation, the maximum indemnity is up to HK\$100,000,000 any one Event.

2. Clinical Expenses

In the event the Insured Person requires medical treatment from a clinic for sickness or injury resulting from an accident, the policy pays the actual, necessary and reasonable expenses incurred up to HK\$150 per visit per day and up to a maximum of HK\$2,000 for each policy year, provided such treatment is received from a legally qualified and registered medical practitioner.

3. Surgical and Hospitalisation Expenses

In the event the Insured Person is confined in a hospital for surgery or treatment of sickness or injury resulting from an accident, the policy pays the actual, necessary and reasonable expenses incurred up to:

- HK\$300 per day for room and board and other hospital miscellaneous services
- HK\$10,000 per surgical operation
- 25% of the amount payable under (b) above for anaesthesia and its administration
- 12.5% of the amount payable under (b) above for use of the operating theatre

The maximum payable per each policy year is HK\$20,000.

4. Dental Expenses

In the event the Insured Person requires oral surgery, treatment of abscesses, X-rays, extractions or fillings as a result of dental disease, the policy pays two-thirds of the actual, necessary and reasonable expenses incurred up to a maximum of HK\$1,500 for each policy year, provided such treatment is received from a legally qualified and registered dentist.

5. Personal Accident Benefits

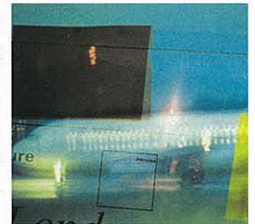
In the event of an accident to the Insured Person during her/his rest days not in the course of and arising out of employment with the Insured and/or not covered by the legislation resulting in accidental death or permanent disablement occurring within 12 months from the date of such accident, the following compensation shall be payable:

Accidental Death	HK\$100,000
Loss of two or more limbs	100,000
Loss of sight of both eyes	100,000
Loss of one limb and sight of one eye	100,000
Loss of one limb	50,000
Loss of sight of one eye	50,000

(Loss of limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean entire and irrecoverable loss of all sight.)

6. Emergency Medical Assistance

In the event of serious sickness or injury to the Insured Person resulting in her/his being certified by a legally qualified and registered practitioner as medically unfit to work leading to the termination of her/his employment contract or resulting in her/his death, the Company will pay:



(a) the repatriation of the Insured Person to her/his country of residence by scheduled flight (economy class) including any transportation for ambulance transfer to and from the airport;

or

(b) the Insured Person's post-mortem treatment and transportation of the mortal remains to the airport nearest to the place of burial in her/his country of residence.

The policy pays the actual, necessary and reasonable expenses incurred under (a) or (b) up to a maximum of HK\$20,000 for each policy year.

EXCLUSIONS

General Exclusions Applicable to all Sections

War and allied perils, suicide, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, pre-existing conditions. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC). Terrorism other than liability at law under Section 1.

Specific Exclusions Applicable to

1. Employer's Liability

Accident or sickness of the Insured Person sustained or contracted outside Hong Kong, pneumoconiosis, nuclear energy and radiation, any late payment surcharge that the Insured may become liable under the legislation.

2. Clinical Expenses

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilisation, heart disease, cancer, rest cure, physical check-ups, cosmetic or plastic surgery unless to correct an injury covered under the policy, vaccinations, immunization injections or preventive medication.

3. Surgical and Hospitalisation Expenses

Exclusions as same as 2. above.

4. Dental Expenses

Routine examination, scaling, polishing or cleaning, crowning, bridges, braces and dentures.

5. Personal Accident Benefits

Driving or riding in any kind of race, underwater activities involving the use of breathing apparatus.

6. Emergency Medical Assistance

Any repatriation or transportation of mortal remains originating outside of Hong Kong.

AGE LIMIT

From Age 18 to 55

WAITING PERIOD

A 15-day waiting period from the commencement date of the policy shall be applicable under Sections 2, 3 and 4 for the Insured Person. No benefits shall be payable under these sections in respect of any event occurring during the waiting period.

PREMIUM

One year : HK\$720

Two years : HK\$1,300

家傭寶申請書 APPLICATION for Win Helper

Please complete in BLOCK LETTERS 請以英文正楷填寫

For Office Use	A/C NO.
	POLICY NO.

APPLICANTS (EMPLOYER'S) INFORMATION

投保人(僱主)資料

Miss/Ms./Mr. 小姐/女士/先生

Surname 姓

First Name 名

Address 地址

Home Phone 住宅電話

Home Fax 住宅傳真

Daytime Contact Phone 日間聯絡電話

Occupation 職業

INSURED PERSONS (DOMESTIC HELPER'S) INFORMATION

受保人(僱傭)資料

Miss/Ms./Mr. 小姐/女士/先生

Surname 姓

First Name 名

Date of Birth 出生日期

Passport No. 護照號碼

Nationality 國籍

Contract No. 合約號碼

Contract Period 受僱期限：

From 由 To 至

Period of Insurance 承保期限：

From 由 To 至

REMARKS : ENSURE THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE AS INACCURACY OR NON DISCLOSURE OF THE REQUESTED INFORMATION OR OTHER MATERIAL FACTS COULD PRECLUDE RECOVERY OF ANY CLAIM UNDER THE POLICY.

註明 : 請注意提供正確及全面資料, 因錯誤資料或隱瞞重要事實可導致索償權的喪失。

DECLARATION AND SIGNATURE 聲明及簽署

I/WE DECLARE THAT 本人/吾等謹此作下列聲明：

- all answers and statements made in the application are accurate in every respect and no information has been withheld which is likely to affect acceptance of this application.
本申請書內所有答覆及述詞均為全部真實及正確, 並無隱瞞而可能影響有關接納投保與否之決定。
- any question not answered shall be taken in the negative.
所有不作答的問題均視為否定回答。
- this application and declaration shall be the basis of the policy and considered as being incorporated therein.
本申請書及聲明將為保單之根本依據, 並視作保單一部份。
- I/We shall accept a policy subject to the usual conditions prescribed by the Company therein.
本人/吾等接受註有通常條款之承保公司保單。
- I/We understand that any claim for Accidental Death benefit under Section 5 of the Policy shall be payable to the Insured Person's legal representative.
本人/吾等明白根據條款第五項作出意外死亡賠償, 將給與被保人之合法代表人。
- I/We have never had my/our domestic helper insurance declined, cancelled or refused to renew by any insurance company.
本人/吾等之家傭保險從未有被保險公司拒絕投保、取消或拒絕續保。
- the insurance will not be in force until this application has been accepted by Falcon Insurance Company (Hong Kong) Limited and the premium has been paid.
此保障計劃需在富勤保險(香港)有限公司審核, 接納申請並已繳費後, 方才生效。
- I/We hereby give my/our consent and authorize that any of my/our personal information collected or held by Falcon Insurance Company (Hong Kong) Limited (the Company) may be used and disclosed by the Company to any individuals/organizations for the purpose of processing this insurance, providing related and subsequent services and marketing materials and to make all form of contacts with me/us for such purposes until I/We give any written instructions to the contrary. I/We understand I/We have the right to obtain access to and request correction of any personal information held by the Company by mailing a written request to the Company's Data Privacy Officer.
本人/吾等現同意並授權富勤保險(香港)有限公司(貴公司)保留、使用或透露貴公司所收集或保留本人/吾等之任何個人資料, 給予有關人仕或機構用作處理與本保險有關的申請, 及提供其相關及稍後的服務和推廣資料等用途, 及因此等用途與本人/吾等聯絡, 直至本人/吾等另作書面通知為止。本人/吾等明白本人/吾等有權以書面聯絡貴公司之資料私隱主任查閱及改正本人/吾等之所有個人資料。

Date 日期 _____ 投保人簽署 Signature of Applicant _____