

Agent Name & Code

Policy No

EMPLOYEES' COMPENSATION INSURANCE PROPOSAL / RENEWAL FORM
僱員賠償保險投保 / 續保書

Cover : Indemnity against employers' liability at law to pay compensation in respect of bodily injury or death by Accident or Disease to their employees
承保範圍 : 保障僱主對其僱員因工傷意外傷亡或患以該項業務有關之職業病法律規定下之責任

The indemnity under the Company 's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction of Hong Kong.

本公司之標準保單只承保香港之認可司法仲裁判決。

Employer's Information 僱主資料	
Proposer's name in full 投保人姓名 (Please provide a copy of valid Business Registration Document) (請提供商業登記文件副本)	
Correspondence address 通訊地址	
Place of employment 僱用地址	
Name of Contact Person 聯絡人姓名	Contact Number 聯絡人電話
Period of Insurance 保險期限	From 由 To 至

Details of Employer's Business Activities / Profession 僱主之業務 / 行業的資料	
1. Please provide a general description of the employer's business activities / profession. 請就僱主之業務活動 / 職業提供詳細描述	
2. How long has the business been established? 業務成立多少年?	Years 年
3. Does any of the work carry out by the employers involve: 閣下的業務是否涉及:	
a) any work on ships, chemical works, off-shore structures, oil or gas refineries? 任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) any work outside Hong Kong? If yes, please specify. 任何於香港境外進行的工作? 如是, 請詳細說明。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
c) work at a height above 10 metres or underground? 於離地面 10 米以上或地底進行的工作?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? 使用、處理、貯存或運輸有害物質, 例如有毒化學物、爆炸品、氣體、石棉和放射性物質?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
If yes, please give nature of work and no. of employee(s) involved. 如是, 請提供有關工作性質及所涉僱員人數。	
4. Does the employer 僱主有否	
a) hire any self-employed persons for their business? 為其業務聘用任何自僱人士?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
b) hire any part-time employees? 聘用任何兼職僱員?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
c) plan to increase the no of the employees substantially or add different occupations in a short period of time? 計劃在短期內大幅增聘員工或增設不同職務?	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

Employee's Information 僱員資料

1. Please provide the following information: 請提供以下資料:
[Please provide a copy of latest wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s)]:

請提供以下資料: [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)]

Premium Adjustment and Declaration of Earnings Form 保費調整及工資申報表格

Occupation of Employee(s) by Categories 僱員職務類別	Actual Earnings Declaration for the previous year 上年度工資總額		Estimated Earnings Declaration for the coming year 來年工資總估計額	
	From	To	From	To
	Number of Employees 現有僱員人數	Total Annual Earnings* 現有工資總額*	Number of Employees 僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
Occupation of Part Time Employee(s) by Categories 兼職僱員職務類別	Number of Part Time Employees 現有兼職僱員人數	Total Annual Earnings* 現有工資總額*	Number of Part Time Employees 兼職僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
	Total: 總計:	Total: 總計:	Total: 總計:	Total: 總計:

Declaration 聲明

1. I/We, being the owner / authorized 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.
我/我等作為投保業務之擁有人/獲授權人士/代表,保證以上由我/我等根據《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。
2. I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Falcon Insurance Company (Hong Kong) Limited (the "Company"). I/We confirm that I/we have read and understood the Statement. I/We hereby give my/our consent and authorise that the Company may collect, use, transfer, store, disclose and otherwise process my/our personal data in accordance with the Terms of the Statement.
本人/吾等確認,本人/吾等已獲提供一份由富勤保險(香港)有限公司(「本公司」)發出的個人資料收集聲明(「該聲明」)。本人/吾等確認已經閱讀並且明白該聲明。本人/吾等同意本公司可依照該聲明的條款收集、使用、轉移、保存、透露及以其他方式處理本人/吾等的個人資料。

Authorized Signature (with Company Chop) 獲授權簽署(連公司蓋章)

Name 姓名: _____

Position 職位: _____

Date 日期: _____

- * Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282). * 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。

2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
請提供僱主或僱員持有與業務相關的工作經驗/資格/證書。

Claims and Related Details 索償及相關資料

1. Please provide the claim history for the past 3 years:

[Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

請提供過去三年的索償紀錄：[注意：僱主需要向曾投保的保險公司索取有關紀錄的書面證明。]

Name of Insurance Company 保險公司名稱	Accident Year 意外發生年份	Paid Claim(s) (including Partial Claim Payment) 已支付索償 (包括部份索償償付)		Outstanding Claim(s) 未支付索償		Total for the Year 全年總數	
		No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)	No. of Case 賠償數目	Amount (HK\$) 金額 (港幣)

2. Details of any Claim with amount over HK\$50,000.

所有索償金額超過港幣 50,000 的個案詳情。

Accident Date 意外發生日期	Brief Details of Each Accident (including Cause of Loss, Degree of Injury, Current Status, etc.) 概述每宗意外經過 (包括受傷原因、受傷程度、現況等)	Claim Amount (HK\$) 索賠金額 (港幣)		
		Paid 已支付索償	Outstanding 未支付索償	Variation Date 修訂日期

3. Have any such proposal or renewal ever been declined or withdrawn?

有否被保險公司拒絕續保或投保？

Authorized Signature (with Company Chop) 獲授權簽署 (連公司蓋章)

Name 姓名: _____

Position 職位: _____

Date 日期: _____

 If there is any inconsistency or conflict between English and Chinese version, the English version shall prevail.
 如中英文版本有差異之處，以英文版本為準

IMPORTANT NOTICE

- (1) Any employer who falls to insure himself in accordance with Section 40(1) of the Employees' Compensation Ordinance (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- (2) You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Earnings Form to your Insurance Company within the stipulated time (see Guidelines (c) below).

**GUIDELINES FOR COMPLETING THE
PREMIUM ADJUSTMENT & DECLARATION OF EARNINGS FORM**

(a) Description of Occupations

Each category of occupation is to be shown separately e.g. Clerical Staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

(b) Total Earnings {As more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)}

Please declare the actual total gross earnings for the period of insurance.

(c) Submission

You have to complete the Premium Adjustment & Declaration of Earnings Form and submit it within **90 days** after the expiry or termination of the policy together with the following:

- i) Signature of an authorized officer.(with Company Chop)
- ii) A copy of latest waggeroll (e.g.latest MPF contribution records, financial statements, tax returns or other relevant documents of employee(s) which stating the occupation and actual earning of each employee.

重要提示

- (一) 任何未有按照《僱員補償條例》〔香港法例第 282 章〕第 40〔1〕條的規定購買僱員保償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。
- (二) 根據保單條款僱主必須在指定日期內向保險公司提交已填妥的『保費調整及工資申報表格』。詳情請參閱以下(三)項的指引。

填寫保費調整及工資申報表格指引

(一) 職業類別

每一項職業類別必須分別申報，例如：文員、售貨/業務員、信差、貨車司機、燒焊工人等等。

(二) 工資總額〈與《僱員補償條例》【香港法例第 282 章】第 3 節中相關詞語的涵義相同〉

請如實申報所有僱員在保險期內的實際工資金額。

(三) 提交

僱主必須在保單到期或取消保單以後 **90 天**內，填妥「保費調整及工資申報表格」並連同下列資料向保險公司提交

- i) 授權人之簽署(連同公司蓋章)
- ii) 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)。

Personal Information Collection Statement (the “Statement”)

In compliance with the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”), Falcon Insurance Company (Hong Kong) Limited (the “Company”) would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company’s service;
- (vii) preparing statistics and conducting research;
- (viii) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future;
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (ix) complying with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (x) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xi) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as

insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);

- (ii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iii) any person or entity to whom the Company is under an obligation or otherwise required to make disclosure under the requirements of any law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or with which the Company is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;
- (iv) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business; and
- (v) the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Such information may be transferred to a place outside Hong Kong.

(4) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data and to correct the data which is inaccurate. Such requests can be made in writing to the Data Protection Officer of the Company at the following address, email or fax number:

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
Suites 6-11, 10/F,
No.12 Taikoo Wan Road,
Taikoo Shing,
Hong Kong
Email: info@falconinsurance.com.hk
Fax: (852) 2232 2899

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (5) You also have the right, by writing to the Company’s Data Protection Officer at the address, email or fax number provided in paragraph (4) of this Statement, to request for the Company’s policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (6) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (7) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at (852) 2232 2888.
- (8) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (9) The Company retains the right to change this Statement.

個人資料(私隱)條例 — 個人資料收集聲明(「本聲明」)

為依從個人資料(私隱)條例(「條例」),富勤保險(香港)有限公司(「本公司」)特此通知閣下以下事項:

- (1) 在申請及接受保險產品及服務時,及當本公司提供與保險產品及服務相關之其他服務時,閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料,可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及/或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料,例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

本公司所存下或收集的關於閣下的個人資料(包括但不限於信用資料和以往申索紀錄)可能會用作下列用途:

- (i) 處理保險產品及服務的申請;
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求,包括但不限於要求增加、更改或刪除保障項目或受保成員,訂立直接付款安排及保單取消、更新或復效申請;
- (iii) 處理、判定、結清保險索償及就索償抗辯,包括進行任何附帶調查,偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關);
- (iv) 執行與所提供的保險產品及服務相關的功能及活動,如核實身份、資料核對及再保險之安排;
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利,例如向閣下追討欠款;
- (vi) 設計保險產品及服務以提升本公司的服務質素;
- (vii) 製作數據及進行研究;
- (viii) 履行根據下列對本公司具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及/或安排:
 - (a) 不論於香港特別行政區(「香港」)境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律;
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關,或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導;或
 - (c) 本公司因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關,或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動,而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關,或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾;
- (ix) 符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動;
- (x) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人,就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估;及
- (xi) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密,但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途:

- (i) 任何代理人、承包商或就本公司之業務運作,包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務,或就與保險產品及服務相關之其他服務,向本公司提供服務的第三方服務供應者(如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問);
- (ii) 與本公司有或將有商業往來的再保險公司;
- (iii) 本公司為遵守任何法律規定,或根據法律、監管、政府、稅務、執法或其他機關,或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導,或根據本公司向本地或外地的法律、監管、政府、稅務、執法或其他機關,或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾(以上不論於香港境內或境外及不論目前或將來存在的),而有義務或以其他方式被要求向其作出披露的任何人士或機構;
- (iv) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人;及

- (v) 為履行任何本聲明第(2)(i)-(2)(iii)段所列明的用途的以下人士:保險理算人、代理和經紀;僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

該等資料可能被轉移至香港境外。

(4) 查閱及改正資料權利

根據條例規定,閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本(查閱資料要求),並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利,請以書面經以下聯絡方法向本公司的資料保護主任提出:

資料保護主任
富勤保險(香港)有限公司
香港太古城
太古灣道12號
10樓6-11室
電郵: info@falconinsurance.com.hk
傳真: (852) 2232 2899

根據條例,本公司有權就辦理任何查閱資料要求收取合理費用。

- (5) 閣下亦有權根據本聲明第(4)段所提供的聯絡方法向本公司的資料保護主任索取本公司有關個人資料私隱的政策及實務,並獲告知本公司持有的個人資料的種類。
- (6) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (7) 如閣下對本聲明有任何疑問,請致電本公司的客戶服務熱線(852) 2232 2888。
- (8) 本聲明不會限制客戶在條例下所享有的權利。
- (9) 本公司保留修改本聲明的權利。