

# Win Helper 家傭寶

## Win Helper Insurance Package

### 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 on 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:

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

**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.

## 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, sterilization, 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 Clinical Expenses
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.

Note: This brochure provides the summary for reference only. For full terms and conditions, please refer to the policy.

家傭寶申請書  
APPLICATION for Win Helper

For Office Use

A/C No. \_\_\_\_\_

Policy No. \_\_\_\_\_

為方便電腦存檔，請以英文正楷填寫 Please complete in BLOCK LETTERS.

投保人(僱主)資料 Applicants (Employer's) Information
小姐/女士/先生 Miss/Ms./Mr.
姓 Surname :
名 First Name :
地址 Address :
住宅電話號碼 Home Phone No.:
手提電話號碼 Mobile Phone No.:
電郵 Email address:
職業 Occupation :

受保人(僱傭)資料 Insured Person (Domestic Helper's) Information
小姐/女士/先生 Miss/Ms./Mr.
姓 Surname :
名 First Name :
出生日期 Date of Birth :
護照號碼 Passport No.:
國籍 Nationality :
合約號碼 Contract No.
受僱期限 Contract Period :
由 From _____ 至 To _____
承保期限 Period of Insurance :
由 From _____ 至 To _____

註：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。

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.

聲明及簽署 Declaration and Signature

本人/吾等謹此作下列聲明及同意 I / We declare and agreed that:

- 本申請書內所有答題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。  
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.
- 所有不作答的問題均視為否定回答。  
Any question not answered shall be taken in the negative.
- 本申請書及聲明將為保單之根本依據，並視作保單一部份。  
This application and declaration shall be the basis of the policy and considered as being incorporated therein.
- 本人 / 吾等接受註有通常條款之承保公司保單。  
I/We shall accept a policy subject to the usual conditions prescribed by the Company therein.
- 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 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 / 吾等之家傭保險從未有被保險公司拒絕投保、取消或拒絕續保。  
I/We have never had my/our domestic helper insurance declined, cancelled or refused to renew by any insurance company.
- 此保障計劃需由富勤保險(香港)有限公司審核，接納申請並已繳費後，方才生效。  
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.
- 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。  
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.

投保人簽署 Signature of Applicant: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

註：此單張提供之簡介只可用作參考之用，有關保險之全部條款及細節，請查閱正式之保險單。

Note: This brochure provides the summary for reference only. For full terms and conditions, please refer to the policy.

## **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](mailto: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;或
  - (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,就擬涉及之轉讓、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、承辦人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](mailto: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。