

Chubb Enterprise Guard Plus Proposal Form

安達企業綜合保險升級版投保書

Part I – Customer Details 第一部分 – 客戶資料

Company Name (in full) 公司名稱 (全名):

Business Nature 業務性質:

Correspondence Address 通訊地址:

Insured Premises 投保公司地址 (if different from Correspondence Address 如與通訊地址不同):

Telephone No. 聯絡電話:

Fax 傳真:

Business Registration No. (please provide copy):
商業登記號碼 (請提供影印本):

Email Address 電郵地址:

Website 網址:

Period of Insurance 承保期:

DD 日 / MM 月 / YY 年

Valid for 1 Year
有效期為 1 年

Part II – Sum Insured 第二部分 – 投保額

Basic Cover 基本保障

Contents including fixtures, fittings, interior decoration, machinery and equipment:
財物包括傢俬、設置、室內裝修、機器及設備:

HK\$ 港幣

Stock in Trade including goods, merchandise and items held in trust:
財物包括商品及受託保管貨物:

HK\$ 港幣

On Trade Stock and Material in Trade mainly consists of (please specify):
存貨及商用物料主要包括 (請註明):

Part III – Details of Employer's Business Activities / Profession 第三部份 – 僱主之業務 / 行業資料

1. Please provide a general description of the employer's business activities / profession
請詳細描述僱主從事之業務活動 / 行業

2. How long has the business been established? 公司成立年期	Year (s)年
3. Does any of the work carry out by the employers involve: 僱主的業務是否涉及：	
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？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b) Any work outside Hong Kong SAR (Hong Kong)? 任何於香港境外進行的工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c) Work at height above 10 metres or underground? 於離地面10米以上或地底進行的工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
d) Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances? If yes, please give nature of work and no. of employee(s) involved. 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？ 如是，請提供有關工作性質及所涉僱員人數：_____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
b) Hire any part-time employees? 聘用任何兼職僱員？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
c) Plan to increase the no. of 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？	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否

Part IV – Choose of Optional Cover (please put a ✓ in the box below if the cover is required) 第四部分 – 自選保障選項 (請在所需保障的方格內劃上✓)

- ☐ Employees' Compensation (Please complete Part V - Employee's Details) 僱員補償保障 (請填寫第五部分 - 僱員資料)
- ☐ Privacy Liability 私隱責任保障

Part V – Employee's Details 第五部分 – 僱員資料

1. Please provide the following information. [Please provide a copy of latest wage roll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant document(s) 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)]
2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
請提交僱主或僱員持有與業務相關的工作經驗/資格/證書。

Occupation of Employee(s) by Categories 僱員職務類別	No. of Employees Upcoming Year 明年僱員人數	Estimate Total Annual Earnings* Upcoming Year 估計明年總收入*	Actual No. of Employees Current Year 本年度實際僱員人數	Actual Total Annual Earnings* Current Year 實際全年總收入*

Occupation of Employee(s) by Categories 僱員職務類別	No. of Part-time Employees Upcoming Year 明年兼職僱員人數	Estimated Total Annual Earnings* Upcoming Year 估計明年總收入*	Actual No. of Part-time Employees Current Year 本年度實際兼職僱員人數	Actual Total Annual Earnings* Current Year 實際全年總收入*
	Total 總計:	Total 總計:	Total 總計:	Total 總計:

*Annual 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。

Place of Employment 僱員工作地點				
Full Address 地址	Occupancy e.g. Office, Shop 地址用途,例如: 辦公室、店舖	No. of Employee working in 於該地址工作僱員人數	Occupation 職位	

Please submit in separate sheet for more locations.
若有多個工作地點,請另紙提交。

Part VI – Previous Insurance Details 第六部分 – 過往投保資料

- Have you suffered any loss or damage covered by this plan in the past 3 years?
閣下於過往3年內,曾否遭受此計畫保障範圍內的災險所引致的任何遺失或損失?
☐ Yes 是 ☐ No 否
- Have you ever been declined, refused to renew or renewed but subject to special terms or conditions for similar insurance?
閣下於申請同類型保險時曾否被拒絕投保,拒絕續保,或續保時被附加特別條款?
☐ Yes 是 ☐ No 否
- Please provide the claim history for the past 3 years 請提供過往三年的索償紀錄:
[Note: employer shall make request on the previous insurers for providing written evidence of such records.]
[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]

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 賠案數目	Amount (HK\$) 金額(港幣)	No. of Case 賠案數目	Amount (HK\$) 金額(港幣)	No. of Case 賠案數目	Amount (HK\$) 金額(港幣)

- 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:

Date of Accident 意外發生日期	Brief Details of each accident (including cause of loss, degree of injury, current status, etc.) 每宗意外概況 (包括受傷原因、受傷程度、現況等等)	Claim Amount (HK\$) 索賠金額(港幣)		
		Paid 已支付索額	Outstanding 未支付索償	Validation Date 修訂日期

Important Notice 重要事項

1. Please refer to "Attachment 1" concerning your Duty of Disclose and the consequences of Non-Disclosure.
有關您的披露責任和違反披露責任的後果，請參閱“附件1”。
2. It is very important that all employers must report correct salaries / wages and other earnings information of their employees to the insurers, in order to comply with the Employees' Compensation Ordinance (ECO), Chapter 282, and to ensure full indemnification to meet their liabilities to the employees for accidents arising out of and in the course of employment.
所有僱主必須遵守香港法例(第282章)《僱員補償條例》規定，向保險公司正確填報僱員薪金/報酬及其他收入資料，以確保僱員發生意外時能提供足夠責任保障。
僱主須留意，根據僱員補償保單中的賠償條款和保險費條款，填報收入/薪金不足可導致僱主自行承擔事故索賠責任。此外，若僱主未能按照(第282章)《僱員補償條例》第40(1)條投保，即屬犯法，一經定罪，最高可被罰款港幣100,000及監禁兩年。
3. Employers are reminded that according to the Limit of Indemnity Clause & Insurance Premium Clause contained in the employees' compensation insurance policy, under-reporting of earnings / wages may result in reduced claim payment for accidents to the employees of which employers are liable themselves. Furthermore, an employer failing to insure in accordance with Section 40(1) of the ECO (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.
僱員職務描述：請標明職業類別，例如：文職人員，銷售/營銷人員，信差，貨車司機，焊工等
4. Description of Occupations: each category of occupation is to be shown separately, e.g. Clerical Staff, Sales / Marketing Staff, Messenger, Lorry Driver, Welder, etc.
僱員職務描述：請標明職業類別，例如：文職人員，銷售/營銷人員，信差，貨車司機，焊工等
5. Total Earnings [as more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)]: Please declare the estimated / actual total gross earnings for the period of insurance.
總收入 [根據(第282章)《僱員補償條例》第3條清晰定義]：請申報保險期間的估計/實際總收入。
6. You are required to complete the Declaration of Earnings section duly signed by an authorized officer and submit it to the Chubb Insurance Hong Kong Limited together with proof of wages / Monthly MPF Contribution Statements from latest months (stating the occupation of each employee).
您必須填寫並由獲授權人員正式簽署的“僱員資料”部分，及連同最近的薪金證明/每月強積金供款紀錄(標明每位僱員的職業)一併提交給安達保險香港有限公司。

Declaration 聲明

I / We declare and agree that 我/我等聲明及同意：

1. being the owner/authorised 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.
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(第282章)《僱員補償條例》申報之估計全年總收入均屬真實及完整。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. to the best of my / our knowledge and belief the information and answers given on this form are true, complete and correct in every respect;
根據我/我等的所知道相信的，本表格中提供的資料和答案都是真實、完整和正確的；
3. the information and answers given on this form are filled in by me / us or by any other person under my / our full instructions;
本表格上的資料和答案由我/我等或其他人士根據我/我等的完整指示填寫；
4. this reporting shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and Chubb Insurance Hong Kong Limited.
所填報資料將納入我/我等與安達保險香港有限公司之間的保險合約內，包括其授權續期。

Commission disclosure 經紀佣金披露

The Applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he or she is authorised to do so.

投保人明白、確知及同意，安達保險香港有限公司(「安達保險」)會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向安達保險確認他/她已獲該法人團體授權。

The Applicant further understands that the above agreement is necessary for Chubb to proceed with the application. The above disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy. The undersigned, on behalf of the Named Insured and all of its subsidiaries.

投保人亦明白安達保險必須取得投保人以上的同意，才可以處理其保險申請。上述披露聲明僅適用於透過保險經紀購買/簽訂保單的情況。

Personal Information Collection Statement 個人資料收集聲明

The Company ("We/Us/Our") want to ensure that Our Insured Persons ("You/Your") are confident that any personal data collected by Us is treated with the appropriate degree of confidentiality and privacy.

安達保險香港有限公司(「我們」)竭力確保保單持有人對我們在收集個人資料方面的信心，我們於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

This Personal Information Collection Statement sets out the purposes for which We collect and use personally identifiable information provided by You ("Personal Data"), the circumstances when Personal Data may be disclosed and information regarding Your rights to request access to and correction of Personal Data.

本個人資料收集聲明陳述我們收集及利用由閣下提供以識別閣下個人的資料("個人資料")的目的、個人資料可能被公開的情況及閣下有權要求查閱及更改個人資料的詳情。

1. Purposes of Collection of Personal Data 收集個人資料的目的

We will collect and use Personal Data for the purposes of providing competitive insurance products and services to You, including considering Your application(s) for any new insurance policies and administering policies to be taken out with Us, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. We also collect the Personal Data to be able to develop and identify products and services that may interest You, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. We may also use your Personal Data in other ways with your consent.

我們收集及使用閣下個人資料的目的，是為了向閣下提供具優勢的保險產品及服務，包括用作考慮閣下投保任何新的保險產品，及管理由我們提供的保單、安排保障，及執行和管理閣下及我們在該等保障下的權利及責任。同時，我們亦會收集及使用閣下個人資料以設計及發展、建立及管理與其他機構就行政及使用我們相應的產品及服務的聯盟及其他計劃。在閣下的同意下我們亦可能使用閣下的個人資料作其他用途。

2. Direct marketing 直接促銷

Only with your consent, We may also use your contact, demographic, policy and payment details to contact You with marketing information regarding our insurance products by mail, email, phone or SMS.

只會在得到閣下的同意，我們會使用閣下的聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或SMS短訊方式聯絡閣下以便提供有關我們的保險產品的宣傳推廣。

3. Transfer of Personal Data 個人資料的轉讓

Personal Data will be kept confidential and We will not sell Your Personal Data to any third party. We limit the disclosure of Your Personal Data but, subject to the provisions of any applicable law, Your Personal Data may be disclosed to:

個人資料將予以保密，而我們亦絕對不會將閣下的個人資料售賣給第三者。我們會對公開閣下個人資料作出限定；但在任何適用的法例條文下，閣下的個人資料可能：

- a) Third parties who assist Us to achieve the purposes set out in paragraphs a and b above. For example, We provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);

會被透露予我們相信必須達成以上第一段所述目的之第三者。例如：我們把閣下的個人資料提供予我們相關的員工及承辦商、代理及其他涉及以上目的之人士，如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀（當中可能包括在香港以外的第三方）；

- b) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;

會給我們的母公司及附屬聯營公司或安達保險在本地及海外的相關人員使用；

- c) The insurance intermediary through which You accessed the system;

會提供予保險中介人，閣下可以透過指定系統查閱有關資料；

- d) Provided to others for the purposes of public safety and law enforcement; and

會給予有關人士以維持公眾安全及法紀；及

- e) Other third parties with your consent.

在閣下同意下提供予其他第三者。

With regard to the above transfers of Personal Data, where applicable, You consent to the transfer of Your Personal Data outside of Hong Kong.

就以上個人資料的轉移，如有適用的地方，則代表閣下亦同意該資料在香港以外地方轉移。

4. Access and correction of Personal Data 查閱及更改個人資料

Under the Personal Data (Privacy) Ordinance ("PDPO"), You have the right to request access to and correction of Personal Data held by Us about You and We will grant You access to and correct Your Personal Data as requested by You unless there is an applicable exemption under the PDPO under which We may refuse to do so. You may also request Us to inform You of the type of Personal Data held by Us about You.

根據個人資料(私隱)條例，閣下有權要求查閱及更改曾給予我們的資料，另除非在個人資料(私隱)條例下有適用的豁免條款賦予我們可拒絕遵從，否則我們必須按閣下的要求，給閣下查閱及更改本身的個人資料。閣下亦可向我們要求提供持有閣下個人資料的類別。

Requests for access or correction of Personal Data should be addressed in writing to:

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

安達保險香港有限公司個人資料私隱主任
香港鰂魚涌英皇道 979 號
太古坊一座 39 樓
電話 +852 3191 6222
傳真 +852 2519 3233
電郵 Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. We will not charge You for lodging a request for access to Your Personal Data and if We levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

在我們收到閣下查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，我們一般將不會收取任何費用；但即使我們在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

Signature 簽署

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

Applicant Name:
申請人名稱：

Position:
職位：

Date (DD/MM/YY):
日期(日日/月月/年年)：

Attachment 1 附件 1

Your Duty of Disclosure 披露責任：

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. 在與保險公司訂立保險合約前，閣下有責任向保險公司披露有關任何會影響保險公司考慮可否接受投保或投保條款的已知悉或預期應該知悉的所有資料。

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

閣下在續保、延保、改保或恢復保險合約前亦對保險公司負有提供有關資料的披露責任。

Your duty however does not require disclosure of any matter:

然而，閣下並無責任披露以下資料：

- that diminishes the risk to be undertaken by the insurer;
有關減低保險公司承保風險的資料；
- that is of common knowledge;
屬普通常識；
- that your insurer knows or, in the ordinary course of its business, ought to know;
保險公司已知悉，或於其日常業務營運中應該知悉的資料；
- as to which compliance with your duty is waived by the insurer.
屬已獲保險公司豁免披露責任的資料。

It is important that all information provided in support of your application for insurance is understood by you and is correct, as you will be bound by your answers and by the information provided by you. If you do not understand any part of this notice, you should obtain independent advice.

閣下須了解本投保書所填寫的所有資料，且須確保有關資料準確無誤，因閣下會受所提供的資料約束。若閣下不明白投保書的任何部份，應在簽署投保書前諮詢獨立意見。

Your duty of disclosure continues after your application for insurance has been completed up until the contract of insurance is entered into.

閣下須於填寫本投保書後至訂立保險合約期間繼續履行披露責任。

Consequences of Non-Disclosure 違反披露責任：

If you fail to comply with your duty of disclosure, Chubb may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

若閣下未能遵守披露責任，保險公司或有權自起始日期起解除合約。

If your non-disclosure is fraudulent, Chubb may also have the option of avoiding the contract from its beginning.

若有關違反披露責任的行為涉及欺詐，保險公司可選擇自合約生效日起解除保險合約，並保留閣下已就本保險合約支付的任何保險費。

Change of Risk or Circumstances 風險或情況變動：

You should advise Chubb as soon as practicable of any change to your normal business as disclosed to Chubb prior to entering into the contract of insurance. This includes every change materially affecting the facts or circumstances existing at the commencement of this insurance, or at any subsequent renewal date.

倘閣下於本投保書所披露的日常業務出現任何變動(例如更改地址、收購事項及新的海外業務)，閣下應於實際可行的情況下盡快通知保險公司。

Subrogation 代位權：

Where you have agreed with another person or company, who would otherwise be liable to compensate you for or contribute towards any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage or contribution from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage or contribution.

若閣下已經與本須就本保單承保的任何損失或損害作出賠償的另一名人士或公司協議，同意閣下將不向該人士追償有關損失或損害，保險公司在法律容許的情況下將不會就有關損失或損害為閣下提供保障。

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