



Agency No. Policy No.
代理編號：_____ 保單號碼：_____

MAIDGUARD PROPOSAL FORM 持家樂投保書

(Please use English block letters 請用英文正楷填寫)

I. Employer's Information 僱主資料

Name of Proposer 投保人姓名* (Mr先生/Mrs太太/Miss小姐) : _____ Date of Birth 出生日期 : _____
(Employer 僱主) Sumame 姓 Other Name 名 dd日/mm月/yy年

HKID Card / Passport No. 香港身份證 / 護照號碼 : _____ Email Address 電郵地址 : _____

Tel 電話 : (Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____ Fax 傳真 : _____

Address 地址 : _____

_____ Industry 在職行業 : _____

Period of Insurance 承保期 : From 由 _____ To 至 _____ No. of Insured Employee 投保僱傭數目 : _____
dd日/mm月/yy年 dd日/mm月/yy年

*Note 註 : Name of Proposer must be the employer of domestic helper(s) stated in the employment contract. 投保人必須為家傭合約上列明之僱主。

2. Employee's Information 僱傭資料

(If more than one domestic helper is employed, please specify details of additional employee on a separate sheet 如僱傭人數多於一人請另加紙張填寫)

Name of Employee 僱傭姓名 : _____ HKID Card / Passport No. 香港身份證 / 護照號碼 : _____
Sumame 姓 Other Name 名

Name of Employment Agency for Local Part-time Domestic Helper 本地兼職家傭，請填寫轉介公司名稱 : _____

Date of Birth 出生日期 : _____ (dd日/mm月/yy年) Nationality 國籍 : _____ Sex 性別 : M 男 / F 女

Place of Employment 受僱地址 : _____
(Only needed if different from the address above 如與上述地址不同請填寫此欄)

Position 職位* :

Domestic Helper 家傭 Gardener 園丁 Chauffeur 司機 Others (Please specify) 其他(請註明) _____

*Positions other than domestic helper is subject to special underwriting 非家傭之職位將受額外承保條款限制

Note 註 :

1. Age limit 投保年齡 : 18-60 years old 歲 (Not applicable to Employees' Compensation cover 唯僱傭保障不受此限制)
2. Local domestic helper and Part-time domestic helper are only eligible to Plan I only 本地家傭及兼職家傭只限投保計劃I
3. Local employee with driving, gardening, nursing or post-natal care duties is not eligible to this Insurance 本保險產品不適用於職責包括駕駛、園藝、護理、陪月的本地工人

3. Plan and Insurance Period Selected 所選計劃及承保期 (Please tick 請加✓)

Plan I 計劃I 1 Year 年 2 Years 年

Plan II 計劃II 1 Year 年 2 Years 年

Plan III 計劃III* 1 Year 年 2 Years 年

* Please enclose the domestic helper's passport copy with the passport signature specimen. 請附上家傭護照副本及簽署式樣。

If you select Plan II or III, please complete the following about the health condition of your domestic helper : _____ (Please tick 請加✓)

如選擇計劃II或III者，請填寫有關您家傭的健康狀況：

1. Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine?
他/她是否正在接受或打算接受任何醫療護理或手術或服食任何藥物? Yes 是 No 否

2. Has he/she ever been rejected or subject to special terms and conditions when applying for accident or medical insurance?
他/她曾否被拒投保意外或醫療保險，或需附加特別項目或條件才受保? Yes 是 No 否

If any of the above answer is "Yes", please give details 如以上任何一項答案為“是”，請詳細說明：_____

Declaration 聲明

- I declare to the best of my knowledge and belief that the information given is true in every respect. 本人謹此聲明，根據本人所知及所信，本投保表格上所填報之資料均實屬無訛。
 - I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.
本人明白本投保書被皇家太陽聯合保險有限公司（「保險公司」）正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
 - Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.
投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
- I do not wish to receive any marketing or promotional materials. 本人不願意收取任何宣傳或推廣的資料。

Signature of Proposer

投保人簽署：

Date

日期：

Underwritten by 承保公司：Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hksagroup.com. 任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hk_compliance@hksagroup.com。

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box or consult your agent regarding methods of payment. 請在適當的空格內加 或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫：

Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司

Cheque No. 支票號碼：

Visa

Mastercard

Amex

Diners

Credit Card No. 信用卡號碼：

Name of Cardholder 持卡人姓名：

Issuing Bank 簽發銀行：

Expiry Date 有效日期：

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy.

本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署：

Date 日期：

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口簽署式樣相同。)