



redefining / standards

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投保書 Proposal Form

「卓越」優傭樂 SmartHelper Insurance

請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate

* 必須填寫項目 Mandatory fields

投保人資料 PROPOSER DETAILS

投保人姓名 - 姓* Name of Proposer - Surname		名* Given Name		性別* Sex	
香港身份證號碼* HKID Card No	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	婚姻狀況 Marital Status <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married	職業 Occupation	工作性質 Job Nature	
住宅地址* Residential Address				<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
通訊地址 (如與上述地址不同)* Correspondence Address (if different from above mentioned address)				<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT	
聯絡電話 (請填寫最少一項) Contact No (Please fill in at least one)*			電郵地址 Email		
手提電話 Mobile No	公司電話 Office Tel	住宅電話 Home Tel			

投保細則 INSURANCE COVER

本保單由 Policy to commence on 日 DD / 月 MM / 年 YY 起有效，為期 for the period of 一年 One year 兩年 Two years

此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

僱傭資料 DOMESTIC HELPER DETAILS

	僱傭 Domestic Helper (1)	僱傭 Domestic Helper (2)	僱傭 Domestic Helper (3)
1) 姓 Surname			
2) 名 Given Name			
3) 性別 Sex			
4) 香港身份證或旅遊證件號碼 HKID Card or Passport No			
5) 出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)			
6) 原居國家 Country of Origin			
7) 職位 Position	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
自選保障 OPTIONAL COVER			
8) 是否選擇投保附加醫療 (嚴重疾病) 保障? Select to insure Supplementary Medical (Critical Illness) Benefits?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

將會收取額外的保費。An additional premium will be charged.

若空位不敷應用，請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港九龍九龍灣宏泰道23號21樓 21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

投保人聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。本人聲明

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided. I declare that

- 本人從未遭受任何保險公司拒絕受理投保、續保或取消本人的保單或要求提高保費及附加特別條件始允承保。
No Insurer has ever cancelled, declined, refused to renew or imposed special items or conditions on any policy held by myself.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單各條款為準則。
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself.

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do **not** sign a blank form)

日期 Date
(日/月/年 dd/mm/yyyy)

付款方式 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣 _____ 元正
I wish to pay my premium HK\$ _____ by

支票 抬頭請填「安盛保險有限公司」 Cheque payable to **AXA General Insurance Hong Kong Limited**

VISA 咭 萬事達咭 MasterCard

信用咭號碼 Credit Card No _____ - _____ - _____ - _____ 信用咭有效期至 Credit Card Expiry Date _____ 月mm _____ 年yyyy

持咭人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。
I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.

持咭人簽署 Cardholder's Signature

日期 (日/月/年) Date (dd/mm/yyyy)

投保人須知 Important Notes to Proposer

1 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。

Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

2 收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償、或該等索償的調查或分析；及
- 行使任何代位權

及可能移轉予

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；

- 現存或不時成立的任何保險公司的協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及

- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由安盛保險有限公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

and may be transferred to

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

- 3 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

「註：本中文簡譯，概以英文原文為準」