

請填妥此投保書，以郵寄、傳真、電子郵件或親身交回招商永隆銀行有限公司（「招商永隆銀行」）任何一間分行。

Please complete all fields and submit this Proposal Form, either by post, fax, email, or in person to any branches of CMB Wing Lung Bank Limited ("CMB Wing Lung Bank").

郵寄地址 Mail Address : 香港德輔道中199號無限極廣場33樓招商永隆保險有限公司
 CMB Wing Lung Insurance Company Limited, 33/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong

傳真號碼 Fax Number : 2899-2544

電子郵件 Email Address : enquiry@cmbwinglunginsurance.com

注意 Note:

- 此投保書及聲明是作為訂立保險合約的根據。此投保書在被招商永隆保險有限公司（「本公司」）接納後，保險合約始正式生效。此投保書之中、英文版本如有差異，一概以英文版本為準。
 This Proposal Form and Declaration shall be the basis of the insurance contract. The insurance will not become effective until the Proposal Form has been accepted by CMB Wing Lung Insurance Company Limited ("the Company"). In case of discrepancies between the English and Chinese versions of this application, the English version shall prevail.
- 所有問題均必須回答並適用於僱主/受保家傭。
 All questions must be answered in full and are applicable to the Employer / Insured Helper.
- 請以英文正楷填寫此投保書，並在適當空格內填上 [✓] 號。
 Please complete this Proposal Form in English and in BLOCK LETTERS, and check the applicable box.

| 僱主資料 / 投保詳情 Details of the Employer / Particulars of Insurance | | | | |
|--|----------------|--|--------------------|---|
| 僱主姓名 Name of Employer | | <input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 小姐 Ms | | 香港身份證 / 護照號碼 HKID / Passport No. |
| 出生日期 Date of Birth (DD/MM/YYYY) | 電話號碼 Phone No. | | 電郵地址 Email Address | |
| 通訊地址 Postal Address | 室 Room / Flat | 層數 Floor | 座數 Block / Tower | 大廈 / 屋苑名稱 Name of Building / Name of Estate |
| 街道號數及名稱 No. and Name of Street / Road | | | | 地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 / 離島 NT / Outlying Islands |

| 受保家傭詳情 Details of Insured Helper | | | | |
|--|----------------|---|--|---|
| 僱員姓名 Name of Employee | | 性別 Gender | | 香港身份證 / 護照號碼 HKID / Passport No. |
| | | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | | |
| 出生日期 Date of Birth (DD/MM/YYYY) | 國籍 Nationality | 估計每月薪金 (港幣) Estimate Monthly Salary (HKD) | 保單生效日期 Policy Effective Date (DD/MM/YYYY) | |
| | | \$ | | |
| 僱員工作地點 (若與上述地址不同) Place of Employment (If different from above) | 室 Room / Flat | 層數 Floor | 座數 Block / Tower | 大廈 / 屋苑名稱 Name of Building / Name of Estate |
| 街道號數及名稱 No. and Name of Street / Road | | | | 地區 District <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 / 離島 NT / Outlying Islands |

| 投保詳情 Particulars of Insurance | 1年保期之保費 (港幣) Premium of 1-year Insurance Period (HKD) | 2年保期之保費 (港幣) Premium of 2-year Insurance Period (HKD) |
|---|--|---|
| 計劃 A Plan A 只投保第一項保障 Cover Section 1 only 年齡限制 Age Limit: 18-60 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$720 |
| 計劃 B Plan B 投保第一至九項保障 Cover Sections 1-9 年齡限制 Age Limit: 18-60 | <input type="checkbox"/> \$800 只限外籍家傭投保 Restricted to foreign domestic helper only 每天每次診療 300 元 \$300 per visit per day | <input type="checkbox"/> \$1,440 每天每次診療 300 元 \$300 per visit per day |
| 計劃 C Plan C 投保第一至十項保障 Cover Sections 1-10 年齡限制 Age Limit: 18-60 | <input type="checkbox"/> \$1,100 只限外籍家傭投保 Restricted to foreign domestic helper only 每天每次診療 300 元 \$300 per visit per day | <input type="checkbox"/> \$1,940 每天每次診療 300 元 \$300 per visit per day |

注意：保費已包括政府徵款、恐怖活動保障費用及保險公司（僱員補償）無力償債管理局供款。每張保單保費最低及不可退回之保費為港幣 400 元。如已附加額外嚴重疾病醫療保障之最低及不可退回保費為港幣 700 元。

Note: Premium is inclusive of Government Levies, Government Terrorism Facility Charge and Employees' Compensation Insurer Insolvency Bureau Contribution. The minimum and non-refundable premium of each policy is HKD400. If major illness medical coverage is included, the minimum and non-refundable premium of each policy is HKD700.

| 自動續保指示 Automatic Renewal Instruction |
|--|
| <input type="checkbox"/> 本人（等）同意本保險在每個保單年度到期日自動續保，並授權及要求招商永隆保險有限公司根據直接付款授權書指示從本人（等）的招商永隆銀行賬戶 / 招商永隆信用卡 / 其他信用卡支取有關續保保單之保險費。 I / We agree that the insurance will be automatically renewed at the end of each policy year and hereby authorize and request CMB Wing Lung Insurance Company Limited to charge my / our CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card for the payment of the renewal premium of this insurance policy as per the Debit Account Authorization. |

| 其他資料 Other Information |
|--|
| 受保家傭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？若「是」，請提供詳細資料： Is Insured helper receiving or contemplating any medical attention or surgical treatment or taking any medicine? If "Yes", please provide full details: |
| <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes |
| 僱主是否曾在申請有關家傭保險時，遭受保險公司拒絕受保、附加任何特別條款、或在保期中被取消保險、或被拒絕續保？若「是」，請提供詳細資料： Has Employer ever been declined or imposed special conditions or cancelled or refused renewal of your domestic helper insurance by any insurance company(ies)? If "Yes", please provide full details: |
| <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes |

過去賠償紀錄 Past Claims Experience

受保家傭在過去三年是否曾因病或意外受傷而需入院接受手術或治療？若「是」，請提供詳細資料：

Has Insured helper been confined in hospital for surgery or treatment of sickness or injury resulting from an accident during the past 3 years? If "Yes", please provide full details:

| | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 否 No | <input type="checkbox"/> 是 Yes |
|-------------------------------|--------------------------------|

申請人必須在本申請中披露一切重要事實，而有關事實將構成據此簽發的任何保單的根據。如有任何重要事實未有披露，則所發出的保單將告無效或可予作廢。如申請人不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得申請人加簽作實。

Proposer has to disclose in the Proposal Form ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this Proposal Form should be endorsed by the Proposer.

根據《個人資料(私隱)條例》，閣下可隨時選擇不再收取本公司之宣傳單張，如有需要，請以書面形式通知本公司的資料保護主任，(地址：香港德輔道中199號無限極廣場33樓，招商永隆保險有限公司，資料保護主任。傳真：2526 7045)，此項安排不另收費。

According to the Personal Data (Privacy) Ordinance, you may, at any time and without charge, choose not to receive our future promotional materials. Please inform us in writing in case of such a request to the Data Protection Officer. (Address: The Data Protection Officer, CMB Wing Lung Insurance Company Limited, 33/F, Infinitus Plaza, 199 Des Voeux Road Central, Hong Kong. Fax no. 2526 7045).

拒絕服務要求 Opt-Out Instruction

| | |
|---|----------|
| 致 To: 招商永隆保險有限公司 (「貴公司」) CMB Wing Lung Insurance Company Limited ("the Company") 傳真號碼 Fax No.: 2526 7045 | 日期 Date: |
|---|----------|

選擇拒絕在直接促銷中使用個人資料 Opt-out from use of personal data in direct marketing
請以正楷填寫以下資料並在適用方格內加上剔號 ("✓")。Please complete the following information in BLOCK LETTERS and check the applicable box(es).

| | | | |
|------------------------|-----------------------------------|--------------------------------|----------------------|
| 客戶姓名 Name of Customer: | 保單編號 (如有) Policy Number (if any): | 證件號碼 Identity Document Number: | 聯絡電話 Contact Number: |
|------------------------|-----------------------------------|--------------------------------|----------------------|

(必須提供客戶全名及完整保單編號 (如有)，否則可能因找不到相關客戶紀錄而未能處理此申請。)
(Please provide full name and policy number (if any), otherwise the Company may not find the relevant policy records for processing this application.)

直接促銷的方式 Means of communications in direct marketing

本人不希望 貴公司以下列直接促銷途徑使用本人的個人資料：

I do not wish the Company to use my personal data in direct marketing through the following channels:

| | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 郵寄 Mail | <input type="checkbox"/> 電話 Phone | <input type="checkbox"/> 電郵 Email | <input type="checkbox"/> 短訊 SMS | <input type="checkbox"/> 傳真 Fax | <input type="checkbox"/> 所有途徑 (包括郵寄、電話、電郵、短訊及傳真) All channels (including mail, phone, email, SMS and fax) |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|

以上代表本人目前是否希望收到直接促銷聯繫或資訊的選擇，並取代本人於本申請前向 貴公司傳達的任何選擇。本人明白如申請資料不完整或欠準確，有關申請將無法進行。
The above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to the Company prior to this application. I understand the Company may not be able to process my request if any of the information is incomplete or incorrect.

本人以上的選擇適用於就 貴公司《關於個人資料(私隱)條例致客戶的通知》(「該通知」)中所列出的產品、服務及/或標的類別的直接促銷。本人亦可參閱該通知以得知在直接促銷中可使用的個人資料的種類，以及本人的個人資料可提供予什麼類別的人士以供該等人士在直接促銷中使用。

My above choice applies to the direct marketing of the classes of products, services and / or subjects as set out in the Company's Notice to Customers relating to Personal Data (Privacy) Ordinance ("the Notice"). I should also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which my personal data may be provided for them to use in direct marketing.

保費交付方法及付款授權書 Payment Method and Debit Account Authorization

| | |
|---|-----------|
| 本人選擇以下列方式繳交保費港幣 I wish to pay my premium HKD _____ | 元： by: |
|---|-----------|

| | |
|--|---|
| <input type="checkbox"/> 1. 支票 (支票抬頭人寫「招商永隆保險有限公司」) Cheque (payable to "CMB Wing Lung Insurance Company Limited") | <input type="checkbox"/> 2. 現金 (前往招商永隆銀行各分行繳付) Cash (accepted at any branches of CMB Wing Lung Bank) |
|--|---|

本人(等)共同及個別授權招商永隆銀行有限公司或招商永隆保險有限公司隨時從本人(等)以下招商永隆銀行賬戶/招商永隆信用卡/其他信用卡就本保單付款，包括支付日後續保之保險費，直至本人(等)有進一步書面通知取消為止。

I / We hereby jointly and severally authorize CMB Wing Lung Bank Limited or CMB Wing Lung Insurance Company Limited to debit my / our under mentioned CMB Wing Lung Bank Account / CMB Wing Lung Credit Card / other credit card at any time for the payment of the Policy including payment for the subsequent renewal insurance premium until further written notice from me / us.

| | |
|--|--|
| <input type="checkbox"/> 3. 從招商永隆銀行賬戶自動轉賬支付 Autopay by debiting from CMB Wing Lung Bank Account 銀行賬戶持有人姓名 Name of Bank Account Holder : _____ 儲蓄或往來賬戶號碼 Savings or Current Account No. : _____ | 賬戶持有人/授權人/信用卡持有人簽署 Signature(s) of Account Holder(s) / Authorized Person(s) / Cardholder Signature(s) |
| <input type="checkbox"/> 4. 從招商永隆信用卡或其他信用卡支付 Debit CMB Wing Lung Credit Card or other credit card <input type="checkbox"/> Visa 卡 Visa Card <input type="checkbox"/> 萬事達卡 Master Card 信用卡持有人姓名 Name of Cardholder : _____ 信用卡號碼 Credit Card No. : _____ 到期日 Expiry Date : _____ (MM) _____ (YY) | |
| (簽署須與銀行印鑑/信用卡賬戶式樣相符) (Signature should correspondent to the specimen signature of the above bank account or credit card.) | |

聲明 Declaration

1. 本人(等)謹聲明，此投保書內所提供之資料、陳述及細節乃本人(等)填寫並，就本人(等)所知及所信，均屬真實無訛及完整，而本人(等)已披露所有可能影響招商永隆保險有限公司評估此申請的事實。

I / We declare that the statements and particulars given in this Proposal Form are, to the best of my / our knowledge and belief, true and complete, all material facts affecting in assessment of the risk have been disclosed and the information and answers given on this Proposal Form are filled in by me / us or by any other person under my / our full instruction.

2. 本人(等)明白及同意如未能披露任何本人(等)所知的重要事實，可使已簽發的保單無效或作廢，並可導致招商永隆保險有限公司拒賠。

I / We understand and agree that failure to disclose any material facts known to me / us may render the policy issued void or voidable and may result in declinature of claims by CMB Wing Lung Insurance Company Limited.

3. 本人(等)同意此投保書及聲明均構成本人(等)與招商永隆保險有限公司的保險合約以及後續約之基礎，並視為已收納其中。

I / We agree that this Proposal Form and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and CMB Wing Lung Insurance Company Limited.

4. 本人(等)確認已閱讀並清楚明白附於此投保書內之招商永隆保險有限公司《關於個人資料(私隱)條例致客戶的通知》及產品傳單(包括重要事項投保人須知)。

I / We confirm that I / we have read and understood the CMB Wing Lung Insurance Company Limited Notice to Customers relating to the Personal Data (Privacy) Ordinance attached in this Proposal Form and Product Leaflet (including Important Notes to the Proposer).

簽署 Signature

| | |
|-----------------------------|---------|
| 申請人簽署 Signature of Proposer | 日期 Date |
|-----------------------------|---------|

內部專用 For Office Use Only

| | |
|--------------------|-----------|
| 分行編號 Branch Code | 日期 Date |
| 業務代表職員編號 Staff No. | 註 Remarks |

(請勿於空白投保書上簽署 DO NOT sign a blank Proposal Form)