新域家傭保險投保書 **NOVA Scheme - Domestic Helper Insurance Application Form**

投保人資料及投保計劃 (請於適當空格內✓) Applicant's Information & Plan Insured (Please tick appropriate box)					
僱主姓名 Name of Employer					
通訊地址 Correspondence Address					
聯絡電話(手提/辦公室) Contact Phone No. (Mobile / Office)		電郵地址 E-mail Address	:		
保險期限 Period of Insurance Required	□ 一 年 One Ye 生效日期 Effectiv			年YY	
保費 Premium	ー年 One year HKD\$420 二年 Two years HKD\$800 (請以劃線支票付款・抬頭注明「法國敬邦保險」 Please pay by crossed cheque payable to "GAN Assurances"				
被保僱傭資料 Insured Helper's Information					
被保人姓名(僱傭) Name of Insured Person (Helper)					
性別 Sex 出生日期 D		Date of Birth	ate of Birth		
國藉 Nationality 香港身份		正/護照號碼 HKID/Passport No.			
僱用地點的地址 Address of Place of Employment (如與上址不同 if different from above)					
一般資料 (請於適當空格內✔) General Information (Please tick appropriate box)					
1. 閣下在投保其他家傭保險計劃時曾否被拒絕? Have you ever had any domestic helper insurance refused? 2. 在過去三年內有否因本計劃提供之風險而蒙受損失? Has your helper ever claimed from any of the risks now proposed to cover during the past 3 years? 如答是請詳述: If "Yes", please give details here. □ 是 Yes □ 否 No □ A No □ B Yes □ □ A No □ B Yes □ □ A No □ B Yes □ □ A No □ □ B Yes □ □ A No □ □ B Yes □ □ A No □ B Yes □ □ A No □ □ B Yes □ □ A No □ B Yes □ □ B Yes □ □ A No □ B Yes □ A No □ B Yes □ □ A No □ B Yes □ □ A No □ B Yes □ □ B Yes □ □ A No □ B Yes □ □ B Yes □ □ B Yes □ □ A No □ B Yes □ B Yes □ B Yes □ □ B Yes □					

IMPORTANT NOTES

Any other facts known to you which are likely to affect acceptance of 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 intermediary. We recommend you keep a record (including copy of this application) 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. I understand that this application will not become effective until this proposal has been accepted by the Company.

DECLARATION

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and GAN Assurances ("the Company"). I understand and agree that the information collected is to enable the Company to carry on 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 them; any claim or analysis of it; and may be transferred to any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to the Company's Data Protection Officer

If this application is made through an insurance broker, by signing this form the applicant agrees to GAN ASSURANCES paying the insurance broker commission as remuneration for arranging and/or renewing the insurance

重要事項

閣下必須在其知悉範圍內提供所有有關會影響保險公司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中介 人查詢。我們建議閣下將有關的資料作記錄(包括此投保書),以備日後作參 巧之用。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,甚至可能導致此保單無效。再者,本保單必 須在本公司確定接納投保後才正式生效。

聲明

本人聲明上列資料乃本人所知一切據實填報,本人同意此投保書及聲明將構 成本人與法國敬邦保險之間的合約根據。本人向法國敬邦保險所提供的資料 ,將可能使用於任何與保險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;任何索償或索償分析及可能轉移予現存或不時成立的 任何有關公司或任何其他從事於保險或再保險業務有關的公司或與保險業有 關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。 本人明白本人有權查詢及要求更改已由法國敬邦保險持有有關本人的個人資 料,如有此要求,本人可向法國敬邦保險之個人私隱主任提出。 如本申請是經由保險經紀安排,申請人在簽署本表格後,同意法國敬邦保險 向保險經紀支付佣金,作為保險經紀安排(及/或續保)有關保單的報酬。

日期 Date

投保人簽名 Signature of Applicant

Please fill in this application form and mail it or fax it to us 請填妥投保書,並以郵寄或傳真形式交回。

客戶服務熱線 2116 3210 傳真號碼 2877 4281 Customer Service Holline 2116 3205 Fax



新域家傭保險

NOVA Scheme - Domestic Helper Insurance



保險經紀 Insurance Broker



Nova Insurance Consultants Limited 新域保險顧問有限公司



Insurance

GAN Assurances

Member of Groupama Group, incorporated in France 香港灣仔駱克道33號中央廣場滙漢大廈26字樓 26th Floor, Asia Orient Tower, Town Place, 33 Lockhart Road, Wanchai, Hong Kong. Tel: (852) 2530 0288 Fax: (852) 2877 4281 Web site: www.groupama.com.hk

NOVA Scheme - Domestic Helper Insurance

• Comprehensive Cover For You

We protect you as an employer against liabilities under the Employees' Compensation Ordinance in Hong Kong SAR. This insurance covers your unexpected loss and protects your domestic helper against accidental bodily injury, illness or death arising out of and during employment.

• Full Protection For Your Domestic Helper

We will reimburse medical and dental expenses, including expenses for bonesetting, incurred by your domestic helper. We also provide personal accident protection for your domestic helper during rest davs.

All Benefits At Low Costs

You will enjoy all benefits at only HK\$420 per year. To maximise your benefits, you can pay only HK\$800 for a two-year cover to enjoy a 5% discount.

Comprehensive Cover For You

Employer's liability

Your liability under the Employee's Compensation Ordinance and at Common Law for accidental death, injury, illness or disease of your domestic helper.

Limit: HK\$100,000,000 /event

Emergency Medical Assistance

Repatriation of the domestic helper to the country of residence due to medical reasons. Post mortem treatment & transportation of mortal remains to the domestic helper's country of residence.

Limit: HK\$20,000 /year

Loss of Service Cash Allowance

Daily cash allowance for loss of services commencing from the 3rd day if the domestic helper is confined in a hospital for 2 consecutive days due to injury or illness.

Limit: HK\$6,000 /year; HK\$200 /day

Replacement Helper Expenses

Expenses incurred for getting a new helper if the domestic helper is repatriated due to serious injury, illness or death.

Limit: HK\$3,000 /year

Fidelity Guarantee

Financial loss sustained as a result of an act of fraud or dishonesty committed by the domestic helper; including compensation for unauthorised long distance calls.

Limit: HK\$10,000 /year

Unauthorised long distance calls sub-limit: HK\$3,000 /year

Full Protection For Your

Domestic Helper (Age Limit: 18-60)

Clinical Expenses

Expenses incurred by the domestic helper for outpatient treatment & medical expenses, including bonesetter and physiotherapist treatment expenses.

Limit: HK\$3,000/year; HK\$150/visit/day (Bonesetter and physiotherapist treatment Limit: HK\$500/year, HK\$100/visit/day)

Surgical & Hospitalisation Expenses

Expenses incurred by the domestic helper for surgical & hospitalisation. Limit: HK\$30.000/vear

- Room, board & other miscellaneous HK\$300/day hospital charges - Surgical operation HK\$10.000/operation - Anaesthesia and its 25% of surgical fee administration fee but not exceeding HK\$2,500/operation Operating Theatre and its 12.5% of surgical fee administration fee but not exceeding

HK\$1,250/operation

Dental Expenses

2/3 of the dental expenses Limit: HK\$1,500 /year

Personal Accident**

Accidental bodily injury on the rest days Limit:

Death HK\$100,000/year HK\$100,000/year Loss of one or more limbs Loss of sight in one or both eyes HK\$100,000/year HK\$100,000/year Permanent total disablement

** The maximum amount payable for personal accident will be HK\$100,000

This brochure provides only a summary of the policy benefits. Coverage under the policy shall be subject to the terms, conditions and exclusions of the policy. A copy of the policy is available from GAN Assurances

新域家傭保險

• 為僱主提供全面保障

我們保障你在僱員補償法例規定下,對你的家傭在受僱期間,因工 作引致生病、受傷或死亡而須承擔之賠償責任及損失。

• 為家傭提供全面照顧

我們將為你的家傭支付醫療及牙醫費用,包括門診、手術、住院及 跌打費用,並提供個人意外保障,讓你的家傭即使在休假期間,亦 得到全面保障。

• 價錢優惠,全面保障

你只需每年付出港幣420元,便可享有本計劃中的所有保障。你亦 可以選擇一次過以港幣800元支付兩年的保費,享有百份之五的折 扣優惠。

為僱主提供全面保障

根據僱員補償條例及普通法,僱主須為其僱員在執行職務時引致的身

體損傷、疾病或死亡負上法律責任。 保障額:每次港幣100,000,000元

緊急醫療支援

因醫護理由而須把家傭送返原居地的費用; 把家傭的遺體剖驗及運返 原居地的費用。

保障額:每年港幣20.000元

中斷服務現金津貼

家傭因病或受傷住院連續超過兩天,而未能提供服務,便可以於其住 院的第三天起,獲得現金津貼。

保障額:每年港幣6,000元,每天港幣200元

補聘家傭費用

若家傭因患病、嚴重受傷或死亡而須送返原居地,可獲重新補聘家傭 的合理費用。

保障額:每年港幣3.000元

忠誠保障

因家傭欺詐、舞弊所引致的損失(其中包括未經許可的長途電話費用)

保障額:每年港幣10,000元

(包括長途電話費用:最高每年港幣3.000元)

為家傭提供全面照顧(年齡限制:18至60歲)

門診費用

支付門診及藥費(包括跌打及物理治療費用)

保障額:每年港幣3,000元,每天每次港幣150元

(跌打及物理治療保障額:每年港幣500元,每天每次港幣100元)

手術及住院費用

保障額(港幣) 支付家傭的手術及住院費用 每年30,000元 - 住院費及雜費 每天300元

- 每次手術費用 每次手術10,000元 - 每次手術麻醉師費用 不超過外科手術費 的25%或2,500元 - 每次手術室費用 不超過外科手術費 的12.5%或1,250元

牙科費用

牙齒護理費用的三分之二

每年港幣1,500元

個人意外**

在休假期間因意外引致的身體損傷 保障額(港幣) - 意外死亡 每年100,000元 - 喪失仟何一肢或以上的肢體 每年100.000元 - 一目或雙目失明 每年100.000元 - 永久完全傷殘 每年100,000元

**個人意外之最高保障額為港幣100,000元

本單張僅提供保單摘要,有關保單承保範圍及除外責任條款請參看保單條款及細則,如需要保單條 款及細則,歡迎向「法國敬邦保險」索取。

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