

保障範圍	最高賠償額 (港幣)
1. 僱主責任 僱主在香港僱員補償條例及普通法下須要承擔之責任。	每次意外 100,000,000 元
2. 門診醫療費用 家傭因疾病或意外導致身體受傷所引致之門診醫療費用。 經由註冊醫生首次診斷後而需接受跌打或物理治療之費用亦可獲賠償。 此項目每年最高總賠償額	每天每次診療 300 元 每天每次診療 100 元 / 每年 500 元 3,000 元
3. 外科手術及住院費用 家傭因疾病或意外導致身體受傷須入住醫院所引致之醫療或外科手術費用。 住院費用及雜費 外科手術費用 麻醉師費用 手術室費用 此項目每年最高總賠償額 (醫院是指由註冊西醫診診及管理, 提供 24 小時緊急護理及醫療服務之醫院, 但不包括診所、護理院、戒毒所、療養院及護老院等)	每天 300 元 每病症 10,000 元 每病症不超過外科手術獲償款項之 25% 或 2,500 元 每病症不超過外科手術獲償款項之 12.5% 或 1,250 元 20,000 元
4. 牙科費用 家傭因牙齒疾患所引致之醫療費用, 可獲三份之二賠償。	每年 1,500 元
5. 個人意外保障 家傭在休假期間並非因工作而身體意外受傷, 導致死亡或永久性傷殘, 可獲賠償。 意外死亡或永久性完全傷殘 喪失任何兩肢或以上 雙目失明 喪失一肢及一目失明 喪失一肢或一目失明 (喪失肢體即在手腕或足踝或以上斷失, 而失明即不可復原的永久性視力完全喪失。)	200,000 元 200,000 元 200,000 元 200,000 元 100,000 元

6. 中斷服務現金津貼 受保家傭因患病或受傷住院連續超過三天而未能提供服務, 於其住院第四天起, 可獲現金津貼。	每天 200 元 / 每年 6,000 元
7. 緊急醫療運送 i) 家傭在香港患重病或嚴重受傷, 可獲緊急護送服務回原居地; ii) 運送家傭之遺體回原居地。	每年 20,000 元
8. 補聘新家傭費用 因受保家傭患重病、嚴重受傷或死亡而須送回原居地, 補聘新家傭所引致之合理及必須費用。 (此賠償必須在第七項“緊急醫療運送”中已獲得賠償)	每年 3,000 元

嚴重疾病醫療保障 (自選保障)

「嚴重疾病醫療保障」是一份供已投保永隆保險「家傭綜合保險」客戶專享的附加保障, 減輕應付海外家傭一旦因癌症、心臟病及/或中風所帶來之醫療費用的負擔。您只需繳付額外保費便可加強整體保障, 每宗病症最高賠償額可達港幣 120,000 元。

保障範圍	最高賠償額 (港幣)
9. 門診醫療費用	每天每次診療 300 元 / 每年最高總賠償額 3,000 元
10. 外科手術及住院費用 家傭因以下所列疾病而須入住醫院所引致之醫療或外科手術費用: 每天住院費用 住院雜費 外科手術費用 麻醉師費用 手術室費用 每年最高總賠償額 (醫院是指由註冊西醫診診及管理, 提供 24 小時緊急護理及醫療服務之醫院, 但不包括診所、護理院、戒毒所、療養院及護老院等)	每天\$300 每病症\$15,000 每病症\$30,000 每病症不超過外科手術獲償款項之 35% 或 7,000 元 每病症不超過外科手術獲償款項之 25% 或 5,000 元 \$120,000

主要不保事項摘要

所有保障項目之不保事項

戰爭及有關風險、自殺、懷孕或生育、酗酒、或服用非經註冊醫生處方指定之麻醉品或藥物、保險生效前已存在的傷病、愛滋病或其他相關的病症, 以及在香港範圍外發生之事項所引致之受傷、疾病或死亡。

特定不保事項 (適用於個別保障項目)

1 僱主責任

法例下僱主因不依期作工傷賠償而須付之罰款。在香港以外發生之意外, 除非家傭是因工作與僱主一同離開香港期間及因工作引起。

2 門診醫療費用 及

3 外科手術及住院費

精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌症、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。

4 牙科費用

口腔檢查、洗牙、磨牙、鑲裝牙冠、牙橋、牙箍及假牙等。

5 個人意外保障

任何形式之賽車或策騎比賽及用供氧設備輔助呼吸之水中活動。

6 中斷服務現金津貼

精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌症、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。

7 緊急醫療運送 及

8 補聘新家傭費用

在香港範圍外所發生引致家傭或其遺體送返原居地之事件。

嚴重疾病醫療保障:

9 門診醫療費用及

10 外科手術及住院費用

精神病、性病、先天性異常或畸形、不育、絕育、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。

(詳情請參閱保單內不保事項之條款與細則)

等候期

受保家傭在受保日期起首十五天之等候期內, 本保單第二、三、四、六、九及第十項保障暫緩生效。

SECTION OF BENEFITS	MAXIMUM LIMIT(HK\$)
1. Employer's Liability Employer's legal liability under the Hong Kong Employees' Compensation Ordinance and Common Law.	\$100,000,000 per event
2. Clinical Expenses Reimbursement of clinical expenses incurred by the Domestic Helper due to sickness or accident up to Provided that the first medical treatment was received from a legally qualified and registered medical practitioner, expenses for treatment by bonesetter or registered physiotherapist are payable up to Total maximum amount payable per year under this Section	\$300 per visit per day \$100 per visit per day / \$500 per year \$3,000
3. Surgical & Hospitalization Expenses Reimbursement of surgical and hospitalization expenses incurred by the Domestic Helper due to sickness or accident up to Room, board & other miscellaneous hospital charges Surgical benefit per disability Anaesthesia and its administration benefit per disability Operating theatre benefit per disability Total maximum amount payable per year under this Section (Hospital means a hospital providing 24 hours service by qualified and registered medical practitioner for the care and treatment of sickness and injured person and is not primarily a clinic, a place for custodial care, alcoholics or drug addicts, a nursing, rest or convalescent home or for the aged.)	\$300 per day \$10,000 25% of payable surgical benefit but not exceeding \$2,500 12.5% of payable surgical benefit but not exceeding \$1,250 \$20,000
4. Dental Expenses Reimbursement of two-thirds of the dental expenses incurred by the Domestic Helper up to	\$1,500 per year

5. Personal Accident Benefits Death or Permanent Disablement resulting from accidental injury occurring in Hong Kong during the rest days of the Domestic Helper Accidental Death or Permanent Total Disablement Loss of two or more limbs Loss of sight of both eyes Loss of one limb and sight of one eye Loss of one limb or sight of one eye (Loss of limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean total and irrecoverable loss of all sight.)	\$200,000 \$200,000 \$200,000 \$200,000 \$100,000
6. Loss of Services Cash Allowance Cash allowance for loss of services commencing from the 4th day of insured Domestic Helper's confinement in a hospital.	\$200 per day / \$6,000 per year
7. Repatriation Expenses i) Emergency repatriation of the Domestic Helper in the event of serious sickness or injury; ii) Post-mortem treatment and repatriation of mortal remains.	\$20,000 per year
8. Replacement Helper Expenses Extra expenses reasonably and necessarily incurred for employing a new helper in the event the insured Domestic Helper is repatriated due to serious injury, illness or death. (A valid claim must be payable under Section 7 "Repatriation Expenses")	\$3,000 per year

Additional Major Illness Medical Coverage (Optional)

"Major Illness Medical Insurance" is a supplementary plan specially offered to the customers of "Domestic Helper Insurance". This insurance plan can help to ease your financial burden that may incur by your overseas domestic helper suffering from Cancer, Heart Disease &/or Stroke. By paying an additional premium, you can have an additional cover with a maximum benefits limit of HK\$ 120,000 per disability.

SECTION OF BENEFITS	MAXIMUM LIMIT(HK\$)
9. Clinical Expenses	\$300 per visit per day / \$3,000 per year
10. Surgical & Hospitalization Expenses Benefits Reimbursement of surgical and hospitalization expenses incurred by the Domestic Helper up to Room and board Hospital special services Surgical benefit per disability Anaesthesia and its administration benefit per disability Operating theatre benefit per disability Total maximum amount payable per disability per year (Hospital means a hospital providing 24 hours service by qualified and registered medical practitioner for the care and treatment of sickness and injured person and is not primarily a clinic, a place for custodial care, alcoholics or drug addicts, a nursing, rest or convalescent home or for the aged.)	\$300 per day \$15,000 each disability \$30,000 each disability 35% of payable surgical benefit but not exceeding \$7,000 25% of payable surgical benefit but not exceeding \$5,000 \$120,000

BRIEF EXCLUSIONS

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

War and allied perils, suicide, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, pre-existing conditions, acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC) and any injury, illness or death which occurs or results from events taking place outside Hong Kong.

SPECIFIC EXCLUSIONS APPLICABLE TO

Basic Coverage:

1. Employer's Liability

Any late payment surcharge that the Insured may become liable under the legislation. Any accident outside Hong Kong, unless arise out of and in the course of employment while accompanying the insured on an overseas trip.

2. Clinical Expenses and

3. Surgical and Hospitalization Expenses

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

4. Dental Expenses

Routine examination, scaling, polishing or cleaning crowning, bridges, braces and dentures.

5. Personal Accident Benefits

Driving or riding in any kind of race, underwater activities involving the use of breathing apparatus.

6. Loss of Services Cash Allowance

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

7. Repatriation Expenses and

8. Replacement Helper Expenses

Any repatriation or transportation of mortal remains originating outside Hong Kong.

Major Illness Medical Coverage:

9. Clinical Expenses and

10. Surgical & Hospitalization Expenses Benefits

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

Please refer to the policy for detailed exclusions.

WAITING PERIOD

A 15-day waiting period from the inception date of the policy for each Domestic Helper shall be applicable to Sections 2, 3, 4, 6, 9 and 10 of the Schedule of Benefits. No benefits shall be payable under these Sections during the waiting period

公司簡介

永隆保險有限公司成立於1981年，為永隆銀行有限公司全資附屬公司。隨著2008年招商銀行成功併購永隆銀行，永隆銀行已正式成為招商銀行集團成員。

永隆保險獲香港特別行政區政府保險業監理處授權經營一般保險業務，並且是香港保險業聯會和保險索償投訴局之會員。我們提供的保險產品範圍全面，包括財產險、汽車險、各類責任保險、個人意外及醫療險等多種業務，同時為商業及個人客戶提供多方面的保險保障和服務。

代理：Agent:

傳真 Fax: (852) 2525 5183, (852) 2526 7045, (852) 2804 6695

永隆保險有限公司
Wing Lung Insurance Company Limited

永隆銀行有限公司全資附屬公司
A Wholly Owned Subsidiary of Wing Lung Bank Limited

香港中環德輔道中45號
45 Des Voeux Road Central, Hong Kong

家傭綜合保險投保書 Domestic Helper Insurance Proposal Form

本投保書及聲明是作為保單的根據。注意：所有問題均必須回答並適用於僱主/僱員。

The Proposal Form and declaration shall be the basis of the Policy. All questions must be answered in full and apply to the Employer/ Employee.

請以英文正楷填寫，並在適當空格加上[✓]和請刪去不適用者

Please complete in **BLOCK LETTERS**, tick ✓ the appropriate box and delete whichever is inapplicable.

投保人/投保詳情

THE PROPOSER / PARTICULARS OF INSURANCE

僱主姓名: (中文)
 Employer Name (Chinese) _____

(英文)
 (English) _____

香港身份證/護照號碼
 HKID Card / Passport No.: _____

職業^
 Occupation^ _____

通訊地址:
 Correspondence _____

Address _____

(若與上址不同，請填此項。If different from above address, please fill in this item)

僱員工作地點
 Place of Employment _____

聯絡電話: (住家) (手提)^
 Contact No. (Home) (Mobile)^ _____

電郵^ (如適用)
 Email^ (If Applicable) _____

^ 投保人補充資料(非必須資料) Proposer supplementary information (optional information)

家傭資料 PARTICULARS OF DOMESTIC HELPER

僱員姓名:
 Employee Name: _____

性別: 男 M / 女 F
 Gender: _____

出生日期: (日/月/年)
 Date of Birth: _____ (dd/mm/yy)

國籍:
 Nationality: _____

香港身份證號碼/護照號碼:
 HKID No./ Passport No. _____

估計全年薪金:
 Estimate Annual Salary: _____

內部專用 For Office Use Only	
代理 Agent	_____
日期 Date	_____

起保日期:

Effective Date: _____

保費表 Premium Table	保期 1年 Insurance Period 1 year	保期 2年 Insurance Period 2 year
投保基本保障 All Basic Coverage (Section 1 - 8)	<input type="checkbox"/> HK\$800 每天每次診療 300 元	<input type="checkbox"/> HK\$1,440 每天每次診療 300 元
投保基本保障 及嚴重疾病額外保障 All Basic Coverage and Major Illness Medical Coverage (Section 1 - 10)	<input type="checkbox"/> HK\$1,100 每天每次診療 300 元	<input type="checkbox"/> HK\$1,940 每天每次診療 300 元

註： 保費已包括政府徵款、恐怖活保障費用及保險公司(僱員補償)無力償債管理局供款。

Remarks: Premium is inclusive of Government Levies.

請回答以下問題。(如以下問題未有填寫者，均作「否」論。)
 Please answer the following questions. If any question is not answered, a negative reply shall be deemed to be given.)

1. 閣下的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?
 Is your domestic helper receiving or contemplating any medical attention or surgical treatment or taking any medicine? 是 / 否
 Yes / No

2. 閣下過往是否曾在申請投購家傭保險而被保險公司拒絕受保、附加任何條款、或在保期中被取消保險、或被拒絕續保?
 Have you ever been declined or imposed special conditions or cancelled or refused to renew your domestic helper insurance by any insurance company? 是 / 否
 Yes / No

3. 閣下的家傭在過去三年內曾否因患病或意外受傷而需入院接受手術或治療?
 Has your domestic helper confined in hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years? 是 / 否
 Yes / No

上述任何一項回答“是”，請詳加說明。

Please give details if the answer to any of the above is "Yes".

重要事項投保人須知

IMPORTANT NOTES TO PROPOSER

- 此投保書在永隆保險有限公司(「本公司」)接納後，保險契約始正式生效。
- 只承保年齡由 18 至 60 歲之家傭。
- 只承保外籍家傭。
- 每份保單最低及不可退回之保費為港幣 400 元。如已附加嚴重疾病住院醫療保障之最低及不可退回保費為港幣 700 元。
- 本保單不得轉讓。
- 閣下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。如閣下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，須得保單持有人加簽作實。
- 投保人對於所有提供給本公司用以投保之資料(包括書信之副本)應予保留紀錄。
- 如中英文本有任何歧異，皆以英文為準。
- 本簡章僅為保險撮要，只作參考之用，詳細內容請參閱保險合約之條款及細則。
- The Insurance will not become effective until this proposal form has been accepted by Wing Lung Insurance Co. Ltd. ("the Company").
- Age limit for domestic helper is restricted from 18 to 60.
- Only foreign domestic helper can be insured.
- The minimum and non-refundable premium of each policy is HK\$400. If major illness medical coverage is include, the minimum and non-refundable premium of each policy is HK\$500.
- This policy is not assignable.
- You have to disclose in this 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 Policyowner.
- Proposer should keep a record (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance.
- In case of discrepancies between the English and Chinese version, the English version shall prevail.
- This leaflet is simply a general summary for your reference and information only. For details, please refer to the insurance policy.

聲明

DECLARATION

1. 本人/我們謹聲明，就本人所深知及確信投保書內提供之陳述及細節均為真實及完整，所有對風險評估有影響的重要事實均已作出披露，而本投保書內提供之資料及答案均屬本人/我們填寫或經本人/我們全權授意下填寫。

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/我們明白及同意如有任何重要事實隱瞞，即使保單已簽發，永隆保險有限公司仍可將本保單作廢。

I /We understand and agree that failure to disclose any material facts may cause Wing Lung Insurance Co. Ltd. to declare the policy void even after the policy has been issued.

3. 本人/我們謹承認本投保書及聲明是本人/我們與永隆保險有限公司的保險契約及以後續約之根據，並視為已收納其中，而投保書及聲明乃由投保人作出，投保人就此而言視為本人/我們之代理人(而非永隆保險有限公司之代理人)。

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 Wing Lung Insurance Co. Ltd and made by the Proposer hereof and the proposer shall for the purpose be deemed to be my / our agent and not the agent of Wing Lung Insurance Co. Ltd.

4. 本人/我們確認已閱讀並清楚明白附於本投保書內之「關於個人資料(私隱)條例致客戶的通知」。

I /We confirm that I/We have read and understood the “Notice to Customers Relating to the Personal Data (Privacy) Ordinance” attached to this Proposal Form.

投保人簽署 _____ 日期 _____
Signature of Proposer _____ Date _____