

Employees' Compensation Insurance enrollment and renewal form (earnings rating basis)

僱員補償保險投保及續保表格 (按收入作計算基礎)

Enquiry no. 查詢電話 : +852 2903 9391 Fax 傳真 : +852 2968 0639

Please tick the appropriate box. 請於適用方格✓。

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

All fields are mandatory. 所有項目必須填報。

1. Employer's details 僱主的資料

(Please provide a copy of valid business registration document 請提供商業登記文件副本)

Name of employer in full 僱主全名

Place of employment 僱用工作地點

2. Details of employer's business activities/profession 僱主之業務 / 行業的資料

1 Please provide a general description of the employer's business activities/profession.
請就僱主之業務活動 / 職業提供詳細描述。

2 How long has the business been established 業務成立年期? _____ Year(s) 年

- | 3 Does any of the work carry out by the employer involve:
僱主的業務是否涉及： | 是
Yes | 否
No |
|--|--------------------------|--------------------------|
| a. any work on ships, chemical works, off-shore structures, oil or gas refineries?
任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作？ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. any work outside Hong Kong?
任何於香港境外進行的工作？ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. work at a height above ten meters or underground?
於離地面十米以上或地底進行的工作？ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?
使用、處理、貯存或運輸任何有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質？ | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, please give nature of work and no. of employee(s) involved:
如是，請提供有關工作性質及所涉僱員人數：

- | | | |
|---|--------------------------|--------------------------|
| 4 Does the employer 僱主有否： | | |
| a. hire any self-employed persons for their business?
為其業務僱用任何自僱人士？ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. hire any part-time employees?
僱用任何兼職僱員？ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. plan to increase the number of the employees substantially or add different occupations in a short period of time?
計劃在短期內大幅增聘員工或增設不同職務？ | <input type="checkbox"/> | <input type="checkbox"/> |

3. Employee's details 僱員資料

The capitalized terms “**Employees**” and “**Schedule**” in this Section 3 shall have the same meanings as defined in the **Policy**.
 此第三節所載詞彙「僱員」和「附表」的定義應與保單所述的定義相同。

- 1 Please provide the following information (Please provide a copy of latest wage roll of Employee(s) e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents).
 Please note that **Employee(s)** covered under the **Policy** shall be limited to employee(s) named or employee(s) that fall within the categories of occupations specified in the **Schedule**.

請提供以下資料（請提供最近期的僱員薪酬紀錄副本，例如：強積金供款紀錄、財務報表、報稅表或其他相關文件）。
 請注意保單中受保的僱員只限於附表內所指明的僱員或僱員職務類別以內的僱員。

Occupation of employee(s) by categories 僱員職務類別	No. of employees 僱員人數	Estimated total annual earnings ¹ 估計全年總收入 ¹
Occupation of employee(s) by categories 僱員職務類別	No. of part time employees 兼職僱員人數	Estimated total annual earnings ¹ 估計全年總收入 ¹
Total 總計		

¹ Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).
 根據《僱員補償條例》(第282章)，收入包括：薪金、佣金、花紅、超時工作補薪、津貼等。

Declaration 聲明

I/We, being the owner/authorized person/representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance. I/We understand and agree that the above information on **Employees** provided in this Section 3 will form the basis and scope of Employees being covered under the **Policy**.

本人/我們作為投保業務之擁有人/獲授權人士/代表，保證以上由本人/我們根據《僱員補償條例》(第282章)申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險失效。本人/我們明白及同意保單所涵蓋的僱員將照上列在此第三節提供之僱員資料作依據及範圍。

Authorized signature (with company chop) 獲授權簽署 (連公司蓋章)	Day 日 Month 月 Year 年 Date 日期 <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Name 姓名	Position 職位

- 2 Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
 請提供僱主或僱員所擁有的業務相關的工作經驗/資格/證書。

4. Claims and related details 索償及相關資料

1 Please provide the claim history for the past three years 請提供過去三年的索償紀錄：

Note: Employer shall make request on the previous insurers for providing written evidence of such records.

注意：僱主需要向曾投保的保險公司要求提供有關紀錄的書面證明

Accident year 意外發生年份	Paid claims (including partial claim payment) 已支付索償 (包括部分索償償付)		Outstanding claim(s) 未支付索償		Total for the year 全年總數	
	No. of case 賠案數目	Amount (HKD) 金額 (港元)	No. of case 賠案數目	Amount (HKD) 金額 (港元)	No. of case 賠案數目	Amount (HKD) 金額 (港元)

2 Details of any claim with amount over HKD 50,000. 任何索償金額超過 50,000 港元的個案詳情。

Date of accident 意外發生日期	Brief details of each accident (including cause of loss, degree of injury, current status, etc.) 概述每宗意外經過 (包括受傷原因、受傷程度、現況等)	Claim amount (HKD) 索賠金額 (港元)		
		Paid 已支付索償	Outstanding 未支付索償	Variation date 修訂日期

5. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (include policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** may be used by the Company for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司 (「本公司」) 收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，均可供本公司使用作為向客戶提供服務而必須的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描 QR 碼細閱。您亦可致電 2968 2288 與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for marketing-related purposes - Voluntary:

就市場推廣相關用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements.

由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務，及/或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。

The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to the following parties, within or outside of Hong Kong, for the above **marketing-related purposes**:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party marketing service providers and insurance intermediaries.

Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) (continued)
有關個人資料(私隱)條例(「私隱條例」)的客戶通知(續)

於獲保單持有人及受保人書面同意後，本公司方可就上述市場推廣相關用途，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；
- (3) 第三方市場推廣服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing-related purposes anytime by notice to the Company.
本人/我們明白可隨時通知貴公司以撤回任何就市場推廣相關用途所給予之同意。

I/We wish to opt out of the above marketing-related purposes.
本人/我們欲選擇退出上列之市場推廣相關用途。

I/We confirm that all information provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.
本人/我們確認由本人/我們於此表格提供之所有資料均為事實正確無誤。本人/我們更確認同意本表格內之所有部分，包括但不限於上列之聲明及有關個人資料(私隱)條例的客戶通知。

Authorized signature (with company chop)
獲授權簽署(連公司蓋章)

Day 日 Month 月 Year 年
Date 日期

Name 姓名

Position 職位

Remarks: In case of any discrepancy between the English and Chinese versions of this form, the English version shall prevail.
註：本表格之中英文版本如有任何歧義，概以英文版本為準。