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總公司: 香港德輔道中19號環球大廈16樓  
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Please complete the form in block capitals and tick  the appropriate boxes. 請以英文正楷填寫，並在適當的空格內填上  號。

Details of Proposer (Employer) 申請人(僱主)資料		
Full Name : Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> 姓名 : (Surname 姓) (Given Name 名)		
Home Tel : 住宅電話 :	Office Tel : 公司電話 :	Occupation : 職業 :
Place of Employment of Domestic Helper : 家傭工作地址 :		
Home Address (if different from the above) : 住宅地址(如與上址不同) :		
Details of Insured Person (Domestic Helper) 受保人(家庭傭工)資料		
Full Name : 姓名 :		
Date of Birth(dd/mm/yy) : 出生日期(日/月/年) :		Sex : 性別 :
Nationality : 國籍 :	Duties : Domestic works 一般家務 <input type="checkbox"/> 工作 : Others 其他 <input type="checkbox"/> (please specify 請註明 : )	
Insurance Cover 投保細則		
Proposed Effective Date (dd/mm/yy) : From 建議保險生效期限(日/月/年) : 由		
Period of Insurance/Premium : 1 Year/Premium HK\$788 <input type="checkbox"/> 2 Years/Premium HK\$1,420 <input type="checkbox"/> 保障年期/保費 : 1年/保費港幣七百八十八元 2年/保費港幣一仟四百二十元		
Please answer the following questions: 請回答以下問題:		
(1) Has your Domestic Helper had any surgical operation or sustained any illnesses or injuries during the past 3 years? 在過去3年內，閣下之家庭傭工曾否接受過任何外科手術或患有 任何疾病或受傷?	Yes <input type="checkbox"/> 是	No <input type="checkbox"/> 否
(2) Is your Domestic Helper receiving or contemplating any medical attention or surgical treatment or taking medicine? 閣下之家庭傭工是否正在或預算接受醫藥治療或觀察或手術護理 或服用藥物?	Yes <input type="checkbox"/> 是	No <input type="checkbox"/> 否
(3) Has your Domestic Helper ever been refused by accident or illness insurance or subject to special terms and conditions? 閣下之家庭傭工曾否被其他保險公司拒絕投保意外或疾病保險 或要附加特別條件?	Yes <input type="checkbox"/> 是	No <input type="checkbox"/> 否
If the answer to either question is "Yes", please supply details. 在上述問題中，若有答案為「是」者，請詳加說明。		

### Declaration 聲明

- I declare that the proposed Domestic Helper is now in good health and free from any physical impairment or physical deformity. (If this declaration is not accurate, please attach full details on a separate sheet.)
  - I declare that the proposed Domestic Helper is legally employed under the law of H.K.S.A.R.
  - I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's Asia GoldenHelper Insurance Policy. I warrant that the particulars and statements I supply in this Proposal are complete and correct and further agree that this Proposal shall be the basis of the contract between me and the Company.
- (1) 本人聲明該投保家庭傭工現在身體健康良好，並無任何傷殘或缺陷。(如如此項聲明有任何不確，請另紙詳述。)
- (2) 本人聲明該投保家庭傭工是在符合香港法例下所受僱的。
- (3) 本人現依據「亞洲家傭綜合保險」保險單內之條款及條件投保該項保險。謹此聲明在本投保書內填報的資料均屬正確無誤，本人同意以本投保書作為本人與亞洲保險有限公司保險合約之根據。

### Proposer's Signature 申請人簽署

### Date 日期

### Authorized Agent 特許代理

### Important Notes to Proposer 申請人注意事項

- Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent. 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 together.
  - Incomplete Proposal Form will delay your application.
  - This insurance will not be effective unless the Proposal has been officially accepted by the Company.
  - The Domestic Helper's age limit is 18-60.
  - Minimum premium per policy is HK\$400.
  - Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this Proposal, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.
  - This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.
- (1) 閣下必須盡已所知可能影響亞洲保險於接納或釐定此保單條款的資料，如對資料應否透露有任何疑問，請即向亞洲保險或閣下的保險代理查詢。閣下應如實呈報有關資料，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。
- (2) 未經填妥之投保書會延誤閣下之申請。
- (3) 投保須經批核，方可生效。
- (4) 家庭傭工年齡限制：18歲至60歲。
- (5) 每份保單之最低收費為港幣四百元。
- (6) 亞洲保險有權運用、保存或透露閣下之個人資料予任何人士或機構，用以審核此項申請，或提供有關服務。若需查詢或更正閣下之個人資料，請聯絡亞洲保險的資料保護主任。
- (7) 此小冊子並非保單，詳情請參閱保單之條款細則及不承保範圍。