

## Employees' Compensation Insurance

An employer must take out insurance to cover his liabilities under the Employees' Compensation Ordinance and at common law for the work injuries of his employees. The law is rigid but our insurance proposal can be customized to suit your needs.

僱員補償保險 僱主必須按規

定持有有效的工

傷補償保險單，以承擔其根據《僱員補償條例》及普通法就僱員因工受傷所要負的法律責任。雖然法規欠缺彈性，但我們的方案可按您的需求而定制。



## Employees' Compensation Insurance - General



Being an employer, you are mandatorily required by Employees' Compensation Ordinance to effect employees' compensation insurance for your employees. To enable you to comply with this statutory requirement, our proposal of employees' compensation insurance covers all costs and expenses incurred for defending claims against you. We also provide

an option to extend its coverage e.g. where the employees are in need of on-duty during extraordinary weather conditions or working overseas. Our proposal be customized properly to fit for various organizations of different scale in competitive manner

## Product Highlights

- Employee compensation insurance offers standard protection but we can provide you and your staff our proposal to minimize the chance of recurrence through analyzing the root cause in the event of death, bodily injury, accident and near miss in the past;
- Our expert team can assist the insured to identify and assess the risks incidental to the employee's activities;
- Accident prevention advice is a value added service but is a free benefit;
- Choose optional consultancy service to develop an occupational health and safety management system to manage the workplace risks and to achieve long term cost saving

## 僱員補償保險 — 忠利保險

作為僱主，您必須遵照法律規定投保僱員補償保險。僱員補償保險能讓您履行《僱員補償條例》所訂明的僱主責任。除基本僱員補償保險外，我們建議您的保險保障範圍可包括就索償而引起之抗辯費用及開支。此外，可另行購買額外保障，例如僱員需要在惡劣天氣情況下或在外地工作的保險。我們的僱員補償保險方案保費相宜，適合不同規模各行各業的公司機構投保。

## 產品亮點

- 僱員補償保險提供標準的保護，但我們會先為客戶過往意外傷亡及危險事故作根本原因分析，然後提供針對性方案以減少事故再發生的機會；
- 我們的專家團隊可以幫助投保人識別和評估員工作業時面對的風險；
- 免費的增值服務：預防意外的建議；
- 更可選擇由職安健顧問為貴公司建立職業健康及安全管理體系，以管控工作場所之風險並達至長遠節省成本的目標。



## 僱員賠償保險投保書

### EMPLOYEES' COMPENSATION INSURANCE PROPOSAL FORM

承保範圍: 保障僱主對其僱員因工傷意外傷亡或患以該項業務有關之職業病法律規定下之責任

Cover : Indemnity against employers' liability at law to pay compensation in respect of bodily injury or death by Accident or Disease to their employees

本公司之標準保單只承保香港之認可司法仲裁判決。

The indemnity under the Company's standard form of Policy will not apply in respect of judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction of Hong Kong.

投保人姓名

Proposer's name in full .....

營業地址

Business address .....

電話

Tel. ....

僱用地址

Place of employment .....

業務種類 .....

Business .....

工作詳況或細則

Particulars of work .....

保險期限 由 起至

Period of Insurance from ... to ...

注意: 所有屬於僱員賠償條例下之員工均須投保, 請詳列於表內

#### ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

項目 Item No.	僱員工作類別 Occupation of Employees	僱員人數 No. of Employees	估計每年總薪 酬(港幣) Estimated Total Annual Earnings (HKD)	僱員是否需在香港區域以外工作 Employees Working Aboard ?			僱員是否需操作機械或 使用化學燃料 如 是, 請詳細列明 Do employees need to operate machines or use chemicals ? If so, please give details	此格保險 公司自用 For Office Use Only
				否 No	是, 世界各 地 Yes, Worldwide	是, 中國 Yes, China		Rate Percent

FURTHER PARTICULARS REQUIRED OVERLEAF 後頁各項問題需一併填答 →

請列最近三年之賠償紀錄

State claim record during the past three years:-

年份 Year	賠償次數 No. of Claim	已支付之賠償額 Claim Amount Paid	未解決之賠償額 Claim Amount Outstanding	詳情 Details

<p>(1) 閣下是否已購買「僱員賠償」保險或曾經向保險公司申請投保? 如有則請列保險公司名稱 Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? If so, please state name of Company</p> <p>(2) 有否被保險公司拒絕續保或投保 Have any such proposal or renewal ever been declined or withdrawn?</p> <p>(3) 曾否被保險公司索加額外保費 Has an increased rate been required?</p>	<p>(1)</p> <p>(2)</p> <p>(3)</p>
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重要事項：本表格並非保單，有關保單條款細則及不承保範圍，請投保人參閱接納投保書後或在投保人索取時提供的保單。

IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the policy wordings including the applicable terms, conditions and exclusions which will be issued to applicant upon acceptance of this proposal or upon applicant's request.



### 聲明 DECLARATION

本人 / 吾等聲明，本人 / 吾等已填報一切必要的資料，絕對正確，並無隱瞞或保留。本人 / 吾等明白本人 / 吾等提供的資料為泰山保險顧問有限公司提供保險業務所需，並可能使用於下列目的：i) 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；ii) 任何索償，或該等索償的調查或分析；iii) 行使任何代位權；及可能移轉予任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的。

I / We declare that the Statements and particulars given in this application are true and that I / We have not withheld any material information. The information provided by me / ourselves to Taishan Insurance Brokers Ltd. is collected to enable Taishan Insurance Brokers Ltd. to carry on insurance business and may be used for the purpose of: i) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; ii) any claim or investigation or analysis of such claim; and iii) exercising any right of subrogation; 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 for any of the above or related purposes.

### 支付經紀佣金 PAYMENT OF BROKER COMMISSION

泰山保險顧問有限公司（「該公司」）藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。

Taishan Insurance Brokers Limited is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

本人 / 投保人亦明白泰山保險顧問有限公司必須取得本人 / 投保人以上的同意，才可以處理本人 / 投保人之保險申請。

I / Proposed insured further understand that the above agreement is necessary for Taishan Insurance Brokers Limited to proceed with the application.

日期 Date

保戶簽署 Signature of Insured

聯絡人 Person to Contact:

姓名 Name:

電話 Telephone No. :

電郵 Email Address :