



Domestic Worker Protector

家傭靈活保

CHARTIS



| Basic Plan (Section 1 only) | Extra Care (Section 1-6)  | Super Care (Section 1-11)         |
|-----------------------------|---|-----------------------------------|
| Section                     | Coverage  | Max. Limit per Year (HK\$)        |
| 1                           | Employees' Compensation<br>Protects you as the employer against liabilities under Employees' Compensation Ordinance when the Domestic Worker sustains bodily injury by accident or disease arising out of and in the course of employment.  | \$100,000,000/event               |
| 2                           | 24-Hour Accident Insurance<br>Protects the Domestic Worker against accidental injury and death both during and not during his/her course of duties for :<br>a) Accidental Death & Dismemberment<br>b) Emergency Medical & Dental Expenses   | \$120,000<br>\$20,000             |
| 3                           | Hospitalization & Surgical Expenses<br>Protects the employer against his/her contractual liability for the Hospitalization & Surgical charges incurred if the Domestic Worker is confined to any licensed hospital in Hong Kong on the recommendation of a registered medical practitioner.<br>a) Daily Hospital Income (Max. 40 days)<br>b) Surgical   | \$30,000<br>\$350/day<br>\$16,000 |
| 4                           | Repatriation Expenses<br>Protects the employer against his/her contractual liability to repatriate the Domestic Worker back to his/her country of origin in the event of death or certified medical unfitness for continual employment.<br>a) Upon medical unfitness<br>b) On the remains upon death  | \$3,000<br>\$15,000               |
| 5                           | Personal Effects<br>Protects loss of or damage to covered personal properties of the Domestic Worker at the place of employer's residence.  | \$3,000                           |
| 6                           | Fidelity Coverage<br>Protects the employer against the financial loss arising from a dishonest act committed by the Domestic Worker.  | \$4,000                           |
| 7                           | Clinical Expenses<br>Protects the employer against his/her contractual liability for the Clinical Expenses incurred if the Domestic Worker visits any registered medical practitioner in Hong Kong in the event of sickness or accidental injury.<br>Max. HK\$150 per visit per day.  | \$4,000                           |
| 8                           | Dental Expenses<br>Protects the employer against his/her contractual liability for the Dental Expenses incurred if the Domestic Worker visits any registered dentist in Hong Kong. Covers oral surgery, treatment of abscesses, X-rays, extractions or filings as a result of dental disease.<br>Reimburses two-thirds of dental expenses incurred by the Domestic Worker.  | \$2,000                           |
| 9                           | Domestic Worker Liability<br>Protects the employer &/or Domestic Worker against legal liability in respect of (a) accidental bodily injury or (b) accidental damage to property of third party, occurring due to the negligence of the Domestic Worker while in the course of and arising out of his/her employment with the employer, within the territory of Hong Kong during the Period of Insurance.<br>a) Accidental bodily injury<br>b) Accidental damage to property | \$30,000<br>\$5,000               |
| 10                          | Replacement Expenses<br>Protects the employer against financial loss of replacing the Domestic Worker in the event the Domestic Worker is certified by a registered medical practitioner as being medically unfit to complete the term of employment with the employer.   | \$6,000                           |
| 11                          | Temporary Worker Subsidy<br>Protects the employer against financial loss of employing a temporary worker, in the event the Domestic Worker is hospitalized for more than one day.<br>HK\$250 per day, max. 30 days per year   | \$7,500                           |

1) Major Exclusions : Cancer, heart disease, all injuries or sickness arising out of the pre-existing conditions will be excluded under Section 2, 3, 4 & 7. Cancer and heart disease exclusion under Section 3 & 4 will be deleted if "Cancer & Heart Disease Endorsement" is adopted

2) Waiting period for Section 3, 7 & 8 : The first 14 days from inception of the Policy

3) Deductibles for Section 3b), 5 & 6 : HK\$200 per claim

4) Age Limit : 18-60 (above 60, subject to approval and loading)

5) Extra Care and Super Care will only be available for domestic workers recruited from outside Hong Kong under an Employment Contract

6) This brochure is a brief summary. Please refer to the policy for coverage, terms and conditions

# Domestic Worker Protector Proposal Form

## 家傭靈活保投保表格

### Information of Domestic Worker 家傭資料

Full Name of Domestic Worker 家傭姓名：

Surname 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

Date of Birth 出生日期：\_\_\_\_\_ MM月/ \_\_\_\_\_ DD日/ \_\_\_\_\_ YY年

Passport or HKID Card No. 護照或香港身份證號碼：\_\_\_\_\_

(Please attach with Passport / HKID Card Copy 請附上護照/香港身份證副本)

Sex 性別： Female 女性  Male 男性

Nationality 國籍： Philippines 菲律賓  Thailand 泰國  Indonesia 印尼

Others 其他 - (Please State 請註明) \_\_\_\_\_

Nature 性質： Full-time 全日  Part-time 兼職

Duties 工作： Domestic works 一般家務  Chauffeur\* 司機

Others 其他：\_\_\_\_\_

\*Subject to special rating / extra premium 需附加額外保費

### Please answer the following question 請回答下列問題：

Has your domestic worker ever been refused and/or required special terms and/or additional premium for any accident or illness insurance?  Yes 是  No 否

閣下之家傭曾被拒絕接受投保意外或疾病保險，或被附加特別條件或要求繳付額外保費？

(If your answer is "Yes", please give details on separate sheet. 如問題之答案為“是”者，請另加紙說明。)

### Please “✓” the appropriate box 請在適當的方格加上✓號

|                         | Basic Plan<br>基本計劃<br>(Section 1 only<br>保障項目1) | Extra Care<br>優越計劃<br>(Section 1-6<br>保障項目1-6) | Super Care<br>卓越計劃<br>(Section 1-11<br>保障項目1-11) |
|-------------------------|---|--|--|
| 1 Year Premium<br>一年保費  | <input type="checkbox"/> HK\$285(min)*          | <input type="checkbox"/> HK\$380(min)*         | <input type="checkbox"/> HK\$680(min)*           |
| 2 Years Premium<br>二年保費 | <input type="checkbox"/> HK\$492*               | <input type="checkbox"/> HK\$688*              | <input type="checkbox"/> HK\$1,228*              |

“Cancer & Heart Disease Endorsement” (Section 3 & 4) - Only applicable to Extra Care & Super Care Plan

“癌症及心臟病保障” (保障項目3及4) - 僅適用於優越計劃及卓越計劃

1 Year Premium 一年保費 - HK\$250

2 Years Premium 二年保費 - HK\$450

\*Premium is inclusive of Levies 保費已包括徵款

|                           |
|---------------------------|
| For office use only 公司專用  |
| Producer Name             |
| Producer Code             |
| Producer Contact Tel. No. |

PL04-o6/11

# Payment Method 保費付款方法

Please ✓ the appropriate box 請在適當的方格加上✓號


## Payment by Cheque 支票付款

Cheque No. 支票號碼：\_\_\_\_\_

Bank 銀行：\_\_\_\_\_

Cheque should be crossed and made payable to “Chartis Insurance Hong Kong Limited” 劃線支票抬頭請註明「美亞保險香港有限公司」

## Payment By Credit Card 信用卡付款

 VISA Card VISA卡   MasterCard 萬事達卡

Card No. 信用卡號碼：\_\_\_\_\_

Expiry Date 信用卡屆滿日期：\_\_\_\_\_ (MM月 / YY年)

Card Holder's Name 信用卡持有人姓名：\_\_\_\_\_

Card Holder's Signature 信用卡持有人簽署：\_\_\_\_\_

Date 日期：\_\_\_\_\_

I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my VISA / MasterCard account for the premium stated on this Proposal Form. 本人茲授權並要求美亞保險香港有限公司從本人之VISA / MASTER卡戶口內支付本投保表格所註明之保費。

## Declaration 聲明：

I/we declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this Proposal Form the following: 本人/吾等聲明並謹代表本人/吾等及任何有權或聲稱有權就本投保表格要求保險賠償的人仕同意下列各項：

1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved. 本人/吾等同意如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準；本人/吾等同時明白保險契約只會以英文發出，並會於本申請獲接納及核實時生效。

2. I/we agree that Chartis Insurance Hong Kong Limited (hereinafter called “Chartis Hong Kong”), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by Chartis Hong Kong, the policy will become effective. 本人/吾等同意美亞保險香港有限公司(以下簡稱為「美亞保險」)，保留一切接納申請與否之權利；並明白申請經美亞保險接納及批核後，保障才正式生效。

3. My/our declarations made herein, together with all information provided by me/us are full, complete and true and shall constitute the basis of the contract between the parties thereto. I/we understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and/or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void. 本人/吾等謹此聲明上述填報及其他本人/吾等提供之資料均為完整無缺及全為事實，並同意此等資料將構成本人/吾等與美亞保險所訂保險合約之基本條件；本人/吾等明白凡因投保當時及之前已診斷、已知、曾治理及/或已患之疾病、損傷或其他狀況而引致之醫療需要，一律不予賠償。如有違反此項聲明，任何關於本投保表格之保險合約將會作廢。

4. I/we agree to the personal data collected in this Proposal Form being used by Chartis Hong Kong for the purposes stated in its Data Privacy Policy summarized as follows: (1) underwriting and administering the insurance policy being applied for (including underwriting renewals, data matching, claim processing and investigation) and (2) promoting and advising me/us of other products and services provided by the Chartis group that may be of interest. I/we acknowledge and agree that Chartis Hong Kong may also transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified: i) third parties providing services related to the administration of my/our policy; ii) financial institutions for the purpose of processing this application and obtaining policy payments; iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) for the purposes of direct marketing, marketing companies and companies (within the categories shown on our website) with whom Chartis Hong Kong embarks on joint promotion programs (only name and contact details will be transferred for this purpose); v) another member of the Chartis or AIG groups of companies (for all of the purposes identified); or vi) other parties referred to in Chartis Hong Kong's Data Privacy Policy for the purposes stated therein. I/we understand that I/we may gain access to, or request correction of my/our personal data, or opt out of my/our personal data being used for direct marketing at any time, by writing to Chartis Hong Kong at GPO Box 456 or cs.hk@chartisinsurance.com. The full version of Chartis Hong Kong's Data Privacy Policy can be found at www.chartisinsurance.com.hk

本人/吾等同意美亞保險可按照列於其私隱政策的用途使用此投保表格所收集之個人資料，其用途摘要如下：(1) 核保及管理所申請的保單(包括核保續訂之保單、資料配對、處理索賠及調查)，及(2) 向本人/吾等介紹及推銷可能感興趣的其他由美亞保險集團所提供之產品及服務。本人/吾等確認及同意美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，用作所列明之用途：(i) 提供有關本人/吾等保單管理服務的第三者；(ii) 財務機構，作處理此申請及收取保費用途；(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；(iv) 市場推廣公司及與美亞保險集團聯合推廣計劃的公司(其業務類別載於美亞保險的網站)，作直銷用途(唯只有姓名及聯絡資料方會轉交作此用途)；(v) 其他美亞保險集團或AIG集團之成員公司，作所有列明之用途；或(vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。本人/吾等明白到本人/吾等可隨時致函到美亞保險(地址：香港郵政信箱456號或電郵：cs.hk@chartisinsurance.com)查閱，或要求修改本人/吾等的個人資料，或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.chartisinsurance.com.hk。

### Policy Effective Date 保單生效日期：

From 由 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (MM月/DD日 /YY年)

(Back-dating is unacceptable 不可追溯保單生效日期)

### Information of Employer 僱主資料

Full Name of Employer 僱主姓名：

Surname 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

HKID Card / Passport No. 香港身份證/護照號碼：\_\_\_\_\_ ( )

Occupation 職業：\_\_\_\_\_

Tel. No. 電話號碼：(Residence 住宅) \_\_\_\_\_

(Office 辦公室) \_\_\_\_\_

(Mobile 手提電話) \_\_\_\_\_

Email 電郵地址：\_\_\_\_\_

Mailing Address 聯絡地址：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HK 香港島  KLN 九龍  NT 新界  Outlying Island 離島

Place of employment 僱工受保地址 (if different from above 如與上述地址不同)：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HK 香港島  KLN 九龍  NT 新界  Outlying Island 離島

Signature of Employer 僱主簽名 \_\_\_\_\_

Date 日期 \_\_\_\_\_

*Chartis* is a world leading property-casualty and general insurance organization serving more than 45 million clients in over 160 countries and jurisdictions. With a 90-year history, one of the industry's most extensive ranges of products and services, deep claims expertise and excellent financial strength, *Chartis* enables its commercial and personal insurance clients alike to manage virtually any risk with confidence.

*Chartis* is the marketing name for the worldwide property-casualty and general insurance operations of Chartis Inc.

*Chartis* 是一間於全球經營產物意外及非人壽業務的保險機構，服務全球逾160個國家和地區，超過4,500萬客戶。 *Chartis* 擁有90年的悠久歷史，提供完善多元化的保險產品及服務，以深厚的理賠專業經驗以及雄厚的財務實力，使企業及個人客戶有信心管理其風險。

*Chartis* 是 *Chartis Inc.* 旗下廣佈全球之產物意外及非人壽保險業務的品牌。

This insurance plan is underwritten by Chartis Insurance Hong Kong Limited  
此保障計劃由美亞保險香港有限公司承保



Chartis Insurance Hong Kong Limited  
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Island East, Hong Kong  
美亞保險香港有限公司  
香港港島東華蘭路18號港島東中心46樓  
Hotline 客戶熱線：3666 7033  
Fax 傳真號碼：2832 9514  
[www.chartisinsurance.com.hk](http://www.chartisinsurance.com.hk)

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 Chartis Insurance Hong Kong Limited.  
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，歡迎向美亞保險香港有限公司索取。