Proposal / Renewal Form for Employees' Compensation Insurance (Earnings Rating Basis)

<u>Er</u>	nployer's Details						
1.	Name of employer in full (Please provide a copy of valid Business Registration Document)						
2.	Place of employment						
<u>De</u>	tails of Employer's Business Act	tivities / Profession					
1.	Please provide a general descript	ion of the employer's busin	ness activities / profe	ssion.			
2.	How long has the business been	established?			Year(s)		
3.	Does any of the work carry out b				_		
	a) any work on ships, chemical w	vorks, off-shore structures,	oil or gas refineries?	Yes 🗆	No 🗆		
	b) any work outside Hong Kong?	?		Yes □	No \square		
	c) work at a height above 10 met	res or underground?		Yes □	No 🗆		
	d) use, handle, store or transport	d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive					
	substances, gases, asbestos, radioactive substance			Yes \square	No 🗆		
	If yes, please give nature of work	and no. of employee(s) in	volved.				
4.	Does the employer						
	a) hire any self-employed person	s for their business		Yes \square	No 🗆		
	b) hire any part-time employees		Yes \square	No 🗆			
	c) plan to increase the no of the employees substantially or add different occupations in a short						
	period of time				No 🗆		
En	nployee's Details	,					
1.	Please provide the following in	formation [Please provide	a copy of latest wa	geroll (e.	.g. latest		
MPF contribution records, financial statements, tax returns or other re				nt docum	ents) of		
	employee(s)]:						
	Occupation of Employee(s)	Number of Employees	Estimated Total A	nnual Ea	rnings*		
	by Categories						
		1					

Occupation of Employee(s)	Number of Part Time	Estimated Total Annual Earnings*			
by Categories	Employees				
	Total:	Total:			
Declaration					
I/We, being the owner / authoriz	ed person / representative	of the proposed business, warrant the			
above estimated total annual earn	nings made by me/us or or	my/our behalf are true and complete			
for all employees within the sco	pe of the Employees' Con	mpensation Ordinance (Chapter 282).			
Failure to disclose all material	facts or under declaratio	n on the total annual earnings may			
invalidate the insurance.					
	A (1 : 1 G)	('.1 C			
Authorized Signature (with Company Chop)					
Name:					
	Date:				

2. Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

Claims and Related Details

Please provide the claim history for the past 3 years:
 [Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

Accident	Paid C (including p payn	artial claim	Outstandin	ng Claim(s)	Total for	the Year
<u>Year</u>	No. of Case	Amount (HK\$)	No. of Case	Amount (HK\$)	No. of Case	Amount (HK\$)

^{*} Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).

2. Details of any Claim with amount over HK\$50,000.

Data of	Brief Details of each accident	Claim Amount (HK\$)		
Date of Accident	(including cause of loss, degree of injury, current status, etc.)	<u>Paid</u>	<u>Outstanding</u>	Variation Date

Authorized Signature:	Date:		
(with Company Chop)			
Name :			
Position :			

僱員補償保險投保/續保表格(按收入作計算基礎)

<u>僱</u> Э	<u>E的資料</u>				
1.	僱主全名(請提供商業登記文件	件副本)			
2.	僱用工作地點				
<u>僱</u> 主	E之業務/行業的 <u>資料</u>				
1.	請就僱主之業務活動/職業提供	供詳細描述。			
2	業務成立年期	•			年
۷.	未4为以工十岁				+
3.	僱主的業務是否涉及:				
	a. 任何於船舶、化工廠、離岸 工作?	建築物、石油或天然氣料	青煉廠進行的	是□	否□
	b. 任何於香港境外進行的工作	?		是□	否□
	c. 於離地面 10 米以上或地底遊			是□	否□
	d. 使用、處理、貯存或運輸有	害物質,例如有毒化學物	勿、爆炸品、	是□	否□
	氣體、石棉和放射性物質? 如是,請提供有關工作性質及戶	 近此信息			
	知定,胡灰 <u>供</u> 有懒工作住具 <u>从</u> 广	川沙滩貝八数・			
		4			
	僱主有否:				
	a. 為其業務聘用任何自僱人士	?		有口	否□
	b. 聘用任何兼職僱員? c. 計劃在短期內大幅增聘員工	武 岡等不同時数?		有□ 有□	否□
		-уv- д цх 1 Ј. 1 19,477 ;		7 -	ЦШ
<u>僱</u> 員	<u>資料</u>				
1.	請提供以下資料:				
	【請提供最近期的僱員薪酬紀錄	录副本(例如:強積金供	款紀錄、財務報表	、報稅表	支或其他
	相關文件)】 僱員職務類別	僱員人數	估計全年總收入*		1
	<u>唯只帆仍炽</u>	<u>/准只/入数</u>	<u> </u>		

<u>僱員職務類別</u>	兼職僱員人數	估計全年總收入*			
	總計:	總計:			
登明 我/我等作為投保業務之擁有人/獲授權人士/代表,保證以上由我/我等根據《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。 獲授權簽署(連公司蓋章) 姓名: 職位: 日期:					

2. 請提交僱主或僱員持有與業務相關的工作經驗/資格/證書。

索償及相關資料

1. 請提供過去三年的索償紀錄:

【注意:僱主需要向曾投保的保險公司索取有關紀錄的書面證明】

意外發生		<u>寸索償</u> ·索償償付)	<u>未支付</u>	寸索償	<u>全年</u>	<u>總數</u>
年份	<u> 賠案數目</u>	<u>金額</u> <u>(港幣)</u>	<u>賠案數目</u>	<u>金額</u> <u>(港幣)</u>	<u>賠案數目</u>	<u>金額</u> <u>(港幣)</u>

2. 所有索償金額超過港幣 50,000 的個案詳情。

意外發生	概述每宗意外經過	F.	索賠金額(港幣)	_
日期	(包括受傷原因、受傷程度、 現況等等)	已支付索償	未支付索償	修訂日期

獲授權簽署	日期:
(連公司蓋章):	
姓名:	
職位:	

註:本表格之中英文版本如有任何歧義, 概以英文版本為準。