

## 中國太平洋保險(香港)有限公司 China Pacific Insurance Co.,(H.K.) Ltd.

香港灣仔港灣道18號中環廣場4301室 Suite 4301, 43/F, Central Plaza 18 Harbour Rd., Wanchai, H.K. Tel:(852)2541 4338 Fax:(852)2541 4332

## 家傭 保險投保書 Domestic Helper Insurance Proposal Form

投保人姓名	e Proposer (Employer)		
lar en	中文	英文	
Name of Proposer 聯絡電話	Chinese 住宅	English 手提	辦公室
Contact No.	Home	Mobile	Office
通訊地址			
Mailing Address			
電郵地址 E-mail Address			
保單生效日期(日/月/年)	由	至	(起訖兩日均包括在內
Period of Insurance (dd/mm/yy)	From	王 To	(Both dates inclusive
フ 並 一			
乙部 被保家傭資料 Part B Details of the Insured	Domestic Helner		
被保家傭姓名	Domestic Helper	出生日期 (日/月/年)	
Name of Insured Domestic Helper		Date of Birth (dd/mm/yy)	
原居地		每週假期	
Country of residence		Weekly Holiday(s)	
已有疾病 / 傷殘情況 Existing Illness / Disablement		發現疾病 / 傷殘日期 Date of Discovery of Illness /	/ Disablement
Existing liness / Disablement		Date of Discovery of finess /	Disublement
丙部 付款方式			
Part C Payment Method			
□ 支票付款 Cheque			
	中國太平洋保險(香港)有限公司"		
Please cross your cheque a	and make it payable to "CHINA PACIFIC INSURANCI	E CO., (H.K.) LTD."	
同 現金付款 Cash			
請親臨中國太平洋保險(	香港)有限公司 地址	: 香港灣仔港灣道18號中環廣	
Please pay at the office of	China Pacific Insurance Co., (H.K.) Ltd. Address	: Suite 4301, 43/F., Central Pla	aza, 18 Harbour Road, Wanchai, Hong Kong.
<b>收集個人資料聲</b> 明		聲明	
閣下提供的資料,為本公司提供保險業	務所需,並可能使用於下列目的:		知及所信,上述所有資料均屬實無訛且為事實之
	或該等產品或服務的任何更改、變更、取消或續期	全部,而所有能影響該項申請評	
	存或不時成立的任何有關的公司或任何其他從事與保		(平洋保險(香港)有限公司接納後,保單始正式生
	務有關的中介人或索償或調查或其他服務提供者或任	效。本人/吾等亦同意此投保書及	
何保險公司的協會或聯會。 関下有機本則及贾式東元中中國大平洋		ナガロハ コン BB 66 人 66 甘 7kk	
多 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	保險(香港)有限公司持有有關閣下的個人資料,如有此	有限公司之間的合約基礎。 本人/吾箋明白中國大平洋保險(2)	整劈明將會作為本人/吾等與中國太平洋保險(香港
	·保險(香港)有限公司持有有關閣下的個人資料,如有此 條例監察主任提出。	本人/吾等明白中國太平洋保險(智	b聲明將會作為本人/吾等與中國太平洋保險(香港 序港)有限公司收集的所有有關本人/吾等資料是用
項要求,可向本公司的個人資料(私隱) 聯絡電話: (852) 2541 4338		本人/吾等明白中國太平洋保險( 程保、索償調查或數據研究或轉 /吾等有權查核及要求更改有關本	b聲明將會作為本人/吾等與中國太平洋保險(香港 所港)有限公司收集的所有有關本人/吾等資料是用 交其他人士或機構作核證數據或再保險之用。本
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Client Code

Total Premium

Agent Code Account Handler

Remarks