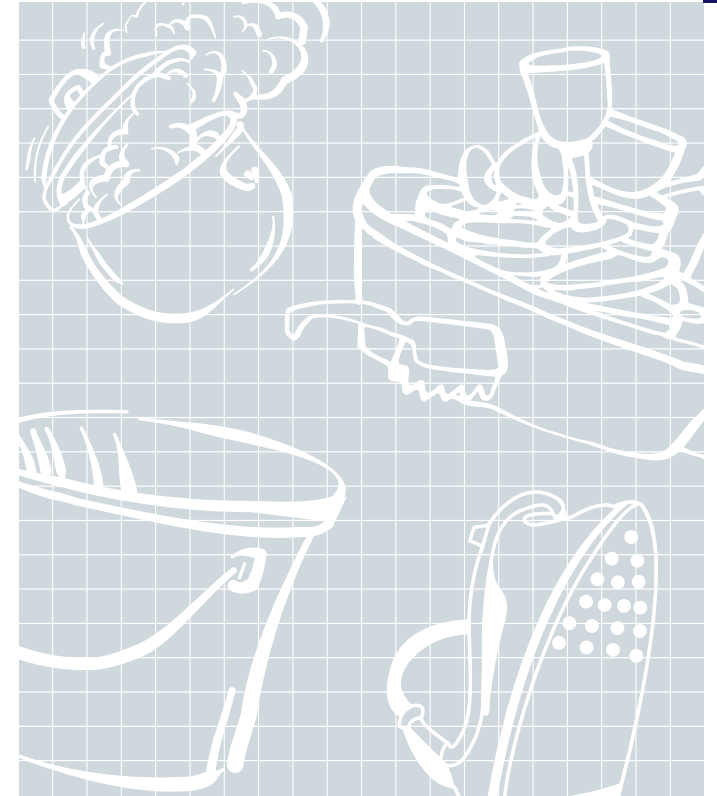


HELPERSURANCE 3.0

「家傭寶 3.0」

Caring for you and your domestic helper.

為您和您的家務助理提供更佳保障。



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Good Wastemake



ISO 9001

For more information, please call us at **(852) 3122 6922** (Hong Kong)/
(853) 2892 3329 (Macau) or contact your Insurance Representative at:
詳情請致電 **(852) 3122 6922** (香港) / **(853) 2892 3329** (澳門)
或您的保險代理 / 經紀：

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HELPERSURANCE 3.0 CARING FOR YOU AND YOUR DOMESTIC HELPER

Today, a domestic helper is almost an indispensable member in many households. They look after your home, your family and take a load off your mind. So, it's important that they are well cared for. HelperSurance 3.0 is a comprehensive insurance package that not only helps you meet your legal obligation as an employer but also offers extra benefits your domestic helper's peace of mind and health.

COMPREHENSIVE COVERAGE FOR TOTAL PROTECTION

For HK\$750 (one-year) or HK\$1,350 (two-year) per domestic helper, including EC Levy, you and your domestic helper will be protected under a comprehensive cover that includes the following:

- Employees' Compensation
- Clinical Expenses including bonesetter treatment
- Surgical & Hospitalisation Expenses
- Service Interruption
- Dental Expenses
- Personal Accident Benefits
- Repatriation Expenses
- Replacement Helper Expenses
- Fidelity Guarantee
- Replacement and installation cost of main door lock or metal gate lock
- Automatic Extension of Cover

Age Limit: 16-65 year old

Waiting Period: A 14-day waiting period from the effective date of the insurance shall be applicable under Clinical Expenses, Surgical & Hospitalisation Expenses, Service Interruption and Dental Expenses for each domestic helper during which no benefits shall be payable.

Coverage and Benefit Limit		
Sections	Coverage	Maximum Benefit Limits (HK\$)
1. Employees' Compensation	Your liability as an employer under the Employees' Compensation Ordinance.	\$100 million per event
2. Clinical Expenses	Medical treatment from a clinic for sickness or bodily injury resulting from an accident.	\$150 per visit per day
	Bonesetter treatment	\$100 per visit per day up to \$500 per year
	Aggregate limit	\$3,000 per year
3. Surgical & Hospitalisation Expenses	Hospital confinement for surgery or treatment of sickness or bodily injury resulting from an accident:	
	<ul style="list-style-type: none"> • Room & Board Charges • Surgeon's Fees • Anaesthetist Fees • Operating Theatre Charges Aggregate Limit	\$300 per day \$10,000 per operation 25% of surgeon's fees 12.5% of surgeon's fees \$30,000 per year
4. Service Interruption	Loss of service resulting from the confinement of your domestic helper in a hospital at least one day for surgery or treatment of bodily injury or sickness.	\$200 per day \$6,000 per year
5. Dental Expenses	Dental treatment, including oral surgery, treatment of abscesses, X-rays, extractions or fillings, as a result of dental disease.	Two-thirds of actual expenses up to \$1,500 per year
6. Personal Accident Benefits	Accidents occurring during domestic helper's rest days resulting in death, loss of limbs or sight.	\$100,000 per year
7. Repatriation Expenses	Repatriation of your domestic helper if certified as medically unfit to complete the contract, or in the event of death, the repatriation of his/her mortal remains to the country of residence.	\$20,000 per year
8. Replacement Helper Expenses	Extra expenses reasonably and necessarily incurred for getting a new helper in the event your domestic helper is repatriated due to serious injury, illness or death.	\$3,000 per year
9. Fidelity Guarantee	Pecuniary loss caused by fraud or dishonesty committed by your domestic helper.	\$10,000 per year
	(Including compensation for unauthorised telephone calls)	(up to \$3,000)
10. Replacement and installation cost of main door lock or metal gate lock	Replacement and installation cost of main door lock or metal gate lock following the termination of employment contract with the domestic helper due to discovery of any act of infidelity or repatriation of the domestic helper. (Replacement & installation must be undertaken within 7 days after the termination of employment contract with the domestic helper).	\$500 per year
11. Automatic Extension of Cover	Cover will be automatically extended free of charge for the period between the termination of one domestic helper & the arrival of a new one.	Max. once a year Max. period of extension: 3 months per year.

「家傭寶 3.0」

為您和您的家務助理 提供更佳保障

現今社會生活繁忙，很多家庭都需要僱用家務助理，專責料理家務及照顧家人。「家傭寶3.0」保險計劃既保障您身為僱主所需承擔的法律責任，同時亦令家務助理的安全及健康得到妥善的照顧，處理家務更輕鬆自在，自然令您加倍安心。

保障範圍全面 提供完善保障

只需為每位家務助理繳付每年保費港幣750元或兩年保費港幣1,350元（包括政府勞工保險附加費），您和您的家務助理將可盡享以下周全保障：

- 僱員賠償保障
- 門診醫療保障（包括跌打治療）
- 住院醫療保障
- 服務中斷保障
- 牙醫費用保障
- 人身意外保障
- 送返原居地保障
- 補聘家務助理費用保障
- 忠誠保障
- 更換及安裝大門鎖或大閘鎖費用保障
- 自動延長保障期

年齡規定：本保險計劃適用於任何年齡介乎16至65歲之家務助理。

等候期：門診醫療、住院醫療、服務中斷及牙醫費用所提供之保障，須於保單生效14日後始接受索償。

保障範圍及最高賠償金額		
保障項目	保障範圍	最高賠償金額 (港幣)
1. 僱員賠償保障	保障您作為僱主在僱員補償條例下之責任。	每宗事故1億元
2. 門診醫療保障	家務助理患病或意外受傷，須於診所接受治療。 跌打治療 每年賠償總額	每次150元 每次100元 全年總額500元 全年3,000元
3. 住院醫療保障	家務助理患病或意外受傷，須入院進行外科手術或治療： • 住院及膳食費用 • 外科手術費用 • 麻醉師費用 • 手術室費用 每年賠償總額	每日300元 每次10,000元 外科手術費用之25% 外科手術費用之12.5% 全年30,000元
4. 服務中斷保障	家務助理因患病或意外受傷入院超過一日接受治療或進行手術，而導致服務中斷。	每日200元 全年6,000元
5. 牙醫費用保障	家務助理因口腔疾病須接受治療，包括口腔手術、口腔膿瘡、接受x光檢查，脫牙或補牙。	每次實際治療費之三分二 全年1,500元
6. 人身意外保障	家務助理在休息日因意外引致死亡、斷肢或失明。	全年100,000元
7. 送返原居地保障	家務助理經醫生診斷因健康欠佳不能繼續工作而須送返原居地，或因身亡而須將遺體運返原居地之費用。	全年20,000元
8. 補聘家務助理費用保障	因家務助理嚴重受傷、患病或身亡而送返原居地，須另行僱用新家務助理的各項合理及必需之額外費用。	全年3,000元
9. 忠誠保障	因家務助理欺詐或舞弊所引致的金錢損失。 (包括未經許可之電話費用賠償)	全年10,000元 (最高3,000元)
10. 更換及安裝大門鎖或大閘鎖費用保障	因家務助理被揭發有不忠誠行為或送返原居地而須終止僱傭合約，以致其後必須更換及安裝大門鎖或大閘鎖之費用。 (更換及安裝工作須於終止家務助理的僱傭合約後7天之內進行。)	全年500元
11. 自動延長保障期	如現任家務助理離職而未能聘得新家務助理，保單的保障期會免費自動獲得相應時間的延長。	每年最多一次， 延長保障期限： 每年最長3個月



HELPER SURANCE 3.0 PROPOSAL FORM 「家傭寶3.0」投保書

(Please complete in ENGLISH, using capital letters.) (請以英文正楷填寫)

Effective Date of Cover: From: To:
保障有效日期： 由： 至：

Total Premium: 保費總額： _____

Employer's Details 僱主資料

English Name (Mr/Miss/Mrs):
英文姓名 (先生/小姐/女士)： _____ Surname (姓) Given Name (名)Date of Birth: (D) (M) (Y)
出生日期： (日) (月) (年) HKID No.: 身份證號碼： _____Residential Address:
住址： _____Correspondence Address (If Different From The Above):
通訊地址 (如與上址不同)： _____Contact Nos: (Home) (Office)
電話： (住宅) (辦事處) E-mail Address: 電郵地址： _____ Occupation: 職業： _____

Domestic Helper's Details 家務助理資料

Helper 1 家務助理 1

Full Name:
姓名： _____Date of Birth: (D) (M) (Y) Sex:
出生日期： (日) (月) (年) 性別： _____Nationality: ID/Passport No:
國籍： 身份證/護照號碼： _____Contractual Period of Employment:
僱傭合約期： _____

Helper 2 家務助理 2

Full Name:
姓名： _____Date of Birth: (D) (M) (Y) Sex:
出生日期： (日) (月) (年) 性別： _____Nationality: ID/Passport No:
國籍： 身份證/護照號碼： _____Contractual Period of Employment:
僱傭合約期： _____

Health Condition Of Your Domestic Helper 家務助理的健康狀況

1. Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine?
他/她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 No
有 否
2. Has he/she been confined in a hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?
他/她曾否在過去三年內，因患病或意外受傷，而需入院接受手術或治療？ Yes No
有 否
3. Has he/she ever been refused by accident or illness insurance or subjected to special terms and conditions?
他/她曾否被其他保險公司拒絕接受投保意外或疾病保險或要附加特別條件？ Yes No
有 否

If you have answered "Yes" to any of the above questions, please give details:
若上述任何一項回答為“有”，請詳細說明：

聲明：本人(等)特此聲明：

- 同意 MSIG Insurance (Hong Kong) Limited (「貴公司」) 保留其不受理本人(等) 投保書的權利。
- 保證所填報資料及對所載問題的回答，據本人(等) 確信，均為正確無訛。
- 並未隱瞞可能影響本投保書評估的事實。
- 同意本投保書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及 / 或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。
- 同意保障項目「僱員賠償保障」的責任限額訂為每宗事故港幣一億元。

本人(等) 同意貴公司不時向客戶提供與其資料有關的適用資料政策、通知及其他通訊均適用。有關副本可向貴公司或其網站 (www.msig.com.hk) 索取。本人同意本投保書所載或自任何其他來源獲取的全部資料均將受該等政策 / 或其他通訊 (可不時變更) 之規限。本人特此同意：(a) 貴公司可向其他組織、機構或其他人核實、提供及收集與本人有關的資料；(b) 貴公司可將資料傳送至香港特別行政區境外；及 (c) 貴公司可將所獲取的任何資料與本人資料進行比較，並利用比較結果採用任何措施，包括拒絕受理本投保書等可能不利於本人的用途。在無損於前述條文的情況下，貴公司可向與其相關的個人 / 組織或任何選定第三者 (不論在香港境內或境外) 提供並持有、使用及披露上述資料，包括再保險及索償調查公司及行業 / 聯盟，以處理本投保書及就此提供繼續後服務或提供其他金融產品及服務，直銷推廣，及因此等用途與本人溝通。

Declaration: I/We desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited ("the Company") reserves its right to reject my application,
- warrant that the information given is true and correct to the best of my / our knowledge,
- have not withheld facts likely to influence assessment of this application,
- agree that this application and declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy / policies and / or as modified or extended by any endorsements thereon,
- agree that for the purpose of arranging my Employees' Compensation Cover under Section 1, the required policy limit of liability is HK\$100 million for any one event,

I/We agree that the applicable data policies, notices and other communications to customers concerning their data from time to time issued by the Company shall apply. Copies are available from the Company or its website (www.msig.com.hk). I/We agree that all information in this application, or that is obtained from any other sources will be subject to such policies/ or other communications (as may be varied from time to time). I/We agree in particular that: (a) the Company may verify, provide and collect information about me from other organizations, institutions or other persons; (b) the Company may transfer the data outside the Hong Kong SAR; and (c) the Company may compare any data obtained with my data, and use the results for taking of any actions including actions that may be adverse to me/ our interest (including declining this application). Without prejudice to the foregoing, such data are provided and may be held, used, and disclosed by the Company to individuals/ organizations associated with the Company or any selected third party (within or outside of Hong Kong), including reinsurance and claims investigating companies and industry/ federations processing of this application and other provision of subsequent services for this and other financial products and services, direct marketing and to communicate with me/ us for such purposes.

Signature of Proposer (Employer) 投保人簽署 (僱主)

Date 日期

Agent/Broker Stamp
保險代理/經紀印鑑

IMPORTANT NOTE: This document is not a policy of insurance. Please refer to the HelperSurance Policy 3.0 (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

注意事項：本小冊子並非保單，有關條款細則及不承保範圍，請參閱「家傭寶3.0」保單 (於接納您的投保書後奉上)。