

## Product Summary for SmartHelper Domestic Helper Insurance Plan

### Educational Staff (CHARTERLLOYD INSURANCE BROKERS LTD) Staff Benefits



#### Free Additional Benefits

##### Re-hiring Expenses

- Cover your expense incurred in securing a replacement helper, including air ticket, agency fees and processing fees, in the event of your domestic helper becoming medically unfit to finish a contract or in the event of death in service
- Maximum up to **\$10,000** per policy year

##### Hospital Cash Subsidy

- If your domestic helper is hospitalized as an in-patient for five or more consecutive days, this Plan will pay the employer \$200 per day.
- Maximum up to **\$6,000** per policy year

##### Loan Protection

- If you make a financial loan with documented evidence/proof to your domestic helper which cannot be repaid due to the death of the helper, or his/her being medically unfit to continue employment, this Plan will reimburse the amount of the loan outstanding.
- Up to a limit of **\$10,000** per policy year

##### Special Features

- NO Excess & NO Waiting Period
- Premium discount for a 2 years period of insurance
- If you change your domestic helper, coverage will be automatically transferred to the new helper (notification required).

##### Eligibility

- This Plan is available for overseas domestic helpers who are employed under an Employment Contract as governed by the Immigration Ordinance (Chapter 115)
- Only Employer's Liability Section will be available for local helpers.

##### Age Limit

- 18-60 years old

##### Period of Insurance

- Your choice of either 1 or 2 years

##### Premium (effective from 15 June 2004 until further notice)

Period	Premium
1 year	HK\$369
2 years	HK\$688

- N.B.
- Premium is inclusive of Levy.
  - Minimum Premium per policy is \$369.
  - All benefits and premiums are in Hong Kong Dollars.

#### Product Features

**Special Offer \$369**

##### Section 1 – Employer's Liability

- If your domestic helper suffers injury or disease arising out of, and in the course of, employment, this Plan indemnifies you against liability under the Employees' Compensation Ordinance and Common Law for damages and claimants costs and expenses.
- Up to a limit of **\$100,000,000** for any one event

##### Section 2 – Medical & Related Expenses

###### 2.1 Hospitalization & Surgical Expenses

- Cover any necessary medical treatment expenses from hospital for surgery or treatment of sickness, or injury resulting from an accident, including room and board expenses and surgical expenses.
- Room and Board Expenses – up to a maximum of \$300 per day
- Surgical Expenses - up to a maximum of \$12,000 per operation
- Maximum up to **\$25,000** per policy year

###### 2.2 Out-patient Expenses

- Cover clinical expenses for sickness or bodily injury resulting from an accident, up to \$180 per visit per day
- Also pay for bonesetters' fees up to \$100 per visit per day with a maximum of \$500 per policy year
- Maximum up to **\$3,600** per policy year

##### Section 3 – Dental Expenses

- Cover emergency dental expenses incurred by your domestic helper, including oral surgery, treatment of abscesses, X-rays, extractions of fillings.
- Up to \$200 per visit per day
- Maximum up to **\$2,500** per policy year

##### Section 4 – Personal Accident

- Cover your domestic helper in the event of serious accidental injury or death
- Maximum up to **\$100,000** per policy year
- Anywhere in Hong Kong

##### Section 5 – Repatriation Expenses

- If your domestic helper becomes medically unfit to continue employment or in the event of death in service, this Plan covers the cost of repatriating him/her back to the country of origin, up to **\$10,000** per policy year


For further details of this Plan, please contact Mr. Gilman Wan at 2523 7229

**CHARTERLLOYD INSURANCE BROKERS LTD**

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## SmartHelper Domestic Helper Insurance Proposal 「卓越」優傭樂家庭僱傭保險 投保書

Please fill in this form in English block letters and tick in the box where appropriate (✓) 請以英文正楷填寫，並在適當的空格內填上 (✓)

<b>PROPOSER DETAILS 投保人資料</b>			
Full Name (as on HKID Card) 姓名(與香港身份證相同)		Surname 姓	
Given Name 名		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Correspondence Address 通訊地址		HKID Card No 香港身份證號碼	
Occupation 職業		Home Tel 住宅電話	
Office Tel 公司電話		Mobile No 手提電話	
<b>DOMESTIC HELPER DETAILS 僱傭資料</b>			
Full Name 姓名		Surname 姓	
Given Name 名		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Date of Birth (dd/mm/yyyy) 出生日期(日/月/年)		HKID Card No/Passport No 香港身份證/旅遊證件號碼	
Country of Origin 原居國家		Position 職位	
<input type="checkbox"/> Helper 家傭		<input type="checkbox"/> Gardener 園丁	
<input type="checkbox"/> Others (please specify)其他(請註明)			
<b>INSURANCE COVER 投保細則</b>			
Period of Insurance 投保期		* Policy to commence on 本保單由	
<input type="checkbox"/> One year 一年 HK\$369		<input type="checkbox"/> Two years 兩年 HK\$688	
		Day 日	
		Month 月	
		Year 年	
		起生效	
<b>DECLARATION 投保人聲明</b>			
Please read the following statements carefully and sign in the space provided 請細閱下列各項條文，然後在指定空位內簽署。 I declare that 本人聲明			
<ul style="list-style-type: none"> <li>No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself. 本人從未遭受任何保險公司拒絕受理投保、續保或取消本人之保單或要求提高保費及附加特別條件始允承保。</li> <li>I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself. 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約之根據，並以保單上各條款為準則。</li> </ul>			
Proposer's Signature (Do not sign a blank form) 投保人簽署 (請勿於空白投保書上簽署)		Date (dd/mm/yyyy) 日期(日/月/年)	
<b>PAYMENT METHOD 付款方法</b>			
I wish to pay my premium 本人選擇以下方式繳交保費港幣 HK\$ _____ by _____			
<input type="checkbox"/> Cheque payable to "Charterlloyd Insurance Brokers Ltd." 支票抬頭請寫「卓越保險顧問有限公司」			
<input type="checkbox"/> VISA 咭 <input type="checkbox"/> MasterCard 萬事達咭			
Credit Card No 信用卡號碼 _____			
Credit Card Expiry Date 信用卡有效期至		Cardholder's Name 信用卡持有人姓名	
Month 月		Year 年	
I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy. 本人授權安盛保險有限公司從本人上述之信用卡賬戶支取有關保險保單的保費。			
Cardholder's Signature 持咭人簽署		Date (dd/mm/yyyy) 日期(日/月/年)	
<b>Important Notes to Proposer 投保人須知</b>			
<p>1 Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent / broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether. 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。</p> <p>2 Personal Information Collection Statement 收集個人資料聲明</p> <p>The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of 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：</p> <ul style="list-style-type: none"> <li>any insurance or financial related product or service or any alterations, variations, cancellations or renewal of such product or service; 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；</li> <li>any claim or investigation or analysis of such claim; and 任何索償、或該等索償的調查或分析；及</li> <li>exercising any right of subrogation 行使任何代位權 and may be transferred to 及可能轉移予</li> <li>any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes; 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；</li> <li>any association, federation or similar organization of insurance companies [Federation] that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and 現存或不時成立的任何保險公司的協會或聯會或類同組織(聯會)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及</li> <li>any members of the "Federation" by the "Federation" for any of the above or related purposes. 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。</li> </ul> <p>Moreover, AXA General Insurance Hong Kong Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. 此外，在此授權安盛保險有限公司由「聯會」從保險業內收集的資料中查閱及/或核對閣下任何資料。</p> <p>You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer. 閣下有權查閱及要求更正由本公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料(私隱)條例監察主任提出。</p> <p>3 Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us. 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上之需要。作為本公司的寶貴客戶，我們會時時為閣下提供新產品及服務之最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。</p> <p>* The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid. 此保單提供的保障，必須在本公司確定接納投保後，及收受保費後，才能正式生效。 [註：本中文譯稿，概以英文原文為準]</p>			
		承保公司 Underwritten by: 安盛保險有限公司 AXA General Insurance Hong Kong Limited	
		Code : 00496	