

HelperCare Insurance Application Form 家傭全保投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 投保人資料

Name of Applicant (Employer) 投保人(僱主)姓名 <small>The Applicant must be the legal employer of the domestic helper 投保人必須為家庭傭工之合法僱主</small> <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____ DD日 _____ MM月 _____ YY年	HKID Card/Passport No. 香港身份證/護照號碼:
	Occupation 職業	Contact No. 聯絡電話:
Correspondence Address 通訊地址: Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT新界		Email Address 電郵地址:
Effective Date and Period of Insurance 生效日期及保單年期 From 由 _____ DD日 _____ MM月 _____ YY年 for 起計 <input type="checkbox"/> One Year 一年 or <input type="checkbox"/> Two Years 兩年		
Bank Name and Account No. for claim settlement (Account-Holder must be the Proposer) 賠償醫療費用時將自動轉賬於此戶口 (戶口持有人之姓名必須與投保人相同)		
Bank Name & Code 銀行名稱及編號 _____	Branch Code 分行編號 _____	Account No. 賬戶編號 _____

(II) Domestic Helper's Information 家傭資料

Name of Insured Person (Domestic Helper) 被保人(家傭)姓名 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____ DD日 _____ MM月 _____ YY年	Nationality 國籍
HKID card No. / Passport No. 香港身份證號碼 / 護照編號	Address of Employment (if different from Correspondence Address) 僱用地址 (若與通訊地址不同) Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT新界	

(III) General Information 其他資料

1. During last three years, have you ever had any domestic helper insurance refused? 過去三年內,閣下在投保家傭保險時曾否被拒絕?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2. Are you aware of any condition for which your domestic helper may require medical or surgical treatment? 閣下是否知道上述家傭可能因某種病症而需要接受治療或手術? If the answer to question 1 or 2 is "YES" please give details: 如問題1或2所選之答案為「是」請詳細說明: _____ _____	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

(IV) Payment Method 付款方法

Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited
劃線支票抬頭請寫:「 保持保險(香港)有限公司」

Cheque 支票 Visa MasterCard

Credit Card No. 信用卡號碼

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Cardholder's Name 持卡人姓名

Card Expiry Date 信用卡有效期至

M月										Y年									

I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance and future auto-renewal premium.

本人茲授權保持保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費及隨後的自動續保保費。

Cardholder's Signature 持卡人簽署

Date 日期

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 2603 9435.
保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢,請瀏覽 bolttechinsurance.hk 或致電:(852) 2603 9435。

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保持保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative
代理人/ 經紀/ 業務代表 _____

Date (DD / MM / YYYY)
日期(日/月/年) _____

Account Code
賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中英文版本如有差異，以英文版本為準。

About boltech Insurance

Boltech Insurance (Hong Kong) Company Limited is an established general insurance company authorised by the Hong Kong Insurance Authority. boltech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, boltech Insurance was rebranded and renamed as part of the international insurtech group, boltech.

For more information, please visit boltechinsurance.hk

關於保特保險

保特保險(香港)有限公司獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽boltechinsurance.hk網站。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Boltech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Boltech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all 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 with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Boltech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

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