# Employees' Compensation Insurance

	Application Form (Policy No.:	)			
CHUBB°	Cover				
	Indemnify the insured employer against his liability Compensation Ordinance and at common law for inj of employment.				
	N.B. Please answer all the questions. A NIL reply shall be taken for any unanswered questions.				
	Section 1 – Employer's Details  1. Name:				
	2. Business Address:				
	3. Business Nature:				
	4. Website Address.:				
	5. Period of Insurance:				
	From:	То:			
	Section 2 – Details of Employer's Business A				
	<ol> <li>Please provide a general description of the empl</li> </ol>	oyer's business activities / profession			
	2. How long has the business been established?	Year (s)			

Se	Section 2 – Details of Employer's Business Activities / Profession (continue)						
3.	3. Does any of the work carry out by the employers involve:						
	a)	any work on ships, chemical works, off-shore structures, oil or gas refineries?	$\square$ Yes	$\square$ No			
	b)	any work outside Hong Kong?	$\square$ Yes	□ No			
	c)	work at height above 10 metres or underground?	□ Yes	□No			
	d)	use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances	□ Yes	□ No			
	If yes, please give nature of work and no. of employee(s) involved.						
4.	. Does the employer						
	a)	hire any self-employed persons for their business	$\square$ Yes	□ No			
	b)	hire any part-time employees	$\square$ Yes	$\square$ No			
	c)	plan to increase the no. of employees subtantially or add different occupations in a short period of time	□ Yes	□No			

# Section 3 - Employee's Details

- 1. Please provide the following information. [Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant document(s) of employee(s)]
- 2. **Please advise the** working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.

Occupation of Employee(s) by Categories	No. of Employees Upcoming Year	Estimate Total Annual Earnings* Upcoming Year	Actual No. of Employees Current Year	Actual Total Annual Earnings* Current Year
Occupation of Employee(s) by Categories	No. of Part-time Employees Upcoming Year	Estimated Total Annual Earnings* Upcoming Year	Actual No. of Part-time Employees Current Year	Actual Total Annual Earnings* Current Year
	Total:	Total:	Total:	Total:

<sup>\*</sup> Annual Earnings include salaries, commissions, bonuses, overtime, allowance, etc., and should not be lower than HK\$66,000 in accordance with the Employees' Compensation Ordinance (Chapter 282).

Place of Employment					
Full Address	Occupancy e.g. Office, Shop	No. of Employee working in	Occupation		

<sup>\*</sup> please submit in separate sheet for more locations

# Section 4 - 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 Year	Paid Claim(s) (including parti payment)	ial claim	Outstanding Claim(s)		Total for the Year	
	No. of Case	Amount (HK\$)	No. of Case	Amount (HK\$)	No. of Case	Amount (HK\$)

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

Date of Accident	Brief Details of each accident (including cause of loss, degree of injury, current status, etc.)	Claim Amount (HK\$)		
		Paid	Outstanding	Validation Date

# **Important Notice**

- 1. It is very important that all employers must report correct salaries / wages and other earnings information of their employees to the insurers, in order to comply with the Employees' Compensation Ordinance (ECO), Chapter 282, and to ensure full indemnification to meet their liabilities to the employees for accidents arising out of and in the course of employment.
- 2. Employers are reminded that according to the Limit of Indemnity Clause & Insurance Premium Clause contained in the employees' compensation insurance policy, under-reporting of earnings / wages may result in reduced claim payment for accidents to the employees of which employers are liable themselves. Furthermore, an employer failing to insure in accordance with Section 40(1) of the ECO (Chapter 282) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.
- Description of Occupations: each category of occupation is to be shown separately, e.g. Clerical Staff, Sales / Marketing Staff, Messenger, Lorry Driver, Welder, etc.
- 4. Total Earnings [as more fully defined under Section 3 of the Employees' Compensation Ordinance (Chapter 282)]: Please declare the estimated / actual total gross earnings for the period of insurance.
- 5. You are required to complete the Declaration of Earnings section duly signed by an authorized officer and submit it to the Chubb Insurance Hong Kong Limited together with proof of wages / Monthly MPF Contribution Statements from latest months (stating the occupation of each employee).

# **Declaration**

I / We declare and agree that:

- being the owner/authorised person/representative of the proposed business, warrant the above estimated total annual earnings made by me/us
  or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282).
   Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.
- 2. to the best of my / our knowledge and belief the information and answers given on this form are true, complete and correct in every respect;
- 3. the information and answers given on this form are filled in by me / us or by any other person under my / our full instructions;
- 4. this reporting shall be the basis of and be deemed to the incorporated in the contract of insurance, including any renewal thereof, between me / us and Chubb Insurance Hong Kong Limited.

#### **Personal Information Collection Statement**

**The Company ("We/Us/Our")** want to ensure that Our **Insured Persons ("You/Your")** are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which We collect and use personally identifiable information provided by **You** ("Personal Data"), the circumstances when Personal Data may be disclosed and information regarding **Your** rights to request access to and correction of Personal Data.

#### (a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering **Your** application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing **Your** and **Our** rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of **Our** respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

#### (b) Direct Marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

# (c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell **Your Personal Data** to any third party. **We** limit the disclosure of **Your Personal Data** but, subject to the provisions of any applicable law, **Your Personal Data** may be disclosed to:

- (i) third parties who assist Us to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to **Our** relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which You accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of **Your Personal Data** outside of Hong Kong.

#### (d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer 39/F, One Taikoo Place 979 King's Road Quarry Bay, Hong Kong O +852 3191 6800 F +852 2560 3565 E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of **Our** receipt of **Your** request. **We** will not charge **You** for lodging a request for access to **Your Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Signature	
Authorised Signature (with Company Chop):	Applicant Name:
	Position:
	Date (DD/MM/YY):

# About Chubb in Hong Kong SAR

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, midsized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by being consistent and responsive, by offering market leading claims services and innovative products, and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

# Contact Us

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