

Foreign Worker Insurance Proposal Form

外勞保險投保書



QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司

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This form serves as an application for Foreign Worker Insurance. Applicants are required to provide proof of employment, including a clear specification of the foreign worker's role, at the time of submission.

申請人需在提交時提供外勞就業證明，並明確說明外勞的職位。

Part I: Company Information

第一部份：公司資料

Company Name 公司名稱		Office Address 聯絡地址	
Business Registration No. 商業登記號碼			
Company Email 公司電郵		Office Tel. No. 聯絡電話	

Part II: Insured Person Information

第二部份：受保人資料

Insured Person Name 受保人名稱		Date of Birth 出生日期 (DD/MM/YYYY)	
Gender 性別		Nationality 國籍	
HKID No. / China ID Card No. / Passport No. 個人身份證明文件		Insurance Effective Date 保險生效日期 (DD/MM/YYYY)	
Employment Contract Start Date 僱傭合約開始日 (DD/MM/YYYY)		Employment Contract End Date 僱傭合約結束日 (DD/MM/YYYY)	

Part III: Medical History

第三部份：健康記錄

Is the insured person in good health and free from physical impairment or deformity?

受保人是否健康良好及身體並無損傷或殘缺？

Yes 是 / No 否

If No, please provide full details

若否，請列詳情：

Part IV: Declaration

第四部份：聲明

I/ We declare and agree that 本人謹此作下列聲明及同意：

1. all answers and statements made in the proposal are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.

本投保書內所有答題及述詞均為全部真實及正確，並無隱瞞而可能影響有關接納投保與否之決定。

2. this proposal & declaration shall be the basis of the policy and considered as being incorporated therein.

本投保書及聲明將為保單之根本依據，並視作保單之一部份。

3. the specific details, terms and conditions applicable to this insurance are set out in the Public Liability insurance Policy to be issued by QBE Hongkong and Shanghai Insurance Ltd.

所有條款及細則詳情概以昆士蘭聯保保險有限公司之公眾責任保險單為準。

Part V: Personal Information Collection Statement ("PICS")

第五部份：個人資料收集聲明

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited ("QBE HK"), I/we agree and acknowledge that:

a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.

b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)

c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:

- i. third parties providing services related to the administration of my/our policy (including reinsurance);
- ii. financial institutions for the purpose of processing this application and obtaining policy payments;
- iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
- iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
- v. other parties referred to in QBE's Privacy Policy for the purposes stated therein

d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at: QBE Hongkong & Shanghai Insurance Limited Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong; Email: info.hk@qbe.com.hk

That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.

e) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭聯保保險有限公司（“昆士蘭保險”）收集之個人資料，本人／我同意並承認：

- a) 索取之個人資料對於昆士蘭保險處理本人／我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) 昆士蘭保險可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- c) 昆士蘭保險可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
- i. 提供與本人／我等的保險（包括再保險）之管理有關的服務的第三方；
 - ii. 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
 - iii. 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
 - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
 - v. 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- d) 本人／我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：
- 昆士蘭聯保保險有限公司 - 地址：香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓；電郵：info.hk@qbe.com.hk
- e) 若本人／我等乃代表另一人士向昆士蘭保險提供個人資料，本人／我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險。
- f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

Signature and stamp of Proposer

投保人簽署及蓋印：

Date

日期：