



過去三年內您是否曾因員工意外傷亡而向保險公司索償？

Have you lodged any insurance claim, due to accident occurred to your employees at work during the past three years?

詳情

Details : \_\_\_\_\_

您現在是否有在其他保險公司購買僱員補償保險？

In respect of Employees' Compensation Insurance are you currently insured by another insurance company?

a) 您的投保申請或續保是否曾被拒絕、撤回或被提高保率？

Has your proposal or renewal been declined, withdrawn or has an increased rate been required?

詳情

Details : \_\_\_\_\_

## 投保人聲明 Declaration

- 本人/本公司欲以上述之條款向中國太平洋保險(香港)有限公司投保僱員賠償保險  
I/My company the undersigned, Desire to effect an insurance as above stated in terms of the Policy to be issued by China Pacific Insurance Co., (HK) Ltd.
- 本人/本公司同意保存完整之薪金及工資記錄，於投保期限屆滿前按照中國太平洋保險(香港)有限公司之要求填報實際支付之薪金及工資有關資料並繳付超過以上所估計之薪金及工資數額之保險費用。  
I/My company agree to keep a proper salaries and wages record and to render at the end of each period of insurance a statement in the form required by the company of all salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above.
- 本人/本公司茲聲明本人/本公司已閱讀及審核上列之一切表報及細則均屬正確，並無隱藏，虛報或歪曲任何事實。  
I/My company hereby declare that all the above statements and particulars which I/We have read over and checked are true, and that I/We have not suppressed, mis-represented or mis-stated any material fact.
- 本人/本公司以合理估計本公司之年薪、工資及支出、並同意本項聲明作為與中國太平洋保險(香港)有限公司訂立契約之基礎。  
I/My company have fairly estimated my/our total salaries wages and expenditure and i/my company agree that this declaration shall be the basis of the contract between me/us and the China Pacific Insurance Co.,(HK) Ltd.
- 本人/本公司授權中國太平洋保險(香港)有限公司及其代理收取本人的個人資料代作續發保單之用。  
I/My authorize China Pacific Insurance Co.,(HK) Ltd. and its agent to collect and use my/our personal data provided that China Pacific Insurance Co.,(HK) Ltd. shall always in compliance to all regulations set out by the Personal Data (Privacy) Ordinance (PCO)

### 收集個人資料聲明

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：

- 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
- 任何索償或索償分析及可能轉移予現存或不時成立的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仲介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。聯絡電話：(852) 2541 4338 或 電郵至 enquiry@cpic.com.hk

### Personal Data Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- Any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them.
- Any claim or analysis of it And may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by CPIC. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer accordingly. Tel : (852) 2541 4338 or E-mail : enquiry@cpic.com.hk

本人/本公司茲聲明上述各項均屬確實並同意本投保書作為雙方訂立契約之根據

I/My company hereby declare that all the particulars of this proposal are true, and I/We agree that this proposal shall be the basis of Contract between myself/ourselves and China Pacific Insurance Co.,(HK) Ltd

投保人簽署及公司蓋章

Proposer's Signature with Co. Chop if Applicable \_\_\_\_\_

日期

Date \_\_\_\_\_

Official Use only	Agent Code		G. P.	
	Client Code		N. P.	
	Account Handler		A. C.	
	Remark		D. C.	