

**BROKER**

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## Proposal/Renewal Form – Employees' Compensation (Earning Rating Basis)

### 僱員補償保險投保/續保表格 (按收入作計算基礎)

You should tell us of all facts likely to influence the acceptance and assessment of this proposal. If you fail to do so, your policy may become inoperable or may not operate fully. If you have any doubt about what you should tell us, please contact us. Please complete this proposal/renewal form in block letters.

閣下必須向本公司呈報一切真實資料。如果遺報者，可令閣下所投保之保險不能生效或不能完全生效。如閣下對應否向本公司呈報某些事項存有任何疑問，請與本公司查詢。請以英文正楷完成投保投保/續保表格。

|  |  |  |
|--|--|--|
| <input type="checkbox"/> New Proposal<br>新投保 | <input type="checkbox"/> Renewal<br>續保 | <b>Fast Track Process<br/>(Renewal Only)</b><br>特快程序(只適用於續保) |
|--|--|--|

### I. Details of Insured/Employer 受保人/僱主的資料

|   |   |
|---|---|
| Name of Insured/Employer in full<br>受保人/僱主全名  | Policy No.<br>保單號碼  |
| Business Registration Document Certificate No. (BRD) (please provide a copy of valid BRD)<br>商業登記文件號碼 (請提供有效商業登記文件副本)   | <input type="checkbox"/> Insured/Employer declares copy of BRD from previous year remains valid<br>受保人/僱主確認登記地址與上年相同                  |
| Registered Address:<br>註冊地址<br><br>Areas 區域:<br><input type="checkbox"/> Hong Kong 香港<br><input type="checkbox"/> Kowloon 九龍<br><input type="checkbox"/> New Territories 新界   | <input type="checkbox"/> Insured/Employer declares Registered Address remains unchanged from previous year<br>受保人/僱主確認登記地址與上年相同       |
| Place(s) of Employment (state all places of work activities):<br>僱用工作地點 (請列出所有工作場所)<br><br>Areas 區域:<br><input type="checkbox"/> Hong Kong 香港<br><input type="checkbox"/> Kowloon 九龍<br><input type="checkbox"/> New Territories 新界 | <input type="checkbox"/> Insured/Employer declares Place(s) of Employment remains unchanged from previous year<br>受保人/僱主確認僱用工作地點與上年相同 |



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僱員補償保險投保/續保表格 (按收入作計算基礎)

**II. Details of Insured/Employer’s Business Activities/Profession**

受保人/僱主僱主之業務/行業的資料

|  |  |                                |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
|--|--|--------------------------------|--------------------------------|---|-------------------------------|--------------------------------|---|-------------------------------|--------------------------------|---|-------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|-------------------------------|--------------------------------|--|
| <p>1. Please provide a detailed description of the Insured/Employer’s business activities, work and industry.<br/>請就受保人/僱主之業務活動/職業 /行業提供詳細描述。</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <hr style="border: 0.5px solid black; margin-top: 10px;"/>  | <p><input type="checkbox"/> Insured/Employer declares answers to 1. business activities, work and industry remain unchanged from previous year<br/>受保人/僱主確認 1 之答案與上年相同</p> |                                |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| <p>2. How long has the business been established in Hong Kong?<br/>香港業務成立年期? _____Year(s) 年</p>  |  |                                |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| <p>3. Does any of the work carry out by the employees involve:<br/>僱員的工作是否涉及:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 2px;">a) any work on ships, chemical works, offshore structures, oil or gas refineries?<br/>任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?</td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">b) any work by means of riding bicycle or motorcycle?<br/>任何使用單車或電單車進行的工作?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">c) any work at construction site(s)?<br/>任何於建築地盤進行的工作?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">d) any work outside Hong Kong?<br/>任何於香港境外進行的工作?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">e) work at a height above 9 metres or underground or involve external wall work?<br/>於離地面 9 米以上或地底進行的工作或涉及外牆工作?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">f) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?<br/>使用、處理、貯存或運輸有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> <tr> <td style="padding: 2px;">g) station at anywhere outside Hong Kong?<br/>駐守香港境外地方?</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> No 否</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Yes 是</td> </tr> </table> | a) any work on ships, chemical works, offshore structures, oil or gas refineries?<br>任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?   | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 | b) any work by means of riding bicycle or motorcycle?<br>任何使用單車或電單車進行的工作? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | c) any work at construction site(s)?<br>任何於建築地盤進行的工作? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | d) any work outside Hong Kong?<br>任何於香港境外進行的工作? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | e) work at a height above 9 metres or underground or involve external wall work?<br>於離地面 9 米以上或地底進行的工作或涉及外牆工作? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | f) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?<br>使用、處理、貯存或運輸有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | g) station at anywhere outside Hong Kong?<br>駐守香港境外地方? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <p><input type="checkbox"/> Insured/Employer declares answers to 3 (a) – (g) remains unchanged from previous year<br/>受保人/僱主確認 3 (a) – (g)之答案與上年相同</p> |
| a) any work on ships, chemical works, offshore structures, oil or gas refineries?<br>任何於船舶、化工廠、離岸建築物、石油或天然氣精煉廠進行的工作?   | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| b) any work by means of riding bicycle or motorcycle?<br>任何使用單車或電單車進行的工作?  | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| c) any work at construction site(s)?<br>任何於建築地盤進行的工作?  | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| d) any work outside Hong Kong?<br>任何於香港境外進行的工作?  | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| e) work at a height above 9 metres or underground or involve external wall work?<br>於離地面 9 米以上或地底進行的工作或涉及外牆工作?   | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| f) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?<br>使用、處理、貯存或運輸有害物質，例如有毒化學物、爆炸品、氣體、石棉和放射性物質?   | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| g) station at anywhere outside Hong Kong?<br>駐守香港境外地方?   | <input type="checkbox"/> No 否  | <input type="checkbox"/> Yes 是 |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| <p>If Yes, please provide the nature of work and no. of employee(s) involved.<br/>如是，請提供有關工作性質及所涉僱員人數。</p>   |  |                                |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |
| <p>Nature of Work: _____<br/>工作性質</p> <p>No. of Employee: _____<br/>所涉僱員人數</p>   |  |                                |                                |   |                               |                                |   |                               |                                |   |                               |                                |  |                               |                                |  |                               |                                |  |                               |                                |  |



### Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)

#### 僱員補償保險投保/續保表格 (按收入作計算基礎)

|  |  |
|--|--|
| <p>4. Does the Insured/Employer 受保人/僱主有否:</p> <p>a) hire any self-employed persons or contractors?<br/>為其業務聘用任何自僱人士/承包商? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>b) hire any part-time employees or provide internships?<br/>聘用任何兼職僱員/提供實習職位? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>c) plan to make change on no. of the employees and/or job categories/occupation within the next 12 months?<br/>計劃在未來十二個月改變僱員數目或工作類別/職務變動? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>d) have any other in-force Employees’ Compensation Insurance Policy?<br/>持有其他有效的僱員補償保險保單? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> | <input type="checkbox"/> Insured/Employer declares answers to 4 (a) – (d) remains unchanged from previous year<br>受保人/僱主確認 4 (a) – (d)之答案與上年相同 |
| <p>If Yes, please provide the details for information.<br/>如是，請提供有關詳情。</p> <hr/>   |  |

### III. Details of Employee(s) 僱員資料

1. Please provide the following information [Please provide a copy of latest wage roll (e.g. latest MPF contribution records, audited financial statements, tax returns or other relevant documents) of employee(s):

請提供以下資料: [請提供最近期的僱員薪酬紀錄副本 (例如: 強積金供款紀錄、經審查的財務報表、報稅表或其他相關文件):

| Full-time Employees<br>全職員工     | Previous Year<br>上年度 |   |  | Current Year<br>本年度                  |   |  |  |                                |
|---------------------------------|----------------------|---|--|--------------------------------------|---|--|--|--------------------------------|
| Occupation of Employees<br>僱員職業 | Actual No.<br>確實人數   | Actual Wages/Salaries, Quarters, Food, Fuel or Other Allowances Paid<br>工資膳宿及其他支出 | Extend to Temporary Overseas Travel (Y)<br>短暫海外工作(是) | Estimated No. of Employees<br>僱員估計人數 | Estimated Wages Salaries & Other Earnings<br>估計工資支出 | Estimated Quarters, Food, Fuel & Other Allowances<br>估計住宿伙食燃料及其他補助 | Extend to Temporary Overseas Travel (Y/N)<br>短暫海外工作(是/否) |                                |
|                                 |                      |   | <input type="checkbox"/> Yes 是                       |                                      |   |  | <input type="checkbox"/> No 否                            | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                       |                                      |   |  | <input type="checkbox"/> No 否                            | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                       |                                      |   |  | <input type="checkbox"/> No 否                            | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                       |                                      |   |  | <input type="checkbox"/> No 否                            | <input type="checkbox"/> Yes 是 |
| Total 總計 HK\$                   |                      |   |  |                                      |   |  |  |                                |



**Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)**

**僱員補償保險投保/續保表格 (按收入作計算基礎)**

| Part-time Employees<br>兼職員工     | Previous Year<br>上年度 |   |   | Current Year<br>本年度                  |   |  |   |                                |
|---------------------------------|----------------------|---|---|--------------------------------------|---|--|---|--------------------------------|
| Occupation of Employees<br>僱員職業 | Actual No.<br>確實人數   | Actual Wages/Salaries, Quarters, Food, Fuel or Other Allowances Paid<br>工資膳宿及其他支出 | Extend to Temporary Overseas Travel (Y)<br>短暫海外工作 (是) | Estimated No. of Employees<br>僱員估計人數 | Estimated Wages Salaries & Other Earnings<br>估計工資支出 | Estimated Quarters, Food, Fuel & Other Allowances<br>估計住宿伙食燃料及其他補助 | Extend to Temporary Overseas Travel (Y /N)<br>短暫海外工作 (是/ 否) |                                |
|                                 |                      |   | <input type="checkbox"/> Yes 是                        |                                      |   |  | <input type="checkbox"/> No 否                               | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                        |                                      |   |  | <input type="checkbox"/> No 否                               | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                        |                                      |   |  | <input type="checkbox"/> No 否                               | <input type="checkbox"/> Yes 是 |
|                                 |                      |   | <input type="checkbox"/> Yes 是                        |                                      |   |  | <input type="checkbox"/> No 否                               | <input type="checkbox"/> Yes 是 |
| <b>Total 總計 HK\$</b>            |                      |   |   |                                      |   |  |   |                                |

\*Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees’ Compensation Ordinance (Chapter 282). \*根據<<僱員補償條例>> (第 282 章) · 收入包括: 薪金、佣金、花紅、超時工作補薪、津貼等。

2. Please advise the working experience/qualification/certificate that the Insured/Employer or employee(s) possesses in relation to the business. 請提交受保人/僱主或僱員所持有與業務相關的工作經驗/資格/證書。

| Insured/<br>Employer/<br>Employee<br>僱主/僱員 | Years of Experience<br>經驗 (年) | Qualification<br>資格           |                                |                                      | Certificate<br>證書             |                                |                                      |
|--|-------------------------------|-------------------------------|--------------------------------|--------------------------------------|-------------------------------|--------------------------------|--------------------------------------|
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |
|  |                               | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> N.A.<br>不適用 |



**Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)**

僱員補償保險投保/續保表格 (按收入作計算基礎)

**IV. Claims and Related Details 索償及相關資料**

a) Please provide the past insurance record (minimum latest 3 years) 請提供過去保險公司紀錄 (最少提供近三年紀錄):

| Previous Insurer(s)<br>曾投保的保險公司 | Year<br>年份 | Policy No.<br>保單號碼 |
|---------------------------------|------------|--------------------|
|                                 |            |                    |
|                                 |            |                    |
|                                 |            |                    |

b) Have you had any claim for the past years (minimum latest 3 years)?  No 否  Yes 是

在過去，閣下是否有任何索償紀錄 (最少近三年)?

Please provide the up-to-date claim history from previous insurer(s) for the past years (minimum latest 3 years):  
請提供過去保險公司的最新索償紀錄 (最少提供近三年紀錄):

[Note: Insured/Employer shall make request on the previous insurer(s) for providing written evidence of such records.]  
[注意: 受保人/僱主需要向曾投保的保險公司索取有關紀錄的書面證明。]

| Accident Year<br>意外發生<br>年份 | Paid Claim(s) (including partial claim payment)<br>已支付索償(包括部分索償償付) |                          | Outstanding Claim(s)<br>未支付索償 |                          | Total for the Year<br>全年總數 |                          |
|-----------------------------|--|--------------------------|-------------------------------|--------------------------|----------------------------|--------------------------|
|                             | No. of Case<br>賠案數目  | Amount (HK\$)<br>金額 (港幣) | No. of Case<br>賠案數目           | Amount (HK\$)<br>金額 (港幣) | No. of Case<br>賠案數目        | Amount (HK\$)<br>金額 (港幣) |
|                             |  | HK\$                     |                               | HK\$                     |                            | HK\$                     |
|                             |  | HK\$                     |                               | HK\$                     |                            | HK\$                     |
|                             |  | HK\$                     |                               | HK\$                     |                            | HK\$                     |

c) Details of any Claim with amount over HK\$50,000. 所有索償金額超過港幣 50,000 的個案詳情。

| Date of Accident<br>意外發生日期 | Brief Details of each accident<br>(including cause of loss, degree of injury, current status, etc.)<br>概述每宗意外經過(包括受傷原因、受傷程度、現況等) | Claim Amount (HK\$)<br>索償金額 (港幣) |                      |                        |
|----------------------------|--|----------------------------------|----------------------|------------------------|
|                            |  | Paid<br>已支付索償                    | Outstanding<br>未支付索償 | Variation Date<br>修訂日期 |
|                            |  | HK\$                             | HK\$                 |                        |
|                            |  | HK\$                             | HK\$                 |                        |
|                            |  | HK\$                             | HK\$                 |                        |
|                            |  | HK\$                             | HK\$                 |                        |



## Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)

僱員補償保險投保/續保表格 (按收入作計算基礎)

### Commission Disclosure Statement 佣金支付聲明

I/We am aware that the insurance product I/We intend to purchase is underwritten by Liberty and commission may be provided to duly registered and authorised intermediaries for the arrangement, sale and/or renewals of my policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Liberty that he or she is authorised to do so.

本人 / 吾等確認並同意 · 倘本人 / 吾等並無通知利寶以更正及更新有關僱員總數的資料 · 則僱主謹此聲明 · 利寶根據本投保建議 / 續保表格發出的保單不會保障在利寶所發出的保單資料頁中並無列明的其他員工。

### Important Notice

Any employer who fails to insure himself in accordance with Section 40 (1) of the employees’ Compensation Ordinance (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 one year.

You are required under the policy conditions to furnish the Premium Adjustment & Declaration of Wages Form to your insurance Company within the stipulated time (see Guideline (3) below)

### Guidelines for completing the Premium Adjustment & Declaration of Wages Form

#### 1. Description of Occupations

Each category of occupation is to be shown separately e.g. Clerical staff, Sales/Marketing, Messenger, Lorry Driver, Welder etc.

#### 2. Total Earnings (As more fully defined under Section 6 of the Employees’ Compensation Ordinance (Chapter 282))

Please declare the actual total gross earnings for the period of insurance.

#### 3. Submission

You are to complete the Premium Adjustment & Declaration of Wages Form and submit it within 90 days after the expiry or termination of the policy together with the following:

3.1 Signature of an authorised officer.

3.2 iMonthly MPF Contribution Statements for the Period of Insurance. (Stating the occupation of each employee).

### Employees’ Compensation Insurance - Earnings Declaration

It is very important that all employers must report actual 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 liability to the employees for accidents arising out of and in the course of the employment.

Employers are reminded that:

1. Within 90 days after the expiry of the period of insurance or upon cancellation of the employees’ compensation insurance (“ECI”) policy, they shall supply the insurers with the completed Premium Adjustment & Declaration of Earnings Form stating the actual earnings of their employees as well as the relevant supporting documents during the period of insurance
2. According to the clause (e) of the Policy Limit of Indemnity contained in the ECI policy, under-reporting of earnings may resulting proportionate reduction in indemnity for compensable claims. In such cases, Employers will have to bear the proportionate share of indemnity for the injured employees by themselves. If no declaration of the actual earnings by the employer is received by the insurer as prescribed in 1, above, for the purpose of this clause the earnings estimated by the employer as at the commencement of the Period of Insurance shall be used in lieu of the actual earnings that should have been declared to determine the extent of the under-insurance if any



## Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)

### 僱員補償保險投保/續保表格 (按收入作計算基礎)

3. Furthermore, an employer failing to insure in accordance with Section 40 (1) of the ECO commits an offence and is liable to conviction up to the maximum fine of HK\$100,000 and imprisonment for two years.

### 僱員補償保險-申報工資

為符合法例第 282 章《僱員補償條例》的規定，並確保僱主須補償僱員因工受傷的責任時獲得足夠保障，僱主必須向保險公司如實申報其僱員的實際工資。

謹此提醒所有僱主：

1. 僱主必須在保單到期或取消保單以後的 90 天內，向保險公司提交已填妥的「保費調整及工資申報表格」，申報其所有僱員在保險期內的實際工資金額，並提供有關證明文件。
2. 根據現行僱員補償保單內有關保單賠償限額的條款 (e)，僱主如不足額申報工資，保險公司或會因此按比例減少償付僱主須補償其受傷僱員的金額，僱主需按比例承擔賠償餘額。如僱主沒有按照上述 (1) 向保險公司申報實際工資金額，僱主在保單生效時提交的估計工資金額將視作實際工資金額，並以此釐定是否投保不足。
3. 任何未有按照《僱員補償條例》第 40 (1) 條的規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。

### DECLARATION 聲明

I/We acknowledge and agree that the facts, answers and information provided during the application process, electronically, under proposal, renewal forms or otherwise, including all declarations, are true and complete and all related facts I/We know or ought to know have been honestly expressed and disclosed and I/We have the duty to immediately inform Liberty International Insurance Limited (“Liberty”) and correct the facts and information if they have become incomplete, untrue, and inaccurate.

本人 / 吾等確認並同意，於申請過程中在網上、投保建議、續保表格中或以其他方式所提供的事實、答案及資料，包括所有聲明均為真實詳盡，且本人 / 吾等知悉或理應知悉的所有相關事實經已如實表述並披露，及倘有關事實及資料變得不完整、失實及不準確，本人 / 吾等有責任立即通知利寶國際保險有限公司 (「利寶」) 並作出更正。

I/We, being the owner / authorised person / representative of the proposed business, warrant the estimated total annual earnings stated by me/us or on my/our behalf in the proposal/renewal forms are true and complete and I/we have accounted for all employees under the Employer’s employment as of the date of the proposal/renewal form in accordance with the Employer’s obligations under the Employees’ Compensation Ordinance (Chapter 282).

本人 / 吾等作為準保單的擁有人 / 獲授權人 / 代表，保證本人 / 吾等或代表本人 / 吾等在投保 / 續保表格中所述之估計年度收益總額均為真實詳盡，且本人 / 吾等已根據香港法例第 282 章《僱員補償條例》下僱主須履行的責任，將僱主截至投保 / 續保日期所僱用的所有僱員計算在內。

I/We have not withheld any material facts (i.e. facts relevant to an insurer’s decision to provide coverage or for a certain amount/premium) from Liberty (including but not limited to claim histories, under reporting of the actual total annual earnings of the Employer and/or actual numbers of employees) and I/we understand if material facts have been withheld or not truly or fairly stated, the insurance policy shall be null and voided.

本人 / 吾等並無向利寶隱瞞任何重大事實 (即有關保險公司決定是否提供保障或收取一定金額 / 保費的事實) (包括但不限於索償記錄、少報僱主實際年度收益總額及 / 或實際僱員數目)，且本人 / 吾等明白倘隱瞞或不實或不公正地載述重大事實，本保單即屬無效。

I/We acknowledge and agree that if I/we do not inform Liberty to correct and update information regarding the total number of employees, the Employer is declaring that the policy issued by Liberty pursuant to this proposal/renewal form is not intended to cover additional employees beyond what is stated on the schedule of the policy issued by Liberty.



**Proposal/Renewal Form – Employees' Compensation (Earning Rating Basis)****僱員補償保險投保/續保表格 (按收入作計算基礎)**

本人 / 吾等確認並同意 · 倘本人 / 吾等並無通知利寶以更正及更新有關僱員總數的資料 · 則僱主謹此聲明 · 利寶根據本投保建議 / 續保表格發出的保單不會保障在利寶所發出的保單資料頁中並無列明的其他員工。

I/We acknowledge that if Liberty is liable under Hong Kong law to pay an amount on behalf of the Employer which, but for the Employer having to comply with the law, such an amount would not have been payable by Liberty under the relevant policy, the Employer shall be fully and irrevocably liable to pay that amount in full to Liberty.

本人 / 吾等確認 · 倘利寶根據香港法例須代僱主繳付一筆款項 · 但基於僱主必須遵守法律的原因利寶不得根據相關保單繳付該筆款項 · 則僱主須完全及不可撤銷地承擔向利寶全額支付該筆款項的責任。

I/We understand this application is subject to the approval of Liberty, which shall, in its absolute discretion, determine whether to accept this application or not, any payment made in connection with this application does not guarantee immediate approval of the coverage applied for. The insurance coverage applied shall only take effect when the relevant policy has been issued upon approval and the requisite premiums paid, which shall legally bind me/us to the terms and conditions of the policy.

本人 / 吾等明白 · 本申請須經利寶批准 · 利寶將全權酌情決定是否接納本申請 · 而任何與本申請有關的付款概不保證所申請的保障可即時獲批 · 所申請的保障僅於相關保單獲批並繳付所需保費後簽發方才生效 · 該保單之條款及細則對本人 / 吾等具法律約束力。

I/We hereby declare and confirm that I/We are the owner/s and/or insured of this policy, and I/We am not acting or holding this policy on behalf of any other person including legal person or trust other than those listed herein at the time of making this application. I/We understand that Liberty does not knowingly solicit or collect personal data from minors. I/We acknowledge and consent to the collection, transfer and access of personal data and information (whether collected during the application process or otherwise) to Liberty and any intermediaries and by Liberty in accordance with its Personal Information Collection Statement, including personal data and information related to minors (if applicable) and I/We are providing consent as parent or legal guardian of such minors.

本人 / 吾等謹此聲明並確認 · 本人 / 吾等為本保單的擁有人及 / 或受保人 · 且於提交本申請時 · 本人 / 吾等並不代表任何其他人士 (包括本聲明及授權書所列人士以外的法人或信託) 行事或持有本保單 · 本人 / 吾等明白 · 利寶概不會明知而向未成年人索取或收集個人資料 · 本人 / 吾等確認並同意向利寶及任何中介人及由利寶根據其個人資料收集聲明收集、轉移及存取個人資料 (不論有關資料是在申請過程中或透過其他方式收集) · 包括有關未成人的個人資料 (如適用) · 且本人 / 吾等謹此作為有關未成年人的父母或法定監護人給予同意。

I/We additionally consent for Liberty to provide, use, collect and/or request further information and personal data about the policyholder / insured from/for other organisations, institutions or other persons, including insurance companies and related service providers, for purpose of policy approvals, coverage, renewals, subsequent assessment of claims or compare such information against that provided by me/us and/or otherwise, and/or to use the results for taking any actions including that which may be adverse to my/our interests (including declining this application). This authorisation shall survive the applicant / insured and shall be irrevocable.

此外 · 本人 / 吾等同意利寶可向其他組織、機構或其他人士 (包括保險公司及相關服務供應商) 提供、使用、收集及 / 或索取有關保單持有人 / 受保人的進一步資料及個人資料 · 以供用於保單批核、保障、續保、後續索償評估或與本人 / 吾等所提供的資料作比較及 / 或其他用途 · 及 / 或利用有關結果採取任何可能不利於本人 / 吾等的行動 (包括拒絕本申請) · 本授權書對申請人 / 受保人有效且為不可撤銷。

If this application has been completed or submitted by anyone else that person is my/our agent for this purpose and not the agent of Liberty. I/We further confirm I/We have read, or been read to, and understand and agreed to all sections of the application including all information provided on this website/proposal/renewal form and agree to be bound by them. 倘本申請經由任何其他人士填妥或提交 · 則該人士為本人 / 吾等之代理 · 而非利寶之代理 · 本人 / 吾等進一步確認 · 本人 / 吾等已細閱及明白並同意本申請的所有部分 · 包括本網站/投保建議 / 續保表格發所載的全部資料 · 並同意受其約束。



**Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)****僱員補償保險投保/續保表格 (按收入作計算基礎)**

I/We acknowledge the information I/We provided and this application and declarations shall form the basis of a legal contract(s) with Liberty and will be deemed as incorporated in the policy and if I/We do not agree or am not willing to be bound by the term and conditions of the policy, I/We understand I/We should not proceed to payment. I/We acknowledge that upon payment, refund of premiums will be subject to the policy and recurring premiums may be deducted automatically unless stated otherwise.

本人 / 吾等確認 · 本人 / 吾等提供之資料及本申請和聲明將構成與利寶訂立法律合約的依據 · 並將被視為納入本保單 · 及倘本人 / 吾等不同意或不願受保單條款及細則約束 · 本人 / 吾等明白本人 / 吾等不應繳付款項 · 本人 / 吾等確認 · 除非另有說明 · 否則於付款後 · 保費退款須按保單規定處理 · 而經常性保費可予自動扣除 ·

All information, wordings and declarations that is related to or in connection with the insurance product and/or policy is provided in English, if translated into a language other than English for any purpose, the English version shall prevail in all circumstances.

涉及或與保險產品及 / 或保單有關的所有資料 · 條款及聲明均以英文載述 · 倘無論為何目的譯為英文以外的其他語言及就涵義 · 形式 · 有效性或詮釋存在任何不相符 · 衝突或分歧 · 疑問或不一致之處 · 均一概以英文版本為準 ·

I/we do not consent to receive marketing communications

本人 / 吾等不同意收取市場推廣資料

Name 姓名: \_\_\_\_\_

Position:  
職位 \_\_\_\_\_

Date:  
日期 \_\_\_\_\_

\_\_\_\_\_  
Authorised signature  
Company stamp (if any)  
獲授權簽署 (連公司蓋章)

**PERSONAL INFORMATION COLLECTION STATEMENT**

Liberty International Insurance Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “**Ordinance**”). The Company will take all practicable steps to ensure security of the Personal Data and to avoid unauthorised or accidental access, erasure or other use.

For the purpose of this Statement, “Personal Data” means any data:

- relating directly or indirectly to a living individual
- from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- in a form in which access to or processing of the data is practicable

The Company’s products and services are intended for persons residing in Hong Kong and all payments are made in Hong Kong Dollars. The Company does not intend to or knowingly collect, hold, process, use or transfer Personal Data of any individual living within the European Union (“EU”) or monitor the behaviour of any EU-based individuals.

**PURPOSE**

From time to time it is necessary for the Company to collect, or be provided by your agents and/or representatives, your Personal Data (including personal information such as but not limited to your credit, motor and health records and insurance claims history) such as Personal Data of our customers (including but not limited to our online account holders, policy owners, insureds, trustees, policy assignees, claimants and beneficiaries) collected, transferred to or held by the Company which may be used, stored, processed, transferred or disclosed or shared by us for the following obligatory and other purposes (“**Purposes**”), such as:

- offering, providing and marketing to you the products/services of the Company, including related companies of the Company (“our affiliates”) or our business partners (see “Direct Marketing” below), and administering, supporting, maintaining, managing and operating such products/services including policies and handling your mobile and internet accounts



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- b) Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services
- c) Processing requests for payment and for direct debit authorisation including evaluating your financial needs
- d) Managing, investigating and analysing any claim, action and/or proceedings made by or against or otherwise involving you, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights
- e) Compiling statistics or using for accounting purposes
- f) Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
- g) Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies
- h) Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment
- i) Conducting identity and/or credit checks and/or debt collection
- j) Conducting medical or health reference checks for relevant insurance products
- k) For management of IT environment and business operation
- l) Ensuring security of our IT environment
- m) Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing (whether such detecting and investigating is in relation to an application or insurance policy of the Company)
- n) Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence) or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere
- o) For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards
- p) Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes
- q) Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies
- r) assisting financial institutions with interests related to you and/or the products/services you have with the Company including enable an actual or proposed assignee/mortgagee to evaluate the transactions you have with the Company intended to be the subject of the assignment/mortgage
- s) to facilitate authorised service providers to provide services to the Company and/or the customers for the above Purposes
- t) Providing third party administration services and carrying out other services in connection with the operation of the Company’s business
- u) Facilitating the Company’s authorised service providers to provide services to the Company and/or customers for the above purposes
- v) Other purposes directly relating to any of the above; and
- w) Any other purposes we notify you at the time of obtaining your consent

Please note that if you do not provide us with your Personal Data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Please also ensure that you provide complete and accurate Personal Data to us and keep us updated on any changes to your Personal Data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

**DIRECT MARKETING**

Your Personal Data collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related



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products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers.

This may include the use of your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing and to conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes of products and services that the Company, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer.

If you do not consent to receive such marketing communications, you may at any time withdraw your consent to the use and provision of your Personal Data for direct marketing by downloading the form below.

[https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt\\_Out\\_Form/Opt\\_Out\\_Form.pdf](https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf)

In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company’s use of such Personal Data for this voluntary marketing purpose.

### TRANSFER OF PERSONAL DATA

Your Personal Data will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

Subject to the provisions of any applicable law, we may need to disclose your Personal Data to third parties, whether located within or outside Hong Kong for one or more of the above Purposes.

Your Personal Data may be made available to:

- a) Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Data in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes
- b) Our Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary
- c) Our Service Providers: External third-party service providers such as but not limited to agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business and Liberty Mutual affiliates in a service provider role, such as accountants, auditors, lawyers and other outside professional advisors; call center service providers; IT systems and management, IT support and security service providers; cloud providers, research and analytics service providers; claim investigators and adjusters; and similar third-party service providers that assist us in carrying out business activities
- d) Other Third-Parties Service Providers including brokers; employers; healthcare professionals; hospitals; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or others named herein), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants, financial institutions, and data processors including any interested parties with legitimate legal and/or beneficial interests in your policies, the subject matter of your policies, and/or the products/services you have with the Company
- e) Other Third-Parties: To a third-party in the event of any reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies
- f) Credit reference agencies, financial institutions, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services
- g) Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply
- h) Any person pursuant to any order of a court of competent jurisdiction
- i) Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of



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- Companies’ rights in respect of the policy owners
- j) Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilise third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time
  - k) Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening
  - l) Other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided
  - m) Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided
  - n) Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies
  - o) Supplied to an organisation involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems
  - p) Provided to your representatives including your legal advisers
  - q) Made available to anyone to whom you have given your consent
  - r) Made available to other Company’s authorised service providers to provide services to you for the above purposes for which the Personal Data are to be used
  - s) As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain

**DATA PROCESSING OUTSIDE HONG KONG**

We may share Personal Data with one or more of our affiliated Liberty Mutual Group Companies, service providers or with third parties for the Purposes described above. Some of these affiliated companies, service providers and third parties may be based in other countries and may not be subject to the laws of Hong Kong.

By sharing personal information with the Company, you consent to the collection, use, processing and transfer of such information in accordance with our Privacy Policy to the United States (where the Company’s headquarter is located) or other countries. We will take all steps reasonably necessary to ensure that your Personal Data is treated securely and in accordance with our Privacy Policy. However, you should note that where your Personal Data is disclosed to or accessed by parties located outside of Hong Kong as provided above, your personal information may not be afforded the same protections as it is under Hong Kong law.

**ACCESS AND CORRECTION OF PERSONAL DATA**

According to the Ordinance, you have the right to ascertain whether the Company holds your Personal Data, to access, obtain, correct and/or change any of your Personal Data held by the Company by contacting the Company’s Personal Data Privacy Officer. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
Liberty International Insurance Limited  
Suites 2601-04 & 2607-16, 26/F  
1111 King’s Road, Taikoo Shing  
Hong Kong

using the Data Access Request Form found at:  
<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>

In accordance with the Ordinance, a reasonable fee may be charged by the Company to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English



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version shall prevail.

#### 個人資料收集聲明

利寶國際保險有限公司 (以下簡稱『本公司』) 根據『個人資料 (私隱) 條例』 (香港法例第 486 章) (以下簡稱『條例』) 就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。本公司將採取一切可行措施以確保個人資料安全，避免未經授權或意外存取、刪除或其他用途。

就本聲明而言，「個人資料」是指符合以下說明的任何資料：

- a) 直接或間接與一名在世人士有關的
- b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- c) 該資料的存在形式令予以查閱及處理均是切實可行

本公司產品及服務擬向居於香港者提供，且所有款項均以港元支付。本公司不擬亦不會明知而收集、持有、處理、使用或傳輸任何居於歐盟人士的個人資料或監察任何歐盟個人的行為。

#### 目的

本公司不時有必要收集由你或你的代理和/或代表而得來的個人資料 (包括但不限於你的信貸、汽車和健康紀錄和索償紀錄)，例如，本公司可能就以下強制或其他目的 (「目的」) 使用、儲存、處理、傳輸、披露或分享所收集或持有的客戶 (包括但不限於網上帳戶持有人、保單擁有人、受保人、受託人、保單承讓人、索償人及受益人) 個人資料，例如：

- a) 向你建議、提供及推銷本公司 (包括本公司相關公司 (「本公司聯屬公司」) 或商業夥伴) 產品/服務 (請參閱下文「直接營銷」)、行政管理、支援、維持、管理及經營該等產品/服務 (包括保單)、處理你的流動及互聯網帳戶
- b) 處理和確定任何保險申請書、要求、保險索償及持續提供保險服務
- c) 處理付款事宜和直接付款授權書
- d) 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權
- e) 從事統計資料或用於會計事務
- f) 履行任何對本公司、母公司和附屬公司 (『利寶互助保險集團公司』) 具有約束力的本地或海外法律、法規、守則或指引之披露要求
- g) 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求
- h) 協助本公司的實質或建議承讓人能夠評核擬進行涉及有關轉讓的交易
- i) 從事核實身份和/或信貸審查和/或追收債務
- j) 為相關保險產品進行具參考用途之醫療或健康調查
- k) 資訊科技管理及商業營運
- l) 保障資訊科技的安全
- m) 偵察及調查非法活動，包括欺詐、洗黑錢及與恐怖主義有關的經濟活動 (不論該偵察及調查是否與本公司的申請或保單有關)
- n) 遵從法定、監管以及其他良好管治義務，包括回應由公營及政府機構的要求 (包括你居住以外的國家)，或協助香港或其他地方的警察或其他政府或監管機構為執法而調查
- o) 協助本公司和利寶互助保險集團之公司政策及其標準監察及評估違規事宜



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### 僱員補償保險投保/續保表格 (按收入作計算基礎)

- p) 實現其他合法的商業目的，例如開展保險調查，研究和分析，包括分析本公司的客戶群和其他個人資料，分析他們的行為，偏好和興趣，開發新產品，改進本公司的服務，識別客戶使用趨勢，了解本公司客戶的利益，計劃和執行商業交易（包括合資企業和業務銷售）以及其他合法商業目的
- q) 建立、行使或維護任何利寶互助保險集團公司成員的法律權利
- r) 協助擁有與你相關權益及/或於你所持本公司產品/服務中擁有權益的金融機構，包括於你與本公司之間交易擬用作轉讓/按揭標的時，使實際或擬定承讓人/承按人得以評估該等交易
- s) 促使獲授權服務供應商就上述目的向本公司及/或客戶提供服務
- t) 提供第三方管理服務，並執行其他與本公司經營業務有關的服務
- u) 促進協助利寶互助保險公司的全球性配合，溝通和團隊合作
- v) 直接涉及任何上述的其他目的；及
- w) 當獲得閣下同意時提及的任何其他目的

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

請確保你向本公司提供完整準確的個人資料，並隨時更新你個人資料的任何變更。請注意，如果你在需要時不向本公司提供完整和準確的個人資料，可能會對你造成不良後果。

### 直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

此或包括使用你的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及本公司所持有的人口資料作直接營銷及執行直接營銷（包括但不限於本公司、本公司聯屬公司、利寶互助保險集團的公司、合作品牌夥伴及業務夥伴所提供產品及服務的回贈、長期客戶或專享計劃）。

若你不同意收取上述營銷通訊，可隨時透過下載以下表格撤回對使用、提供你個人資料作直接營銷之用的同意。或者你可以在 [https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt\\_Out\\_Form/Opt\\_Out\\_Form.pdf](https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf) 下載「拒絕接受直銷推廣表格」。

如保客戶沒有“選擇退出”的要求，本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

### 個人資料的轉移

本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。

你的個人資料可能會提供給：

- a) 其他利寶互助公司：其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料，以實現上述一項或多項目的
- b) 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人



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### 僱員補償保險投保/續保表格 (按收入作計算基礎)

- c) 我們的服務供應商：任何向本公司提供行政、電訊、電腦、付款、銀行或其他與業務運作有關服務，包括但不限於向本公司的代理人、承包商、銀行家及第三方服務供應商，與本公司業務營運及利寶互助附屬公司提供服務的角色，例如會計師、審計師、律師及其他外部專業顧問、電話客戶中心服務、電腦系統和管理、電腦技術支援和保安服務、雲端、研究和分析服務供應商，辦理索償理賠或調查服務和公証行，以及協助我們展開商業活動的第三方服務 提供商
- d) 其他第三方服務供應商包括保險經紀；僱主；醫護專業人士；醫院；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；法律顧問、調查員、損失理算師、再保險公司、醫療及康復顧問、緊急援助公司、網絡醫生集團、醫療諮詢顧問、測計員、專家、維修人員、會計師、金融機構及數據處理員（包括任何於你保單、保單標的及/或所持本公司產品/服務中擁有合法法定及/或實益權益者）
- e) 其他第三方：對於任何重組，合併，出售，合資，委托，轉讓或其他處置的全部或任何部分的情況下的第三方業務，資產或股票（包括任何破產或類似訴訟）；再保險公司
- f) 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司
- g) 本公司或任何聯營公司在遵守由政府，監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士
- h) 根據有司法管轄權的法院命令受權之任何人士
- i) 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人
- j) 提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器，或者可以利用利寶互助保險集團公司將成為處理、存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡，亞洲其他地區、美國、歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區
- k) 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商
- l) 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途
- m) 第三方營銷服務供應商和保險中介機構作為直銷通訊用途
- n) 任何實際或建議購買者提供給公司業務，在合併，收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份
- o) 提供給參與維護、審查和開發本公司的業務系統，程序和基礎設施的組織，包括測試或電腦升級系統
- p) 提供你的代表，包括你的法律顧問
- q) 提供給已獲得你同意的人
- r) 提供獲其他公司受權的服務供應商，在需使用個人資料向你提供有關上述項目之服務
- s) 本公司認為必要或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的細則及條款，保護本公司的業務營運，及保護本公司的權利，私隱，安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害

### 香港以外的資料處理

本公司可能會與本公司的一家或多家聯屬利寶互助保險集團公司，服務供應商或第三方共享個人資料，以達到本公司隱私政策中所述的目的。其中一些附屬公司，服務供應商和可能位於其他國家的第三方，可能不受香港法律的約束。

通過與公司分享個人資料，你同意根據我們的隱私政策向美國（公司總部所在地）或其他國家收集，使用，處理和轉讓此類資料。我們將採取一切合理必要的措施，確保你的個人資料得到安全處理，並符合我們的私隱政策。請注意如果你的個人資料於香港以外的單位取得或使用，你的個人資料可能不會獲得與香港法律相等的保護。



## **Proposal/Renewal Form – Employees’ Compensation (Earning Rating Basis)** **僱員補償保險投保/續保表格 (按收入作計算基礎)**

### **查閱及更正個人資料**

根據條例，你有權聯絡本公司個人資料私隱主任，以查證本公司是否持有你的個人資料，存取、獲得、更正及/或修改本公司所持有關於你的個人資料。如要求查閱、更正資料或索取有關本公司政策及慣例、所持資料類別的資訊，應以書面方式向以下收件人提出：

資料私隱主任

利寶國際保險有限公司

香港太古城英皇道1111號26樓2601-04及07-16室

你可在以下網址下載查閱資料要求表格：

[https://www.pcpd.org.hk/tc\\_chi/resources\\_centre/publications/forms/files/Dformc.pdf](https://www.pcpd.org.hk/tc_chi/resources_centre/publications/forms/files/Dformc.pdf)

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如中、英文版本有任何歧義或不相符之處，概以英文版本為準。

