

Domestic Helper Protector (Macau) Proposal Form

家傭靈活保 (澳門) 投保表格

(Please complete in ENGLISH BLOCK letter 請以英文正楷填寫)

Policy Effective Date 保單生效日期

From 由 _____ (MM月/DD日/YY年)

(Back-dating is will not be accepted 不可追溯保單生效日期)

Information of Employer 僱主資料

Full Name of Employer(Policy Holder) 僱主(投保人)姓名:

Surname 姓 _____ Given Name 名 _____

Macau ID/ Passport Copy 澳門身份證 / 護照副本 _____

Mobile No. 電話號碼 _____

E-mail 電郵地址 _____

Mailing Address 聯絡地址 _____

Occupation 職業 _____

Nationality 國籍 _____

Information of Domestic Helper 家傭資料

Full Name of Domestic Helper (Insured Person) 家傭(受保人)姓名:

Surname 姓 _____ Given Name 名 _____

Passport No./Macau ID No./Non-resident Working ID No.

家傭護照號碼 / 澳門身份證號碼 / 非本地家傭身份證號碼: _____

(Please attach with Passport / Macau ID / Non-resident Working ID copy)
(請隨附家傭護照/澳門身份證/非本地家傭身份證副本)

Place of Employment 家傭受保地址 (if different from above 如與上址不同): _____

Date of Birth 出生日期: _____ D日 _____ M月 / _____ Y年

Annual Earnings 年薪: _____

Nationality 國籍: _____

Sex 性別: Female 女性 Male 男性

Nature 性質: Full-time 全日 Part-time 兼職

Duties 工作: Domestic Works 一般家務 Chauffeur* 司機 其他 Other

* Subject to special rating / extra premium
* 受特別費率或額外保費約束

Please "✓" the appropriate box 請在適當的方格加上✓號

Select Coverage Plan 選擇計劃

Please refer to Important Notes. 請參閱「重要事項」

Basic 基本計劃	Super Care 卓越計劃	Prime Care 專護計劃
1 year plan 1年計劃 (MOP/澳門幣)		
<input type="checkbox"/> \$350	<input type="checkbox"/> \$730	<input type="checkbox"/> \$870
2 years plan 2年計劃 (MOP/澳門幣)		
<input type="checkbox"/> \$665	<input type="checkbox"/> \$1,387	<input type="checkbox"/> \$1,653

Optional Coverage 自選附加保障

Cancer & Heart Disease 癌症及心臟病附加保障		
1 year plan 1年計劃 (MOP/澳門幣)		
N/A	<input type="checkbox"/> \$250	<input type="checkbox"/> \$330
2 years plan 2年計劃 (MOP/澳門幣)		
N/A	<input type="checkbox"/> \$475	<input type="checkbox"/> \$627

Typhoon No.8 Protection 8號風球保障	
1 year plan 1年計劃 (MOP/澳門幣)	
<input type="checkbox"/>	0.25%* Annual Salary 年薪
2 years plan 2年計劃 (MOP/澳門幣)	
<input type="checkbox"/>	0.45%* Annual Salary 年薪

* Premium is inclusive of Levies 保費已包括徵款

Has your domestic worker ever been refused and/or required special terms and/or additional premium for any accident or illness insurance?

閣下之家傭曾否被拒絕接受投保意外或疾病保險，或被附加特別條件或要求繳付額外保費？

Yes 是 No 否

Payment Method 保費付款方法

Payment by Cheque 支票付款

Cheque No. 支票號碼: _____

Bank 銀行: _____

Cheque should be crossed and made payable to "AIG Insurance Hong Kong Limited (Macau Branch)"
劃線支票抬頭請註明「美亞保險香港有限公司 (澳門分行)」

Payment By Credit Card 信用卡付款

 VISA Card VISA 卡  MasterCard 萬事達卡

Card No. 信用卡號碼: _____

Expiry Date 信用卡屆滿日期: _____ (MM月/YY年)

Card Holder's Name 信用卡持有人姓名: _____

Card Holder's Signature 信用卡持有人簽署: _____

Date 日期: _____

I hereby authorize and request AIG Insurance Hong Kong Limited (Macau Branch) to charge my VISA/MasterCard account for the premium stated on this Proposal Form.

本人茲授權並要求美亞保險香港有限公司 (澳門分行) 從本人之VISA/MASTER卡戶口內支付本投保表格所註明之保費。

Declaration 聲明

I/We declare and agree on behalf of myself/ourselves and any person or persons who may have or claim any interest in any insurance on this proposal form the followings:
本人/本公司現聲明並謹代表本人/本公司及任何有權或聲稱就本投保表格要求保險賠償的人仕同意下列各項:

1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and shall be binding upon this Proposal being accepted and approved.

本人同意如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準，並與此同時作為保險合約之依據。

2. I/We agree that AIG Insurance Hong Kong Limited (Macau Branch) (hereinafter called "AIG Macau") reserves its right to accept or reject my application for insurance. If the Proposal Form is accepted and approved by AIG Macau, the policy will become effective.
本人/本公司同意美亞保險香港有限公司 (澳門分行) 以下簡稱「美亞保險澳門」，保留一切接納申請與否之權利；並明白申請一經接納及批核，保障才正式生效。

3. I/We agree that this Proposal Form shall be the basis of the insurance contract between me/us and the insurer, AIG Macau. I/We declare that the statements made in this Proposal Form are true, correct and complete to the best of my/our knowledge and belief. AIG Macau is entitled to avoid this policy from inception if, in the Proposal Form and Declaration or otherwise, I/We make any representation, statement or declaration which is untrue, inaccurate or misrepresented, or if any relevant representation, statement or declaration is omitted.

本人/本公司同意此投保表格為本人/本公司與美亞保險澳門訂立保險契約之根據。本人/本公司特此聲明此投保表格內所填報之資料，據本人/本公司所知並確定全部正確無訛、完整及足夠。若本人/本公司在投保表格、聲明或其他方面所作出之任何陳述或聲明屬虛假、不準確或虛假陳述，或遺漏申報任何陳述或聲明，美亞保險澳門有權在生效日期起廢除本保單。

4. Based on the Declaration I/We have provided, I/We and the Insured Person agree that:

(a) the personal data collected during the application process or administration of this policy may be used by AIG Macau for the purposes stated in AIG Macau Data Privacy Policy (which can be found at <https://www.aig.com.mo/privacy-policy>). These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).

(b) AIG Macau may transfer the personal data to the following classes of persons (whether based in Macau or overseas) for the purpose identified at (a) above:

(i) third parties providing services related to the administration of this policy, including reinsurers; (ii) financial institutions for the purpose of processing this policy and obtaining policy payments; (iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; (iv) any member of the AIG group in Macau or elsewhere; or (v) other parties referred to in AIG Macau Data Privacy Policy (which can be found at <https://www.aig.com.mo/privacy-policy> and may be amended by AIG Macau at AIG Macau sole discretion from time to time) for the purposes stated therein.

(c) Based on the above, AIG Macau may use my/our and the Insured Person's contact details (name, address, phone number and email address) to contact and/or send direct marketing communications about insurance products and services provided by any member of the AIG group in Macau or elsewhere.

根據本人/本公司所提供之聲明，本人/本公司及受保人同意：

(a) 美亞保險澳門可按列於美亞保險澳門的私隱政策的用途使用於處理此保單申請或管理此保單所收集之個人資料 (請查閱 <https://www.aig.com.mo/privacy-policy>)。該等用途包括核保及管理已申請的保單 (包括獲取再保險、核保續保之保單、資料配對、處理索償、調查、付款及行使代位權及任何相關用途)。

(b) 美亞保險澳門亦可向以下類別的人士 (不論在澳門或海外) 轉交該些個人資料，作上述(a)項列明之用途: (i) 提供有關本保單管理服務的第三者 (包括再保險公司); (ii) 財務機構，作處理此申請及收取保費; (iii) 公證人、調查員、第三方管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜; (iv) 在澳門或其他地區之AIG集團之任何成員公司; 或 (v) 其它於美亞保險澳門的私隱政策 (請查閱 <https://www.aig.com.mo/privacy-policy> 而美亞保險澳門可隨時自行決定修改本條款) 所列明的人士，作為私隱政策列明之用途。

(c) 基於上述情況，美亞保險澳門可使用本人/本公司及受保人的聯絡資料 (姓名、地址、電話號碼及電郵地址) 聯絡及/或發送直接促銷通訊予本人/本公司及受保人有關由AIG集團在澳門或其他地區之任何成員公司提供之保險產品及服務 (如美亞保險澳門已獲保單持有人/受保人同意可如此使用其聯絡資料)。

Signature of Employer 僱主簽名

Date 日期

For Office Use Only 公司專用

Producer Name 業務代表姓名

Producer Code 業務代表編號

Producer Contact Tel. No. 業務代表聯絡電話