

僱員賠償保險投保書
EMPLOYEES' COMPENSATION INSURANCE
PROPOSAL FORM

POLICY NO: _____

保險範圍：保障僱主對屬下僱員因工遭受意外傷亡或患以該項業務有關之職業性疾病法律規定下之責任。

Cover: Indemnity against employers' liability at law to pay compensation in respect of bodily injury by accident or disease to their employees.

本公司之標準保單是不保障不在所保地區範圍內之法院裁判。

The indemnity under the Company's standard form of Policy will not apply in respect of judgements which are not in the first instance delivered by or obtained from a Court of competent jurisdiction in the Geographical Area covered by the Policy.

投保人名稱

Proposer Name:

營業地址

Business address

電話號碼

Tel. No

工作詳情 / 行業

Particulars of work / Occupation

要保期限 由 至 保 月
Period of insurance proposed: From to for months.
保養期 由 至 保 月
Maintenance period: From to for months.

所有屬於僱員賠償條例下之員工均須包括在內

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED

僱員工作類別 Description of employees	僱員人數估計 Estimated Number of Employees	年薪／工資及其他收入估計 Estimated Annual Salaries/Wages & other Earnings	保險公司自用 For Office Use Only		
			保率 Rate percent	保費 Premium	編號 Classification Number

上列僱員在過去十二個月內支付薪金，工資及其他收益為.....
The total amount of salaries wages and other earnings paid by me/us to the above mentioned employees during the past twelve months was

(全保) — 指死亡(包括殮葬費)或永久殘廢引致之賠償, 並包括暫時喪失工作能力之賠償及醫療, 手術, 藥物, 護理及住院費用; 而此等措施係被認為對恢復索償人之健康, 工作能力以及正常生活合適及必需者; 其中包括安裝, 更換及修理義制身體及外科器具之費用賠償。

(Full Cover)— Compensation in case of death including funeral expenses, or permanent incapacity. The payment of compensations for temporary incapacity and for medical, surgical, pharmaceutical expenses, nursing costs and hospitalization considered necessary and adequate to the rehabilitation of the health and work capacity of the Claimant and his recuperation for normal life, including supplying of prostheses and orthopaedic apparatus, its renewal and repair.

<p>是否需要承保調離澳門地區以外之業務活動? Do you want to cover for deployment and practice of professional activities outside the territory of Macau?</p>	
<p>是否需要投保下列:— Do you require cover for the followings:—</p> <p>(i) 貴公司之行政人員或經理? the administrators or managers of your company?</p> <p>(ii) 為你工作之合伙人或股東? the partners or shareholders who work for you?</p> <p>(iii) 兼職僱員? part-time worker?</p> <p>(iv) 上落班期間之意外? the risks during travel (“in-iteneri”)?</p>	<p>(i) <input type="checkbox"/></p> <p>(ii) <input type="checkbox"/></p> <p>(iii) <input type="checkbox"/></p> <p>(iv) <input type="checkbox"/></p>

余/余等下列具名人願向 貴公司依據上述之保險條款投保, 余/余等同意設一正確之薪金及工資記錄表冊並於保險期屆時遵照 貴公司所需之表報格式並報實際支出之薪金及工資並繳付超過以上所估計之薪金及工資數額之保險費用。余/余等茲聲明余/余等已閱讀及審核上列之一切表報及細則均屬正確, 余/余等並無隱藏, 虛報或歪曲任何事實, 余/余等所估計之薪金及工資乃是公平者, 余/余等同意本項聲明作為余/余等與 **中國太平保險(澳門)股份有限公司** 訂立契約之基礎。

I/We, the undersigned, desire to effect an insurance as abovestated in terms of the Policy to be issued by the Company. I/We 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. I/We hereby declare that all the above statements and particulars which/we have read over and checked are true, that I/we have not suppressed, mis-represented or mis-stated any material fact, that/we have fairly estimated my/our total salaries wages and expenditure, and I/we agree that this declaration shall be the basis of the contract between me/us and the **CHINA TAIPING INSURANCE (MACAU) CO., LTD.**

保險費應在保險公司發出有關收據時即時繳交, 倘其在起保日期之日起計三十天內仍不繳交保費時, 則有關保險合約即告失效。

The premium will be payable to the Company on demand. The contract will be cancelled after 30 (thirty) days from the date of commencement during such period the Insured does not pay the premium.

經手代理人簽署
Signature of Agent

投保人簽署
Signature of Proposer

日期
Date