

PROPOSAL / RENEWAL FORM FOR EMPLOYEES' COMPENSATION INSURANCE (EARNINGS RATING BASIS)

僱員補償保險投保／續保表格（按收入作評級）

Employer's Details 僱主的資料

1. Name of employer in full (Please provide a copy of valid Business Registration Document)
僱主全名（請提供商業登記文件副本）

2. Place of employment 僱用工作地點

Details of Employer's Business Activities / Profession 僱主之業務／行業的資料

1. Please provide a general description of the employer's business activities / profession.
請就僱主之業務活動／職業提供詳細描述。

2. How long has the business been established 業務成立年期? _____ Year(s) 年

3. Does any of the work carry out by the employer involve:
僱主從事的工作是否涉及:

a. Any work on ships, chemical works, off-shore structures, oil or gas refineries?
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? 是 Yes 否 No

b. Any work outside Hong Kong?
任何於香港範圍以外的工作? 是 Yes 否 No

c. Work at a height above 10 metres or underground?
於高度 10 米以上或地底進行的工作? 是 Yes 否 No

d. Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance?
有害物質如有毒化學物、爆炸品、氣體、石棉和放射性物質的使用、處理、貯存或運輸? 是 Yes 否 No

If yes, please give nature of work and no. of employee(s) involved:
如是，請提供有關工作性質及所涉僱員人數：

4. Does the employer 僱主有否：
- a. Hire any self-employed persons for their business?
為其業務僱用任何自僱人士? 有 Yes 否 No
- b. Hire any part-time employees?
以兼職形式僱用任何僱員? 有 Yes 否 No
- c. Plan to increase the no of the employees substantially or add different occupations in a short period of time?
計劃在短期內大幅增聘員工或增設不同職務? 有 Yes 否 No

Employee's Details 僱員資料

1. Please provide the following information [Please provide a copy of latest wage roll (e.g. latest MPF contribution records, 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、財務報表、報稅表或其他相關文件）】

Occupation of Employee(s) by Categories 僱員職務	Number of Employees 僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
Occupation of Employee(s) by Categories 僱員職務	Number of Part Time Employees 兼職僱員人數	Estimated Total Annual Earnings* 估計全年總收入*
Total 總計：		Total 總計：

Declaration 聲明

I/We, being the owner / authorized person / representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

我／我等作為投保業務之擁有人／獲授權人士／代表，保證以上由我／我等根據《僱員補償條例》（第 282 章）申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險作廢。

Authorized Signature (with Company Chop)
獲授權簽署（連公司蓋章）

Name 姓名：_____

Position 職位：_____

Date 日期：_____

* 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 employer or employee(s) possesses in relation to the business. 請提交僱主或僱員所擁有的業務相關的工作經驗／資格／證書。

Claims and Related Details 索償及相關資料

1. Please provide the claim history for the past 3 years:

請提供過去三年的索償紀錄：

[Note: Employer shall make request on the previous insurers for providing written evidence of such records.]

【注意：僱主需要向曾投保的保險公司要求提供有關紀錄的書面證明，否則需要繳付最高的保費附加費】

Accident Year 意外發生年份	Paid Claims (including partial claim payment) 已支付索償 (包括部分索償償付)		Outstanding Claim(s) 未支付索償		Total for the Year 全年總數	
	No. of Case 賠案數目	Amount 金額	No. of Case 賠案數目	Amount 金額	No. of Case 賠案數目	Amount 金額

2. Details of any Claim with amount over HK\$50,000. 任何索償金額超過港幣 50,000 的個案詳情。

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

Authorized Signature :

獲授權簽署 (連公司蓋章): _____

Date: _____

日期: _____

Name 姓名: _____

Position 職位: _____

Remarks: In case of any discrepancy between the English and Chinese versions of this form, the English version shall prevail
註：本表格之中英文版本如有任何歧義，概以英文版本為準。