



# Blue Cross 藍十字

An AIA Company 友邦保險成員公司



收集個人資料聲明  
Personal Information  
Collection Statement



聯絡我們  
Contact Us



Blue Cross HK App

## 「家傭至專寶」申請表格

## MaidSafe Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。Please complete this form in English BLOCK letters and tick where appropriate.

### (I) 投保人資料 Details of Applicant (投保人必須年滿18歲或以上。Applicant must be aged 18 or above.)

1. 投保人(僱主)姓名(請先填寫姓氏) Name of Applicant (Employer) (Surname First)		<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	2. 香港身份證/護照號碼 HKID Card/Passport No.
3. 香港通訊地址 Correspondence Address in Hong Kong			
室 Flat	樓 Floor	座 Block	大廈 Building
屋苑 Estate			期 Phase
街道號數 Street No.	街道名稱/地段 Street Name/Lot		
地區 District	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands		
4. 聯絡電話號碼 Contact Telephone No.	手提 Mobile	住宅 Home	公司 Office
(請提供至少1個電話號碼 Please provide at least one telephone no.)			5. 電郵地址 Email Address

### (II) 投保詳情 Policy Particulars

1. 保單生效日期 Policy Effective Date _____日 DD _____月 MM _____年 YY (承保日期以藍十字審核為準。Policy effective date is subject to the Company's underwriting acceptance.)		<input type="checkbox"/> 有效期為1年 Valid for 1 year <input type="checkbox"/> 有效期為2年 Valid for 2 years
2. 工作地點 Place of Employment (如與通訊地址不同 if different from the Correspondence Address)		
室 Flat	樓 Floor	座 Block
屋苑 Estate	大廈 Building	
街道號數 Street No.	街道名稱/地段 Street Name/Lot	
地區 District	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands	
3. 主要工作性質 Major Duties*: <input type="checkbox"/> 一般家務 Domestic Works <input type="checkbox"/> 家務工作及附帶駕駛職務 Domestic Works with Driving Duties (不適用於計劃A Not applicable to Plan A) *只可選一項 Can choose 1 only <input type="checkbox"/> 陪月工作 Post-natal Care Works (不適用於計劃A Not applicable to Plan A) <input type="checkbox"/> 園藝工作 Gardening Works		
4. 選擇計劃 Plan Selection <input type="checkbox"/> 計劃A Plan A <input type="checkbox"/> 計劃B Plan B <input type="checkbox"/> 計劃C Plan C		5. 嚴重疾病自選保障 Optional Rider – Major Disease Protector <input type="checkbox"/> 千足金 Gold <input type="checkbox"/> 藍鑽石 Diamond
備註 I) 計劃A不適用於 a. 陪月員及附帶駕駛職務的家傭;或 b. 年收入超過HK\$200,000的家傭。 II) 計劃B及計劃C只適用於全職海外家傭。 III) 自選保障只適用於計劃B及計劃C。 IV) 如受保家傭數目超過1名, 請額外填寫申請表格。	Remarks I) Plan A is not applicable to a. post-natal care helper and domestic helper with driving duties; or b. domestic helper with an annual income exceeding HK\$200,000. II) Plan B and Plan C are only applicable to full-time overseas domestic helpers. III) Optional Riders are only applicable to Plan B and Plan C. IV) If the number of domestic helpers to be insured exceeds 1, please complete additional application form.	
6. 選擇接收保單文件及續保資訊之途徑(只適用於直接向藍十字投保的客戶) Delivery Channel of Policy Documents and Renewal Information (applicable only to those policyholders whose application is made directly with the Company) <input type="checkbox"/> 電郵 by email <input type="checkbox"/> 郵寄 by post (只可選擇一項。如無指明, 電郵(如有提供)將被指定為唯一接收之途徑。Select one only. If not specified or with multiple selections, email (if provided) will be the defaulted sole delivery channel.)		

### (III) 家傭資料 Details of the Domestic Helper (只適用於計劃B及計劃C。Only applicable to Plan B and Plan C.)

1. 姓氏 Surname	2. 名字 Given Name	3. 香港身份證/護照號碼 HKID Card/Passport No.
4. 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	5. 出生日期(日/月/年) Date of Birth (DD/MM/YY)	6. 證件國籍或所屬地區 Document Nationality/Region

### (IV) 付款指示及授權書 Payment Instruction and Authorisation

<input type="checkbox"/> 支票 Cheque 1. 支票號碼 Cheque No. _____ (劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」) (Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")	<input type="checkbox"/> 現金 Cash	
3. <input type="checkbox"/> 信用卡授權 Credit Card Authorisation (a) 本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy. (b) 本人茲授權藍十字(亞太)保險有限公司(「藍十字」)從本人的信用卡賬戶扣除應繳的保費。本人明白保單到期時將自動續保, 並授權藍十字從本人的信用卡賬戶扣除任何隨後應繳保費, 除非本人於取消/更改生效日最少14個工作天前交予藍十字更改此授權或取消保單之書面通知(保單自動續保只適用於直接向藍十字投保的客戶)。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited (the "Company") to debit the premium from my credit card account for the policy. I understand that the policy will be <b>automatically renewed</b> and I authorise the Company to debit any subsequent premium payable from my credit card account unless written instruction to alter this authorisation or to cancel the policy is given to the Company at least 14 working days prior to the effective date of such cancellation/variation. (Auto-renewal of policy applies only to those policyholders whose application is made directly with the Company.) <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
持卡人姓名 Name of Cardholder _____	到期日(月/年) Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

## (V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情况下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

- 使用個人資料直接促銷**（除接收續保資訊外）  
 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
- 接收續保資訊**  
 我不同意接收此保單的續保資訊。
- 把個人資料提供聯盟計劃合作夥伴**  
 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

- Use of Personal Data in Direct Marketing** (except receiving renewal information)  
 I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
- Receiving Renewal Information**  
 I do not agree to receive renewal information of this policy.
- Provision of Personal Data in Direct Marketing to Alliance Program Partners**  
 I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

## (VI) 聲明 Declaration

本人/我們，謹此聲明並同意：

- 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
- 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
- 本人/我們未曾於投保同類型家傭保險時被拒絕接納申請/續保，或被增加附帶條款。
- 受聘於本人/我們的家傭現在健康良好，從未接受心臟病、癌症、囊泡、腫瘤或原位癌的診斷或治療，並無任何身體缺陷、虛弱及參與任何危險性活動。當本人/我們所聘用的家傭或上述情況有所改變時，本人/我們將以書面通知藍十字有關資料。
- 除非本人/我們於取消/更改生效日最少14個工作天前交予藍十字更改此授權或取消保單之書面通知，否則此保單將於每年保障期屆滿日自動續保，並於藍十字收妥保費後生效（保單自動續保只適用於直接投保的客戶）。
- 本人/我們已獲家傭授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與家傭有關之資料。本人/我們並確認家傭已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
- 本人/我們明白及同意當藍十字就本保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
- 本人/我們明白及確認藍十字會就本人/我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人/我們若在此代表法人團體簽署，即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人/我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
- <sup>2</sup>在投保此計劃時，投保人正身處香港。（<sup>2</sup>如不適用，請刪除）

### I/WE, HEREBY DECLARE AND AGREE THAT :

- The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
- I/We have never had any new application/renewal declined, nor have special terms and conditions been imposed on similar application or renewal for domestic helper insurance.
- The domestic helper employed by me/us is in good health and has never been diagnosed or treated for heart diseases, cancers, cysts, tumours, or carcinoma in situ and is not suffering from any physical defect or infirmity and will not engage in any hazardous activities. I/We shall provide full details in written notice to the Company should there be any changes in the domestic helper or in the condition of the said domestic helper.
- This policy will be automatically renewed on an annual basis upon expiry and will come into effect upon successful premium collection unless written instruction to alter this authorisation or to cancel the policy is given to the Company at least 14 working days prior to the effective date of such cancellation/variation (Auto-renewal of policy applies only to those policyholders whose application is made directly with the Company.)
- I/We have obtained the authorisation from my/our domestic helper to provide the information requested in this application and to deal with and receive or request information concerning the domestic helper from the Company in relation to any matters arising from this application. I/We further acknowledge that the domestic helper has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/her rights under the Personal Data (Privacy) Ordinance.
- I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
- <sup>2</sup>The applicant is physically present in Hong Kong as at the date of this application. (<sup>2</sup>delete if not applicable)

## (VII) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日/月/年） Date (DD/MM/YY)
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藍十字專用 For Office Use Only			
中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.