

Domestic Worker Protector Proposal Form

靈活家傭保障計劃投保表格

(Use ENGLISH BLOCK letter 請以英文正楷填寫)

Effective Date 保單生效日期：_____ D日/ _____ M月 / _____ Y年
(Back-dating is unacceptable 不可追溯保單生效日期)

Applicant Information 申請人資料：

Name 姓名：_____

Macau ID / Passport No. _____
澳門身份證 / 護照號碼： (Please attach with Macau ID / Passport copy 請隨附澳門身份證/護照副本)

Tel. No. 電話號碼：(Residence 住宅) _____
(Mobile 手提電話) _____

Occupation 職業：_____

Nationality 國籍：_____

Email 電郵地址：_____

Mailing Address 通訊地址：_____

Information of Domestic Worker 家傭資料

Full Name of Domestic Worker 家傭姓名：_____

Passport No./Macau ID No./Non-resident Working ID No.
僱工護照號碼 / 澳門身份證號碼 / 非本地勞工身份咭號碼： _____
(Please attach with Passport / Macau ID / Non-resident Working ID copy)
(請隨附僱工護照 / 澳門身份證 / 非本地勞工身份咭副本)

Place of Employment 僱工受保地址 (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 全年基本回報：_____

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 需附加額外保費

Please tick the appropriate box 在適當空格內加上剔號 ✓：

Annual Premium： ☐ MOP\$350 Basic Plan 基本計劃
每年保費 ☐ MOP\$730 Comprehensive Plan 綜合計劃

Optional Coverage 自選附加保障：

Annual Premium： ☐ MOP\$250
每年保費 A. “Cancer & Heart Disease Endorsement”
(Section 2b) - Only applicable to comprehensive Plan
“癌症及心臟病附加保障” (保障項目2b) - 僅適用於綜合計劃

Annual Premium： ☐ B. Typhoon No.8 or above Endorsement
年薪之0.25% 8號風球或以上往返工作地點

PP01DWP-06/2023

Declaration 聲明

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

- 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。
- I agree that AIG Insurance Hong Kong Limited, Macau Branch (hereinafter called “AIG-Macau Branch”) reserves its right to accept or reject my application for insurance. If the Proposal Form is accepted and approved by the Company, the policy will become effective.
本人同意美亞保險香港有限公司 (澳門分行) (以下簡稱為「美亞保險-澳門分行」)，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。
- I agree that this Proposal Form shall be the basis of the insurance contract between me and the insurer, AIG Insurance Hong Kong Limited, Macau Branch. I declare that the statements made in this application are true, correct and complete to the best of my knowledge and belief.
本人同意此投保表格為本人與美亞保險香港有限公司 (澳門分行) 訂立保險契約之根據。本人特此聲明此投保表格內所填報之資料，據本人所知並確定全部正確無訛、完整及足夠。
- I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Macau, for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to Data Privacy Officer at Unit 506, 5/F, AIA Tower, No. 251A-301, Avenida Comercial de Macau. If I/We do not wish to receive marketing information or materials, I/We will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company's associated partners for reference.
本人/本公司現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/本公司的個人資料或其他有關本人/本公司的保單的資料，用作處理、管理、落實及實行在此申請表所載或本人/本公司從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/本公司、直接促銷、資料核對及/或聯絡本人/本公司之用途。本人/本公司再聲明並同意貴公司可向與貴公司有關的澳門或海外人士、團體及/或機構及/或任何被選的第二機構 (包括並不限於再保險及賠償調查公司，及有關的行業協會/ 聯會、基金管理公司、金融機構或提供有關服務之公司) 轉交、透露、授權取得或共用本人/本公司之個人或其他資料，用作以上列明之用途及/或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/本公司明白到本人/本公司有權向貴公司查閱及申請更改貴公司儲存或管理與本人/本公司有關的個人資料。有關的申請可致函澳門商業大馬路251A至301號友邦廣場5樓506室個人資料管理員辦理。若本人/本公司不想收到貴公司的銷售資料或刊物，本人/本公司會發出信函通知貴公司，而本人/本公司的個人或其他資料會存於貴公司之中央資料庫內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

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：	