

# Application form Post-Natal Care Helper Insurance Scheme for Employees Retraining Board (Smart Baby Care)

- Included statutory required Employees' Compensation Insurance.
- "Comprehensive EC" provided a better & peace of mind coverage. Cover included Employees' Compensation, Third Party Liability and Personal Accident Insurance.
- About application's information contained herein : (1) Transferred to AXA General Insurance Hong Kong Ltd. for the purpose to effect insurance and other related usage. (2) We shall obey to Personal Data (Privacy) Ordinance in relation to it's collection, holding, processing, use and / or transfer.
- Arranged by "Assurance Appraisal Ltd." & unwritten by "AXA General Insurance Hong Kong Ltd."

Coverage Item	Limit of Indemnity (HK\$)
<b>Employees Compensation</b> Cover employer's legal liability under the Employees' Compensation Ordinance	<b>\$100,000,000</b> any one occurrence
<b>Third Party Liability</b> To indemnify the legal liability for any accidental bodily injury or property damage in the course of business	<b>\$1,000,000</b> any one accident & any one period
<b>Helper Personal Accident</b> Cover accidental death & disablement	<b>\$100,000</b>

Fee	Period	Insurance Fee(HK\$)	
		One Helper	Two Helpers
No Minimum Include all Government's levies	One month	\$150	\$270
	Three months	\$230	\$414
	Six months	\$380	\$684

Application Procedures	
<b>Apply by Fax/Email</b>	Deposit appropriate fee to any of the following bank accounts of 「 Assurance Appraisal Ltd.」 BY TRANSFER THROUGH ATM OR ONLINE BANKING WITHIN THE SAME BANK ONLY. Dah Sing Bank: _____ Bank of China: _____ HSBC: _____ Hang Seng Bank: _____ 623-00-1048-3 or 012-828-0-001106-5 or 809-164361-838 or 383-744281-883 Then fax (2579 0014) or email (info@insur-domestichelper.com) the pay-in-slip with completed form to us for enrollment Note : A surcharge of \$30 shall be borne by the employers if using other payment methods
<b>Apply by Mail</b>	<ul style="list-style-type: none"> <li>▪ Cheque payable to 「 Assurance Appraisal Ltd.」</li> <li>▪ Mail the cheque with completed form to us</li> <li>▪ Address: <b>Room 1007, Eastern Harbour Centre, 28 Hoi Chak Street, Quarry Bay, Hong Kong</b></li> </ul>
<b>Apply Complete</b>	<ul style="list-style-type: none"> <li>▪ Insurance Certificate will be posted to you within 3 working days upon our receipt of the above documents</li> <li>▪ For policy terms and conditions, please call us or visit our website <a href="http://www.insur-domestichelper.com">http://www.insur-domestichelper.com</a> for policy inspection</li> </ul>

**Enquiry : 2597 9299 / 28870010 / 25644881**

**Fax : 2579 0014**

This leaflet is for reference & enrollment purpose. Please refer to policy(English) for exact terms and conditions. **WhatsApp : 5481 9491**

Please complete this form in block letter and tick 「✓」 at the appropriate box

## Employer Details

Surname/ Last Name	First Name	
_____	_____	
Address :		
Room	Floor	Block
_____	_____	_____
Building / Estate		_____
Street		_____
District		_____
		<input type="checkbox"/> Hong Kong Island <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories
Telephone :	_____	Mobile : _____

Important Notes

A surcharge \$30 for those using bank teller / counter services or bank-in incorrect insurance fee.

## Post-Natal Care Helper Application Details

- You must inform us for any change of helper
- Helper's age between 16 and 65 only

- Upon receipt of your Application
  - Coverage needs to be confirmed by us
  - For each subsequent change, handling fee \$60 is required.

Full Name of Helper	_____
Work Nature	Post-Natal Care
Choice of Period & Fee	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month Total Insurance Fee: \$ _____
Insurance Period	From _____ day _____ month _____ year to _____ day _____ month _____ year <i>No refund upon policy inception</i>

### Confirmation

- We hereby appoint Assurance Appraisal Ltd. as our exclusive Insurance Broker in handling the said insurance transaction.
- Assurance Appraisal Ltd. is remunerated for its services by the receipt of commission paid by insurers. We agree to proceed with this insurance transaction shall constitute our consent to the receipt of commission by Assurance Appraisal Ltd.

\_\_\_\_\_ Date

\_\_\_\_\_ Signed by Employer