

Application form Local Domestic Helper Insurance Scheme for ERB 「Smart Living」 (Not for Post-Natal Care)

- Included statutory required Employees' Compensation Insurance
- Employer may choose "EC only" or "Comprehensive EC" cover
- "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\$)	Option 1	Option 2
		EC only	Comprehensive EC
Employees Compensation Cover employer's legal liability under the Employees' Compensation Ordinance	\$100,000,000 any one occurrence	✓	✓
Third Party Liability To indemnify the legal liability for any accidental bodily injury or property damage in the course of business	\$1,000,000 any one accident & any one period	✗	✓
Helper Personal Accident Cover accidental death & disablement	\$100,000	✗	✓

Fee	Period	Insurance Fee(HK\$)			
		EC only		Comprehensive EC	
		One Helper	Two Helpers	One Helper	Two Helpers
No Minimum Include all Government's levies	One month	----	----	\$100	\$180
	Three months	----	----	\$140	\$252
	Six months	----	----	\$180	\$324
	One year	\$195	\$351	\$250	\$450
	Two years	\$351	\$632	\$450	\$810

Application Procedures

Apply by Fax/Email	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: 623-00-1048-3 Bank of China: 012-828-0-001106-5 HSBC: 809-164361-838 Hang Seng Bank: 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
Apply by Mail	<ul style="list-style-type: none"> ▪ Cheque payable to 「Assurance Appraisal Ltd.」 ▪ Mail the cheque with completed form to us ▪ Address: Room 1007, Eastern Harbour Centre, 28 Hoi Chak Street, Quarry Bay, Hong Kong
Apply Complete	<ul style="list-style-type: none"> ▪ Insurance Certificate will be posted to you within 3 working days upon our receipt of the above documents ▪ For policy terms and conditions, please call us or visit our website http://www.insur-domestichelper.com for policy inspection

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 _____ Hong Kong Island Kowloon New Territories

Telephone : _____ Mobile : _____

Important Notes

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

Domestic Helper Application Details

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

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

Full Name of Domestic Helper 1			
Domestic Work Nature	<input type="checkbox"/> Mainly Domestic Work	<input type="checkbox"/> Elderly or Child Care	<input type="checkbox"/> Escort for outpatient
	<input type="checkbox"/> Hospital Patient Care	<input type="checkbox"/> Discharged Patient Care	
Full Name of Domestic Helper 2			
Domestic Work Nature	<input type="checkbox"/> Mainly Domestic Work	<input type="checkbox"/> Elderly or Child Care	<input type="checkbox"/> Escort for outpatient
	<input type="checkbox"/> Hospital Patient Care	<input type="checkbox"/> Discharged Patient Care	
Choice of Option	<input type="checkbox"/> EC only or <input type="checkbox"/> Comprehensive EC		
Choice of Period & Fee	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years Total Insurance Fee: \$ _____		
Insurance Period	From _____ day _____ month _____ year to _____ day _____ month _____ year <i>No refund of Insurance Fee for insurance period less than 6 months</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 _____

(Ed/20171001)