

## For Non-ERB Helper Application form Post-Natal Care Helper Insurance Scheme

- 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\$)
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\$)	
	Period	One Helper	Two Helpers
No Minimum Include all	One month	\$195	\$351
Government's levies	Three months	\$299	\$539
	Six months	\$494	\$890

Application Procedures					
Apply by Fax / Email / WhatsApp	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.				
	Bank of China: HSBC: Hang Seng Bank: 012-828-0-001106-5				
	Then fax (2579 0014) or email (info@insur-domestichelper.com) or WhatsApp (5481 9491) 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> <li>Cheque payable to \( \times \) Assurance Appraisal Ltd. \( \times \)</li> <li>Mail the cheque with completed form to us</li> <li>Address: Room 1007, Eastern Harbour Centre, 28 Hoi Chak Street, Quarry Bay, Hong Kong</li> </ul>				
Apply Complete	<ul> <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 http://www.insur-domestichelper.com for policy inspection</li> </ul>				

Enquiry: 2597 9299 / 28870010 / 25644881 Fax: 2579 0014

Please complete this	form in block letter and tick $\lceil \checkmark \rfloor$ at the appropriate box
Employer Details	S
Surname/ Last Name	First Name
-	ng Island Kowloon New Territories  A surcharge \$30 for those services are teller / County
Mobile or Telephone :	insurance fee.
Email :	
Post-Natal Care	
Application Deta  1. You must inform us for a	b) For each subsequent change, handling fee \$60 is
2. Helper's age between 1	required
Full Name of Helper	
Work Nature	Post-Natal Care
Choice of Period & Fee	□ 1 month □ 3 month □ 6 month
	Total Insurance Fee: \$
Insurance Period	Fromdaymonthyear todaymonthyear  No refund upon policy inception

## Confirmation

- 1. 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.

(Ed/20210903)

Date	Signed by Employer