



DOMESTIC HELPER INSURANCE

THE DOMESTIC HELPER INSURANCE provides you with a comprehensive package covering your helper in the event of illness, visits to the doctor and dentist, as well as stays at a hospital. It also provides you with the insurance coverage you are legally required to provide for your Domestic Helper and against his/her infidelity behaviour.

Summary of Coverage

Coverage		Limit
Section (1)	Employer's Liability Maximum limit per event	100,000,000 per event
Section (2)	Clinical Expenses Maximum limit per Policy Year	4,000 per Policy Year
2.1	Medical Practitioner Maximum limit per visit per day	200 per visit per day
2.2	Bonesetter or Physiotherapist Maximum limit per visit per day	100 per visit per day
	Maximum limit per Policy Year	500 per Policy Year
Section (3)	Surgical and Hospitalisation Expenses Maximum limit per Policy Year	30,000 per Policy Year
3.1	Room and Board limit per day	300 per day
3.2	Hospital Miscellaneous Services per Hospital Confinement	15,000 per surgery
3.3	Surgery (including Day Patient surgery or daycase procedure)	
3.4	Anesthetist fee	
3.5	Operating theatre fee	
Section (4)	Dental Expenses Maximum limit per Policy Year	1,500 per Policy Year
	Maximum limit per visit per day	500 per visit per day
Section (5)	Repatriation Expenses Maximum limit per Policy Year	20,000 per Policy Year
Section (6)	Service Interruption Maximum limit per Policy Year	5,000 per Policy Year
	Maximum limit per each Day of Hospital Confinement	200 per day
Section (7)	Fidelity Guarantee Maximum limit per Policy Year	5,000 per Policy Year
	Maximum limit for unauthorised long distance calls per Policy Year	1,000 per Policy Year
Section (8)	Domestic Helper Replacement Expenses Maximum limit per Policy Year	5,000 per Policy Year
Section (9)	Lock Replacement Expenses Maximum limit per Policy Year	500 per Policy Year
Section (10)	Medical Expenses for Abuse of the Insured or Family Members Maximum limit per Policy Year	5,000 per Policy Year
Section (11)	Personal Liability Maximum limit per Policy Year	100,000 per Policy Year
Section (12)	Personal Accident Maximum limit per Policy Year	100,000 per Policy Year
Section (13)	Heart Disease and Cancer Cover - OPTIONAL BENEFIT Maximum limit per Policy Year	50,000 per Policy Year

- ❖ Waiting period is the duration from the policy effective date within which no claim is payable. Ninety days waiting period applies for loss in relation to cancer, heart diseases and 14 days waiting period applies for other loss except loss in respect of an Accident.

General Exclusions

Accidents caused by war, Pre-existing conditions within 3 months before the policy inception, Pregnancy and related complications, HIV/AIDS and venereal disease, Suicide, Any claims incurred outside Hong Kong (except covered under Employer's Liability section), mental or nervous disorder, alcoholism or drug addiction

Age Limit

18 to 60 years of age

Eligibility

Overseas domestic helpers who are employed under an Employment Contract as governed by the Immigration Ordinance (Chapter 115).

Premium Table

Period of Insurance	Premium (HKD)	EC Levy* (HKD)	IA Levy** (HKD)
1 Year	660	10.80	0.65
2 Years	1,068	21.60	1.07

*Employees' Compensation Insurance Levy, Government Terrorism Facility Charge & Employees' Compensation Insurers Insolvency Bureau – Contribution

**Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement.

Insurance Levy is not included in the above premium

Notes

This form gives only outline of the terms and conditions of the insurance cover Policy, a specimen copy of which will be furnished to you on request,

PLEASE PROVIDE THE FOLLOWING ON ENROLMENT:

- 1. Proposal Form**
- 2. Domestic Helper's passport copy / ID Copy**



DOMESTIC HELPER INSURANCE APPLICATION FORM 家傭綜合保險投保書

Please complete in BLOCK LETTERS and tick where appropriate.

(1) Details of Proposer 投保人資料		
Name of Proposer (Employer): 投保人姓名 (僱主): The proposer must be the legal employer of the domestic helper 投保人必須為家庭傭工之合法僱主 Miss/Mdm./ Mr. 小姐 / 女士 / 先生		HKID card No. 香港身份證號碼
Occupation: 職業:	Email Address 電郵地址:	Date of Birth 出生日期
Correspondence Address: 通訊地址:		
Effective Date and Period of Insurance: Form _____ 生效日期及保險年期: dd/mm/yyyy 日/月/年		<input type="checkbox"/> One Year 一年 or <input type="checkbox"/> Two Years 兩年
(2) Domestic helper's Information		
Name of Domestic Helper: 家傭姓名: Miss/Mdm./ Mr. 小姐 / 女士 / 先生		Date of Birth: 出生日期
Nationality: 國籍:	HKID card No / Passport No.: 香港身份證號碼 / 護照號碼:	
Address of Employment (if different from Correspondence Address) 僱用地址(若與通訊地址不同):		
Are you aware of any condition for which your Domestic Helper may require medical or surgical treatment? If Yes, please give details: 你是否知道上述家傭可能因某種病症而需要接受治療或手術? 如是, 請詳述:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Is your Domestic Helper not in good health and has any physical impairment, deformity of disease? If Yes, please give details: 閣下之家傭是否身體健康不佳, 身體有損傷, 殘缺或疾病? 如是, 請詳述:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Have you had your Domestic Helper insurance declined, cancelled or refused to renew by any insurance company? If Yes, please give details: 閣下之家傭保險曾否被保險公司拒絕接受投保, 取消或拒絕接受續保? 如是, 請詳述:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Has your Domestic Helper suffered from Cancer or Heart Disease? If Yes, please give details: 閣下之家傭是否患癌症或心臟病? 如是, 請詳述:		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(3) Personal Information Collection Statement ("PICS") 個人資料收集聲明		
<p>Tugu Insurance Company Limited ("the Company") may collect personal information to enable the Company to carry on insurance business. The personal information may be used for the following purposes of:</p> <ol style="list-style-type: none"> processing and assessing of applications for any insurance products and daily operation of the related services; any alterations, variations, cancellation or renewal of any insurance and related services; any claims or investigation or analysis of such claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application); exercising any right under the insurance policy including right of subrogation, if applicable; meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order; and any activities directly relating to the above purposes. <p>The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:</p> <ol style="list-style-type: none"> any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes; any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; any members of the Federation by the Federation for any of the above or related purposes; regulators; lawyers; health care professionals; hospitals; auditors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph); the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and any party under a duty of confidentiality to the Company including a group company of the Company which has 		

undertaken to keep such information confidential.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You may seek access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to Tugu Insurance Company Limited at 28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong.

(If there is any inconsistency between the English and Chinese version of this Personal Information Collection Statement, the English version shall prevail.)

個人資料收集聲明

德高保險有限公司（「本公司」）會收集個人資料以經營保險業務。個人資料會被用作下列用途：

- 處理及評估任何保險產品的申請和相關服務的日常工作；
- 修改、變更、取消或更新任何保險和相關服務；
- 任何申索或調查或分析有關申索；
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- 如適用，行使任何保險單內訂明的權利，包括代位權；
- 符合任何法例和附屬法例的規定，監管機構、行業團體和政府代理的要求及法庭命令；及
- 任何與上述用途直接有關的活動。

本公司可就上一段列明的用途把閣下給予本公司的資料提供或轉交至以下列在香港境內或海外的各方：

- 任何代理、承包商或第三方服務供應商，包括提供行政、電訊、電腦、付款、收債、數據處理或儲存或相關服務的供應商，或任何其他經營保險或分保相關業務的公司、或中介人、或提供申索或調查或其他提供與保險業務有關的服務供應商，作任何上述或相關的用途；
- 任何已成立或不時成立的協會、聯會或與保險公司相似的組織（「聯會」）作任何上述或相關的用途，或協助聯會履行其規管職責或其他不時獲分配的職責，而該等職責乃是為了保險行業或聯會任何會員的利益而合理地要求；
- 聯會任何成員由聯會作任何上述或相關用途；
- 監管機構；
- 律師；
- 醫護專業人士；醫院；
- 核數師；
- 整合保險業申索和承保資料的組織；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
- 任何一方對本公司有保密責任，包括承諾將該等資料保持機密的本公司集團公司。

如閣下不同意使用其個人資料作上述用途，本公司則無法處理閣下的申請和提供服務。

閣下可查閱和更正本公司持有有關閣下的任何個人資料。閣下可就有關查閱和更正的要求致函至香港灣仔駱克道 333 號中國網絡中心二十八樓德高保險有限公司。本公司有權收取相關的行政費用。

(若此個人資料收集聲明中的中、英文版本有歧異之處，應以英文版為準。)

(4) Privacy Policy Statement 私隱政策聲明

Privacy Policy Statement

Tugu Insurance Company Limited (the "Company") is committed to full compliance with the requirements of the Personal Data (Privacy) Ordinance, Cap.486 ("the Ordinance") in respect of the collection, use, retention and disclosure of personal information.

At all times, the Company shall endeavour to ensure all collection and/or storage and/or transmission and/or usage of personal data from individuals be done in accordance with the obligations and requirements of the Ordinance. In doing so, the Company will ensure that staff involved in handling personal data comply with the strictest standards of security and confidentiality.

We collect personal data in a number of ways. The most common circumstances in which we collect personal data are when you enquire about products we offer, you apply for an insurance product, or make a claim.

The types of personal data we collect from you will depend on the circumstances in which that information is collected. We may collect details including your name, HKID, date of birth, contact details and other personal data which is relevant to the insurance product you are applying for or the claim you are making.

The purposes for which your personal data will be used will depend on the circumstances in which that personal data is collected. We will inform you of the purposes for which we intend to use your personal data in the Personal Information Collection Statement at or before the time we collect your personal data.

Generally, we may use your personal data for the purpose for which you provided it to us; for the purposes which are directly related to the purposes for which you provided it to us; and any other purposes to which you have consented.

Your personal data may be provided or transferred to other third party. The third parties to whom your personal data will be disclosed will depend on the purposes for which that personal data is used. We will inform you of the third parties to whom your personal data will be disclosed in the Personal Information Collection Statement at or before the time we collect your personal data.

Generally, we may disclose your personal data as necessary for the purpose for which you provided it to us; for the purposes which are directly related to the purposes for which you provided it to us; and any other purposes to which you have consented.

In exceptional circumstances, we may be required or permitted by law to disclose personal data, for example to law enforcement authorities or to prevent a serious threat to public safety.

We will only retain the personal data for as long as it is necessary to fulfill the original or directly related purposes for which such data was collected, unless the personal data need to be retained to satisfy any applicable statutory, contractual or tortious obligations.

Under the Ordinance, individuals have the right to request access to and correction of their personal data held by the Company. Should you wish to access or correct your personal information held by us, please present your enquiry by writing to Tugu Insurance Company Limited at 28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong. Any requests or access to and correction of personal information will be dealt with promptly and we will use our best endeavours to handle such requests before the expiry of 40 days maximum. A reasonable fee may be charged to offset the Company's administration and actual costs incurred in the complying with your data access request.

(If there is any inconsistency between the English and Chinese version of this Privacy Policy Statement, the English version shall prevail.)

私隱政策聲明

德高保險有限公司（「本公司」）致力恪守第 486 章《個人資料(私隱)條例》（「條例」）有關收集、使用、保留和披露個人資料的規定。

本公司將無時無刻盡力確保所收集及/或儲存及/或傳送及/或使用的所有個人資料，須遵照條例規定的責任和要求處理。在執行上，本公司將確保負責處理個人資料的員工遵守最嚴格的保安及保密標準。

我們以多個途徑收集個人資料，當中最常見的情況包括當閣下查詢本公司提供的產品、向本公司申請保險產品或提出申索時。

我們向閣下收集個人資料所屬的類別，視乎該資料是在甚麼情況下收集，可能包括閣下的姓名、香港身份證號碼、聯絡詳情及與閣下申請的保險產品或閣下的索償相關的其他個人資料。

閣下的個人資料用作甚麼用途視乎收集該資料的情況而定。我們會於收集閣下的個人資料時或之前，在「個人資料收集聲明」內通知閣下我們打算使用其個人資料的用途。

一般而言，我們可使用閣下的個人資料作閣下提供有關資料予我們的用途、與該等用途直接相關的用途及任何其他閣下已同意的用途。

我們可提供或轉交閣下的個人資料至其他第三方。我們向哪些第三方披露閣下的個人資料，視乎該資料被用作甚麼用途。我們會於收集閣下的個人資料時或之前，在「個人資料收集聲明」內通知閣下我們打算向哪些第三方披露閣下的個人資料。

一般而言，我們可因應閣下提供有關資料予我們的用途、與該等用途直接相關的用途及任何其他閣下已同意的用途的需要而披露閣下的個人資料。

在特殊情況下，我們可因應法律規定或准許，如按照執法機關的要求或為防止危害公眾安全，披露有關個人資料。

我們保留有關個人資料的時間並不會長於達致收集該等資料原來或直接相關的用途，除非個人資料須受任何適用的法定、合約或侵權責任的規限而被保留。

根據條例規定，個人有權要求查閱和更正本公司持有關於其本人的個人資料。若閣下欲查閱或更正本公司持有關於其本人的個人資料，請致函至香港灣仔駱克道 333 號中國網絡中心二十八樓德高保險有限公司表達有關要求。我們會將盡快處理任何關於查閱或更正個人資料的要求，並盡力於收到有關要求的 40 天限期內予以回覆。本公司或會收取合理的費用作行政和實際成本以便處理閣下的有關要求。(若此私隱政策聲明的中、英文版本有歧異之處，應以英文版為準。)

2019 年 8 月

Important Notes 重要事項

You should provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms and conditions. Failure to do so may not provide you with the cover you want and gives us the right to refuse any claims and void the policy completely. If you are in any doubt about a particular fact, you should tell us or your broker or insurance agent. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance. We will provide you with a copy of the completed proposal form on request.

若有任何資料或事項可能影響本公司對該項投保的接受或評估，均必須填報。如未能確定應否填報，請即通知本公司或閣下的經紀人或保險代理。敬請閣下保存所有提供的資料(包括信件副本)的紀錄，以便日後參考。為保障閣下本身利益，務請確保填報全部有關事項。漏報可能使保單不能提供閣下所需要的保險，甚至使該保單完全失效。

Declaration 聲明

I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and Tugu Insurance Company Limited. I agree that the insurance will not be in force until the proposal has been accepted by the Company.

(If there is any inconsistency between the English and Chinese version of this Proposal Form and Regulation, the English version shall prevail.)

本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與德高保險有限公司之間的合約依據。本人同意有關保險須在該公司接受本投保書後才生效。

(本投保書及章程之中文譯本如與英文原文有歧異，概以英文為準。)

Commission Disclosure 佣金披露

The Applicant/Proposer understands, acknowledges and agrees that, as a result of the Applicant/Proposer purchasing and taking up the policy to be issued by Tugu Insurance Company Limited ("the Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant/Proposer is a body corporate, the authorized person who signs on behalf of the Applicant/Proposer further confirms to the Company that he or she is authorized to do so.

The Applicant/Proposer further understands that the above agreement is necessary for the Company to proceed with the application.

投保人明白、確知及同意，德高保險有限公司（“本公司”）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向本公司確認他/她已獲該法人團體授權。

投保人亦明白本公司必須取得投保人以上的同意，才可以處理其保險申請。

Signature of Proposer: 投保人簽署:

Date: 日期: