

Win Helper 家傭寶

Win Helper Insurance Package

Win Helper provides:

- ✦ Employer's Liability with maximum indemnity up to HK\$100,000,000
- ✦ Up to HK\$2,000 of Clinical Expenses
- ✦ Up to HK\$20,000 of Surgical and Hospitalisation Expenses
- ✦ Up to HK\$1,500 of Dental Expenses
- ✦ Up to HK\$100,000 of Personal Accident
- ✦ Up to HK\$20,000 of Emergency Medical Assistance



BENEFITS

1. Employer's Liability

In the event the Insured Person suffers injury or disease arising out of and in the course of her/his employment, the policy indemnifies the Insured against liability at law including liability under the legislation, to pay compensation, costs and/or expenses. According to the legislation, the maximum indemnity is up to HK\$100,000,000 any on Event.

2. Clinical Expenses

In the event the Insured Person requires medical treatment from a clinic for sickness or injury resulting from an accident, the policy pays the actual, necessary and reasonable expenses incurred up to HK\$150 per visit per day and up to a maximum of HK\$2,000 for each policy year, provided such treatment is received from a legally qualified and registered medical practitioner.

3. Surgical and Hospitalisation Expenses

In the event the Insured Person is confined in a hospital for surgery or treatment of sickness or injury resulting from an accident, the policy pays the actual, necessary and reasonable expenses incurred up to:

- a. HK\$300 per day for room and board and other hospital miscellaneous services
- b. HK\$10,000 per surgical operation
- c. 25% of the amount payable under (b) above for anaesthesia and its administration
- d. 12.5% of the amount payable under (b) above for use of the operating theatre

The maximum payable per each policy year is HK\$20,000.

4. Dental Expenses

In the event the Insured Person requires oral surgery, treatment of abscesses, X-rays, extractions or fillings as a result of dental disease, the policy pays two-thirds of the actual, necessary and reasonable expenses incurred up to a maximum of HK\$1,500 for each policy year, provided such treatment is received from a legally qualified and registered dentist.

5. Personal Accident Benefits

In the event of an accident to the Insured Person during her/his rest days not in the course of and arising out of employment with the Insured and/or not covered by the legislation resulting in accidental death or permanent disablement occurring within 12 months from the date of such accident, the following compensation shall be payable:

Accidental Death	HK\$100,000
Loss of two or more limbs	100,000
Loss of sight of both eyes	100,000
Loss of one limb and sight of one eye	100,000
Loss of one limb	50,000
Loss of sight of one eye	50,000

(Loss of limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean entire and irrecoverable loss of all sight.)

6. Emergency Medical Assistance

In the event of serious sickness or injury to the Insured Person resulting in her/his being certified by a legally qualified and registered practitioner as medically unfit to work leading to the termination of her/his employment contract or resulting in her/his death, the Company will pay:

- (a) the repatriation of the Insured Person to her/his country of residence by scheduled flight (economy class) including any transportation for ambulance transfer to and from the airport;
or
- (b) the Insured Person's post-mortem treatment and transportation of the mortal remains to the airport nearest to the place of burial in her/his country of residence.

The policy pays the actual, necessary and reasonable expenses incurred under (a) or (b) up to a maximum of HK\$20,000 for each policy year.

AGE LIMIT : From Age 18 to 55

WAITING PERIOD : A 15-day waiting period from the commencement date of the policy shall be applicable under Sections 2, 3 and 4 for the Insured Person. No benefits shall be payable under these sections in respect of any event occurring during the waiting period.

EXCLUSIONS

General Exclusions Applicable to all Sections

War and allied perils, suicide, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, pre-existing conditions. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC). Terrorism other than liability at law under Section 1.

Specific Exclusions Applicable to

1. **Employer's Liability**
Accident or sickness of the Insured Person sustained or contracted outside Hong Kong, pneumoconiosis, nuclear energy and radiation, any late payment surcharge that the Insured may become liable under the legislation.
2. **Clinical Expenses**
Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, cosmetic or plastic surgery unless to correct an injury covered under the policy, vaccinations, immunization injections or preventive medication.
3. **Surgical and Hospitalisation Expenses**
Exclusions as same as Clinical Expenses
4. **Dental Expenses**
Routine examination, scaling, polishing or cleaning, crowning, bridges, braces and dentures.
5. **Personal Accident Benefits**
Driving or riding in any kind of race, underwater activities involving the use of breathing apparatus.
6. **Emergency Medical Assistance**
Any repatriation or transportation of mortal remains originating outside of Hong Kong.

Note: This brochure provides the summary for reference only. For full terms and conditions, please refer to the policy.

家傭寶申請書
APPLICATION for Win Helper

For Office Use

A/C No. _____

Policy No. _____

為方便電腦存檔，請以英文正楷填寫 Please complete in BLOCK LETTERS.

投保人(僱主)資料 Applicants (Employer's) Information
小姐/女士/先生 Miss/Ms./Mr. 姓 Surname :
名 First Name :
地址 Address :
住宅電話號碼 Home Phone No.:
手提電話號碼 Mobile Phone No.:
電郵 Email address:
職業 Occupation :

受保人(僱傭)資料 Insured Person (Domestic Helper's) Information
小姐/女士/先生 Miss/Ms./Mr. 姓 Surname :
名 First Name :
出生日期 Date of Birth :
護照號碼 Passport No.:
國籍 Nationality :
合約號碼 Contract No.
受僱期限 Contract Period :
由 From _____ 至 To _____
承保期限 Period of Insurance :
由 From _____ 至 To _____

註：請注意提供正確及全面資料，因錯誤資料或隱瞞重要事實可導致索償權的喪失。

Remarks: Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

聲明及簽署 Declaration and Signature

本人/吾等謹此作下列聲明及同意 I / We declare and agreed that:

1. 本申請書內所有答覆及陳詞均為全部真實及正確，並無隱瞞而可能影響有關接納投保與否之決定。
All answers and statements made in the application are accurate in every respect and no information has been withheld which is likely to affect acceptance of this application.
2. 所有不作答的問題均視為否定回答。
Any question not answered shall be taken in the negative.
3. 本申請書及聲明將為保單之根本依據，並視作保單一部份。
This application and declaration shall be the basis of the policy and considered as being incorporated therein.
4. 本人/吾等接受註有通常條款之承保公司保單。
I/We shall accept a policy subject to the usual conditions prescribed by the Company therein.
5. 本人/吾等明白根據條款第五項作出意外死亡賠償，將給與被保人之合法代表人。
I/We understand that any claim for Accidental Death benefit under Section 5 of the Policy shall be payable to the Insured Person's legal representative.
6. 本人/吾等之家傭保險從未未被保險公司拒絕投保、取消或拒絕續保。
I/We have never had my/our domestic helper insurance declined, cancelled or refused to renew by any insurance company.
7. 此保障計劃需在富勤保險(香港)有限公司審核，接納申請並已繳費後，方才生效。
The insurance will not be in force until this application has been accepted by Falcon Insurance Company (Hong Kong) Limited and the premium has been paid.
8. 本人/吾等現同意並授權富勤保險(香港)有限公司(貴公司)保留、使用或透露貴公司所收集或保留本人/吾等之任何個人資料，給予有關人仕或機構用作處理與本保險有關的申請，及提供其相關及稍後的服務和推廣資料等用途，及因此等用途與本人/吾等聯絡，直至本人/吾等另作書面通知為止。本人/吾等明白本人/吾等有權以書面聯絡貴公司之資料私隱主任查閱及改正本人/吾等之所有個人資料。
I/We hereby give my/our consent and authorize that any of my/our personal information collected or held by Falcon Insurance Company (Hong Kong) Limited (the Company) may be used and disclosed by the Company to any individuals/organizations for the purpose of processing this insurance, providing related and subsequent services and marketing materials and to make all form of contacts with me/us for such purposes until. I/We give any written instructions to the contrary. I/We understand I/We have the right to obtain access to and request correction of any personal information held by the Company by mailing a written request to the Company's Data Privacy Officer.

投保人簽署 Signature of Applicant _____

日期 Date _____

註：此單張提供之簡介只可用作參考之用，有關保險之全部條款及細節，請查閱正式之保險單。

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