

個人財物保險 — 保障  
「家傭靈活保」  
DOMESTIC WORKER PROTECTOR



閱覽電子版

友邦保險有限公司(於香港註冊成立之有限公司)



健康長久好生活



項目	保障範圍	每年最高賠償額 (港元)
<b>1</b>	<b>僱員賠償保障</b> 保障僱主對受聘家傭因工傷亡之勞工法例賠償及應履行之法律責任。	100,000,000
<b>2</b>	<b>24小時人身意外保障</b> 賠償家傭因工或非因工在意外中導致之傷亡，包括： a. 意外身故或斷肢 b. 因意外受傷導致之醫療及牙齒整理費用(每宗意外最高賠償額4,000港元)	120,000 20,000
<b>3</b>	<b>住院及手術費用賠償</b> 保障僱主如要履行家傭合約上所需支付之住院及手術費。 a. 每天住院入息賠償(最多40天) b. 手術費用賠償	30,000 每天350 16,000
<b>4</b>	<b>送返原居地費用</b> 賠償僱主因家傭逝世或健康不宜繼續受聘而需送返遺體或其本人往原居地之費用。 a. 因健康不宜繼續受聘 b. 遺體送返	3,000 15,000

項目	保障範圍	每年最高賠償額 (港元)
<b>5</b>	<b>家傭財物保障</b> 賠償家傭在僱主居所及承保範圍內引致之財物損失。	3,000
<b>6</b>	<b>家傭誠信保障</b> 保障僱主因所聘之家傭作出不忠實之行為而招致財物有所損失。	4,000
<b>7</b>	<b>門診保障</b> 保障僱主因家傭在港因意外/疾病而由註冊醫生應診之實際門診費用。 每天每次最高賠償150港元。	4,000
<b>8</b>	<b>牙醫費用保障</b> 保障僱主因家傭在港因牙疾而由註冊牙醫應診之實際費用。例如口腔手術、膿腫治療、X光照射、拔牙或補牙。 因受保家傭牙患所引致之醫療費用，可獲實際支出之2/3賠償。	2,000
<b>9</b>	<b>家傭法律責任保障</b> 保障投保人及/或家傭於在港工作期間內因疏忽而引致的第三者身體受傷或財物損失之金錢索償。 a. 第三者意外身體受傷 b. 第三者意外財物損失	30,000 5,000
<b>10</b>	<b>轉換家傭保障</b> 保障僱主因家傭健康不宜繼續受聘而需轉換僱傭所須之費用。	6,000
<b>11</b>	<b>臨時傭工津貼保障</b> 保障僱主因家傭暫時住院(需住院超過1天)而需另聘臨時家傭替代的費用。 每天最高賠償為250港元，最長每年30天。	7,500

由2018年1月1日起，所有保單持有人均須向保險業監管局為其新繕發及現行香港保單繳付的每筆保費繳交徵費。有關保費徵費詳情，請瀏覽我們的網站 [www.aia.com.hk/useful-information-ia-tc](http://www.aia.com.hk/useful-information-ia-tc) 或保險業監管局網站 [www.ia.org.hk](http://www.ia.org.hk)。(保單日期為2021年4月1日或以後的一般保險保單，徵費率為0.1%，最高徵費額為港幣5,000元。)

計劃	
基本計劃	保障範圍只適用於第1項
優越計劃	保障範圍只適用於第1 - 6項
卓越計劃	保障範圍適用於第1-11項

#### 主要不保項目

- 癌症及心臟病均不在2、3及4項目之受保範圍內。但若選取「癌症及心臟病附加保障」，則3及4項目不保事項之癌症及心臟病部分將被刪除。
- 受保前已存在之所有損傷或疾病均不在2、3、4及7項目之受保範圍內。

#### 其他事項

- 保障項目3、7及8：等候期為保單生效日期之首14天。
- 保障項目3b、5及6：每宗賠償的自負額為200港元。
- 投保年齡18 - 60 (60歲以上須經審核及批准)。
- 優越計劃及卓越計劃只適用於有簽署海外僱傭合約之家庭傭工。

此產品簡介只供參考，有關保單契約條款之定義、契約條款及保障條件之原文及完整敘述，請參閱保單契約。

## 請即聯絡AIA瞭解詳情

熱線電話  (852) 3108 1928  
傳真  (852) 3118 9034  
登入  [aia.com.hk](http://aia.com.hk)



AIA Hong Kong and Macau



AIA\_HK\_MACAU







Section	Coverage	Maximum Limit Per Year (HK\$)
<b>1</b>	<b>Employees' Compensation</b> Protects you as the employer against liabilities under Employees' Compensation Ordinance when the Domestic Worker sustains bodily injury by accident or disease arising out of and in the course of employment.	100,000,000
<b>2</b>	<b>24-Hour Accident Insurance</b> Protects the Domestic Worker against accidental injury and death both during and not during his / her course of duties for: a. Accidental Death & Dismemberment b. Emergency Medical & Dental Expenses (Max. HK\$4,000 per accident)	120,000 20,000
<b>3</b>	<b>Hospitalisation &amp; Surgical Expenses</b> Protects the employer against his / her contractual liability for the Hospitalisation & Surgical charges incurred if the Domestic Worker is confined to any licensed hospital in Hong Kong on the recommendation of a registered medical practitioner. a. Daily Hospital Income (Max. 40 days) b. Surgical	30,000 350 / day 16,000
<b>4</b>	<b>Repatriation Expenses</b> Protects the employer against his / her contractual liability to repatriate the Domestic Worker back to his / her country of origin in the event of death or certified medical unfitness for continual employment. a. Upon medical unfitness b. On the remains upon death	3,000 15,000

Section	Coverage	Maximum Limit Per Year (HK\$)
<b>5</b>	<b>Personal Effects</b> Protects loss of or damage to covered personal properties of the Domestic Worker at the place of employers' residence.	3,000
<b>6</b>	<b>Fidelity Coverage</b> Protects the employer against the financial loss arising from a dishonest act committed by the Domestic Worker.	4,000
<b>7</b>	<b>Clinical Expenses</b> Protects the employer against his / her contractual liability for the Clinical Expenses incurred if the Domestic Worker visits any registered medical practitioner in Hong Kong in the event of sickness or accidental injury. Max. HK\$150 per visit per day	4,000
<b>8</b>	<b>Dental Expenses</b> Protects the employer against his / her contractual liability for the Dental Expenses incurred if the Domestic Worker visits any legally qualified and registered dentist in Hong Kong. Covers oral surgery, treatment of abscesses, X-rays, extractions or fillings as a result of dental disease. Reimburses two-thirds of dental expenses incurred by the insured Domestic Worker.	2,000
<b>9</b>	<b>Domestic Worker Liability</b> Protects the Insured and / or Domestic Worker against legal liability in respect of (a) accidental bodily injury or (b) accidental damage to property of third party, occurring due to the negligence of the Domestic Worker while in the course of and arising out of his / her employment with the Insured, within the territory of Hong Kong during the Period of Insurance. a. Accidental bodily injury b. Accidental damage to property	30,000 5,000
<b>10</b>	<b>Replacement Expenses</b> Protects the employer against financial loss of replacing the Domestic Worker in the event the Domestic Worker is certified by a registered medical practitioner as being medically unfit to complete the term of employment with the Insured.	6,000
<b>11</b>	<b>Temporary Worker Subsidy</b> Protects the employer against financial loss of employing a temporary worker, in the event the Domestic Worker is hospitalised for more than one day. HK\$250 per day, max. 30 days per year	7,500

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority (IA). For levy details, please visit our website at [www.aia.com.hk/useful-information-ia-en](http://www.aia.com.hk/useful-information-ia-en) or IA's website at [www.ia.org.hk](http://www.ia.org.hk). (The levy rate for general insurance policies with policy date on or after 1 April 2021 is 0.1%, maximum levy amount is HK\$5,000.)

Plans	
Basic Plan	Section 1 only
Extra Care	Section 1 - 6 only
Super Care	Section 1-11

#### Major Exclusions


- Cancer and heart disease will be excluded under Section 2, 3 & 4. Cancer and heart disease exclusion under Section 3 & 4 will be deleted if (Cancer & Heart Disease Endorsement) is adopted.
- All injuries or sickness arising out of the pre-existing conditions will be excluded under Section 2, 3, 4 & 7.

#### Remarks

- Waiting period for Section 3, 7 & 8: The first 14 days from inception of the Policy.
- Deductibles for Section 3b, 5 & 6: HK\$200 per claim.
- Age Limit: 18 - 60 (Above 60, subject to approval and loading).
- Extra Care and Super Care will only be available for domestic workers recruited from outside Hong Kong under an Employment Contract.

This brochure is for reference only. Please refer to the Policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of coverage.

#### Please contact AIA for details

**hotline tel.**  **(852) 3108 1928**  
**fax**  **(852) 3118 9034**  
**visit**  **[aia.com.hk](http://aia.com.hk)**







生效日期 Effective Date:	月/日/年 MM/DD/YYYY
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僱主資料 Information of Employer

僱主姓名 Full Name of Employer:

姓 Surname:	名 Given Name:	性別 Sex:	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
香港身分證號碼 H.K.I.D. Card No.:	出生日期 (月/日/年) Date of Birth (MM/DD/YYYY):		
職業 Occupation:			
手提電話號碼 Mobile No.:	住宅電話號碼 Home Tel. No.:		
電郵地址 Email address:			
受保地址 Location of Risk:			

<input type="checkbox"/> 香港島 HK	<input type="checkbox"/> 九龍 KLN	<input type="checkbox"/> 新界 NT	<input type="checkbox"/> 離島 Outlying Island
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通訊地址 (如與受保地址不同)  
Mailing Address (if different from Location of Risk) :

<input type="checkbox"/> 香港島 HK	<input type="checkbox"/> 九龍 KLN	<input type="checkbox"/> 新界 NT	<input type="checkbox"/> 離島 Outlying Island
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家傭資料 Information of Domestic Worker

家傭姓名 Full Name of Domestic Worker:

姓 Surname:	名 Given Name:
出生日期 Date of Birth:	
(月/日/年 MM/DD/YYYY)	
護照或香港身分證號碼 Passport or H.K.I.D. Card No.:	

(請附上護照/身分證副本 Please attach with Passport / I.D. Copy)

性別 Sex:	<input type="checkbox"/> 女性 Female	<input type="checkbox"/> 男性 Male
國籍 Nationality:	<input type="checkbox"/> 菲律賓 Philippines	<input type="checkbox"/> 泰國 Thailand
	<input type="checkbox"/> 其他 Others (請註明 Please State)	<input type="checkbox"/> 印尼 Indonesia
性質 Nature:	<input type="checkbox"/> 全日 Full-time	<input type="checkbox"/> 兼職 Part-time
工作 Duties:	<input type="checkbox"/> 一般家務 Domestic works	<input type="checkbox"/> 司機 Chauffeur*
	<input type="checkbox"/> 其他 Others	

\* 需附加額外保費 Subject to special rating / extra premium



**請回答以下問題 Please answer the following question**

閣下之家傭曾否被拒絕接受投保意外或疾病保險，或被附加特別條件或要求繳付額外保費？

Has your domestic worker ever been refused and / or required special terms and / or additional premium for any accident or illness insurance?

☐ 是 Yes ☐ 否 No (如問題之答案為「是」者，請另加紙說明。If your answer is "Yes", please give details on separate sheet.)

**基本計劃 (保障項目1) Basic Plan (Section 1 only)**

**港元 HK\$**

- |  |  |
|--|--|
| <input type="checkbox"/> 一年保費 1 Year Premium | 285.26<br>(已包括保費徵費港元0.26)<br>(including an amount of HK\$0.26 of levy on insurance premiums) |
| <input type="checkbox"/> 二年保費 2 Year Premium | 492.44<br>(已包括保費徵費港元0.44)<br>(including an amount of HK\$0.44 of levy on insurance premiums) |

**優越計劃 (保障項目1-6) Extra Care (Section 1 - 6)**

- |  |  |
|--|--|
| <input type="checkbox"/> 一年保費 1 Year Premium | 380.36<br>(已包括保費徵費港元0.36)<br>(including an amount of HK\$0.36 of levy on insurance premiums) |
|--|--|

**卓越計劃 (保障項目1-11) Super Care (Section 1 - 11)**

- |  |  |
|--|--|
| <input type="checkbox"/> 一年保費 1 Year Premium | 680.66<br>(已包括保費徵費港元0.66)<br>(including an amount of HK\$0.66 of levy on insurance premiums) |
|--|--|

**自選保障 Optional Benefit**

「癌症及心臟病附加保障」

(保障項目3及4) — 僅適用於優越計劃及卓越計劃

**"Cancer & Heart Disease Endorsement"**

(Section 3 & 4) - Only applicable to Extra Care & Super Care Plan

- |  |  |
|--|--|
| <input type="checkbox"/> 一年保費 1 Year Premium | 250.25<br>(已包括保費徵費港元0.25)<br>(including an amount of HK\$0.25 of levy on insurance premiums) |
|--|--|

取消此保單之費用為400港元。

The cancellation fee of this policy is HK\$400.

以上金額已同時包括僱傭補償保險徵款。有關徵款將根據香港特別行政區政府不時公佈為準。

The above amount is also inclusive of the Employees' Compensation Insurance Levy. Levy is subject to change from time to time by the Government of Hong Kong Special Administrative Region.

**特別要求 Special Request**

☐ **紙本保單合約 Physical Copy of Policy Contract**

- 如選擇接收紙本保單合約，請在空格內劃上✓。如未有註明，我們將會為閣下預設接收電子保單合約(如適用)。  
Please ✓ the box if you wish to receive physical copy of Policy Contract. Unless herein specified, iContract will be preselected if applicable.
- 如接收電子保單合約，請提供有效的手提電話號碼及電郵地址。如未能提供，我們將會為閣下提供紙本保單合約。  
Valid mobile number and email address are required for iContract. Otherwise, physical copy of Policy Contract will be provided.
- 我們將會提供電子保單合約及「友邦電子通知書」網上服務。如欲要求紙本合約，閣下應透過友邦客戶服務熱線(852) 3108-1928 (香港)、AIA財務策劃顧問或作書面申請。在收到閣下的通知後，本公司將會在十四天內把合約寄往閣下向本公司提供的通訊地址。  
iContract and e-Advice Internet Service will be provided. Should you want to request for the paper form of contract or correspondence(s) under AIA iContract Service, you have to notify us through written request, AIA Financial Planner or Customer Service Hotline at (852) 3108-1928 (Hong Kong).

## 付款方法 Payment Method

支票發出人/信用卡持有人必須為僱主或其直系親屬。

Cheque Payer / Credit Cardholder must be the Employer or his / her immediate family member.

請在適當的方格加上✓號。Please ✓ the appropriate box.

### ☐ 支票付款 PAYMENT BY CHEQUE

劃線支票抬頭請註明「友邦保險有限公司」

Cheque should be crossed and made payable to "AIA Company Limited"

支票號碼

Cheque No.:

銀行

Bank:

### ☐ 信用卡付款 PAYMENT BY CREDIT CARD

#### 信用卡付款授權書 CREDIT CARD PAYMENT AUTHORISATION FORM

☐  VISA卡  
VISA Card

☐  萬事達卡  
Master Card

信用卡號碼

Card No.:

信用卡期滿日

Expiry Date:

(月MM/年YY)

信用卡持有人姓名

Card Holder's Name:

信用卡持有人簽署

Card Holder's Signature:

日期

Date:

本人茲授權並要求友邦保險有限公司從本人之VISA/MASTER卡戶口內支付本申請書所註明之保費。

I hereby authorise and request AIA Company Limited to charge my VISA / MASTER Card account for the premium stated on this application form.

## 聲明

本人現聲明並謹代表本人及任何有權或聲稱有權就本申請而作出之保險合約要求賠償的人士、商號或公司同意下列各項：

- 本人同意友邦保險有限公司(以下簡稱「貴公司」)保留一切接納申請與否之權利。
- 除用書面經貴公司執行職員簽字批准外，其他收受或遞送此申請書之人，或任何人員，與任何人之間，在口頭或書面上所作之陳述、報告或合約，貴公司一概不負任何責任。
- 本人謹此聲明上述填報及其他本人提供之資料均為完整無缺及全為事實，並同意此等資料將構成本人與友邦保險有限公司所訂保險合約之基本條件；本人明白凡因投保當時及之前已診斷、已知、曾治理及/或已患之疾病、損傷或其他狀況而引致之醫療需要，一律不予賠償。如有違反此項聲明，任何關於本申請書之保險合約將會作廢。
- 除非在本申請程序完結後，有關之保險合約的首年保費已繳付及該保險合約已發予本人，否則該保險合約將不會生效。
- 如本申請書之譯本於意義上有任何爭議，一概以英文為準；任何因本申請而作的保險合約只會以英文發出。
- 個人資料收集及使用**

本人/我們確認本人/我們已閱讀、明白及同意友邦保險有限公司(「友邦保險」)的個人資料收集聲明(適用於退休金業務除外的所有業務)(「該聲明」)。本人/我們聲明及同意在本申請所載或友邦保險不時以任何方法收集、獲得、編製或持有的任何關於本人/我們的個人資料及關於本人/我們的保單或投資的其他資料，可根據該聲明收集及使用。本人/我們知悉及同意就該聲明所述目的轉移本人/我們的個人資料至香港境內或境外各方。

該聲明符合相關守則及法規的最新版本可於此下載：<https://www.aia.com.hk/zh-hk/privacy-statement-main>，及可向友邦保險索取。

#### 宣傳及市場推廣資料

為向您提供最新的資訊、優惠和推廣及進行直接促銷活動，友邦保險有限公司(「友邦保險」)擬根據友邦保險的個人資料收集聲明(適用於退休金業務除外的所有業務)(「該聲明」)使用您的個人資料，及根據該聲明第3(iii)段向第三方(不論是否屬於友邦集團)提供您的個人資料。然而，未經您同意，友邦保險不可為此目的使用及/或提供您的個人資料。如您不同意您的個人資料用作直接促銷用途，請在以下☐欄位劃上“✓”。

☐ 本人不同意友邦保險根據該聲明第3段將本人的個人資料用於直接促銷用途。

☐ 本人不同意友邦保險提供本人的個人資料予該聲明第3(iii)段所述的人士/供應商/第三方，以用於該聲明第3段所述的直接促銷用途。

### Declaration

I declare and agree on behalf of myself and any person(s), firm(s) or corporation(s) who may have or claim any interest in any insurance on this application that:

- a) I agree that AIA Company Limited (hereinafter called "the Company") reserves its rights to accept or reject my application.
- b) No statement, information or agreement made or given by or to the person soliciting or making this application or by or to any other persons, shall be binding on the Company, unless reduced to writing, and then only if presented to and approved by an officer specified in the relevant policy.
- c) All my declarations made herein, together with all information provided by me are full, complete and true and shall constitute the basis of the contract between the parties thereto. I understand that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, aware of and / or existed, treated prior to the first day of this insurance. Any failure to comply with this paragraph may render any policy issued hereunder void.
- d) Any insurance herein applied for shall not take effect unless the relevant policy is issued and delivered to me pursuant to this application as completed and the first annual premium under the policy requested is actually paid in full.
- e) In the event of differences between the English and Chinese version of this application form, the English version shall prevail. It is also understood that any insurance policy relevant to this application form will be issued in English only.

### f) PERSONAL DATA COLLECTION AND USE

I / We confirm that I / We have read, understood and agreed to the Personal Information Collection Statement of AIA Company Limited ("AIACO") (applicable to all businesses except pension business) (the "PICS"). I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investment(s) contained in this application or collected, obtained, compiled or held by AIACO by any means from time to time may be collected and utilised in accordance with the PICS. I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong for the purposes as set out in the PICS.

The updated version of the PICS which complies with the relevant rules and regulations is available for download:  
<https://www.aia.com.hk/en/privacy-statement-main>, and is also available upon request.

### DIRECT PROMOTIONAL AND MARKETING MATERIALS

In order to provide you with the latest news, offers and promotions, and to conduct direct marketing activities, AIA Company Limited ("AIACO") may use your personal data according to AIACO's Personal Information Collection Statement (applicable to all businesses except pension business) (the "PICS") and provide your personal data to third parties (whether within or outside of AIA Group) as set out in paragraph 3(iii) of the PICS but AIACO cannot use and/ or provide your personal data for such purpose without your consent. Please tick "✓" in the box(es) below if you do not agree your personal data is to be used for direct marketing purpose.

- ☐ I do not agree to AIACO's use of my personal data for direct marketing purpose as set out in paragraph 3 of the PICS.
- ☐ I do not agree to AIACO's provision of my personal data to persons/providers/third parties described in paragraph 3(iii) of the PICS for their direct marketing purpose as set out in paragraph 3 of the PICS.

僱主簽署

Signature of Employer:

日期

Date :

### 公司/ 營業代表專用 For office/ representative use only

組別 Q / U / A:	組號 Code:	辦事處編號 Office Code:	營業代表# Representative#:	編號 Code:	營業代表電話 Representative Contact Tel.:	保單號碼 Policy Number: <b>C88</b>
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# 為「一般業務」的持牌代理人 # Licensed Agent for General Insurance

PERSONAL LINES INSURANCE – PROTECTION  
DOMESTIC WORKER PROTECTOR



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(Incorporated in Hong Kong with limited liability)



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