



僱員賠償保險報價表 Employees' Compensation Insurance Quotation Form

請提供以下資料作報價 Please complete the following questions for insurance quotation:

投保人資料 Proposer's Information			
公司/ 機構名稱 Name of Company/ Business Entity			
營業地址 Business address			
營業性質 Business Nature	保險期限 Period of Insurance	由 From	至 To

所有屬於僱員補償條例下之員工均須包括在內 All employees within the scope of the Employee's Compensation Ordinance must be included.

僱員資料 Employee's Information							
僱員工作類別 / 職位 Description of employees/Job Title (Indoor - work at business address only/ Outdoor duty involved)	全職/兼職 Full Time/ Part Time	僱員人數 No. of Employees	估計每年總薪酬 (港幣) Estimated Total Annual Earnings (HKD)	僱員是否需在香港區域以外工作 Employees Working Abroad?			工作詳情(例如僱員是否需 操作機械,如是,請詳細列 明) Job Details (e.g. Do employees need to operate machines? If so, please give details)
				否 No	是, 世界各地 Yes, Worldwide	是, 中國 Yes, China	

** 老闆在此公司有任何收入嗎? 如果它是一間有限公司, 老闆將被視為僱員。請提供老闆的工作性質, 室內 / 室外 / 是否需要在香港區域以外工作和年薪。

** Does the owner receive any income? If it is a limited company, the owner is considered as employee. Please provide the job nature, indoor/outdoor/extended to worldwide and annual salary of the owner.

最近三年的賠償記錄 Claim Records during the past 3 years				
年份 Year	賠償次數 No. of Claim	已支付之賠償額 Claim Amount Paid	未解決之賠償額 Claim Amount Outstanding	詳情 Details

公司專用 For Office Use Only		
姓名 Name	編號 Code	聯絡電話 Tel. No.