

HelperCare Insurance

(1-Year or 2-Year Policy)

家傭全保

(一年或兩年保單)



HelperCare Insurance 家備全保

HelperCare Insurance is a competitive and comprehensive package of benefits developed to meet the needs and obligations of individual employer as yourself. It offers many attractive benefits for you and your domestic helper as well as protection for his / her family in the event of his / her accidental death.

家備全保是一份優越而全面的保險計劃，既保障作為僱主的你需負之法律責任，亦為你及你的家傭提供多項保障，包括如家傭因意外身亡而提供予其家屬之補償，令你安枕無憂！

Product Highlights 產品特點	
Covers your legal liability as employer plus extra benefits for you and your domestic helper 保障僱主所須負上之法律責任，並為你及你的家傭提供額外保障	✓
Change of domestic helper at no extra premium 轉換家傭時，不需支付額外保費	✓
No waiting period will be applied 所有保障不設等候期	✓
Prompt settlement of medical claims by autopay 採用自動轉賬方式繳付醫療費用賠償，方便快捷	✓
A premium discount if you opt for a 2-year period of insurance 投保兩年保單年期計劃，即可獲折扣優惠	✓

Coverage

Cover	Benefits	Max. Benefits
Section 1	Employer's Liability Indemnify the employer against liability at law including liability under the legislation in the event the domestic helper suffers injury or disease arising out of and in the course of his / her employment.	HK\$100,000,000 per event
Section 2	Hospital & Surgical, Clinical and Other Expenses Hospitalisation & Surgical Expenses Domestic helper is confined in a hospital for surgery or treatment of sickness or injury resulting from an accident. a. Room and Board Charges b. Surgical Operation Expenses Out-Patient (Clinical) Expenses Medical treatment from a clinic for sickness or injury resulting from an accident a. Out-Patient medical treatment received from registered medical practitioner b. Chinese Bonesetter treatment	HK\$30,000 per year HK\$350 per day HK\$15,000 per surgical operation HK\$4,000 per year HK\$200 per visit (max. one visit per day) HK\$500 per year HK\$100 per visit (max. one visit per day)

Section 3	Dental Expenses Oral surgery, treatment of abscesses, X-ray, extractions or fillings as a result of dental disease provided by a registered dentist.	HK\$2,000 per year 75% of actual expenses per claim
Section 4	Personal Accident In the event of an accident to your domestic helper during his / her rest days resulting in accidental death or permanent disablement occurring within 12 months from the date of such accident : a. Accidental death b. Total and permanent disablement from engaging in or attending to any business or occupation c. Loss of one or more limbs d. Loss of sight in one or both eyes	HK\$120,000 per year HK\$120,000 HK\$120,000 HK\$120,000
Section 5	Repatriation Expenses In the event of serious sickness or injury to your domestic helper resulting in his / her being certified by a registered medical practitioner as medically unfit to work leading to the termination of his / her employment contract, or resulting in his / her death. a. the repatriation of your domestic helper to his / her home country by scheduled flight (economy class) ; or b. the transportation of the mortal remains to his / her home country	HK\$25,000 per year
Section 6	Free Additional Benefits Re-hiring Expenses In the event a valid claim is payable under Section 5 - Repatriation Expenses, this Plan will pay for expenses incurred in securing a replacement helper, including air ticket, agency fees and processing fees. Hospital Cash Subsidy In the event your domestic helper is hospitalised due to sickness or injury, a daily cash allowance commencing from the third day of his / her confinement will be paid. Loan Protection If you make a financial loan with documented evidence to your domestic helper which cannot be repaid due to the death of the helper, or his / her being medically unfit to continue employment, this Plan will reimburse the amount of the loan outstanding. Fidelity Protection The actual financial loss directly resulting from the act of fraud or dishonesty committed by your domestic helper.	HK\$10,000 per year HK\$6,000 per year HK\$200 per day HK\$10,000 per year HK\$5,000 per year

Major Exclusions

The following is only a summary of the major exclusions. Please refer to the policy for details.

General Exclusions

War, act of terrorism, accident or sickness sustained or contracted outside Hong Kong (except Employer's Liability Cover), nuclear or radioactivity hazards, pre-existing conditions, sexually transmitted diseases, HIV and/or HIV related illness including AIDS, suicide, intentional self-injury, pregnancy, miscarriage, childbirth, infertility, mental or nervous disorder, alcoholism or drug addiction.

Special Exclusions Applicable to:

Section 1 - Employer's Liability

Pneumoconiosis or any late payment surcharge that the employers may become liable under the legislation.

Section 2 - Hospital & Surgical, Clinical and Other Expenses

Cosmetic surgery unless due to injury covered under this Plan, routine physical examination or any expenses incurred outside Hong Kong.

Section 3 - Dental Expenses

Routine examination, scaling, cleaning, polishing, crowning, bridges, braces, dentures, dental prosthetics or any expenses incurred outside Hong Kong.

Section 4 - Personal Accident

Air travel (except as a passenger in a fully licensed passenger carrying aircraft), mountaineering, rock climbing, underwater activities necessitating the use of breathing apparatus, motor cycling, racing (other than on foot or swimming), dangerous sports or activities.

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)
1 Year	680	10.80
2 Years	1,292	21.60

*Employees' Compensation Insurance Levy, Government Terrorism Facility Charge & Employees' Compensation Insurers Insolvency Bureau - Contribution
Insurance levy is not included in the above premium

Insurance Levy Rate Table

Date of Policy Inception	Rate	Cap (HK\$)
From 1 Apr 2021 onwards	0.100%	5,000

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. For further information, please visit bolttechartinsurance.hk or contact (852) 3123 3344.

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.

保障範圍

保障項目	承保範圍	最高保障金額
第一項	僱主責任 家傭在受僱期間因工作引致生病、受傷或死亡而導致僱主須承擔之法律賠償責任。	每宗事故 100,000,000港元
第二項	住院及外科手術、診療及其他費用 住院及外科手術費用 家傭因生病或意外受傷而需入院接受外科手術或治療之實際費用。 診療(門診)費用 家傭因意外受傷或生病而需接受註冊醫生診治之醫療費用。 a. 每日住院費 b. 外科手術費 診療(門診)費用 a. 門診治療 b. 中醫跌打治療	每年30,000港元 每天350港元 每次15,000港元 每年4,000港元 每次200港元 (每天只限一次) 每年500港元 每次100港元 (每天只限一次)
第三項	牙科費用 家傭因牙齒疾患需接受由註冊牙醫進行的口腔手術、治療膿腫、X光檢查、脫牙或補牙。	每年2,000港元 每次實際費用之75%
第四項	個人意外 家傭在休假期間意外受傷，導致12個月內因傷死亡或永久性傷殘。 a. 意外死亡 b. 完全及永久性傷殘而導致不能從事任何工作 c. 喪失任何肢體 d. 單目或雙目失明	每年120,000港元 120,000港元 120,000港元 120,000港元 120,000港元
第五項	遣送費用 家傭經註冊醫生證明因受傷或疾病不能繼續工作或因死亡而導致僱傭合約被終止。 a. 以國際航機(經濟客位)將家傭送返原居國家;或 b. 將遺體運送返原居國家	每年25,000港元
第六項	額外保障 改聘費用 如根據本計劃第五項 - 遣送費用可獲賠償，此額外保障可保障改聘另一名海外家傭替代原來之家傭的費用，包括機票費用、介紹費用及處理費用等。 住院現金津貼 家傭因生病或意外受傷而需入院治療，由第三天起，可獲現金津貼。 償還貸款保障 若你曾向你的家傭作出有證據之私人財務借貸，如家傭因死亡、受傷或疾病而不能繼續工作導致未能償還，其尚欠之借貸餘款將可獲得賠償。 忠誠保障 因家傭作出一些欺詐或不誠實行為引致僱主的金錢損失。	每年10,000港元 每年6,000港元 每天200港元 每年10,000港元 每年5,000港元

主要不保事項

以下為不保事項之概略，詳細內容請參閱保單。

一般不保事項

戰爭、恐怖主義活動、在香港以外地方發生之傷病或意外(僱主責任保障除外)、核能或放射性風險、受保前已存在之傷病、性病、愛滋病、自殺、自我傷害行為、懷孕、流產、分娩、不育、精神病、酗酒或濫用藥物。

適用於個別保障利益之不保事項：

第一項 - 僱主責任

肺塵埃沉着病、法例下僱主因不依期作工傷賠償而須付之罰款。

第二項 - 住院及外科手術、診療及其他費用

美容或整形手術(因本計劃保障範圍內損傷所引致者除外)、例行體格檢查或在香港以外地方的治療費用。

第三項 - 牙科費用

例行口腔檢查、洗牙、磨牙、鑲裝牙冠、牙橋、牙箍、假牙或在香港以外地方的治療費用。

第四項 - 個人意外

飛行(以乘客身份搭乘民航機除外)、攀山、攀石、供氧設備輔助呼吸之水中活動、駕駛或乘坐電單車、速度競賽(跑步、游泳除外)、高危運動或活動。

受保年齡

18至60歲

投保資格

此計劃只適用於入境條例(第十一章)所訂條例下的合約制海外家傭。

保費表

保單年期	保費(港幣)	僱員補償保險微費*(港幣)
1年	680	10.80
2年	1,292	21.60

* 僱員補償保險微款，恐怖主義活動而引致的索償(「財務安排」)費用及保險公司(僱員補償)無力償債管理局徵款

以上保費並未包括保費微費

保費徵費表

保單起保日	徵費率	最高徵費(港幣)
由2021年4月1日之後	0.100%	5,000

保險業監管局已向相關的保單按規定的徵費率徵收保費微費。已收取的徵費付款會按規定轉付予保險業監管局，詳情請瀏覽 bolttechinsurance.hk 或聯絡 (852) 3123 3344。

注意

本小冊子乃保障條款及規定之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

HelperCare Insurance Application Form 家傭全保投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 投保人資料

Name of Applicant (Employer) 投保人(僱主)姓名 The Applicant must be the legal employer of the domestic helper 投保人必須為家庭傭工之合法僱主 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____ DD日 _____ MM月 _____ YY年	HKID Card/Passport No. 香港身份證/護照號碼:
	Occupation 職業	Contact No. 聯絡電話:
Correspondence Address 通訊地址: Flat 室_____, Floor 樓_____, Block 座_____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT新界		Email Address 電郵地址:
Effective Date and Period of Insurance 生效日期及保單年期 From 由_____DD日 _____MM月 _____YY年 for 起計 <input type="checkbox"/> One Year 一年 or <input type="checkbox"/> Two Years 兩年		
Bank Name and Account No. for claim settlement (Account-Holder must be the Proposer) 賠償醫療費用時將自動轉賬於此戶口(戶口持有人之姓名必須與投保人相同)		
Bank Name & Code 銀行名稱及編號 _____	Branch Code 分行編號 _____	Account No. 賬戶編號 _____

(II) Domestic Helper's Information 家傭資料

Name of Insured Person (Domestic Helper) 被保人(家傭)姓名 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Date of Birth 出生日期: _____DD日 _____MM月 _____YY年	Nationality 國籍
HKID card No. / Passport No. 香港身份證號碼 / 護照編號	Address of Employment (if different from Correspondence Address) 僱用地址 (若與通訊地址不同) Flat室_____, Floor 樓_____, Block 座_____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT新界	

(III) General Information 其他資料

1. During last three years, have you ever had any domestic helper insurance refused? 過去三年內,閣下在投保家傭保險時曾否被拒絕?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2. Are you aware of any condition for which your domestic helper may require medical or surgical treatment? 閣下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? If the answer to question 1 or 2 is "YES" please give details: 如問題1或2所選之答案為「是」請詳細說明: _____ _____	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

(IV) Payment Method 付款方法

Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited
劃線支票抬頭請寫：「保特保險(香港)有限公司」

Cheque No. 支票 Visa MasterCard

Credit Card No. 信用卡號碼

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Cardholder's Name 持卡人姓名

Card Expiry Date 信用卡有效期至

M月										Y年										

I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance and future auto-renewal premium.

本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費及隨後的自動續保保費。

Cardholder's Signature 持卡人簽署

Date 日期

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 3123 3344.
保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 bolttechinsurance.hk 或致電：(852) 3123 3344。

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative
代理人/ 經紀/ 業務代表 _____

Date (DD / MM / YYYY)
日期(日/月/年) _____

Account Code
賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中英文版本如有差異，以英文版為準。

About boltech Insurance

Boltech Insurance (Hong Kong) Company Limited, previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. boltech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, boltech Insurance was rebranded and renamed as part of the international insurtech group, boltech.

For more information, please visit boltechinsurance.hk

關於保特保險

保特保險(香港)有限公司前身為富衛保險有限公司，獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽boltechinsurance.hk網站。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Boltech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Boltech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Boltech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

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