

Domestic Worker Protector 靈活家傭保障計劃



Basic Plan applicable to full time
& part time local domestic helpers
基本計劃適合本地全職及
兼職家務助理



Domestic Worker Protector

Domestic Worker Protector offers a wide-ranging protection to your domestic worker. The plan not only covers your legal liability as an employer, but it also provides the following protections:

- Personal accident, temporary worker subsidy coverage
- Wide-ranging medical expenses, clinical expenses and dental expenses for your domestic worker
- Domestic worker liability and repatriation expenses
- Cancer and Heart Disease Endorsement
- Typhoon No.8 or above Endorsement

Basic Plan : Section 1		Comprehensive Plan : Sections 1 and 2	
	Coverage		Max Limit (MOP\$) Per Year
Section 1	Employees' Compensation Insurance - Optional Coverage : Typhoon No.8 or above Endorsement Cover accidents to the insured Domestic Worker travelling directly between his/her place of residence and place of employment during typhoon No.8 or above.		According to Employees' Compensation Insurance Ordinance (Decree - Law N° 40/95/M)
Section 2	Additional Benefits (on top of Employees' Compensation Insurance)		\$100,000
2.a	Accidental Death & Dismemberment Protects the Domestic Worker against accidental injury and death during his/her rest days.		\$30,000
2.b	Hospitalization & Surgical Expenses i) Daily Hospital Income ii) Surgical - Optional Coverage : Cancer & Heart Disease Endorsement * MOP\$200 deductible for each hospital confinement on each surgical operation		\$350 per day (max. 40 days) \$16,000
2.c.	Repatriation Expenses Indemnify the employer for contractual liability to repatriate the Domestic Worker to his/her country of origin in the event of death or certified medical unfitness for continual employment. i) Unfitness to work with medical certification ii) Return of the remains upon death		\$3,000 \$10,000
2.d	Clinical Expenses Protects the employer against his/her contractual liability for the Clinical Expenses incurred if the Domestic Worker visits any registered medical practitioner in Macau in the event of sickness or accidental injury.		\$3,000 \$150 per visit per day
2.e	Dental Expenses Reimbursement of two-thirds of dental expenses incurred by the insured domestic worker who visits any legally qualified registered dentist in Macau.		\$1,500
2.f	Domestic Worker Liability Protects the employer &/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 employer, within the territory of Macau during the Period of Insurance. a) Accidental bodily injury b) Accidental damage to property		\$30,000 \$5,000
2.g	Temporary Worker Subsidy Indemnification of the actual cost of employing a temporary worker when the Domestic Worker is confined in a hospital for more than one day.		\$3,000 \$150 per day (max. 20 days per year)

Note :

- 1) Major Exclusions : Cancer, heart disease, all injuries or sickness arising out of the pre-existing conditions will be excluded under Section 2a, 2b, 2c and 2d. Cancer and heart disease exclusion under 2b & 2c will be deleted if "Cancer & Heart Disease Endorsement" is adopted
- 2) Waiting period for sections 2b, 2d and 2e of the Comprehensive Plan to be the first 14 days from the effective of the policy.
- 3) Deductible MOP\$200 for each period of hospital confinement on each surgical / operation for section 2b of the Comprehensive Plan.
- 4) Age limit: 18 – 60 (Above 60, subject to approval of AIG Insurance Hong Kong Limited (Macau Branch) and premium adjustment).
- 5) For the annual earnings over MOP\$50,000, please refer to AIG Insurance Hong Kong Limited (Macau Branch) for premium rating.
- 6) Comprehensive Plan is only available for domestic workers recruited from overseas under a valid employment permit.
- 7) Minimum premium for Basic Plan is MOP\$350 and minimum premium for Comprehensive Plan is MOP\$730.

Important Notes :

1. In the event of any differences between the English and Chinese version of this brochure, the English version shall prevail.
It is also understood that the insurance policy relevant to this brochure is issued in English version only and shall be binding upon an application for this policy is accepted and approved by the Company.
2. This brochure provides only a summary of the policy benefits. Coverage under the policy shall be subject to the terms, conditions and exclusions of the policy. A copy of the policy is available from AIG Insurance Hong Kong Limited (Macau Branch).

靈活家傭保障計劃

靈活家傭保障計劃為您提供全面的家傭保障，此計劃不但保障作為僱主的您所應負的基本法律責任，同時亦包括多項保障：

- 家傭人身意外，臨時傭工津貼
- 家傭全面的醫療、門診及牙科費用保障
- 家傭法律責任保障及遣返原居地費用
- 癌症及心臟病附加保障
- 8號風球或以上往返工作地點附加保障

基本計劃：保障範圍只適用於第1項

綜合計劃：保障範圍適用於第1及第2項

	保障範圍	全年最高賠償額 (澳門幣)
第一項	僱員賠償保障 - 自選附加保障：8號風球或以上往返工作地點 保障在工作時間開始或結束後三小時內傭工直接往返居所與工作地點的途中發生的工作意外而引致受傷或死亡損失。	根據工作意外及職業病保險法例 (Decree - Law N° 40/95/M)
第二項	額外保障 (僱員賠償保障之外的額外保障)	\$100,000
2.a	意外身亡或斷肢 賠償家傭假期間因意外導致之意外身亡或斷肢。	\$30,000
2.b	住院及手術費用賠償 i) 住院入息賠償 ii) 手術費用賠償* - 自選附加保障：癌症及心臟病 * 每宗住院手術費用賠償之自負額為澳門幣\$200	每日\$350 (最多40日) \$16,000
2.c.	送返原居地費用 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。 i) 因健康不宜繼續受聘 ii) 遺體送返	\$3,000 \$10,000
2.d	門診保障 保障僱主因家傭在澳門因意外/疾病而由註冊醫生應診之實際門診費用。	\$3,000 每日每次\$150
2.e	牙醫費用保障 保障受保家傭在澳門因牙疾而由合法認可註冊牙醫應診之實際醫療費用，可獲實際支出之2/3賠償。	\$1,500
2.f	家傭法律責任保障 保障僱主及 / 或其家傭因家傭在工作期間內由於疏忽而引致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
2.g	臨時傭工津貼保障 保障僱主因家傭暫時住院 (需住院超過 1日) 而需另聘臨時家傭替代的費用。	\$3,000 每日\$150 (每年最多20日)

注意：

- 1) 主要不保項目：癌症，心臟病或受保前已存在之所有損傷或疾病均不在 2a, 2b, 2c 及 2d 項目之受保範圍內。但若選取“癌症及心臟病附加保障”，則2b及2c項目不保事項之癌症及心臟病部份將被刪除
- 2) 綜合計劃內之保障項目2b, 2d, 及2e：等候期為保障生效日期之首14天。
- 3) 綜合計劃內之保障項目2b的每次住院手術費用的自負額為澳門幣\$200。
- 4) 投保年齡18-60 (六十歲以上須經美亞保險香港有限公司 (澳門分行) 審核及批准)。
- 5) 如全年基本回報超過澳門幣\$50,000，保費將另作計算。
- 6) 綜合計劃只適用於澳門持有合法工作証的海外家庭傭工。
- 7) 基本計劃之最低保費為澳門幣\$350，而綜合計劃之最低保費則為澳門幣\$730。

重要事項：

1. 如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準；並與此同時作為保險合約之依據。
2. 本小冊子僅提供保單摘要，有關保單承保範圍及除外責任條款請參看保單條款及細則。如需要保單條款及細則，歡迎向美亞保險香港有限公司 (澳門分行) 索取。

Domestic Worker Protector Proposal Form

靈活家傭保障計劃投保表格

(Use ENGLISH BLOCK letter 請以英文正楷填寫)

Effective Date 保單生效日期: _____ D日/ _____ M月/ _____ Y年
(Back-dating is unacceptable 不可追溯保單生效日期)

Applicant Information 申請人資料:

Name 姓名: _____

Macau ID / Passport No. _____
澳門身份證 / 護照號碼: (Please attach with Macau ID / Passport copy 請隨附澳門身份證/護照副本)

Tel. No. 電話號碼: (Residence 住宅) _____
(Mobile 手提電話) _____

Occupation 職業: _____

Nationality 國籍: _____

Email 電郵地址: _____

Mailing Address 通訊地址: _____

Information of Domestic Worker 家傭資料

Full Name of Domestic Worker 家傭姓名: _____

Passport No./Macau ID No./Non-resident Working ID No.
僱工護照號碼 / 澳門身份證號碼 / 非本地勞工身份證號碼: _____
(Please attach with Passport / Macau ID / Non-resident Working ID copy)
(請隨附僱工護照 / 澳門身份證 / 非本地勞工身份證副本)

Place of Employment 僱工受保地址 (if different from above 如與上址不同): _____

Date of Birth 出生日期: _____ D日/ _____ M月/ _____ Y年

Annual Earnings 全年基本回報: _____

Nationality 國籍: _____

Sex 性別: Female 女性 Male 男性

Nature 性質: Full-time 全日 Part-time 兼職

Duties 工作: Domestic Works 一般家務 Chauffeur* 司機 其他 Other
* Subject to special rating / extra premium 需附加額外保費

Please tick the appropriate box in 適當空格內加上剔號 ✓:

Annual Premium: MOP\$350 Basic Plan 基本計劃
每年保費 MOP\$730 Comprehensive Plan 綜合計劃

Optional Coverage 自選附加保障:

Annual Premium: MOP\$250
每年保費 A. "Cancer & Heart Disease Endorsement"
(Section 2b) - Only applicable to comprehensive Plan
"癌症及心臟病附加保障" (保障項目2b) - 僅適用於綜合計劃

Annual Premium: B. Typhoon No.8 or above Endorsement
年薪之0.25% 8號風球或以上往返工作地點

PP01DWP-04/15

Declaration 聲明

I declare and agree on behalf of myself and any person or persons who may have or claim any interest in any insurance on this proposal form the following:
本人現聲明並謹代表本人及任何有權或聲稱有權就本投保表格要求保險賠償的人仕同意下列各項:

- In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and shall be binding upon this Proposal being accepted and approved.
本人同意如本文之譯本於意義上遇到任何爭議時，一概以英文版本為準；並與此同時作為保險合約之依據。
- I agree that AIG Insurance Hong Kong Limited, Macau Branch (hereinafter called "AIG-Macau Branch") reserves its right to accept or reject my application for insurance. If the Proposal Form is accepted and approved by the Company, the policy will become effective.
本人同意美亞保險香港有限公司 (澳門分行) (以下簡稱「美亞保險-澳門分行」)，保留一切接納申請與否之權利；並明白申請一經接納及批核，保障才正式生效。
- I agree that this Proposal Form shall be the basis of the insurance contract between me and the insurer, AIG Insurance Hong Kong Limited, Macau Branch. I declare that the statements made in this application are true, correct and complete to the best of my knowledge and belief.
本人同意此投保表格為本人與美亞保險香港有限公司(澳門分行)訂立保險契約之根據。本人特此聲明此投保表格內所填報之資料，據本人所知並確定全部正確無訛、完整及足夠。

4. I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Macau, for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to Data Privacy Officer at Unit 506, 5/F, AIA Tower, No. 251A-301, Avenida Comercial de Macau. If I/We do not wish to receive marketing information or materials, I/We will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company's associated partners for reference.

本人/本公司現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/本公司的個人資料或其他有關本人/本公司的保單的資料，用作處理、管理、落實及實行在此申請表所載或本人/本公司從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/本公司、直接促銷、資料核對及/或聯絡本人/本公司之用途。本人/本公司再聲明並同意貴公司可向與貴公司有關的澳門或海外人士、團體及/或機構及/或任何被選的第三機構 (包括並不限於再保險及賠償調查公司，及有關的行業協會/ 聯會、基金管理公司、金融機構或提供有關服務之公司) 轉交、透露、授權取得或共用本人/本公司之個人或其他資料，用作以上列明之用途及/或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/本公司明白到本人/本公司有權向貴公司查閱及申請更改貴公司儲存或管理與本人/本公司有關的個人資料。有關的申請可致函澳門商業大馬路251A至301號友邦廣場5樓506室個人資料管理員辦理。若本人/本公司不想收到貴公司的銷售資料或刊物，本人/本公司會發出信函通知貴公司，而本人/本公司的個人或其他資料會存於貴公司之中央資料庫內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

Signature of Employer 僱主簽名

Date 日期

For Office Use Only 公司專用

Producer Name 業務代表姓名:

Producer Code 業務代表編號:

Producer Contact Tel. No. 業務代表聯絡電話:

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AIG Insurance Hong Kong Limited is a wholly owned subsidiary of the American International Group Inc.

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This insurance plan is underwritten by AIG Insurance Hong Kong Limited (Macau Branch)

美國國際集團 (AIG) 為全球具領導地位之保險公司。AIG成立於1919年，現於逾100個國家及地區為客戶提供產物意外、人壽、按揭保險及金融服務。AIG之多元化產品能協助商界及個人客戶保護資產，管理風險及提供退休保障。AIG為紐約證券交易所及東京證券交易所之上市公司。

美亞保險香港有限公司為美國國際集團 (AIG) 成員。

AIG為美國國際集團在全球提供產物意外保險、壽險、退休金和一般保險服務所使用之統一品牌。本公司相關資料，詳列於本公司網站 <http://www.aig.com> 或 <http://www.aig.com.hk>。如需更多資訊，請瀏覽 <http://www.aig.com/strategyupdate> | YouTube : www.youtube.com/aig | Twitter : @AIGinsurance | LinkedIn: <http://www.linkedin.com/company/aig>

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此保障計劃由美亞保險香港有限公司 (澳門分行) 承保。



Bring on tomorrow

AIG Insurance Hong Kong Limited
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