

Proposer's name (In Capital Letter) Mr/Ms/Miss _____

Business address _____

Nature of Business _____

Particulars of work _____

Period of Insurance From _____ To _____

Please complete the Schedule below:

ALL EMPLOYEES WITHIN THE SCOPE OF THE EMPLOYEES' COMPENSATION ORDINANCE MUST BE INCLUDED		
Description of occupation of employees	Estimated number of Employees	Estimated Salaries/Wages & other Earnings to be paid during above period
1.		
2.		
3.		
4.		
5.		
Total:		

Do you want to extend the Geographical Area of the policy to cover employees working temporarily outside Hong Kong Special Administrative Region? If so, please give details.

Please give particulars of nature of accidents to your employees arising out of their occupation during past three years.

Year	No.	Particulars	Compensation	Estimated Further Cost for Unsettled Claims

Has any proposal for an insurance in respect of your liability to your employees, or renewal thereof, ever been declined or withdrawn or cancelled? If "Yes" , please give details.

No

Yes _____

<p>Important Notes: Any other facts know to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may be not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.</p> <p>Declaration : I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with MIN XIN INSURANCE CO.,Ltd. I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.</p>	<p>Personal Information Collection Statement : The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:</p> <ul style="list-style-type: none"> - any insurance of financial related product or services or any alterations, variations, cancellation or renewal of such product or services; - any claim or investigation or analysis of such claim; and - exercising any right of subrogation <p>This information may be transferred to :</p> <ul style="list-style-type: none"> - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes; - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and - any members of the "Federation" by the "Federation" for any of the above or related purposes. <p>Moreover, MIN XIN INSURANCE CO., LTD. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself by the Company.</p>
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Proposer's Signature: _____

Authorised Agent/Broker: _____

Date: _____