

Home Care Plan Proposal Form



Please complete in English BLOCK letters and "✓" where appropriate.

AGS AC01010 Coverage Details	
I/We hereby apply for the Home Care Plan. Please enrol me in the plan indicated below:	
Gross Area of Your Home (in sq.ft.)	Plan A Plan B
Less than or equal to 500	<input type="checkbox"/> 001 <input type="checkbox"/> 008
501-700	<input type="checkbox"/> 002 <input type="checkbox"/> 009
701-900	<input type="checkbox"/> 003 <input type="checkbox"/> 010
901-1200	<input type="checkbox"/> 004 <input type="checkbox"/> 011
1201-1500	<input type="checkbox"/> 005 <input type="checkbox"/> 012
1501-2000	<input type="checkbox"/> 006 <input type="checkbox"/> 013
2001-2500	<input type="checkbox"/> 007 <input type="checkbox"/> 014
Age of Your Home (in year) _____	
Commencing Date of Insurance : From _____	
Payment Option: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly	
Domestic Helper Insurance Basic Plus Rider	
<input type="checkbox"/> I/We would like to apply for the Domestic Helper Basic Plus Rider at extra premium of HK\$30 per month	
Part-Time Domestic Helper Insurance Rider	
<input type="checkbox"/> I/We would like to apply for the Part-Time Domestic Helper Insurance Rider at extra premium of HK\$25 per month	
Is the annual salary of your insured domestic helper is HK\$60,000 or below <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your insured domestic helper aged between 18 and 60? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your insured domestic helper working less than 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Information	
English Name as printed on HKID Card	
Surname	Given Name

Name in Chinese	

HKID Card No.	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Correspondence Address (If you change your address and telephone number here, your records with "Hang Seng General Insurance" will be updated)	
Flat / Room Floor Block	

Building / Estate	

Street / Road	

District Area	

<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT <input type="checkbox"/> Outlying Islands	
Home Tel. No.	Mobile or Daytime Tel. No.
_____	_____
Email Address (Maximum 35 characters)	

Insured Address	
Flat / Room Floor Block	


Building / Estate	


Street / Road	

District Area	

<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT <input type="checkbox"/> Outlying Islands	
Should there be more than one proposer, please provide details on another sheet.	

Hang Seng General Insurance (Hong Kong) Company Limited ("Hang Seng General Insurance")

Declaration			
I/We declare that the statements and particulars given hereon are to the best of my/our knowledge and belief, true and complete. I/We agree that the basis of this contract will be the Home Care Plan Policy and cover will be effective as specified once the proposal is accepted by Hang Seng General Insurance (Hong Kong) Company Limited ("Hang Seng General Insurance").			
I/We further declare that:			
1. The dwelling is solely occupied by me/us and my/our family, is under my/our control, is not left unoccupied for more than 30 consecutive days each year, and is built of brick or concrete and roofed with concrete, and is in good state of repair.			
2. I/We have never been declined on any new application, renewal or imposed special terms and conditions on my home insurance.			
3. The age of dwelling is not exceeding 30 years old.			
4. The building at the insured address is not a village house or a house of similar nature.			
5. I/We have not withheld any material facts* (i.e. facts relevant to an insurer's decision whether or not to provide coverage) from "Hang Seng General Insurance" and that if any material facts shall have been withheld or not truly or fairly stated, this insurance policy shall be null and void.			
* Note: If you are in doubt as to whether or not particular information or facts are material, they should be disclosed.			
I/We acknowledge and agree that:			
• Where "Hang Seng General Insurance" considers necessary or appropriate, "Hang Seng General Insurance" may transfer all personal data relating to me/us ("Personal Data"), data, details or information in relation to this insurance to any service provider (whether situated in or outside the Hong Kong Special Administrative Region ("the HKSAR")) for the purpose of data processing or providing any service on behalf of "Hang Seng General Insurance" to me/us. Where the service provider is situated outside the HKSAR in an area where there are less stringent data protection laws, "Hang Seng General Insurance" will impose on the service provider confidentiality undertakings substantially similar to the requirements of the data protection laws in the HKSAR. In any event, "Hang Seng General Insurance" will remain responsible for ensuring the confidentiality of such Personal Data, data, details and information. • All Personal Data may be used and disclosed by "Hang Seng General Insurance" for such purposes and to such persons in accordance with the policies of "Hang Seng General Insurance" on use and disclosure of personal data as set out in statements, circulars, notices or terms and conditions made available by "Hang Seng General Insurance" to customers from time to time. • "Hang Seng General Insurance" may conduct matching procedures (as defined in the Personal Data (Privacy) Ordinance) using the Personal Data and such other personal data and information relating to me/us for marketing purpose.			
			
X _____	_____		
Signature of Proposer	Date		
Direct Debit Authorisation			
I/We irrevocably request and authorise Hang Seng Bank Limited to effect transfer from my/our Hang Seng Bank account/Hang Seng Credit Card account or other Visa / JCB / MasterCard account as specified below to Hang Seng General Insurance (Hong Kong) Company Limited, for the premium due.			
Hang Seng Bank Saving or Current Account No. / Hang Seng Credit Card Account No. / Other Visa / JCB / MasterCard Account No.			

Card Expiry Date _____			
			
X _____	_____		
Signature of Account Holder(s)*	Date		
* Please use the signature of the debit account filled with the Bank or the signature of the Credit Card Account specified above. If the account to be debited is a joint account, all account holders must sign.			
Name of Account Holder(s) (If different from the Proposer)			

For Bank Use Only			
Branch Code	Agent Code	Type of Customer / Discount	Clauses Applicable
_____	_____	_____	_____
Other Instruction to "HGIC"	Referral Branch / Dept. Code	Referral Staff No.	
_____	_____	_____	

Please ask "Hang Seng General Insurance" or any Hang Seng Bank branch staff for the notice to customers relating to the Personal Data (Privacy) Ordinance of "Hang Seng General Insurance".



Hang Seng Insurance