

Domestic Helper Insurance: Policy Amendment Request
家傭保險：更改保單資料指示

Policy No. 保單號碼			
Name of Insured Employer 受保僱主姓名			
Contact Tel No. 聯絡電話		Email Address 電郵地址	

1. Change of Working Address
更改家傭地址

New Working Address 新工作地址		
	Tel No. 電話	

2. Change of Domestic Helper
更換家傭

Name of New Domestic Helper 新家傭姓名			
Passport / HKID No 護照 / 身份證號碼			
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Gender 性別	Female	
Nationality 國籍	Effective Date 生效日期		

3. Cancel Policy
取消保單

Please cancel my Domestic Helper Protector policy today. Please return the insurance policy within 7 days.
 本人欲於今天取消上述家傭保險，煩請於7天內寄回正本保單到本公司。

- Please note that the first year premium is the minimum premium. If Employer has reported claim(s) and would like to cancel the policy during the insurance period (applied to 1-year or 2-years plan), or the second year of the policy year has been started. The retained premium will not refund.
 每張保單最低及不可退回保費為首年保費，但若投保人在承保期內(不論一或兩年計劃)要求取消保單，而又曾經申請賠償(不論多少)或第二年保障已開始生效，已繳付之保費將不獲退還。

Others (please state) 其他 (請詳列)	
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 Signature of Insured Employer
 受保僱主簽署

 Date
 日期

Form Submission Method 遞交表格方法

<input type="checkbox"/> By Whatsapp (6600 1448)	<input type="checkbox"/> By mail 郵寄	<input type="checkbox"/> By fax 傳真 (2148 2368)	<input type="checkbox"/> By email 電郵 (info@insur.hk)
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