Jebsen Insurance Brokers Ltd.
捷成保險顧問有限公司

Domestic Helper Insurance – Information requested for quotation

(家庭傭工保險 報價所需要的資料)

Insured Name (投保人名稱): _____

Insured HKID Card/Passport No. (投保人香港身份證/護照號碼): _____

Address of Insured (投保人地址): _____

Period of Insurance (投保期間): _____

Validity (有效期): ☐1 Year(一年) ☐2 Year (二年)

Place of Employment of Domestic Helper (家傭工作地址): _____

_____

Name and Gender of Domestic Helper (家傭姓名及性別): _____

Nationality (國籍): _____

Date of Birth dd/mm/yy (出生日期): _____

HKID Card/Passport No. (香港身份證/護照號碼): _____

Nature of Duties (工作性質):

☐Domestic Work (一般家務) ☐With Driving Duty (附帶駕駛職務)

Existing Insurance Company (現有保險公司名稱): _____

Claim History for past 3 years (過往三年賠償紀錄): _____

Other Requirements (其他要求): _____

Contact Person (聯絡人): _____ Position (職位): _____

Mobile (手提電話): _____ Email (電郵): _____