

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	
Amendment Effective Date 更改資料生效日期			

1. Change Correspondence Address of the Insured 更改保戶聯絡地址			
New Address 新地址			
		Tel No. 電話	

2. Change of Working Address (if different from Address of the Insured) 更改家傭工作地址 (如與保戶地址不同)			
New Address 新地址			
		Tel No. 電話	

3. Change of Domestic Helper 更換家傭			
Name of New Domestic Helper 新家傭姓名			
HKID / Passport No. 香港身份證 / 護照號碼			
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年/)		Gender 性別	
Nationality 國籍		Date Employed 受僱日期	

Are you aware of any condition for which your domestic helper may require medical or surgical treatment? Yes 是 No 否
你是否知道上述家傭可能因某種病症而需要接受治療或手術？
If "Yes", please give details 如「是」，請詳述：

4. Cancel Policy 取消保單	
<input type="checkbox"/>	Please cancel my Domestic Helper Protector policy. 本人欲取消上述家傭保險保單
*	Please submit the original policy with this request form to QBE-HKSI. Policy cancellation would be effective on Amendment Effective Date or the date we received the original policy, whichever is the later. Please note a short period rate shall be charged for mid-term cancellation and a minimum retained premium per policy of HK\$450 applies. 請把保單正本連同本通知書寄交本公司。本公司會以更改資料生效日期或收妥正本保單當日，以較遲者為準作為保單取消日期。請留意本公司將收取取消保單之短期保費並設有每張保單最低保費 450 港元。

Others (please state) 其他 (請詳列)

Signature of Insured Employer 受保僱主簽署 _____	Date 日期 _____
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Form Submission Method 遞交表格方法			
By mail 郵寄	QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong 香港鰗魚涌英皇道 979 號太古坊濠豐大廈 33 樓		
By fax 傳真	3607 0380	For Enquiry 查詢電話	2828 1998
		By email 電郵	hksi.cs@qbe.com