



中國交銀保險有限公司  
CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000  
Certificate No. 202608

NOTICE: PLEASE RETURN PROMPTLY  
**注 意**  
請將報告表內各問題詳細  
填寫後速交回本公司

**僱員保險意外傷亡報告表**  
**EMPLOYEES' COMPENSATION INSURANCE**  
**NOTICE OF ACCIDENT CLAIM FORM**

OFFICE USE	
CLAIM NO.	AGENCY

THE POLICY 保單	
1. 保單號碼 Policy Number	2. 到 期 日 Expiry Date
THE EMPLOYER 僱主	
3. 保 戶 Name of Insured	4. 電 話 Tel. No.
5. 姓 名 Name of Employer	6. 職 業 Nature of Business
7. 地 址 Address	
THE INJURED PERSON 傷者	
8. 傷者姓名 Name	
9. 國 籍 Nationality	年 齡 Age
	性 別 Sex
	電 話 Tel. No.
10. 地 址 Local Address	
11. Whether married or single 已婚或未婚	
12. State occupation in which the injured person is employed 僱用時訂明何種工作	
13. On what work was the injured person engaged at the time of the accident ? 受傷時擔任何種工作	
14. Is the injured person in your direct employ ? If not please give Name and Address of Contractor 傷者是否直接僱用，否則請列明其判頭姓名及地址	
15. When did the injured person enter your service ? 傷者何時始僱用	
16. If taken to hospital please state :- 傷者送往醫院請列明下列各點： (a) Name of Hospital 醫院名稱 (b) Whether still in hospital 是否在留醫？ (c) Whether in or out patient or if discharged date of discharge 傷者出院否？何時出院？	
17. If not taken to hospital, please state whether being medically attended and if so by whom 如未送往醫院，請列明在何處醫治	
18. State whether returned to work, and if so, when ? 已復工否？如已復工，請報明日期	
19. Are you satisfied the injured person has met with a bona-fide accident of employment and was not under influence of drink or drugs ? 僱主是否認定該傷者絕非因酒後受傷	
20. Is the injured person able to do partial work ? 傷者能否局部工作	
21. What is the probable period of disablement (approximate) ? 估計停止工作之時間若干	
THE ACCIDENT 肇事時	
22. Date of Accident 出事日期	Place 地點
	Date Ceased Work 停止工作日期
23. Date accident reported to you and by whom ? 意外發生時何人向僱主報告	
24. Describe in full how accident occurred 列明意外發生之詳細情形	
25. State nature and region of injury 說明受傷傷勢之程度及其部位	

26. Was the injured person guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars 傷者是否因行為不端或不聽從指揮並述明其情形	
27. State through whose neglect the accident occurred, if any 說明如因第三人之忽略而致發生意外	
28. State the names of any persons who witnessed the accident 請列明當意外發生時，目擊者之姓名	
29. Has the accident been reported to the Commissioner of Labour or the Police? State when and where 有否將此項意外報告勞工處署長或警署? 何時及何處	
30. Has the injured person made any claim / claims for workmen's compensation in respect of any previous injury / injuries? If so please give full particulars 受傷者以前曾否經過同樣受傷情形而向保險公司填報賠償? 若然請註明經過情形及該保險公司名稱	

受傷者

Statement of wages which have fallen due for payment to \_\_\_\_\_  
在 \_\_\_\_\_ 僱用期內於遇險前六個月  
in the employ of \_\_\_\_\_ for 6 months prior to the date of this

應得之工資若干如遇險前受該僱主用不足六個月請按實數填註開始受僱之日期  
Accident or wages earned during such shorter period as he may have been in the Employer's service, stating the date on which he was engaged.

注意 — 此表格之目的乃查明該受傷者每月所得工資之確數故請謹慎填寫務求真確如受傷者於被僱期內之任何時期曾經停工之期間及其理由  
Note: — The object of this form is to ascertain the exact Monthly earnings of the injured person. It is essential that it should be carefully and correctly filled.  
If the injured person has been absent from work at any time during the period of his employment, please state the period and cause.

月份 MONTH	工資 WAGES	花紅免租住處之價值及其他津貼等 BONUS, VALUE OF FREE QUARTERS AND ANY OTHER ALLOWANCE ETC.	
	元 \$	元 \$	
共數 TOTAL	(總數包括一切津貼在內) Total including all allowances		

下列各加條款祇適用於死亡案件  
Additional particulars for FATAL CASES only

倘死者有任何家屬時則請列明其各該姓名住址及與死者為何種親屬 Has the deceased any dependant? State Name, Addresses and relationship	
對死亡是否將舉行調查? 倘經調查, 請速將紀錄副本送來倘無需調查則須提供醫生或驗屍證明書 Will an enquiry into the death be held? If so, please supply a copy of the notes as soon as possible. If no enquiry will be held, a Medical or the Post-Mortem Certificate is required.	

茲鄭重聲明按本人所知及深信上述之報告全部均屬確實無訛

I / We solemnly declare that to the best of my / our knowledge and belief the foregoing particulars are true and correct in every respect.

日期  
Date \_\_\_\_\_

僱主簽字及公司蓋章 Signature of Employer with Company Chop

本公司詢問上述各項並非因受傷者已要求或擬要求賠償又本公司發出此表格於保險單內所列之條件並無任何影響

Answering the above question does not imply that the injured person is making, or will make, a claim and this form is sent without prejudice to the terms and conditions of the policy

注意 — 如消息不詳請仍即將此表格送還本公司待詳細情形得知後另行報告所有一切函件報告等均應直接寄交本公司收

NOTE: — If any detail of information is not readily available, please do not delay despatch of this Form, but await further advice. All written communications should be forwarded to the Company

**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 any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by China BOCOM Insurance Co., Ltd. Requests for such access can be made to our Compliance Officer.

**收集個人資料聲明**

閣下提供的資料, 為本公司提供保險業務所需, 並可能使用於任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消、續期、索償或索償分析; 及可能移轉給現存或不時成立之任何與我們有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 或任何保險公司的協會或聯會。閣下有權要求查閱及更正由中國交銀保險有限公司持有之閣下的個人資料, 如有此項要求, 請與我們的個人資料主任聯絡。