

僱主責任保險意外傷亡報告表 Employers' Liability Insurance Claim Form

保單號碼 Policy No.: _____ 到期日 Expiry Date: _____

僱主 THE EMPLOYER	
1. 保戶 Name of Insured	
2. 僱主姓名 Name of Employer	
3. 聯絡電話 Telephone No.	
4. 傳真號碼 Fax No.	
5. 手機號碼 Mobile Phone No.	
6. 電子郵箱 E-mail Address	
7. 職業 Nature of Business	
8. 地址 Address	

傷者 THE INJURED PERSON	
1. 姓名 Name of Injured	
2. 國籍 Nationality	
3. 年齡 Age	
4. 性別 Sex	
5. 地址 Address	
6. 婚姻狀況 Marital Status	已婚 Married <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 其他 Others <input type="checkbox"/> _____
7. 僱用時訂明何種工作 State occupation in which the injured person is employed	
8. 受傷時擔任何種工作 On what work was the injured person engaged at the time of the accident?	
9. 傷者是否直接僱用，否則請列明其判頭姓名及地址 Is the injured person in your direct employ; If not, please give Name and Address of contractor	
10. 傷者何時開始僱用 When did the injured person enter your Services?	

傷者 THE INJURED PERSON

11. 傷者送往醫院請列明下列各點 甲：醫院名稱 乙：是否在留醫 丙：傷者是否出院？何時出院？ If taken to hospital, please state: a) Name of Hospital b) Whether still in hospital c) whether in or out-patient or if discharged, date of discharge.	
12. 如未送往醫院，請列明在何處醫治？ If not taken to hospital, please state whether being medically attended and if so by whom?	
13. 傷者是否復工？如已復工，請列明日期 State whether returned to work and if so, when?	
14. 僱主是否認定該傷者絕非因酒後受傷？ Are you satisfied the injured person has met with a bona-fide accident of employment and was not under influence of drink or drugs?	
15. 傷者能否參加部份工作？ Is the injured person able to do partial work?	
16. 估計停止工作之時間若干？ What is the probable period of disablement (approximately)?	

肇事時 THE ACCIDENT

1. 請說明肇事時間地點等 As regards the accident, Please state	日期 Date: _____ 時間 Time: _____ 地點 Place: _____ 停止工作日期 Date ceased work: _____
2. 意外發生時何人向僱主報告 Date accident reported to you and by whom?	
3. 列明意外發生之詳細情形 Describe in full how accident occurred	
4. 說明受傷傷勢之程度及其部位 State nature and region of injury	
5. 傷者是否因行為不當或不服從指示並述明其情形 Was the injured person guilty of misconduct or disobedience to order or rules. If so, please give full particulars.	

肇事時 THE ACCIDENT	
6. 如因第三者之過失而引致發生意外，請說明 State through whose neglect the accident occurred, If any	
7. 受傷時目擊証人及其姓名 State the names of any persons who witnessed the accident	

僱員人數 THE NUMBER OF EMPLOYEES	
1. 受傷時（或當月）全廠員工人數 Total number of employees at the time of the accident. (or the month)	
2. 受傷時（或當月）同工種僱員人數 Total number of employees in the same occupation at the time of the accident (or the month)	

工資報告 WAGES STATEMENT		
每月（或其它時間） Month (or other period)	+ 其它收入 Bonuses, value of Free quarters or other allowance	= 合計 Total
\$(\$)	_\$(\$)_	_\$(\$)_

以上答覆及其真實 The replies are correct to the best of my/our knowledge and belief

日期 Date _____

僱主簽名 Signature of Employer _____

注意：(1) 僱員發生意外後，應填好本表送交保險公司；
(2) 索賠時應提供一切治療記錄；包括住院證明、病歷本、葯費及治療費用單據，休息、醫生證明和有關的傷殘（死亡）證明。

Note: (1) in the event of an accident the employee shall fill in the list and send it to the company immediately.
(2) When a claim arises, all records of treatment shall be offered including certificate of hospitalization, medical record, certificates or bills or expenses for treatment, medicine, certificate for sick leave and relevant certificate of Injury or Death.