

Claim No

Expiry Date

Code


中国人民保險(香港)有限公司

The People's Insurance Company of China (Hong Kong), Ltd.

香港干諾道中148號粵海投資大廈15字樓

15/F, Guangdong Investment Tower, 148 Connaught Rd. C., H. K.

電話(TEL): 2517 2332 傳真(FAX): (852)2540 6260 2540 6377

IMPORTANT
 PLEASE ANSWER ALL QUESTIONS
 SIGN & RETURN TO THIS OFFICE
 PROMPTLY

注 意

 請將報告表內各問題詳細
 填寫後速交回敝公司

EMPLOYEES' COMPENSATION INSURANCE.

僱員賠償保險意外傷亡報告表

NOTICE OF ACCIDENT

保單號碼

Policy No.

被保之 僱主 The Insured Employer	1. 姓名 Name of Employer		
	2. 行業 Nature of Business		
	3. 地址 Address		
	4. 電話 Tel. No.		
受傷或 死亡之 僱員 The Injured/ Deceased Employee	5. 姓名 Name		
	6. 電話 Tel. No	年齡 Age	性別 Sex
	7. 住址 Local Address		
	8. Whether married or single 已婚或未婚		
	9. State occupation in which the injured person is employed 僱用時訂明何種工作		
	10. On what work was the injured person engaged at the time of the accident? 受傷時担任何種工作		
	11. 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地址		
	12. When did the injured person enter your service? 傷者何時始被僱用		
	13. As regards the accident please state 列明當肇事時之	Date: 日期	Time: 時間
		Place: 地點	Date ceased work: 停止工作日期
意外事件 The Accident	14. Date accident reported to you and by whom? 意外發生後在何日期及由何人向僱主報告		
	15. State the names of any persons who witnessed the accident 受傷時目擊之證人及其姓名		
	16. Name of Foreman or Supervisor 請列明管工或工目姓名		
	17. Describe in full how accident occurred 列明意外發生之詳細情形		
	18. State nature and region of injury 說明受傷傷勢之程度及其部份		
	19. Was the injured person free from Physical infirmity at the time of the accident? If not give particulars 是否因夙病或有殘廢而致受傷? 請述其詳		
	20. 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服從指揮或規則如有其事請詳述其情形		
	21. 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		
	22. 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真正係因工作關係受傷而絕非因酒後或服用麻醉 藥物後受傷?		
	23. If accident is due to machinery, state: 若意外由機器而引起, 列出:		
	Type of machine 機器類別	Whether it was fenced or guarded 是否已有安全之設備	Yes / No * 是 / 否
	Part of machine causing injury 令僱員受傷之機器部份	Was the machinery power-driven? 機器是否以電力開動?	Yes / No * 是 / 否
		Was the machinery in motion? 事發時機器是否開動?	Yes / No * 是 / 否
State whether the Employer has ever committed any offence or being prosecuted under Regulation of the Factories and Industrial Undertakings. If yes, please give details. 僱主曾否因違反工業安全條例而被勞工處檢控? 請提供詳情!			

