授權書

LETTER OF AUTHORIZATION

| 傷者 | | . 於 | 年 | 月 | 日之受傷事故 |
|---|---|-------------|--|---------------------------------------|---|
| , | 性名) | | (日期) | | |
| Accident to | | | | | |
| | (Name of Claimant) | | (. | Date of Acci | ident) |
| 根據《個人資料 | · [(私隱)條例》(香港) | 法例第 4 | 186章),本。 | 人,為下力 | 方簽署人,現授權醫院管理局、 |
| | | | ŕ | | 僱主及任何熟悉本人健康狀況 |
| 或意外經過之緣 | 且織、機構或個人, | 均可就 | 上述事故, | 提供所有 | 有關之資料(包括但不限於醫療 |
| 報告、口供及訓 | 問查結果)予中銀集團 | 国保險有 | 「限公司或其 | 其委託人。 | |
| In compliance v | vith the Personal Da | ta (Priva | acy) Ordina | nce (Cap. | 486), I, the undersigned, hereby |
| authorize the He | ospital Authority, ho | ospital, r | registered m | edical pra | actitioners, clinic, laboratory, the |
| Labour Departm | ent, the Hong Kong | Police, 1 | my employe | r or any o | ther organizations, institutions or |
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(日/月/年 dd/mm/yyyy)