

**EDUCATION BUREAU BLOCK INSURANCE POLICY  
EMPLOYEES' COMPENSATION INSURANCE CLAIM PROCEDURE**

**General Enquiry Hotline : 3187 5188**

**(A) Notification of Accident**

Employee who sustains injury as a result of an accident arising out of and in the course of employment or contracts occupational disease prescribed in the Employees' Compensation Ordinance ("the Ordinance") should notify the employer as soon as possible in order to avoid the delay of employees' compensation. On receipt of the notification, the employer must notify the Commissioner for Labour and Bank of China Group Insurance Company Limited ("the Insurance Company") of any work accident leading to injury/death or prescribed occupational disease in the following manners:-

	<b>Resulting in</b>	<b>Notice Period</b>	<b>Form</b>
Work Injury	Incapacity for a period not exceeding 3 days	Within 14 days	Form2B
	Incapacity for a period exceeding 3 days	Within 14 days	Form 2
	Death	Within 7 days	
Occupational Disease	Incapacity	Within 14 days	Form 2A
	Death	Within 7 days	

The aforementioned Forms can be obtained from the Employees' Compensation Division of the Labour Department or at the website of the Labour Department <http://www.info.gov.hk/labour>. Original form should be sent by mail to Labour Department and copy of the form should be sent to Claims Department of Bank of China Group Insurance Company Limited by email/fax/post.

**B) Methods of Compensation**

**1. Direct settlement between employer and employee:**

For the work injury with a period of temporary incapacity not exceeding 7 days and with no permanent incapacity involved, the employer may directly settle with the employee as to the compensation payable under the Ordinance, either in writing or oral agreement. The employer should pay the periodical payment (i.e. wages during the sick leave period) and the medical expenses concerned on or before the day which wages would have been payable to the employee. The employer shall send the original copy/ copy of the Employees' Compensation Confirmation or the original copy/copy of Agreement Pursuant to Section 16CA of the Employees' Compensation Ordinance (Compensation acknowledgment includes the medical expenses), original copy/ copy of medical certificates issued by registered medical practitioners / registered Chinese medicine practitioners / registered dentists, original copy of medical receipts and copy of the employee's identity card to the Insurance Company by mail within 14 days.

2. "Certificate of Compensation Assessment" issued by the Commissioner for Labour:

For cases where "direct settlement between employer and employee" is not applicable or where the accident results in injury with a period of temporary incapacity for more than 7 days or results in permanent incapacity or where other circumstances upon determination of the Commissioner for Labour, the Employees' Compensation Assessment Board ("the Assessment Board") of the Labour Department will issue to the employer and employee a Certificate of Compensation Assessment (i.e. Form 5) stating the amount of compensation payable. If the employee only suffers from temporary incapacity, the certificate will be issued after sick leave clearance. If the injury is likely to result in permanent incapacity, the certificate will be issued after the Certificate of Assessment (i.e. Form 7 or 9) is issued by the Assessment Board.

Any objection to the assessment result by either party must be submitted in writing to the Commissioner for Labour within 14 days after the issue of the Certificate, with a copy of the objection notice sent to the other party and the Insurance Company. On receipt of the objection notice, the Commissioner for Labour will review its assessment and issue a Certificate of Review of Compensation Assessment (i.e. Form 6) to the employer and employee.

The employer should pay the employee within 21 days from the date of issue of the Certificate the amount of compensation or any outstanding amount, stated in the Certificate. The employer should also pay the medical expenses concerned.

Upon receipt of the above documents from the Labour Department, the Insured should send them to the Insurance Company within 14 days together with original copy/copy of the Assessment Certificate issued by the Employees' Compensation (Ordinary Assessment) Board (Form 5, 7, 6 or 9), original copy/copy of medical certificates (or copy of death certificate), original copy of medical receipts, the original copy/copy of Employees' Compensation Confirmation or the original copy/copy of Agreement Pursuant to Section 16CA of the Employees' Compensation Ordinance (Compensation acknowledgement shall also include the medical expenses concerned) and copy of the employee's identity card for handling of the claim.

For compensation over HK\$60,000.00, the Insured should provide the Employees' Compensation Confirmation signed by the injured employee. If the settlement is payable to The Incorporated Management Committee instead of the school, the Insurance Company should be informed of the name of payee in writing as soon as possible.

(C) Points to Note

Upon knowledge of any prosecution, court proceedings or death inquiry in relation to any work-related accident, the employer shall as soon as possible give notice thereof to the Insurance Company. Upon receipt of any correspondence, demand letter, summons or pleadings, the employer shall immediately inform the Insurance Company in writing and send the same document(s) to the Insurance Company. The employer shall not handle the matter without prior consent(s) of the Insurance Company.

(D) Documents to be submitted

For incapacity not more than 7 days, the following documents are required to be submitted:

Not more than 3 days	More than 3 days but not more than 7 days
Form 2B	Form 2
<ol style="list-style-type: none"> <li>1. Sick leave certificate(s) (original/copy);</li> <li>2. Copy of identity card;</li> <li>3. Original Employees' Compensation Confirmation (original/copy) or Agreement Pursuant to Section 16CA of the Employees' Compensation Ordinance (original/copy);</li> <li>4. <u>Original</u> medical receipt(s) ; for receipts of X-ray, physiotherapy or chiropractic treatment, please ensure that they are appended with diagnosis or provide relevant referral letter issued by registered medical practitioner or registered Chinese medical practitioner.</li> </ol>	

For incapacity of more than 7 days, the following documents are required to be submitted:-

<ol style="list-style-type: none"> <li>1. Form 2 (copy);</li> <li>2. Sick leave certificate(s) (original/copy);</li> <li>3. Form 5 / Form 6 (original/copy);</li> <li>4. Form 7 / Form 9 (original/copy);</li> <li>5. Copy of identity card;</li> <li>6. <u>Original</u> medical receipt(s) ; for receipts of X-ray, physiotherapy or chiropractic treatment, please ensure that they are appended with diagnosis or provide with relevant referral letter issued by registered medical practitioner or registered Chinese medical practitioner;</li> <li>7. If the employee raises objection to the assessment result, copy of the objection notice should be produced. If amendment to information is needed, please submit the amended Form 2 or complete the Information Amendment Notice (copy);</li> <li>8. If the amount of compensation is over HK\$60,000, Employees' Compensation Confirmation (original/copy) must be produced. If the Confirmation is not available, the Insured should submit a written request for the settlement cheque payable to the injured employee.</li> </ol>
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If the accident arising out of and in the course of employment results in employee's death, the Insured should give notice to the Commissioner for Labour and the Insurance Company within 7 days.

### (E) Correspondence Address and Contact Person

For general enquiries on claim procedure, please call our General Enquiry Hotline 31875188.  
For submission of claim documents and enquiries on individual reported claim, please address to the following Correspondence Address and Contact Person:

Bank of China Group Insurance Company Limited  
8/F., Wing On House  
71 Des Voeux Road Central  
Hong Kong  
Attn.: Claims Department

Claims Handler : Mr. Henry Jong  
Telephone : 2236 6262  
E-mail : [claimsedb\\_ins@bocgroup.com](mailto:claimsedb_ins@bocgroup.com) / [henry\\_chjong@bocgroup.com](mailto:henry_chjong@bocgroup.com)  
Fax : 3906 9942

Claim Forms (please refer to the EDB website):

1. Form 2, 2A and 2B (can also be obtained from the website of the Labour Department);
2. Sick Leave Certificates Submission Form
3. Medical Expenses Receipts Submission Form
4. Agreement Pursuant to Section 16CA of the Employees' Compensation Ordinance (applicable for incapacity for a period within 7 days);
5. Employees' Compensation Confirmation (applicable for compensation over HK\$60,000).
6. Claim Submission Checklist
7. Letter of Authorization

Please note the following path to EDB website for further claim information  
*Education Bureau Website Home > School Administration and Management > Administration > About School > School Safety & Insurance*