

致：中國太平保險(香港)有限公司
To : China Taiping Insurance (HK) Company Limited
香港北角京華道18號15樓
15/F., 18 King Wah Road,
North Point, Hong Kong

日期 : _____
Date : _____
賠案編號 : _____
Claim No. : _____
保單號碼 : _____
Policy No. : 060103032021004428

依照僱員補償條例第 16CA 項之協議
**AGREEMENT PURSUANT TO SECTION 16CA OF THE
EMPLOYEES' COMPENSATION ORDINANCE**

我等同意僱員_____ (香港身份證號碼：_____)已從僱主收取
港幣_____元賠償，以作為圓滿及最終解決僱員根據僱員補償條例，就發生於
_____年_____月_____日之工傷意外對僱主的所有索償。

This is hereby agreed that compensation in the sum of HK\$_____ was received
by the Employee_____ (HKID Card No. : _____) from the
Employer in full and final settlement of the Employee's claim against the Employer in respect of a
work-related accident happened on _____ under the Employees' Compensation
Ordinance.

僱主及僱員均確認根據向勞工處填報之表格 2B 或表格 2 第 H 部份所載之資料，該宗因工受傷只引致暫時性喪失工作能力不超過 7 天，並無導致永久喪失工作能力。

Both the Employer and the Employee confirm that the injury results in temporary incapacity NOT
more than 7 days and NO permanent incapacity as stated in the Form 2B or Part H of the Form 2
report to the Labour Department.

我等確認僱員已從該宗工傷意外中完全康復。

It is also confirmed that the Employee has now fully recovered from the injury.

日期 : _____
Date : _____
(日/月/年 dd/mm/yyyy)

僱主簽署及公司蓋章 :
Signed by the Employer and
Affix Company Chop : _____

日期 : _____
Date : _____
(日/月/年 dd/mm/yyyy)

僱員簽署 :
Signed by the Employee : _____