



中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

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教育局綜合保險計劃 – 僱員補償保險呈遞醫療費用收據表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES’ COMPENSATION INSURANCE
MEDICAL EXPENSES RECEIPTS SUBMISSION FORM

賠案編號 Claim No. : _____ (首次申報不需要填寫)
受傷僱員 Injured Employee : _____
意外日期 Date of Accident : _____
身份證號碼 HKID Card No. : _____

請注意:

1. 每份表格呈遞一名受傷僱員的**正本**醫療費用收據
2. 每一個序號條錄入一張醫療費用收據
3. 校方應於兩個月內呈交一次醫療費用收據

PLEASE NOTE :

1. EACH FORM FOR SUBMISSION OF ORIGINAL MEDICAL EXPENSES RECEIPT(S) OF ONE CASE ONLY
2. EACH MEDICAL EXPENSES RECEIPT RECORD IN ONE ROW ONLY
3. PLEASE SUBMIT MEDICAL EXPENSES RECEIPT(S) WITHIN TWO MONTHS

序號 No.	收據日期 Issue Date	簽發醫院/診所 Issuing Hospital / Clinic	金額 Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

必需填寫 (請 3 選 1)			Must Complete (please choose either one)		
未康復，仍需要複診及/或治療。 Not yet recovered. Still under follow-up treatment.	已康復， 無需 複診及治療。不用退回醫療費用收據正本(如有)。 Recovered. No further treatment. No need to return the original medical expenses receipt(s), (if any).	已康復， 無需 複診及治療。 需要 退回醫療費用收據正本(如有)。 Recovered. No further treatment. Need to return the original medical expenses receipt(s), (if any).			
		傷者確認簽署: Confirmed & Signed by the Injured employee: _____			

學校聯絡人:
School Contact Person: _____

聯絡電話:
Contact Phone No. _____

日期:
Date : _____
(日/月/年 dd/mm/yyyy)

學校蓋章:
School Chop : _____