



中國太平保險(香港)有限公司
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教育局綜合保險計劃 – 僱員補償保險呈遞病假證明書表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES' COMPENSATION INSURANCE
SICK LEAVE CERTIFICATES 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病假證明書
2. 每一個序號條錄入一張病假證明書
3. 校方應於兩個月內呈交一次病假證明書

PLEASE NOTE :

1. EACH FORM FOR SUBMISSION OF SICK LEAVE CERTIFICATE(S) OF ONE CASE ONLY
2. EACH SICK LEAVE CERTIFICATE RECORD IN ONE ROW ONLY
3. PLEASE SUBMIT SICK LEAVE CERTIFICATE(S) WITHIN TWO MONTHS

序號 No.	簽發日期 Issue Date	簽發醫院/診所 Issuing Hospital / Clinic	病假期 (日日/月月/年年 至 日日/月月/年年) Sick Leave Period (From dd/mm/yy to dd/mm/yy)		總日數 No. of days
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。不用退回病假證明書正本(如有)。 Recovered. No further treatment. No need to return the original sick leave certificate(s), (if any).	已康復, 無需 複診及治療。 需要 退回病假證明書正本(如有)。 Recovered. No further treatment. Need to return the original sick leave certificate(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: _____