

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 Our Ref : 0801 0303 _____ (首次申報不需要填寫)

受傷僱員 Injured Employee : _____

意外日期 Date of Accident : _____

身份證編號 I. D. Card No. : _____

* 如需退回正本收據，請於格內劃“✓”
PLEASE RETURN THE ORIGINAL RECEIPTS, “✓”

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. 校方應大約一至兩個月內呈交一次

PLEASE NOTE THAT

1. EACH FORM FOR ONE INJURED EMPLOYEE USE
2. EACH MEDICAL EXPENSES RECEIPT RECORD IN ONE ROW
3. SCHOOL SHOULD SUBMIT THE RECEIPTS NOT EXCEEDING TWO MONTHS

* 收據正本將於理賠完畢後退回

ORIGINAL RECEIPTS WILL BE RETURNED
AFTER SETTLEMENT

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			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

日期：
Date :

學校蓋章：
School Chop :

(日/月/年 dd/mm/yyyy)