

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

香港銅鑼灣新寧道8號中國太平大廈19字樓
19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong.
Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com

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 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. : _____

* 如需退回正本病假證明書，請於格內劃“✓”
PLEASE RETURN THE ORIGINAL SICK LEAVE
CERTIFICATES, “✓”

請注意:

1. 每份表格呈遞一名受傷僱員的正本病假證明書
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 SICK LEAVE CERTIFICATE RECORD IN ONE ROW
3. SCHOOL SHOULD SUBMIT THE SICK LEAVE CERTIFICATE NOT EXCEEDING TWO MONTHS

* 病假證明書正本將於理賠完畢後退回
ORIGINAL CERTIFICATES WILL BE
RETURNED AFTER SETTLEMENT

序號 No.	簽發日期 Issue Date	簽發醫院/診所 Issuing Hospital/Clinic	病假期 (由 日日/月月 至 日日/月月) Sick Leave Period (Fm dd/mm To dd/mm)		合共天數 No. of days
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

日期：
Date : _____
(日/月/年 dd/mm/yyyy)

學校蓋章：
School Chop : _____