

致： 中銀集團保險有限公司

To: Bank of China Group Insurance Company Limited

請選擇以下列其中一種方法將索償文件發送至保險公司。若選擇以電郵或傳真發送，校方無需將正本郵寄至保險公司。在一般情況下，建議保留正本 7 年，保險公司會抽驗正本或收回正本作處理賠案之用。 Please send the claims documents to the insurance company by any one of the following methods. If the document is sent by email or fax, you are not required to mail the original to the insurance company. Under normal circumstance, it is suggested to keep the original for 7 years as the Insurance Company may randomly check the original or collect the original for further handling of the claim.

- 電郵 Email : claimsedb_ins@bcgroup.com
 傳真 Fax : 3906 9942
 郵寄 Post

日期:

Date:

賠案編號:

Claim No.

保單號碼

Policy No.

ECA/23-0381876600

領取按期支付款額及醫療費用確認書
ACKNOWLEDGEMENT OF RECEIPT OF
PERIODICAL PAYMENT AND MEDICAL EXPENSE

就發生於_____年_____月_____日之工傷意外，僱員_____ (香港身份證號碼：_____) 確認已從僱主收取港幣_____元作為僱主根據僱員補償條例就_____年_____月份的按期支付款額及醫療費用。

This is hereby acknowledge that the amount in the sum of HK\$_____ was received by the Employee_____ (HKID Card No. : _____) from the Employer being the periodical payment and medical expense for the month of _____ in respect of a work-related accident happened on _____ under the Employees' Compensation Ordinance.

該月的按期支付款額及醫療費用的計算方法如下：

The periodical payment and medical expense is made up as follows:

- | | |
|--|--------------|
| 1) 當月按期支付款額 ¹ : HK\$_____ ÷ _____天 × _____天(病假) × 4/5 | = 港幣 |
| (Periodical Payment for the month) | (HK\$) _____ |
| 2) 醫療費用總數: | = 港幣 |
| (Medical expense for the month) | (HK\$) _____ |
| 總數 | = 港幣 |
| Total Amount | (HK\$) _____ |

日期：

Date : _____

日/月/年 dd/mm/yyyy

僱員簽署：

Signed by the Employee : _____

備注 Note :

- 當月按期支付款額 = 每月收入² ÷ 每月平均工作日數³ × 病假日數⁴ × 4/5
Periodical payment for the month = Monthly earnings² ÷ Average number of working days³ × Number of sick leave⁴ × 4/5
- 每月收入：與已填妥的勞工處表格 2 或表格 2B 一致。
Monthly earnings: same as Form 2 / Form 2B filed to Labour Department
- 每月平均工作日數 Average number of working days:
(a) 若屬長期僱員，不論該月有多少曆日，一律以 30 天作計算。
If the employee is a permanent staff, 30 days is adopted no matter the number of calendar days for the month.
(b) 若屬短期合約僱員而休息日是固定，一般採用 26 或 22 (每星期的休息日分別固定為某 1 天或 2 天)，而缺勤日數並不包括該固定休息日。若有疑問，請與保險公司聯絡。
If the employee is a short-term contract staff and the rest day is not fixed, 26 or 22 days is adopted (the rest day(s) is/are fixed on 1 or 2 day(s) weekly) and the number of days of absence should not include the no paid rest day(s). Please contact the insurance company for enquiry.
- 病假日數：不包括法定假日。
Number of sick leave: excluding statutory holiday(s).