授權書

LETTER OF AUTHORIZATION

		於	•	月	日之受傷事故
· ·	生名)		(日期)		
Accident to	(Name of Claimant)			Date of Acci	
	(Name of Claimant)		(Date of Acci	uent)
根據《個人資料	H(私隱)條例》(香港)	法例第 4	186章),本	人,為下ブ	5簽署人,現授權醫院管理局、
醫院、註冊醫生	上、診所、化驗所、	勞工處	、香港警務	署、本人	僱主及任何熟悉本人健康狀況
或意外經過之緣	且織、機構或個人,	均可就	上述事故,	提供所有	有關之資料(包括但不限於醫療
報告、口供及訓	問查結果)予中銀集團	團保險有	「限公司或其	其委託人。	
In compliance v	with the Personal Da	ıta (Priva	acy) Ordina	nce (Cap.	486), I, the undersigned, hereby
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Labour Departm	nent, the Hong Kong	Police, 1	mv emplove	r or any o	than arganizations institutions on
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(日/月/年 dd/mm/yyyy)