



教育局綜合保險計劃 – 僱員補償保險
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES' COMPENSATION INSURANCE

提交索償檢查清單 CLAIM SUBMISSION CHECKLIST

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

- * 如在申索時準備及提供以下資訊和文件，校方的賠案將可快速及有效的處理。 感謝協助。
* We could proceed the claim with the more efficient way if we receive all necessary information and documents listed as below. Thank you for your assistance on the matter.

受傷僱員 Injured Employee: _____

意外日期 Date of Accident: _____

工傷病假不多於 3 天 Sick leave not more than 3 days

資訊 Information :

- 出生日期 Date of Birth : _____
 職業 Occupation : _____
 意外如何發生 How the accident happened : _____
 當時正在進行的工作 What the employee was doing at the time : _____
 收入 100% 由教育局津貼支付 Salary 100% EDB subvented
 收入 不是 全數由教育局津貼支付，教育局負責 _____ %
Salary **NOT** 100% EDB subvented, _____ % EDB subvented.

文件 Documents :

- 表格 2B 副本 Copy of Form 2B
 病假證明書表格 + 病假證明書副本
Sick Leave Certificates Submission Form + Copy of Medical Certificate(s)
 醫療費用收據表格 + 醫療收據副本 (如有)
Medical Expenses Receipts Submission Form + Copy of Medical Receipts (if any)

工傷病假多於 3 天 Sick leave more than 3 days

資訊 Information :

- 收入 100% 由教育局津貼支付 Salary 100% EDB subvented
 收入 不是 全數由教育局津貼支付，教育局負責 _____ %
Salary **NOT** 100% EDB subvented, _____ % EDB subvented

文件 Documents :

- 表格 2 副本 Copy of Form 2
 病假證明書表格 + 病假證明書副本
Sick Leave Certificates Submission Form + Copy of Sick Leave Certificates
 醫療費用收據表格 + 醫療收據副本 (如有)
Medical Expenses Receipts Submission Form + Copy of Medical Receipts (if any)
 授權書 Letter of Authorization (請提交正本 Please submit the original)

學校聯絡人: School Contact Person: _____

聯絡電話: Contact Phone No.: _____

日期: Date: _____

(日/月/年 dd/mm/yyyy)