

致： 中銀集團保險有限公司

日期:

Date: _____

To: Bank of China Group Insurance Company Limited

賠案編號:

Claim No. _____

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.

保單號碼

Policy No. _____

ECA/23-0381876600

電郵 Email : claimsedb_ins@bcgroup.com

傳真 Fax : 3906 9942

郵寄 Post

僱員補償確認書

EMPLOYEES' COMPENSATION CONFIRMATION

我等同意僱員 _____ (香港身份證號碼： _____) 已從僱主收取港幣 _____ 元賠償，以作為圓滿及最終解決僱員根據僱員補償條例，就發生於 _____ 年 _____ 月 _____ 日之工傷意外對僱主的所有索償。

This is hereby agreed that compensation in the sum of HK\$ _____ was received by the Employee _____ (HKID Card No. : _____) from the Employer in full and final settlement of the Employee's claim against the Employer in respect of a work-related accident happened on _____ under the Employees' Compensation Ordinance.

賠償總額的計算方法如下：

The total compensation amount is made up as follows:

- | | | |
|---|------------|-------|
| 1) 已收取的按期支付款額總數： Total Periodical Payment(s) received: | 港幣 HK\$ | _____ |
| 2) 永久喪失工作能力的補償： Compensation for Permanent Incapacity: | 港幣 HK\$ | _____ |
| 3) 已收取的醫療費用總額： Total Medical Expense(s) received: | 港幣 HK\$ | _____ |
| 總金額： Total Amount: | 港幣 HK\$ | _____ |

日期：

Date: _____

日/月/年 dd/mm/yyyy

僱主簽署及公司蓋印：

Signed by the Employer and

Affix Company Chop : _____

日期：

Date: _____

日/月/年 dd/mm/yyyy

僱員簽署：

Signed by the Employee : _____