



**僱員賠償保險意外傷亡報告表**  
**Employees' Compensation Insurance**  
 Notice of Accident

	保單號碼 Policy No. :	到期日 Expiry Date :
被保之僱主 The Insured Employer	1. 僱主名稱 Name of Employer	
	2. 行業 Nature of Business	
	3. 地址 Address	
	4. 電話 Tel. No.	
受傷或 死亡之 僱員 The Injured / Deceased Employee	5. 姓名 Name	
	6. 電話 Tel. No.	年齡 Age 性別 Sex
	7. 住址 Address	
	8. 已婚或未婚 Whether married or single	
	9. 僱用時訂明何種工作 State occupation in which the injured person is employed	
	10. 受傷時擔任何種工作 On what work was the injured person engaged at the time of the accident ?	
	11. 傷者是否直接僱用,否則請列明其判頭姓名地址 Is the injured person in your direct employ? If not, please give Name and Address of Contractor	
12. 傷者何時始被僱用 When did the injured person enter your service?		
意外事件 The Accident	13. 列明當肇事時之 As regards the accident please state	日期 Date : 地點 Place :
	14. 意外發生後在何日期及由何人向僱主報告 Date accident reported to you and by whom?	時間 Time : 停止工作日期 Date ceased work :
	15. 受傷時目擊之證人及其姓名 State the names of any persons who witnessed the accident	
	16. 請列明管工或工目姓名 Name of Foreman or Supervisor	
	17. 列明意外發生之詳細情形 Describe in full how accident occurred	
	18. 說明受傷傷勢之程度及其部份 State nature and region of injury	
	19. 是否因夙病或有殘廢而致受傷 ? 請述其詳 Was the injured person free from Physical infirmity at the time of the accident ? If not give particulars	
	20. 傷者是否因行為不端抑不服從指揮或規則如有其事請詳述其情形 Was the injured person guilty of any misconduct or disobedience to orders or rules ? If so, please give full particulars	
	21. 說明如因第三人之忽略而致發生意外 State through whose neglect the accident occurred, if any	
	22. 僱主是否認定該傷者真正係因工作關係受傷而絕非因酒後或服用麻醉藥物後受傷 ? Are you satisfied the injured person has met with a bona-fide accident of employment and was not under influence of drink or drugs ?	
	23. 若意外由機器而引起, 列出 : If accident is due to machinery, state :	
	機器類別 Type of machine	是否已有安全之設備 Whether it was fenced or guarded
令僱員受傷之機器部份 Part of machine causing injury	機器是否以電力開動 ? Was the machinery power-driven ?	是 / 否 * Yes / No *
	事發時機器是否開動 ? Was the machinery in motion ?	是 / 否 * Yes / No *
僱主曾否因違反工業安全條例而被勞工處檢控 ? 請提供詳情 ! State whether the Employer has ever committed any offence or being prosecuted under Regulation of the Factories and Industrial Undertakings. If yes, please give details.		
注 意 Important	: 請將報告表內各問題詳細填寫後速交回敝公司 : Please answer all questions sign & return to this office promptly	

意外事件 (繼續上頁)  The Accident (Cont'd)	24. 傷者送往醫院請列明下列各點：~ If taken to hospital please state : ~ (甲) 醫院名稱 (a) Name of hospital (乙) 是否在留醫 (b) Whether still in hospital (丙) 傷者出院否？何時出院？ (c) Whether in or out patient or if discharged date of discharge		
	25. 如未送往醫院，請列明在何處醫治 If not taken to hospital, please state whether being medically attended and if so by whom		
	26. 估計停止工作之期限 What is the probable period of disablement (please refer to medical slip)		
	27. 傷者能否局部工作 Is the injured person able to do partial work ?		
	28. 經復工否？如已復工，請報明日期 State whether returned to work, and if so, when ?		
工資報告表  Wages Statement	29. 每 週 / 月 * 平均工作之日數 Average number of days per week/month * worked ..... 日 days 遭受意外時，該僱員之工資為：~ The total earnings at the time of accident were : ~ *底薪 每 日/週/月 * ..... 元 *Basic salary / wages \$...../day/week/month * *經常性之過時工作薪金 每 日/週/月 * ..... 元 *Regular overtime \$...../day/week/month * *經常性之小賬 / 佣金 每 日/週/月 * ..... 元 *Regular tips/commission \$...../day/week/month * *經常性之額外津貼或獎金 每 日/週/月 * ..... 元 *Additional allowance or bonus of a constant nature \$...../day/week/month * *僱主免費供給之伙食之價值 每 日/週/月 * ..... 元 *Value of free food provided by employer \$...../day/week/month * *僱主免費供給之住宿之價值 每 日/週/月 * ..... 元 *Value of free accommodation provided by employer \$...../day/week/month * 總額： 每 日/週/月 * ..... 元 Total : \$...../day/week/month *		
	在意外發生前之十二個月內 (如不足十二個月，則以整段受僱期間計) 之每月總平均收入為 ..... 元 The total average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the accident were \$.....		
	辦理賠償 所需文件 Document of claims	Claimants are required to submit the following supporting documents for consideration as soon as available : ~ 1. Notice of Accident 2. Form 2 ~ Notice by Employer of the death of an Employee or of an accident to an Employee resulting in death or incapacity 3. Preliminary Agreement between Employer and Employee 4. Certificate of Assessment and Sick Leave Certificate (Original) 5. Approved Agreement between Employer and Employee or Certificate of Compensation Assessment (Original)	下列文件必須由申請人儘速送交敝公司以憑辦理 一 敝公司所備之遇事報告表 二 勞工處發出由僱主呈報有關僱員之死 亡或僱員因意外而引致死亡或受傷之 通知表格 (第二表格) 三 初步呈交勞工處之僱主與僱員合約 四 評估證明書及假期紙 (正本) 五 勞工處核准之僱主與僱員合約或評定 賠償證明書 (正本)
	以上答覆乃屬真確 The above replies are correct to the best of my / our knowledge and belief		
	日期 Date..... * 刪去不適用字句。 * Delete whichever is not applicable	僱主簽字蓋章 Signature of Employer .....	