



## QBE General Insurance (Hong Kong) Limited

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Claims Hotline: +852 2828 3133 Fax: +852 2537 1384 www.qbegihk.com

昆士蘭保險（香港）有限公司

香港鯉魚涌英皇道979號太古坊德宏大廈16樓1608室

賠償部電話：+852 2828 3133 賠償部傳真：+852 2537 1384 www.qbegihk.com

### 僱員補償保險意外事件通知書

### EMPLOYEES' COMPENSATION INSURANCE NOTICE OF ACCIDENT

僱主應在意外發生後 7 天內填妥一式兩份表格 2 並交回勞工處。  
The Employer should complete and return the Form 2 in duplicate to the Labour Department within 7 days of the Accident.

日期  
Date: \_\_\_\_\_

此通知書應詳細填妥並連同表格 2 之副本盡快交回保險公司。  
This Notice should be fully completed and submitted to the Company with a copy of Form 2 as soon as possible.

呈遞此通知書，並不表示保險公司承擔賠償責任。  
By furnishing this Notice, the Company makes no admission of liability.

#### 1. 僱主資料 EMPLOYER'S INFORMATION

名稱 Name: \_\_\_\_\_ 保單號碼 Policy No.: \_\_\_\_\_  
辦公地址 Office Address: \_\_\_\_\_  
辦公電話號碼 Office Telephone No.: \_\_\_\_\_ 流動電話號碼 Mobile Phone No.: \_\_\_\_\_ 行業 Business: \_\_\_\_\_

閣下是否願意以手機短訊(SMS)接收索償通知? 是  否   
Do you agree to receive SMS claim notification via your mobile phone? Yes  No

#### 2. 受傷或死亡之僱員資料 INJURED/DECEASED EMPLOYEE'S INFORMATION

中英文姓名 Name in English & Chinese: \_\_\_\_\_ 香港身份證/護照號碼 HKID Card/Passport No.: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_ 性別 Sex: \_\_\_\_\_  
地址 Address: \_\_\_\_\_  
電話號碼 Tel No.: \_\_\_\_\_ 國籍 Nationality: \_\_\_\_\_  
婚姻狀況 Marital Status: 單身  已婚  職位 Position: \_\_\_\_\_  
僱員為本人/本號直接僱用 Employee was in my/our direct employ 是  否  受僱日期 Date of Employment: \_\_\_\_\_  
若非直接僱用，其判頭之名稱及地址為 If not, name & address of Contractor: \_\_\_\_\_

#### 3. 意外事件 THE ACCIDENT

日期 Date: \_\_\_\_\_ 時間 Time: \_\_\_\_\_ 上午/下午 a.m./p.m.  
地點 Place: \_\_\_\_\_  
僱主獲悉意外事件之日期 Date on which Employer was informed of Accident: \_\_\_\_\_  
僱員實際停工之日期 Date on which Employee actually ceased work: \_\_\_\_\_  
意外事件發生及經過之詳情 Description of how Accident happened: \_\_\_\_\_

若意外由機器引起，機器類別 If Accident was caused by machinery, Type of machine: \_\_\_\_\_

令僱員受傷之機器部份 Part causing injury: \_\_\_\_\_  
機器以電力開動 Machinery was power-driven. 是  否  機器是在開動中 Machinery was in motion. 是  否

診治僱員之醫院/診所名稱 Hospital/Clinic taken to: \_\_\_\_\_

僱員仍在醫院留醫，/ Employee is still in hospital, /  
在 was discharged on \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 出院改看門診，/ as an out-patient, /  
在 died on \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 死亡。

僱員受酒醉或藥力所影響 Employee was under the influence of drink or drugs. 是  否

僱員犯有行為不檢或違背工作指示之過失 Employee was guilty of any misconduct or disobedience to orders or rules. 是  否

若僱員犯有此類過失在此提供詳情

If Employee was guilty of such, further particulars given here: \_\_\_\_\_

目擊意外事件者之姓名

Name(s) of eye-witness(es): \_\_\_\_\_

僱員能夠做部份工作

是

否

不能正常工作之期間可能為

日

Employee is able to do partial work.

Yes

No

Probable period of disability: \_\_\_\_\_

days

僱主因此認為僱員真實遭遇意外

是

否

Employer therefore is satisfied that Employee has met with a bonafide accident.

Yes

No

#### 4. 僱員所受之傷 THE INJURY

部位

Region: \_\_\_\_\_

情況 (嚴重或輕微等)

Nature (serious or slight, etc.): \_\_\_\_\_

#### 5. 工資 THE WAGES

僱員在緊接意外發生日期的上一個月的每月收入：

Details of earnings per month for the month immediately

preceding the date of accident:

HK\$

元

角

一日/週/月

per day/week/month.

伙食由僱主免費供給

Free food was provided by Employer.

是

否

費用約為每月港幣

元

Yes

No

Value thereof estimated at HK\$

per month.

住宿由僱主免費供給

Free accommodation was provided by Employer.

是

否

費用約為每月港幣

元

Yes

No

Value thereof estimated at HK\$

per month.

僱員在意外發生前 12 個月內(如不足 12 個月, 則以整段受僱期間計) 的每月平均收入：

Average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the accident:

HK\$

元

角

一日/週/月

per day/week/month.

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白保險公司可要求更多資料。本人/吾等確認本人/吾等已細閱昆士蘭保險(香港)有限公司的收集個人資料聲明(「通知」), 並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。

I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information. I/We confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

僱主簽署 (並蓋章, 如適用)

Signature of Employer (with company chop if appropriate)



**QBE General Insurance (Hong Kong) Limited**

昆士蘭保險(香港)有限公司

A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

## QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

### Insurance Services

The information you provide to QBE General Insurance (Hong Kong) Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the following mandatory purposes of:

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. any alterations, variations, cancellation or renewal of any insurance and related services
3. any claims or investigation or analysis of such claims;
4. exercising any right under the insurance policy including right of subrogation, if applicable;
5. meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order;
6. any activities directly relating to the above purposes.

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. any party under a duty of confidentiality to the Company including a group company of the Company which has undertaken to keep such information confidential

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE General Insurance (Hong Kong) Limited, Suite 1608, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact our Data Protection Officer.

MARCH 2013

昆士蘭保險(香港)有限公司 - 收集個人資料聲明

### 保險服務

閣下向昆士蘭保險(香港)有限公司(本公司)提供的資料,是收集作為本公司進行其業務所需,並可能用作下列強制性的用途:

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 有關保險產品及服務的任何更改、變更、取消或續期;
3. 任何索償或該等索償的調查或分析;及
4. 行使有關保險單賦予的任何權利包括代位權,如適用;
5. 根據任何有約束力的法例及條例規定,監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
6. 供作任何與上述事項有關的用途。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途:

- a. 任何代理人、承包商或提供行政、電訊、電腦、付賬、債務追討、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應商,以達到任何上述或有關的用途;
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織(聯會),以達到任何上述或有關的用途,或以便聯會執行其監管職能,或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能;
- c. 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;及
- d. 監管機構;
- e. 執業律師;
- f. 認可核數師;及
- g. 任何已向本公司承擔保密責任,並已承諾為資料保密的任何人士,包括本公司的集團公司。

如果閣下不同意本公司使用閣下的個人資料於上述用途上,本公司可能不能處理閣下之申請及提供服務。

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並須支付所需的行政費用。

有關查閱或更正的要求,可致函香港鰂魚涌英皇道979號太古坊德宏大廈16樓1608室,傳真:(852) 3607 0391 向昆士蘭保險(香港)有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣,閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考,文義如與英文本有歧異,概以英文版為準。]

2013年 3月