

**GAN Assurances IARD**

Member of GROUPAMA Group, incorporated in France

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**僱員保險意外傷亡報告表**  
**EMPLOYEE'S COMPENSATION INSURANCE**  
**NOTICE OF ACCIDENT**

<b>Important</b> <b>重要聲明</b>	1. Advise as soon as possible after Accident :      a) GAN Assurances IARD      b) Labour Department - Form 2 工人遇事受傷請即報告 :      保險公司      填報勞工處 - 第二號表格		
	2. When worker returns to work advise Labour Department-Agreement of Compensation and forward Labour Department's Assessment of Compensation to Provincial Insurance plc. 當工人復工後應即通知勞工處及填報僱主與工人合約批准後請交本公司處理		
<b>Insurance</b> <b>保險</b>	Policy No. : 保單號碼 :	Expiry Date : 到期日 :	<b>OFFICE USE</b> Agency :
<b>Injured / Deceased Workman</b> <b>受傷或死亡之工人</b>	Name of injured employee ( Surname first ) 受傷僱員姓名 ( 請先填姓 )		Sex 性別
	Address of injured employee 受傷僱員地址		Age 年齡
	Occupation ( if an apprentice, please specify ) 職業 ( 請註明是否學徒 )		Identity Card Number 身份證號碼
	Date of accident 意外發生日期		Residential Telephone No. 住所電話
	Time of accident 意外發生時間		a.m. / p.m. * 上午 / 下午 *
<b>The Accident and Injury</b> <b>意外事件及受傷詳情</b>	Nature of injury ( please state whether it is amputation, fracture, burn, electric shock, etc. and state the part of body injured ) 受傷性質 ( 請說明是否切斷、折骨、燒傷、電擊等, 並指出受傷之部位 )		Result of accident - Minor / Serious Injury / Death * 受傷程度 - 輕傷 / 重傷 / 死亡 * Indicate if In Patient / Out Patient * 請註明是否: 留醫 / 門診 * Period of disablement      Days 停工若干日      天 Returned to work,      Date 已復工      日期
	Describe how the accident happened 請說明意外如何發生		
	Place of accident ( please also state whether it is workshop, site, godown, on board a ship, etc. ) 意外發生地點 ( 請同時說明是否工場、倉庫、地盤、船上等 )	Name of hospital or clinic where injured employee received treatment 受傷僱員就診之醫院或診所名稱	
	Expect Date of Discharge : 估計出院 ( 日期 ) :		
	If accident is due to machinery, state : 若意外由機器而引起, 列出 :		
	Type of machine 機器類別	Was the machinery power-driven? 機器是否以電力開動?	Yes / No * 是 / 否 *
	Part of machine causing injury 令僱員受傷之機器部份	Was the machinery in motion? 事發時機器是否開動?	Yes / No * 是 / 否 *
<b>Insured employer</b> <b>僱主</b>	Name of employer 僱主姓名		
	Address of employer 僱主地址		
	Telephone Number 電話號碼		
<b>Principal Contractor</b> <b>總承判商</b>	Name, address and telephone number of principal contractor if employer is a sub-contractor 如僱主為轉包承判商, 請列明總承判商之名稱, 地址及電話號碼		
<b>Death</b> <b>死亡</b>	If accident resulted in death, state: Police not notified/notified * at ..... Station 如意外引致死亡, 請說明有沒有報警 / 在      警署報警 Case No. : 報案編號 :		

\* Delete whichever is not applicable

\* 將不適用之字句刪去

P.T.O.

<b>Next-of-Kin</b> 近親	Name of next-of-kin 近親之姓名	Relationship with employee 與僱員之關係
	Address of next-of-kin 近親之地址	Telephone Number 電話

<b>Wages</b> ( Please declare in details ) 工資 ( 請詳細填報 )	Average number of days per week / months * worked 每週 / 月 * 平均工作之日數	
	The total earnings at the time of accident were : - 遭受意外時, 該僱員之工資為	
	Basic salary / wages 底薪	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元
	* Regular overtime 經常性之過時工作薪金	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元
	* Regular tips / commission 經常性之小賬 / 佣金	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元
	* Additional allowance or bonus of a constant nature 經常性之額外津貼或獎金	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元
	* Value of free food provided by employer 僱主免費供給之伙食之價值	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元
* Value of free accommodation provided by employer 僱主免費供給之住宿之價值	\$..... / day / week / month * 每日 / 週 / 月 * ..... 元	
Total : \$..... / day / week / month *		
總 額 : 每日 / 週 / 月 * ..... 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 \$ .....

在意外發生前之十二個月內 ( 如不足十二個月, 則以整段受僱時間計 ) 之每月總平均收入為 .....元

**Declaration & Authorisation**  
聲明及授權

I declare that the information given above is to the best of my knowledge, true and accurate.  
茲聲明據本人所知, 上述所呈報之資料, 皆屬真實正確.

I acknowledge that Insurers will rely upon the information supplied by me / the policyholder / the Insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / Insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.  
本人確認貴保險公司會依靠本人 / 保單持有人 / 保戶所提供的資料 (該等提供的資料本人誠實地相信是真實和正確的), 作為將來進行或辯護任何索賠及訴訟程序之用. 如貴保險公司要求, 本簽署人 / 保單持有人 / 保戶將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件.

Signature : .....  
簽署:  
Name ( in block letters ) : .....  
姓名 (請用正楷) :  
Position : .....  
職位:  
Date : .....  
日期:

( Chop of company )  
公司蓋印

\* Delete whichever is not applicable  
\* 將不適用之字句刪去