



<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
	<b>Total :</b> \$..... / 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

<b>Declaration &amp; Authorisation</b> 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.	
	( Chop of company ) 公司蓋印	Signature : ..... 簽署 : Name ( in block letters ) : ..... 姓名 ( 請用正楷 ) : Position : ..... 職位 : Date : ..... 日期 :

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