

致：中銀集團保險有限公司  
To : Bank of China Group Insurance Company Limited  
香港中環德輔道中 71 號  
永安集團大廈 8 樓  
8/F., Wing On House  
71 Des Voeux Road Central, Hong Kong

日期 : \_\_\_\_\_  
Date : \_\_\_\_\_  
賠案編號 : \_\_\_\_\_  
Claim No. : \_\_\_\_\_  
保單號碼 : \_\_\_\_\_  
Policy No. : ECA/15-02120008 \_\_\_\_\_

**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.

賠償金額的計算方法如下：

The compensation amount is made up as follows:

- |                       |      |       |
|-----------------------|------|-------|
| 1) 按期支付款項：            | 港幣   |       |
| Periodical Payment:   | HK\$ | _____ |
| 2) 永久喪失工作能力：          | 港幣   |       |
| Permanent Incapacity: | HK\$ | _____ |
| 3) 醫療費用：              | 港幣   |       |
| Medical Expenses:     | HK\$ | _____ |
| 總金額：                  | 港幣   |       |
| Total Amount:         | HK\$ | _____ |

日期：\_\_\_\_\_ 僱主簽署及公司蓋印：  
Date : \_\_\_\_\_ Signed by the Employer and  
Affix Company Chop : \_\_\_\_\_

日期：\_\_\_\_\_ 僱員簽署：  
Date : \_\_\_\_\_ Signed by the Employee : \_\_\_\_\_