

致：中國太平保險(香港)有限公司  
To : China Taiping Insurance (HK) Company Limited  
香港銅鑼灣新寧道 8 號  
中國太平大廈 19 樓  
19/F., China Taping Tower,  
8 Sunning Road, Causeway Bay, Hong Kong.

日期 : \_\_\_\_\_  
Date : \_\_\_\_\_  
賠案號碼 : \_\_\_\_\_  
Claim No.: \_\_\_\_\_  
保單號碼 : \_\_\_\_\_  
Policy No.: \_\_\_\_\_

**依照僱員補償條例第 16CA 項之協議**  
**AGREEMENT PURSUANT TO SECTION 16CA OF THE**  
**EMPLOYEES' COMPENSATION ORDINANCE**

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.

僱主及僱員均確認根據向勞工處填報之表格 2B 或表格 2 第 H 部份所載之資料，該宗因工受傷只引致暫時  
性喪失工作能力不超過 7 天，並無導致永久性喪失工作能力。

Both the Employer and the Employee confirm that the injury results in temporary incapacity NOT more  
than 7 days and NO permanent incapacity as stated in the Form 2B or Part H of the Form 2 reported to  
the Labour Department.

我等確認僱員現已從該宗工傷意外中完全康復。

It is also confirmed that the Employee has now fully recovered from the injury.

隨函附上正本病假證明書（如該書仍未呈交保險公司）

Original sick leave certificates (if not already submitted to insurers) are enclosed herewith.

日期 : \_\_\_\_\_  
**Date :** \_\_\_\_\_  
(日/月/年 dd/mm/yyyy)

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

日期 : \_\_\_\_\_  
**Date :** \_\_\_\_\_  
(日/月/年 dd/mm/yyyy)

僱員簽署 :  
**Signed by the Employee :** \_\_\_\_\_