



教育局綜合保險計劃 – 僱員補償保險呈遞醫療費用收據表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES' COMPENSATION INSURANCE
MEDICAL EXPENSES RECEIPTS SUBMISSION FORM

保險公司賠案編號 Insurance Claim No. : _____ (首次申報不需要填寫)
受傷僱員姓名 Name of Injured Employee : _____
意外日期 Date of Accident : _____
身份證號碼 HKID Card No. : _____

如需退回正本醫療費用收據，請於格內劃“✓”。醫療費用收據將於理賠完畢後退回。
Please tick the box if you need us to return the original medical expenses receipt(s). We will return the same after settlement.

請注意： Please note:

1. 每份表格呈遞單一賠案的正本醫療費用收據 Each form for submission of medical expenses receipt(s) of ONE case only.
2. 每一個序號條錄一張正本醫療費用收據 Please record each medical expenses receipt in one row.
3. 校方應於 2 個月內呈交一次 Please submit medical expenses receipt(s) within 2 months.

序號 No.	收據日期 Issue Date	簽發醫院/診所 Issuing Hospital / Clinic	金額 Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

日期：
Date : _____
(日/月/年 dd/mm/yyyy)

學校蓋章：
School Chop : _____