



教育局綜合保險計劃 – 僱員補償保險呈遞病假證明書表格
EDUCATION BUREAU BLOCK INSURANCE POLICY – EMPLOYEES' COMPENSATION INSURANCE
SICK LEAVE CERTIFICATES 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. : _____

如需退回正本病假證明書，請於格內劃“✓”。病假證明書將於理賠完畢後退回。
Please tick the box if you need us to return the original sick leave certificate(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病假證明書 Each form for submission of sick leave certificate(s) of ONE case only.
2. 每一個序號條錄一張病假證明書 Please record each sick leave certificate in one row.
3. 校方應於 2 個月內呈交一次 Please submit sick leave certificate(s) within 2 months.

序號 No.	簽發日期 Issue Date	簽發醫院/診所 Issuing Hospital / Clinic	病假期 / Sick Leave Period*		總日數 No. of days
			由 From	至 To	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

* 日期格式為 日日/月月/年年年年
date format is dd/mm/yyyy

日期：
Date : _____
(日/月/年 dd/mm/yyyy)

學校蓋章：
School Chop : _____