

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.: _____

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 and confirmed 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 employees' compensation 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) 按期支付款額： | 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: | HK\$ | _____ |

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 : _____