

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

賠案編號：

Claim No. : _____

保單號碼：

Policy No. : ECA/17-02120008R001

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\$ | _____ |

僱主簽署及學校蓋印：

日期：

Date : _____

Signed by the Employer and

Affix School Chop : _____

日期：

Date : _____

僱員簽署：

Signed by the Employee : _____