



總公司：香港德輔道中71號永安集團大廈八樓 電話：3187 5188 傳真：3906 9942 電郵：claimsedb_ins@bocgroup.com
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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

請選擇以下列其中一種方法將索償文件發送至保險公司。若選擇以電郵或傳真發送，校方無需將正本郵寄至保險公司。在一般情況下，建議保留正本7年，保險公司會抽驗正本或收回正本作處理賠案之用。

Please send the claims documents to the insurance company by any one of the following methods. If the document is sent by email or fax, you are not required to mail the original to the insurance company. Under normal circumstance, it is suggested to keep the original for 7 years as the Insurance Company may randomly check the original or collect the original for further handling of the claim.

電郵 Email : claimsedb_ins@bocgroup.com 傳真 Fax : 3906 9942 郵寄 Post

賠案編號 Claim No. : _____ (首次申報不需要填寫)

僱員姓名 Injured Employee : _____

意外日期 Date of Accident : _____

身份證號碼 HKID Card No. : _____

請注意：

1. 每份表格呈遞單一賠案的病假證明書
2. 每一個序號條錄入一張病假證明書
3. 校方應於兩個月內呈交一次

Please note:

1. Each form for submission of sick leave certificate(s) of ONE case only.
2. Please record each sick leave certificate in one row.
3. Please submit sick leave certificate(s) within two months.

序號 No.	簽發日期 Issue Date	簽發醫院/診所 Issuing Hospital / Clinic	病假期 (日日/月月/年年 至 日日/月月/年年) Sick Leave Period (From dd/mm/yy to dd/mm/yy)		總日數 No. of days
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

必需填寫 (請 2 選 1)	Must Complete (please tick 1 of 2)
<input type="checkbox"/> 未康復，仍需要覆診及/或治療。 Not yet recovered. Still under follow up treatment.	<input type="checkbox"/> 已康復，無需覆診及治療。 Recovered. No further treatment.

學校聯絡人：
School Contact Person: _____

聯絡電話：
Contact Phone No. _____

日期：
Date : _____
(日/月/年 dd/mm/yyyy)