閩 信 保 險 有 限 公 司
MIN XIN INSURANCE COMPANY LIMITED
(A WHOLLY-OWNED SUBSIDIARY OF MIN XIN HOLDINGS LIMITED)

香港總行 Head Office
:香港中環紅棉路8號東昌大廈17樓
17/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong
電話Tel: (852) 2826 3660 傳真Fax: (852) 3020 5063
電郵E-mail: cs@mxic.com.hk

澳門分行 Macau Branch
:澳門南灣湖景大馬路810號財神商業中心6樓E座
Avenida Panorâmica do Lago Nam Van, no. 810, Edif. Fortune Business Centre, 6.°andar E, Macau
電話Tel: (853) 2830 5686 傳真Fax: (853) 2830 5600
電郵E-mail: macaucs@mxic.com.hk

索償申請表請電郵至 macaucs@mxic.com.hk 或傳真: 2830 5600

僱 員 保 險 意 外 傷 亡 報 告 表
EMPLOYEES' COMPENSATION INSURANCE CLAIM

保戶 - 僱主 INSURED - THE EMPLOYER

保戶 - 僱主姓名 Name of insured - employer	行業 Business	保單號碼 Policy Number
地址 Address		聯絡電話號碼 Contact Telephone Number

受傷僱員 THE INJURED EMPLOYEE

受傷僱員姓名 (請先填姓) Name of injured employee (Surname first)	性別 Sex	出生日期 Date of Birth	澳門身份證號碼 Macau ID Number

受傷僱員地址 Address of injured employee	聯絡電話號碼 Contact Telephone Number	職業 Occupation	是否學徒? An apprentice?
			☐ 是 ☐ 否 ☐ Yes ☐ No

意外詳情 DETAILS OF ACCIDENT

意外發生日期 (日/月/年) Date of Accident (dd/mm/yyyy)	時間 Time	意外時是否懸掛八號或以上熱帶氣旋信號? Did the accident occur during Typhoon No.8 or above?	☐ 是 ☐ 否 ☐ Yes ☐ No
意外是否於工作時發生 Did the accident occur in the course of work?	☐ 是 ☐ 否 ☐ Yes ☐ No	意外時是否正在往返工作途中? Did the accident occur when travelling to and from place of work?	☐ 是 ☐ 否 ☐ Yes ☐ No

請說明意外如何發生
Describe how the accident happened

意外發生地點地址
Address of place of accident

Name and Address of any person who witnessed the accident?
目擊證人之姓名及地址：

交通事故詳情 DETAILS OF TRAFFIC ACCIDENT

意外是否由交通事故引起? Was the accident caused by traffic accident?	☐ 是 ☐ 否 ☐ Yes ☐ No	如是, 交通工具是否由僱主提供? If yes, was the transportation tool provided by employer	☐ 是 ☐ 否 ☐ Yes ☐ No

意外有否涉及其他車輛, 如有請提供下列資料: ☐ 有 ☐ 否
Whether third party vehicle involved? If yes, please provide following information: ☐ Yes ☐ No

(a) 司機姓名 Name of driver:	(b) 車牌編號 Vehicle No.	(c) 警方報案編號 Police Case No.

(d) 誰人導致及需要對是次交通意外負責?
Which party should be held responsible for this accident?

意外結果 RESULT OF ACCIDENT

意外引致 ： ☐ 受傷 ☐ 死亡
Result of accident : ☐ Injury ☐ Death

受傷性質: ☐ 切斷 ☐ 骨折 ☐ 撞傷 ☐ 割傷 ☐ 燒傷
Nature of injury: ☐ amputation ☐ fracture ☐ contusion ☐ laceration ☐ burn

☐ 其他 (請說明: _____)

☐ others (please specify: _____)

受傷之部位: ☐ 手 ☐ 腳 ☐ 頭
Part of body injured: ☐ hand ☐ leg ☐ head

☐ 其他 (請說明: _____)

☐ Others (please specify: _____)

受傷僱員就診之醫院或診所名稱
Name of hospital or clinic where the injured employee received treatment

_____

住院詳情 DETAILS OF HOSPITALIZATION

如傷者送往醫院醫治請列明下列各點：
If the injured employee was taken to hospital, please state:-

(a) 是否仍在留醫? ☐ 是 ☐ 否
Whether still in hospital? ☐ Yes ☐ No

(b) 入院日期
Date of admission：

(c) 出院日期
Date of discharge：

僱員收入細節 DETAILS OF EARNINGS OF THE EMPLOYEE

每週月平均工作數：
Average number of working days per month:

☐ 22 ☐ 24 ☐ 26 ☐ 30

☐ 其他 (請注明: _____)
☐ Others (please specify: _____)

休息日：
Rest Day:

(a) ☐ 無薪 ☐ 有薪
☐ not paid ☐ paid

(b) ☐ 非固定 ☐ 固定於星期 ____ (請列明)
☐ not fixed ☐ fixed on _____
(please state)

僱員在緊接意外發生日期的前一個月的收入細節：
Details of earnings for the month immediately preceding the date of accident:

(a) 底薪 / 基本工資 每月$ _____

Basic salary / wages $ _____ / month

(b) 伙食津貼 / 僱主免費供應食物的價值 每月$ _____

Food allowance / value of free food provided by employer $ _____ / month

(c) 其他項目：_____ (請注明) 每月$ _____

Other items: _____ (please specify) $ _____ / month

總收入 (a) + (b) + (c) **每月$** _____

Total (a) + (b) + (c) **$** _____ **/ month**

在意外發生前之三個月內（ 如不足三個月，則以整段受僱時間計 ）之每月總平均收入為：

每月$ _____

The total average monthly earnings of the employee for the past 3 months (or total period of employment, if less than 3 months) preceding the accident was:

$ _____ / month

聲明及授權書Declaration and authorization

1. 本人/吾等謹此聲明，本人/吾等確信，以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。
   I/We declare that all information and particulars contained above are true and complete to the best of my knowledge and belief and they are made without reservation of any kind.
2. 本人/吾等授權於任何曾替本人/吾等作診療之醫生、醫務人員、醫院或診所提供有關本人/吾等病歷之資料予**閩信保險有限公司**（「**本公司**」）或其代理人。
   I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health to the **Min Xin Insurance Company Limited** (**"Company"**) or its agents.
3. 此授權書之影印本亦屬有效。
   A photocopy of this authorization shall be considered as effective and valid as the original.

收集個人資料聲明 Personal Data Collection Statement

1. 閣下提供的資料，為**本公司**提供保險業務所需，並可能使用於下列目的：
   The information you provide to the **Company** is collected to carry on insurance business and may be used for the purpose of
   - 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期
     Any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them;
   - 處理任何對客戶的索償、訴訟及/司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
     To manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
   - 任何索償或索償分析及可能轉移予現存或不時成立的任何有關的公司或任何其他從事與保險或再保險業務 有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。
     Any claim or analysis of it. and may be transferred to any related business partners, companies carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.
2. 所有客戶均有權以書面向**本公司**要求查閱、修正及/或更改由**本公司**所持有有關其本身的任何個人資料。
   All customers have the right to access to, correct, or change any of their own personal information held by the **Company** by request in writing to the **Company**.

_____ _____

簽署 (僱主代表)
Signature (for and on behalf of the employer)

公司蓋印
Company chop

姓名
Name: _____

_____
日期
Date

職位 ☐ 獨資經營者 ☐ 合夥人 ☐ 經理 ☐ 高級人員
Position: ☐ Sole proprietor ☐ Partner ☐ Manager ☐ Officer