MACAU INSURANCE COMPANY
澳門保險

勞工保險 索償申請表
EMPLOYEES' COMPENSATION INSURANCE CLAIM FORM

此欄由本公司填寫 Internal Use Only	保險期限 Insured Period	索償編號 Claim No.	開立日期 Open Date
備註 Remarks			

1. 投保客戶資料 Policyholder Information

名稱 Name	保單編號 Policy No.
地址 Address	電話號碼 Phone No.
	傳真號碼 Fax No.

2. 受傷僱員資料 Injured Employee Information

姓名 Name		性別 Gender
出生日期 Date of Birth	婚姻狀況 Marital Status	國籍 Nationality
地址 Address		證件類別及號碼 ID Type & No.
		電話號碼 Phone No.

開始受僱之日期 Start Date of Employment	受僱形式 Type of Employment	☐ 長工 Regular employment ☐ 散工 Casual employment
受僱之職業或職責 Employed Occupation	意外發生時正從事該等受僱之工作或職責？ Engaged in this occupation when accident happened?	☐ 是 Yes ☐ 否 No

由投保客戶直接僱用？Directly employed by policyholder? ☐ 是 Yes ☐ 否 No - 承包商名稱及地址如下 Name & address of contractor as follows

3. 意外詳情 Details of Accident

發生日期、時間及地點
Date, Time & Place of Incident

事件詳細經過
Details of Incident

傷者在意外發生時是否受酒精或藥物所影響？ Was the injured person under the influence of alcohol or drugs at the time of the accident?	☐ 是 Yes ☐ 否 No
傷者在意外發生時是否有違背指令或規則，或疏忽職守之行爲？ Was the injured person in violation of any order or rule, or guilty of misconduct at the time of the accident?	☐ 是 Yes ☐ 否 No
傷者在意外發生時是否身體虛弱、有殘障或有疾病？ Was the injured person suffering from any physical infirmity, disability or sickness at the time of the accident?	☐ 是 Yes ☐ 否 No

若閣下對上列問題之回應爲“是”，請詳細說明 Please give details if you answer "Yes" to any of the questions above

如意外由機器引致： For accident caused by machinery:	a) 機器類型 Type of machinery			b) 是否設有圍欄或安全罩？ Was it fenced or guarded?	☐ 是 Yes	☐ 否 No
如意外並非由機器引致： For accident not caused by machinery:	a) 僱主是否有提供安全設施？ Did the employer provide any safety measure?	☐ 是 Yes	☐ 否 No	b) 僱員是否有應用？ Did the employee use it?	☐ 是 Yes	☐ 否 No

目擊者 Witnesses	姓名及身份 Name & Capacity	電話號碼 Phone No.
	地址 Address	

4. 傷勢及康復情況 Details of Injury and Recovery

受傷部位 Regions Injured	受傷類型 Nature of Injury
醫院、診所或醫生名稱 Name of Hospital, Clinic or Physician	
治療情況 Treatment Status ☐ 門診 Outpatient ☐ 仍然留醫 Still hospitalized ☐ 留醫後出院 Discharged from hospital（出院日期 Discharge date ）	
康復情況 Recovery Status ☐ 經已全面恢復工作 Already resuming full duty ☐ 僅能擔任部分原有工作 Only able to resume partial duty	
受傷僱員開始停工日期 Date Injured Person Ceases to Work	受傷僱員恢復工作日期 Date Injured Person Resumes Work

5. 受傷僱員最近三個月之收入 Income of Injured Employee in Last Three Months

月 Month / 年 Year	基本薪金 Basic Salary & Wages	津貼 Allowances	雙糧及花紅 Double Pay & Bonus	合計 Subtotal
總計 Total				

受傷僱員在上列三個月內是否曾經停工？（如“是”請詳述停工時期及原因）
Has the injured employee been absent from work at any time during the 3 months above? (If “Yes”, please give details of period and reason) ☐ 是 Yes ☐ 否 No

6. 肇事之第三者 Third Party Causing Accident

受傷僱員是否有權向第三者追索？（例如肇事者之汽車保險、民事責任保險等）
Any right of indemnity against third party? (e.g. motor or civil liability insurance of third party causing the accident) ☐ 是 Yes ☐ 否 No

第三者名稱 Name of Third Party	證件類別及號碼 ID Type & No.
地址 Address	車牌號碼 License Plate No.
	電話號碼 Phone No.
保險公司名稱 Name of Insurer	保險類型 Type of Insurance

7. 聲明及文件 Declarations and Documents

僱主獲悉意外之日期
Date Employer Informed of Accident

如非意外發生當日，請說明原因
Reason if not on same day as accident

本人 / 我等聲明上述各項資料均爲真實無誤且無任何隱瞞或遺漏。本人 / 我等明白且同意澳門保險公司可將本表格或從其他途徑所得關於本宗索償之資料用於保險業務用途，並可使用、儲存、透露及轉交該等資料予任何與該公司有關之人士、機構或選定之第三者，包括其他與保險或再保險業務有關之公司、中介人、理賠調查員、醫療機構、顧問、政府機關或保險業組織。

I / We declare that all the statements and particulars above are true and correct, and without any omission or concealment. I / We understand and agree that Macau Insurance Company may use any of the information related to this claim, contained herein or obtained otherwise, in its insurance business and may use, store, disclose and transfer such information to any individual or organization associated with or appointed by the Company, including any company carrying on insurance or reinsurance related business, intermediary, claims investigator, medical facility, advisor, government authority or industry association.

僱主簽署及公司蓋章 Signature & Company Stamp of Employer	日期 Date

注意 Attention

1. 法例規定僱主在獲悉發生工作意外或職業病時，須於二十四小時內通知保險公司。
   The employer is under legal obligation to inform the insurance company within 24 hours of an accident or occupational disease coming to his/her knowledge.
2. 請盡快提交所有相關文件及正本單據，以免延誤處理索償程序：
   Please submit all relevant documents and original receipts as soon as possible to avoid any claims handling delay:
   a) M7 醫藥費單據、醫院醫藥費單據、醫療報告、化驗報告、X 光報告、休假證明、康復證明等
      M7 medical receipts, hospital medical receipts, medical report, laboratory report, X-ray report, sick leave certificate, recovery certificate, etc.
   b) 僱傭合約、分判合約、僱員登記表及社會保障基金供款名單之副本
      Copies of employment contract, sub-contractor contract, employee register, Social Security Fund contribution list
   c) 受傷僱員之身份證明文件副本、出勤紀錄及糧單
      ID copy, attendance record and salary payment slip of injured employee