

僱員補償保險

賠償手續

處理「工傷賠償」手續，基本上以本港僱員補償法例為根據。法例規定，如僱員因工受傷僱主必須在十四天內填寫第二號 B 或第二號表格呈報勞工處。另如僱員因工死亡，僱主必須在七天內向勞工處呈報第二號表格。

若病假不超過三日，及無永久喪失工作能力：

僱主須填報表格二 B 通知勞工處處長有關任何上述之工傷意外。此等工傷毋須到勞工處銷假判傷，由僱主於僱員的正常發薪日期支付該段病假的按期付款及醫療費用等賠償。〔註一〕

若病假多於三日而又不超過七日，及無永久喪失工作能力：

僱主須填報表格二通知勞工處處長有關任何上述之工傷意外。另僱員可與僱主以協議形式直接解決工傷賠償〔註一〕，而毋須到勞工處銷假判傷。

若病假超過七日：

勞工處於接獲僱主呈交的第二號表格後，將發通知書給僱員指示前往辦理工傷賠償手續。當僱員完成判傷手續後，勞工處處長會簽發評估證明書〔表格七〕給予受傷僱員及其僱主，並闡明判傷結果〔註二〕。在雙方沒有反對的情況下，勞工處會再簽發補償評估證明書〔表格五〕給予他們，闡明賠償款額。

在上述任何情況下，當意外發生後，僱主亦須同時以第二號 B 或第二號表格副本一份給予本公司以作為事件的知會。至於醫療費用賠償，更要附上有關票據，連同補償評估證明書〔表格五〕、評估證明書〔表格七〕及有關的病假證明書交回本公司，以作為處理賠償之根據。對於有關工傷病假少於三日及多於三日而又不超過七日的個案，本公司將發出一份聲明書給予有關僱主，並須由僱主及受傷僱員雙方簽署寄回作實才會發給賠償。

如閣下對上述賠償手續包括賠償計算方法有任何疑問及需要協助，請即與本公司聯絡。

註一： 賠償計算方法： 每月收入 ÷ 實際工作日數 x 病假日數〔法定假期及無薪假期除外〕 x 4/5 + 醫療費用* (*每日最高金額如下：

- (i) 門診治療或住院治療為二百元正；或
- (ii) 同日須接受門診及住院治療為二百八十元正。)

註二： 如個案涉及永久傷殘或喪失工作能力達百分之三或以上者，僱主應立即通知本公司，並遞交表格七給予本公司處理。

工安保險有限公司

EMPLOYEES' COMPENSATION INSURANCE

CLAIMS PROCEDURES

The claims procedures follow that required by the Employees' Compensation Ordinance on which your insurance is based. Under the Ordinance, any accident sustained by an employee arising out of and in the course of his/her employment should be notified to the Labour Department by the employer within 7 days by means of the Form 2 in case of death and within 14 days by means of the Form 2 or 2B in case of total or partial incapacity.

Where the injury results in temporary incapacity for NOT more than 3 days and NO permanent incapacity:-

The employer is required to complete the Form 2B to notify the Commissioner for Labour of any work accident in the above circumstances. No assessment is required for this kind of employees' compensation case, the compensation (Note 1) should be paid to the employee by the employer on the employee's normal pay day.

Where the injury results in temporary incapacity for OVER 3 days but NOT more than 7 days and NO permanent incapacity:

The employer is required to complete the Form 2 to notify the Commissioner for Labour of any work accident in the above circumstances. The employee may enter into an agreement directly with his/her employer as to the compensation payable (Note 1) and the employee in return need not to attend the Labour Department for assessment.

Where the injury results in temporary incapacity for more than 7 days:

Upon receipt of the Form 2, Labour Department will give notice to the employee advising him/her of the claims procedures. After the assessment, the Commissioner for Labour will issue a Certificate of Assessment (Form 7) to both the employer and the employee stating the result of assessment (**Note 2**). Should there be no objection to the assessment result by both parties, a Certificate of Compensation Assessment (Form 5) will be issued to them thereafter stating the amount of compensation.

Immediately after the accident under any of the above circumstances, we, as Insurers will need to be provided with a copy of the Form 2 or 2B which will serve as notification of the claim. For those involving medical expenses, medical bills must be submitted together with Certificate of Compensation Assessment (Form 5), Certificate of Assessment (Form 7), and all relevant sick leave certificates for our handling. In respect of work accidents with either sick leave for NOT more than 3 days or OVER 3 but NOT more than 7 days, a DECLARATION will be sent to the employer/employee by this office for completion, endorsement and return for payment effecting.

Should you require any guidance in submitting your claim including method of calculating compensation, please do not hesitate to contact us.

Note 1: Method of Calculating Compensation: $\text{Monthly earnings} \div \text{actual working days} \times \text{No. of sick leave days (excluding statutory holidays \& unpaid leave days)} \times 4/5 + \text{Medical Expenses}^*$ (*daily maximum for:

- (i) outpatient treatment or hospitalization: HK\$200.00; or
- (ii) outpatient treatment and hospitalization on the same day: HK\$280.00)

Note 2: For injuries involving loss of earning capacity of 3% or above as assessed by the Employees' Compensation Assessment Board, you, as the employer, must notify us immediately and send the Form 7 to us for our advice.

KONO INSURANCE LIMITED