



**QBE HONGKONG & SHANGHAI INSURANCE LTD.**

**昆士蘭聯保保險有限公司**

A Member of the Worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

## WHAT TO DO WHEN AN ACCIDENT OCCURS TO YOUR EMPLOYEES.....

1. In the event of an employee sustaining injury arising out of and in the course of his employment, the employer shall send the injured employee to the nearest government hospital or registered medical practitioner clinic for medical treatment.
2. If the injured employee is granted sick leave, the employer needs to complete and forward "FORM 2/2B" in duplicate to the Labour Department within FOURTEEN days of the accident and send copy of the completed FORM 2/2B, along with the original sick leave certificate(s), original medical receipt(s) and a copy of Identity Card of the injured employee, to the Company at the same time.
3. When the injured employee recovered to resume normal work, the employer should follow the instructions given by the Labour Department to complete all necessary procedures for the assessment of compensation.
4. For claim processing, please submit to the Company as soon as possible the Original Sick Leave Certificates; Original Medical Expenses Receipts; Original Form 5 and Original Form 7 (if any) and documents requested by the Company (if any).
5. In case of any enquiries relating the accident and claim, please contact the Company's Claims Department at hotline 2877 8608.

## 如遇僱員受傷，你應該.....

1. 倘若僱員因工受傷，僱主應將受傷僱員送往醫院或註冊醫生診所接受治療。
2. 僱主要在十四天內填妥「表格 2/2B」一式兩份交往勞工處，並須同時將「表格 2/2B」副本連同「病假證明書」正本、「醫療費用收據」正本及受傷僱員之身份證副本交往本公司存案。
3. 在該受傷僱員痊癒後，僱主當依照勞工處寄來之指示，協助辦理有關之工傷賠償。
4. 請儘速將「病假證明書」正本、「醫療費用收據」正本、「補償評估證明書」（表格五）正本及「評估證明書」（表格七）正本及本公司要求之文件（如有）交往本公司辦理賠償。
5. 對於一切有關工傷賠償之疑問，請致電本公司賠償熱線 2877 8608 查詢。

**昆士蘭聯保保險有限公司**

## EMPLOYEES' COMPENSATION INSURANCE RENEWAL

Account No: \_\_\_\_\_

**Cover:** Indemnify the insured employer against his liability to employees under the Employees' Compensation Ordinance and at Common Law for injuries or death arising out of and in the course of employment up to HK\$200 million per event.

**N.B.:** Please answer all questions. A negative reply shall be taken for any unanswered questions.

### THE INSURED

**Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**Business Nature:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_  
**Period of Insurance:** From \_\_\_\_\_ To \_\_\_\_\_

### ESTIMATED EARNINGS DECLARATION FORM

#### INFORMATION OF ALL EMPLOYEES

(All employees within the scope of the Employees' Compensation Ordinance must be included)

Description of Occupations	No. of Employees Employed	Estimated Annual Salaries / Wages & other Earnings	For Office Use Only		
			Classification Code	Rate per Cent	Premium

The total amount of salaries/wages and other earnings paid by me/us to the above mentioned employees during the past 12 months was

If your employees are or will be working outside Hong Kong, please state the Country and number of employees involved.

Do your employees need to use any kind of machineries for the execution of works? If yes, please give details

### IMPORTANT NOTICE

**It is very important that all employers must report correct salaries / wages and other earnings information of their employees to the insurers, in order to comply with the Employees' Compensation Ordinance (ECO), Chapter 282 and to ensure full indemnification to meet their liabilities to the employees for accidents arising out of and in the course of employment.**

**Employers are reminded that according to the Limit of Indemnity Clause & Insurance Premium Clause contained in the employees' compensation insurance policy, under-reporting of earnings / wages may result in reduced claim payment for accidents to the employees of which employers are liable themselves. Furthermore, an employer failing to insure in accordance with Section 40(1) of the ECO (Chapter 208) shall be guilty of an offence and shall be liable on conviction to a maximum fine of HK\$100,000 and imprisonment for two years.**

### GUIDELINES

- i) Description of Occupations:  
Each Category of occupation is to be shown separately, e.g. Clerical Staff, Sales/Marketing Staff, Messenger, Lorry Driver, Welder, etc.

- ii) Total Earnings [as more fully defines under Section 3 of the Employees' Compensation Ordinance (Chapter 282)]: Please declare the estimated / actual total gross earnings for the period of insurance
- iii) Submission  
You are required to complete the Declaration of Earnings section duly signed by an authorized officer and submit it to the Insurance Company before expiry or termination of the policy together with proof of wages actually paid / Monthly MPF Contribution Statements for the Period of Insurance (stating the occupation of each employee).

## DECLARATION

I / We declared and agreed:

1. that to the best of my / our knowledge and belief the information and answers given on this form are true, complete and correct in every respect;
2. that the information and answers given on this form are filled in by me / us or by any other person under my / our full instructions;
3. that this reporting shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and QBE Hongkong & Shanghai Insurance Limited.

If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understand, acknowledge and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he she is authorized to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

\_\_\_\_\_  
Signature of Applicant / Insured (with Company Chop)

\_\_\_\_\_  
Date

## 僱員賠償保險續保書

帳戶編號： \_\_\_\_\_

保障僱主因應僱員賠償條例所訂定及民事法裁定給予僱員因工傷亡之賠償。最高賠償額為每一事故二億港元。  
注意：請詳答所有問題，如以下問題未有填寫者則作「否」論。

### 保戶資料

名稱： \_\_\_\_\_  
營業地址： \_\_\_\_\_  
業務性質： \_\_\_\_\_ 電話： \_\_\_\_\_  
投保日期： \_\_\_\_\_ 由 \_\_\_\_\_ 至 \_\_\_\_\_

### 僱員收入評估申報表

僱員資料 ( 所有屬於僱員賠償條例下之員工均須包括在內 )

僱員工作類別	僱員人數	年薪 / 工資及其他收入評估	保險公司專用		
			編號	保率	保費

本人 / 我們在過去十二月內支付薪金，工資及其他收益予上列僱員為

如有員工在外地或將往外地工作，請列員工數目及地區名稱。

閣下的員工於工作時是否需要操作任何機器？若是，請列詳情。

### 重要通知

為符合法例第282章《僱員補償條例》的規定，並確保僱主須補償僱員因工受傷的責任時獲得足夠保障，僱主必須向保險公司如實申報其僱員的實際工資。

謹此提醒所有僱主：根據現行僱員補償保單內有關保單賠償限額及保費的條款，僱主如不足額申報工資，保險公司的賠償金額會因此而下調，僱主需承擔差額。此外，任何未有按照《僱員補償條例》第40(1)條的規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。

### 指引

- i) 僱員工作類別：  
閣下需要獨立申報所有類型的職位，例如：辦公室員工，銷售 / 市場推廣人員，郵遞員，貨車司機，燒焊技工等。
- ii) 總收入〔詳細定義如法例第282章《僱員補償條例》第三節〕：  
閣下請詳細列明在保險期內的預測 / 實際工資總金額
- iii) 提交  
閣下需要將填妥並獲授權人士簽署的僱員收入評估申報表提交給保險公司，同時附以實際收入證明文件 / 強積金月結單據〔須指明工作類型〕

**聲明**

本人 / 我們謹聲明及同意

1. 上述填寫之資料及答案均為真實、完整及正確；
2. 上述之所有資料及答案均屬本人 / 本公司填寫或經本人 / 本公司授意下填寫；
3. 所有申報資料為本人 / 本公司與昆士蘭聯保保險有限公司訂立此保險契約及以後續約之根據。

如為閣下服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他 / 她已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

\_\_\_\_\_  
投保人簽署 ( 公司印鑒 )

\_\_\_\_\_  
日期



To our valued business clients:

Please be informed that The Hong Kong Federation of Insurers ("HKFI") has recently addressed the importance on the accuracy of wage roll declaration process in arranging Employees' Compensation Insurance. We therefore would like to draw to your attention and ask for your kind co-operations on matters addressed in the following important notice.

## **IMPORTANT NOTICE**

### **Employees' Compensation Insurance - Earnings Declaration**

It is very important that all employers must report actual earnings information of their employees to the insurers, in order to comply with the Employees' Compensation Ordinance ("ECO"), Chapter 282, and to ensure full indemnification to meet their liability to the employees for accidents arising out of and in the course of the employment.

Employers are reminded that:

- 1) Upon request from the Insurers or within 30 days after the expiry of the period of insurance or upon cancellation of the Employees' Compensation Insurance ("ECI") policy, they shall supply the insurers with the completed Premium Adjustment & Declaration of Earnings Form stating the **actual** earnings of their employees as well as the relevant supporting documents during the period of insurance.
- 2) According to the clause (e) of the Policy Limit of Indemnity contained in the ECI policy, under-reporting of earnings may result in proportionate reduction in indemnity for compensable claims. In such cases, Employers will have to bear the proportionate share of indemnity for the injured employees by themselves. If no declaration of the actual earnings by the employer is received by the insurer as prescribed in (1) above, for the purpose of this clause the earnings estimated by the employer as at the commencement of the Period of Insurance shall be used in lieu of actual earnings that should have been declared to determine the extent of the under-insurance if any.
- 3) Furthermore, an employer failing to insure in accordance with Section 40(1) of the ECO commits an offence and is liable on conviction up to a maximum fine of HK\$100,000 and imprisonment for two years.

## **重要事項**

### **僱員補償保險—申報工資**

為符合法例第282章《僱員補償條例》的規定，並確保僱主須補償僱員因工受傷的責任時獲得足夠保障，僱主必須向保險公司如實申報其僱員的實際工資。

謹此提醒所有僱主：

- 1) 僱主必須在保險公司要求下或保單到期或取消保單以後的30天內，向保險公司提交已填妥的「保費調整及工資申報表格」，申報其所有僱員在保險期內的實際工資金額，並提供有關證明文件。
- 2) 根據現行僱員補償保單內有關保單賠償限額的條款[e]，僱主如不足額申報工資，保險公司或會因此按比例減少償付僱主須補償其受傷僱員的金額，僱主需按比例承擔賠償餘額。如僱主沒有按照上述[1]向保險公司申報實際工資金額，僱主在保單生效時提交的估計工資金額將視作實際工資金額，並以此釐定是否投保不足。
- 3) 任何未有按照《僱員補償條例》第40[1]條的規定購買僱員補償保險的僱主，即屬違法，最高可被判罰款港幣十萬元及監禁兩年。