

To: China Taiping Insurance (HK) Co., Ltd.
19/F., China Taping Tower,
8 Sunning Road, Causeway Bay, Hong Kong.

Date:
Claim No.:
Policy No.:

Agreement Pursuant To Section 16CA of the Employees' Compensation Ordinance

This is hereby agreed that compensation in the sum of HK\$ _____ was received by the Employee _____ (HKID No. _____) from the Employer in full and final settlement of the Employee's claim against the Employer in respect of a work-related accident happened on _____ under the Employees' Compensation Ordinance. Both the Employer and the Employee confirm that the injury results in temporary incapacity NOT more than 7 days and NO permanent incapacity as stated in the Form 2B or Part H of the Form 2 reported to the Labour Department. It is also confirmed that the Employee has now fully recovered from the injury.

Original sick leave certificates (if not already submitted to insurers) are enclosed herewith.

Signed by the Employer and
Affix Company Chop

Signed by the Employee

致: 中國太平保險(香港)有限公司
香港銅鑼灣新寧道 8 號
中國太平大廈 19 樓

日期:
賠案號碼:
保單號碼:

依照僱員補償條例第 16CA 項之協議

我等同意僱員 _____ (香港身份證號碼 _____) 已從僱主收取 _____ 港元賠償，以作為圓滿及最終解決僱員根據僱員補償條例，就發生於 _____ 年 _____ 月 _____ 日之工傷意外對僱主的所有索償。

僱主及僱員均確認根據向勞工處填報之表格 2B 或表格 2 第 H 部份所載之資料，該宗因工受傷只引致暫時性喪失工作能力不超過 7 天，並無導致永久性喪失工作能力。

我等確認僱員現已從該宗工傷意外中完全康復。

隨函附上正本病假證明書（如該書仍未呈交保險公司）

僱主簽署及公司蓋印

僱員簽署