

Notification of Accident

I (hereafter referred as "employee") was injured in an accident arising out of and in the course of my employment. Details are as follows: (Note 1)

A. Particulars of the employee

Name of employee (Surname first)		Identity Card/Passport No.	
Residential Tel. No. / Mobile Tel. No. /		Address	
Date of Birth ____ / ____ / ____ Day/Month/Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	An apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Particulars of employer (Note 2)

Name of employing company/person (Please provide full name of employing company/person)	
Contact Person	Address
Telephone No.	

C. Particulars of principal contractor (Note 3)

Name of principal contractor (Please provide full name of principal contractor)	
Contact Person	Address
Telephone No.	

D. Description of accident (Note 4)

Date of accident ____ (Day) / ____ (Month) / ____ (Year)	Time of accident _____ a.m./p.m.
Describe how the accident happened, nature of injury and state what the employee was doing at the time	
Address of the place of accident <input type="checkbox"/> Same as the address of my employer <input type="checkbox"/> Same as the address of principal contractor <input type="checkbox"/> Others, please specify : _____	
Sick leave granted to the employee due to this accident From ____ (Day) / ____ (Month) / ____ (Year) to ____ (Day) / ____ (Month) / ____ (Year)	

E. Name of hospital/clinic where the employee received treatment

KLN	<input type="checkbox"/> Queen Elizabeth Hospital	<input type="checkbox"/> Kwong Wah Hospital	<input type="checkbox"/> Caritas Medical Centre
	<input type="checkbox"/> United Christian Hospital		
NT	<input type="checkbox"/> Princess Margaret Hospital	<input type="checkbox"/> Prince of Wales Hospital	<input type="checkbox"/> Tuen Mun Hospital
	<input type="checkbox"/> North District Hospital	<input type="checkbox"/> Tai Po Nethersole Hospital	<input type="checkbox"/> Yan Chai Hospital
	<input type="checkbox"/> Pok Oi Hospital	<input type="checkbox"/> Tseung Kwan O Hospital	
HK	<input type="checkbox"/> Ruttonjee and Tang Shiu Kin Hospitals		<input type="checkbox"/> Queen Mary Hospital
	<input type="checkbox"/> Pamela Youde Nethersole Eastern Hospital		
	<input type="checkbox"/> Others (please specify) _____		

F. Nature of injury (Note 5)

Indicate nature of injury (Please “✓” in the appropriate box) —

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Contusion & bruise	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Amputation	<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Irritation
<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Laceration and cut	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Nausea
<input type="checkbox"/> Burn (heat)	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Sprain & strain	<input type="checkbox"/> Multiple injuries
<input type="checkbox"/> Burn	<input type="checkbox"/> Crushing	<input type="checkbox"/> Freezing	<input type="checkbox"/> Others (please specify)

Part of body injured (Please “✓” in the appropriate box) —

<u>Head</u>	<u>Neck & Trunk</u>	<u>Upper Limbs</u>	<u>Lower Limbs</u>	
<input type="checkbox"/> Skull/scalp	<input type="checkbox"/> Neck	<input type="checkbox"/> Finger	<input type="checkbox"/> Hip	<input type="checkbox"/> Multiple locations
<input type="checkbox"/> Eye	<input type="checkbox"/> Back	<input type="checkbox"/> Hand/palm	<input type="checkbox"/> Thigh	(please specify)
<input type="checkbox"/> Ear	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Knee	
<input type="checkbox"/> Mouth	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/> Leg	
<input type="checkbox"/> Tooth	<input type="checkbox"/> Trunk	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Ankle	
<input type="checkbox"/> Nose	<input type="checkbox"/> Pelvis/groin	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Foot	
<input type="checkbox"/> Face				

Employee's Signature _____

Date _____

Notice to employee :

- Note 1 :* When completing this notification, please provide accurate and detailed information to facilitate the processing of your case. Please send the original of this notification to the Employees' Compensation Division of the Labour Department, send one copy each to your employer and the principal contractor (if applicable) and keep one copy for your own reference.
- Note 2 :* In providing particulars of the employer, you may refer to employment contract, mandatory provident fund membership certificate or related document, wage receipt, wage cheque, tax return, employer's name card, employer's letterhead and envelope for information.
- Note 3 :* In providing particulars of the principal contractor, you may refer to work permit of the workplace, notice posted at the workplace and principal contractor's name card for information. You may consult your employer and co-workers as well.
- Note 4 :* When describing how the accident happened, please state what the injured employee was doing at the time and give details of how the accident happened, e.g. what work was the injured employee being carried out, what factors (directly and indirectly) had led to the accident, and how he was injured, etc. When describing the nature of injury, please give details on the injury sustained.
- Note 5 :* Regarding the part of body injured, you may refer to the diagnosis stated on the medical certificate (i.e. sick leave certificate), hospital admission and discharge slip for information.

Notice to employer / principal contractor :

- According to Section 15 of the Employees' Compensation Ordinance, an employer must notify the Commissioner for Labour of any accident using Form 2 (for work injury resulting in temporary incapacity for more than 3 days) or Form 2B (for work injury resulting in temporary incapacity for not more than 3 days) within 14 days of its happening or within 14 days after the accident has come to his knowledge irrespective of whether the accident gives rise to any liability to pay compensation.
- If the employer has not yet reported the case, please report to the Employees' Compensation Division of the Labour Department using the prescribed form based upon the place of accident as soon as possible.
- Even if in case there is insufficient information, the employer is advised to report the accident to the Labour Department in the prescribed form first with the information available and then supply the missing information as soon as practicable. In case there are queries to this accident and the case is under investigation, the employer is still advised to report the accident first and then keep the Labour Department informed of the investigation result as well as whether the employer admits liability to this accident under the Ordinance as soon as possible.
- The prescribed forms for reporting work accident are available at the following offices, or may be downloaded from the website of the Labour Department : www.labour.gov.hk

Address of the Employees' Compensation Division of the Labour Department :

- Hong Kong Offices (Cases on Hong Kong and Outlying Islands) – 16/F Southorn Centre, 130 Hennessy Road, H.K.
- Kowloon Offices (Cases in Kowloon) – 10/F Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, KLN
- Tsuen Wan & Kwai Chung Offices (Cases in Tsuen Wan, Kwai Chung and Western N.T.) – 6/F Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, N.T.
- Government Employees and Seamen Office (cases in Tseung Kwan O, Sai Kung, and cases involving government employees and seamen) – 23/F, KOLOUR•Tsuen Wan I, 68 Chung On Street, Tsuen Wan, N.T.
- Shatin Office (Cases in Shatin and North District) – 2/F Shatin Government Offices, 1 Sheung Wo Che Road, Shatin