

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 Same as the address of my employer Same as the address of principal contractor 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 :	Queen Elizabeth Hospital	Kwong Wah Hospital	Caritas Medical Centre
	United Christian Hospital		
NT :	Princess Margaret Hospital	Prince of Wales Hospital	Tuen Mun Hospital
	North District Hospital	Tai Po Nethersole Hospital	Yan Chai Hospital
	Pok Oi Hospital	Tseung Kwan O Hospital	
HK :	Ruttonjee and Tang Shiu Kin Hospitals		Queen Mary Hospital
	Pamela Youde Nethersole Eastern Hospital		
	Others (please specify) _____		

F. Nature of injury (Note 5)

Indicate nature of injury (Please “✓” in the appropriate box) —				
Abrasion	Contusion & bruise	Electric shock	Poisoning	
Amputation	Concussion	Fracture	Irritation	
Asphyxia	Laceration and cut	Puncture wound	Nausea	
Burn (heat)	Dislocation	Sprain & strain	Multiple injuries	
Burn	Crushing	Freezing	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>	
Skull/scalp	Neck	Finger	Hip	Multiple locations (please specify)
Eye	Back	Hand/palm	Thigh	
Ear	Chest	Forearm	Knee	
Mouth	Abdomen	Elbow	Leg	
Tooth	Trunk	Upper arm	Ankle	_____
Nose	Pelvis/groin	Shoulder	Foot	
Face				

Employee’s Signature _____ Date _____

Notice to employee :

- Note 1 :* Please send the original of this notification to the Employees’ Compensation Division of the Labour Department, send a copy to your employer and keep a copy for your own retention. When completing this notification, please provide accurate and detailed information to facilitate the processing of your case.
- 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 employee was doing at the time and give details of how the accident happened, e.g. what work was the injured doing, 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 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 respective form as soon as possible.
- Even if in case there is insufficient information, the employer is advised to report the accident to Labour Department with 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 Employees’ Compensation 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 in Hong Kong and Outlying Islands) – 16/F Southorn Centre, 130 Hennessy Road, H.K.
- Kowloon Offices (Cases in Kowloon and cases involving government employees) – 10/F Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
- 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.
- Shatin Office (Cases in Shatin and Northern N.T.) – 2/F Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, N.T.