

Pneumoconiosis and Mesothelioma (Compensation) Ordinance

肺塵埃沉着病及間皮瘤(補償)條例

Chapter 360

第 360 章

Section 14(1)

第 14(1)條

Notification of A Claim for Compensation

肺塵埃沉着病及/或間皮瘤補償聲請通知

Important notes

This form is to facilitate you to fill in and record relevant information. Should you wish to make a notification of a claim for compensation, **please call the Pneumoconiosis and Mesothelioma Compensation Office of the Labour Department at 2852 4822 / 2852 3813 / 2852 3091 to enquire about the application procedures and eligibility.** You should submit the duly completed and signed original form to the above office (address: Room 601, 6/F, Harbour Building, 38 Pier Road, Central, Hong Kong) in person at the appointment time to complete the application procedures. The Labour Department only accepts the original form with signature.

重要附註

本表格只為方便你填寫及記錄有關資料。如你欲提出補償聲請通知，請先致電勞工處肺塵埃沉着病及間皮瘤補償辦事處（電話號碼：2852 4822／2852 3813／2852 3091）查詢申請手續及所需資格。你須按預約時間親身將已填妥及簽署的正本表格交回上述辦事處（地址：香港中環統一碼頭道 38 號海港政府大樓 6 樓 601 室），以完成申請手續。勞工處只接受已簽署的正本文件。

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To Commissioner for Labour

致勞工處處長

Part I

第一部份

Particulars of Pneumoconiosis and/or Mesothelioma Sufferer

肺塵病及 / 或間皮瘤患者資料

Name (English and Chinese) 姓名(中英文)		Sex* 性別*	Male 男	Female 女
Identity Card No. 身份證號碼	Date of Birth 出生日期			
Address 地址				
Length of residence in Hong Kong (as at date of *notification/death) 在港居留年期 (計算至*通知日期/死亡日期)		Telephone No. 電話號碼		
Name of next-of-kin 近親姓名		Relationship with pneumoconiosis and/or mesothelioma sufferer 與病患者的關係		
		Identity Card No. 身份證號碼		
Address 地址		Telephone No. 電話號碼		
Applicable to Fatal Case Only 只適用於死亡個案				
Date of death 死亡日期	Place of death 死亡地點		Death Certificate No. 死亡證號碼	
Date of first examination 首次檢查日期	No. of the first Certificate of Determination issued by Pneumoconiosis Medical Board 首張肺塵埃沉着病判傷委員會評定證明書編號			

* Delete whichever is inapplicable
請刪去不適用字句

Part II
第二部份

Employment Record
就業紀錄

	Date (total years of service) 日期(合共年資)	Post/Department 職位／部門
Hong Kong Government/ Government of the Hong Kong Special Administrative Region 香港政府／ 香港特別行政區政府	to 至 ()	(Pension No.) (長俸號碼)
Construction Industry 建造業	to 至 ()	
Quarry Industry 石礦業	to 至 ()	
Others 其他行業	to 至 ()	
Employment status as at date of * notification/death *通知日／死亡日 當天的就業情況	self-employed 自僱 <input type="checkbox"/>	employed 在職 <input type="checkbox"/> unemployed 失業 <input type="checkbox"/>

Part III
第三部份

Applicable To Fatal Case Only
只適用於死亡個案

A. Particulars of Claimant
聲請人資料

Name (English and Chinese) 姓名 (中英文)	Identity Card No. 身份證號碼
Relationship with deceased 與死者關係	Telephone No. 電話號碼
Address 地址	

B. Particulars of Member(s) of the Family
死者的家庭成員資料

Name (Identity Card No.) 姓名 (身份證號碼)	Relationship with deceased 與死者關係	Age 年齡	Address 地址	Telephone No. 電話號碼
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* Delete whichever is inapplicable
請刪去不適用字句

Part IV
第四部份

Declaration
聲 明

*** Declaration by Pneumoconiosis and/or Mesothelioma Sufferer:**

病患者聲明：

(a) I, _____, declare that

我，_____，聲明

***(i)** I have never received ex-gratia payment from the Government in respect of pneumoconiosis.
本人從未因肺塵埃沉着病從政府收取恩恤款項。

(ii) I have never received compensation from the Pneumoconiosis Compensation Fund Board in respect of pneumoconiosis and/or mesothelioma.
本人從未因肺塵埃沉着病及/或間皮瘤從肺塵埃沉着病補償基金委員會收取補償。

(b) I, _____, declare that the information given in this form is, to the best of

我，_____ 謹此聲明，盡本人所知，在本表格內呈報的資料，

my knowledge, true and accurate.

全屬真實準確。

*** Declaration by Claimant (Applicable to fatal case only):**

聲請人聲明(只適用於死亡個案)：

(a) I, _____, declare that

我，_____，聲明

(i) *I/The family member(s) named in Part III above (to the best of my knowledge and belief) and myself have never received ex-gratia payment from the Government in respect of the relationship with the abovenamed deceased pneumoconiotic.
*本人/上述第三部份提述的家庭成員(據本人所知所信)及本人從未因與上述去世的病患者的關係從政府收取恩恤款項。

(ii) *I/The family member(s) named in Part III above (to the best of my knowledge and belief) and myself have never received compensation from the Pneumoconiosis Compensation Fund Board in respect of the relationship with the abovenamed deceased pneumoconiosis and/or mesothelioma sufferer.
*本人/上述第三部份提述的家庭成員(據本人所知所信)及本人從未因與上述去世的病患者的關係從肺塵埃沉着病補償基金委員會收取補償。

***(iii)** _____ (name of the deceased) had never received ex-gratia payment from the Government in respect of pneumoconiosis.
(死者姓名)從未因肺塵埃沉着病從政府收取恩恤款項。

(b) I, _____, declare that the information given in this form is, to the best of

我，_____ 謹此聲明，盡本人所知，在本表格內呈報的資料，

my knowledge, true and accurate.

全屬真實準確。

Signature : _____
簽名

Date : _____
日期

Statement of Purposes for the Collection of Personal Data
收集個人資料的目的

Purpose of Collection

收集資料的目的

1. The personal data provided to the Labour Department will be used for one or more of the following purposes:
你 在 本 表 格 內 提 供 的 個 人 資 料 ， 勞 工 處 會 用 作 下 列 一 項 或 多 項 的 用 途：
 - (a) to process a claim for compensation under the Pneumoconiosis and Mesothelioma (Compensation) Ordinance
辦 理 根 據 肺 塵 埃 沉 着 病 及 間 皮 瘤 （ 補 償 ） 條 例 提 出 的 補 償 申 請 ；
 - (b) to enforce relevant provisions of the Ordinance;
執 行 該 法 例 的 有 關 條 款 ；
 - (c) to compile statistics and conduct research; and
進 行 統 計 及 研 究 ； 及
 - (d) any other legitimate purposes.
其 他 合 法 用 途 。
2. The provision of the personal data is voluntary. However, if you do not provide sufficient information, the Labour Department may not be able to process the case.
提 供 上 述 資 料 全 屬 自 願 性 質 。 如 你 不 能 提 供 足 夠 資 料 ， 本 處 或 許 不 能 辦 理 你 的 申 請 。

Classes of Transferees

資料轉交的類別

3. The personal data provided may be disclosed to the following parties for the purposes mentioned above:
你 在 本 表 格 內 提 供 的 個 人 資 料 ， 或 許 會 被 轉 交 下 列 人 士 以 用 作 上 述 的 用 途：
 - (a) relevant employers;
有 關 的 僱 主 ；
 - (b) Pneumoconiosis Medical Board;
肺 塵 埃 沉 着 病 判 傷 委 員 會 ；
 - (c) Pneumoconiosis Compensation Fund Board;
肺 塵 埃 沉 着 病 補 償 基 金 委 員 會 ；
 - (d) government bureaux and departments; and
政 府 決 策 局 和 部 門 ； 及
 - (e) Court.
法 院 。

Access and Correction of Personal Data

查閱及改正個人資料

4. You have the right to request access to and correction of your personal data as provided under 根據個人資料（私隱）條例第 18 及 22 條以及附表 1 第 6 項 sections 18, 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right 原則的規定，你有權查閱及改正有關的個人資料。你的查閱權 of access includes the right to obtain a copy of your personal data provided in this form subject to 包括在繳交有關費用後，索取在本表格內提供的個人資料 payment of a fee. 的副本。

Others

其他事項

5. If the information that you provide to this department contains the personal data of a third party, 如在你提交給本處的資料中涉及第三者的個人資料， you are required to obtain his/her consent beforehand. You should also let the concerned party 請你取得有關人士的允許並確保有關人士知悉上述收集 know the purpose of collecting his/her personal data, the classes of the transferees and his/her right 個人資料的目的、資料轉交的類別、查閱及改正個人資料 to access and correct the personal data. 的權利。

Enquiries

查詢

6. Enquiries concerning the kinds of personal data collected, including the making of access and 有關查詢本表格的個人資料，包括查閱及改正， correction, could be addressed to the office manager of the Pneumoconiosis and Mesothelioma Compensation Office 可向勞工處肺塵埃沉着病及間皮瘤補償辦事處 of the Labour Department. 經理提出。

Address: Room 601, 6/F, Harbour Building, 38 Pier Road, Central, Hong Kong.

地址：香港中環統一碼頭道 38 號，海港政府大樓 6 樓 601 室

Telephone No: 2852 4821

電話號碼：2852 4821