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Labour Department Case No. : _____

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 to employee (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 ☐ Male ☐ Female	Occupation	An apprentice ☐ Yes ☐ No

B. Particulars of employer (Note to employee (2))

Name of employing company/person (Please provide full name of employing company/person)	☐ Construction Industry ☐ Transportation & Logistics Industry ☐ Catering & Hotels Industry ☐ Others

Name of Contact Person	Address
Telephone No.	

C. Particulars of principal contractor (if applicable) (Note to employee (3))

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

D. Description of accident (Note to employee (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 employer ☐ Same as the address of principal contractor ☐ Others, please specify : _____	
Sick leave granted to the employee due to this accident ☐ Yes, the relevant medical certificates are enclosed ☐ Yes, the relevant medical certificates will be submitted later (Sick leave period: From _____(Day) /_____(Month) /_____(Year) to _____(Day) /_____(Month) /_____(Year)) ☐ No	

E. Name of hospital/clinic where the employee received treatment (Please "✓" in the appropriate box)

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 ☐ North Lautau Hospital
☐ Tin Shui Wai Hospital

HK :
☐ Ruttonjee and Tang Shiu Kin Hospitals ☐ Queen Mary Hospital
☐ Pamela Youde Nethersole Eastern Hospital

☐ Others (please specify) : _____

F. Nature of injury (Note to employee (5))

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) —

Head	*Neck & Trunk*	*Upper Limbs*	*Lower Limbs*	
☐ 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				

Note to employee :

(1) : Please send the original copy of this notification to the Employees' Compensation Division – Central Processing Team of the Labour Department, and send one copy each to your employer and the principal contractor (if applicable) and keep one copy for your own reference. If you have any supporting documents for your work injury (e.g. medical certificates), please submit them together with this notification to the Employees' Compensation Division of the Labour Department, employer and principal contractor (if applicable) to facilitate the processing of your case.

Address of the Employees' Compensation Division Operations – Central Processing Team
Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon

(2) : In providing "Particulars of employer", you may refer to employment contract, mandatory provident fund membership certificate, wage receipt, wage cheque, tax return, employer's name card, employer's letterhead and envelope, etc.

(3) : In providing "Particulars of principal contractor", you may refer to work permit of the workplace, notice posted at the workplace and principal contractor's name card, etc. You may consult your employer and co-workers as well.

(4) : In providing "Description of accident", please describe the details of the accident, e.g. what work was being carried out by you, course of the accident, what factors (directly and indirectly) leading to the accident, and how the injury occurred, etc.

(5) : In providing particulars of "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, etc.

I declare that I have read and fully understand the "Note to employee", and confirm that the information given in this notification and the supporting documents submitted are true and accurate. I understand that provision of false or erroneous information intentionally constitutes an offence, and the Labour Department may refer the case to other relevant government departments and/or statutory bodies for follow-up.

Employee's Signature _____ Date _____

Note to employer / principal contractor :

(1) : According to Section 15 of the Employees' Compensation Ordinance, an employer **must** notify the Commissioner for Labour of any work 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**.

(2) : If the employer has not yet reported the case, please report to the Employees' Compensation Division, Operations – Central Processing Team of the Labour Department using the prescribed form as soon as possible.

(3) : The information in this notification is provided by the employee only. Employer may contact the employee to obtain further details. In case there is insufficient information, the employer should report the accident with the information available to the Labour Department in the prescribed form first and then provide the supplementary information as soon as practicable. In case there are queries about this accident, the employer should report the accident first and then inform the Labour Department of the investigation result as well as whether the employer admits liability for this accident under the Employees' Compensation Ordinance as soon as possible.

(4) : The prescribed forms for reporting work accident are available at the offices of the Employees' Compensation Division of the Labour Department, or may be downloaded from the website of the Labour Department. For addresses of offices of the Employees' Compensation Division and forms download, please visit the Labour Department's website at www.labour.gov.hk .

Employees' Compensation Division – Operations
Labour Department
Statement of Purpose of Collection of Personal Data

Purpose of Collection

1. Your personal data collected by the Employees' Compensation Division – Operations of the Labour Department (ECD) may be used for one or more of the following purposes –

(a) To process a claim for compensation under the Employees' Compensation Ordinance (the Ordinance), or an application for the Brewin Trust Fund or other assistance schemes.
(b) To conduct employees' compensation assessments under the Ordinance.
(c) To enforce relevant provisions of the Ordinance and other legislations administered by the Labour Department.
(d) To investigate accidents.
(e) To make case referrals and take follow-up actions for the Pilot Rehabilitation Programme for Employees Injured at Work.
(f) To compile statistics and conduct research.
(g) Any other purposes as may be required or permitted by law.

2. Except where required by the Ordinance, the provision of personal data is voluntary. However, the Labour Department may not be able to process the case or carry out the activities mentioned in paragraph 1 if the personal data concerned is not provided.

Classes of Transferees of Personal Data

3. For the purpose of carrying out the work mentioned in paragraph 1, ECD may transfer your personal data to the following parties, as well as collecting your personal data from them –

(a) Parties relevant to the employees' compensation claim including employer, principal contractor, sub-contractor, holding company, insurer or agents authorised by the aforementioned parties to handle the compensation claim.
(b) Employees' Compensation Assessment Board.
(c) The Judiciary / Legal Aid Department / lawyers appointed by you.
(d) Hospital Authority / relevant hospital(s), clinic(s) and medical practitioner(s).
(e) Employees Compensation Assistance Fund Board.
(f) Brewin Trust Fund Committee / government department(s) or organisation(s) administering other assistance schemes.
(g) The contractor and service providers engaged to implement the Pilot Rehabilitation Programme for Employees Injured at Work.
(h) Relevant divisions under the Labour Department.
(i) Government bureaux and department(s) and other relevant organisation(s).
(j) Consultant(s) engaged to compile statistics or conduct research.

Access to Personal Data

4. You have the right to request access to and correction of your personal data as provided under sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data subject to payment of a fee.

Enquiries

5. Any enquiries concerning your personal data provided to ECD, including making data access and correction request, should be addressed to the case officer who handles your employees' compensation claim.

6. For any request for access to personal data, please complete the latest Data Access Request Form as specified by the Privacy Commissioner for Personal Data.

Submission of Notification of Accident / Notification of Suspected Occupational Disease

Please submit the completed notification at the office of the Employees' Compensation Division of the Labour Department. Details are as below:

	Address of the Employees' Compensation Division's Office
Reporting of work injury cases or suspected prescribed occupational disease cases	**Employees' Compensation Division Operations – Central Processing Team** Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
Enquiries on reported work injury cases or suspected prescribed occupational disease cases	**Employees' Compensation Division Operations – Team A** Room 1605, 16/F, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong
	Employees' Compensation Division Operations – Team B 18/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon
	Employees' Compensation Division Operations – Team C 6/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories
	Employees' Compensation Division Operations – Team D(1) Rooms 05-06, 23/F, KOLOUR•Tsuen Wan I, 68 Chung On Street, Tsuen Wan, New Territories
	Employees' Compensation Division Operations – Team D(2) Room 239, 2/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories
	Employees' Compensation Division Operations – Team E 18/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon

- For any enquiries on submission of the notifications, please call 2717 1771 (the hotline is handled by "1823").