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FORM 2A

EMPLOYEES' COMPENSATION ORDINANCE (CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OR INCAPACITY OF AN EMPLOYEE DUE TO OCCUPATIONAL DISEASE

Important Notes

(1) To be completed and returned in DUPLICATE to the Commissioner for Labour —

(a) WITHIN 7 DAYS of the death of the employee; or

(b) WITHIN 14 DAYS of the employee's incapacity; or

(c) WITHIN such period of time as required by the Commissioner for Labour.

(2) An employer who fails to give notice as required or who gives any false or misleading information to the Commissioner for Labour may be prosecuted.

(3) Please '✓' in the appropriate box.

(4) Please read the instructions carefully before completing this Form.

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EMPLOYEES' COMPENSATION ORDINANCE
(CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OR INCAPACITY OF AN EMPLOYEE DUE TO OCCUPATIONAL DISEASE

To the Commissioner for Labour

I declare that the information given in this form is, to the best of my knowledge, true and accurate.

Signature : _____ (for and on behalf of the employer)

Name (in block letters) : _____

Position : ☐ Sole proprietor ☐ Partner
☐ Manager ☐ Officer

Date : _____

_____
Chop of Company ***(Note 1)***

A. Particulars of the employee

Name of employee (Surname first)		Identity Card/Passport No.
Telephone No.	Fax No.	Address
Date of Birth _____ /_____ /_____ Day /Month/Year	Sex ☐ Male ☐ Female	Occupation
An apprentice ☐ Yes ☐ No	Duration of employment From _____ to _____	

B. Particulars of employer

Name of employing company/person		Business Registration Certificate No. ***(Note 2)***
Telephone No.	Address	Trade
Fax No.		

C. Particulars of principal contractor/holding company ***(Note 3)***

Name of principal contractor/holding company		Business Registration Certificate No.
Telephone No.	Address	Trade
Fax No.		

D. Particulars of the occupational disease

Name of hospital or clinic where the employee received treatment	
Date of commencement of the occupational disease _____ /_____ /_____ Day/Month/Year	Disease suffering from
Type of work attributed to the occupational disease	The disease resulted in ☐ temporary incapacity ☐ permanent incapacity ☐ death on _____ /_____ /_____ Day/Month/Year

E. Details of insurance ***(Note 4)***

Name and address of insurance company at the time of the employee's incapacity or death (Please refer to the insurance policy)	Policy No.

F. Details of earnings of the employee

Average number of working days per month	Rest day is
☐ 22 ☐ 24 ☐ 26 ☐ 30 ☐ Others _____ (please specify)	(a) ☐ not paid ☐ paid (b) ☐ not fixed ☐ fixed on _____ (Day of week)

Details of earnings per month for the month immediately preceding the date of the employee's incapacity or death: ***(Note 5)***

(a)	Basic salary/wages	$_____ / month
(b)	Food allowances/value of free food provided by employer	$_____ / month
(c)	Other items : _____ (please specify)	$_____ / month
	Total (a) + (b) + (c)	$_____ / month

Average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the employee's incapacity or death were

$_____ / month

G. Fatal case (to be completed where the occupational disease results in death)

Whether police was notified	Name and address of next-of-kin of the deceased employee	Relationship with the deceased employee
☐ Yes _____ (name of police station) ☐ No		Telephone No.

H. Direct settlement (to be completed only where the occupational disease results in temporary incapacity for not more than 7 days and no permanent incapacity, and the employer and employee have chosen to directly settle the employees' compensation claim)

Period of sick leave	Amount of compensation:
from _____ / _____ / _____ to _____ / _____ / _____ Day / Month / Year Day / Month / Year _____ / _____ / _____ to _____ / _____ / _____ Day / Month / Year Day / Month / Year Total number of sick leave days : _____days	$ _____ ☐ paid ☐ to be paid on _____ / _____ / _____ Day / Month / Year

Explanatory Notes

Note 1: The signature and company chop which appear in both copies of Form 2A submitted to the Commissioner for Labour should be in the original.

Note 2: If the Business Registration Certificate No. is not available, the Identity Card No. of the employing person should be entered.

Note 3: Section C on particulars of principal contractor/holding company should be completed only when the employer is either:

(a) a subcontractor; or

(b) a subsidiary of a holding company within the meaning of the Companies Ordinance (Cap. 622) and which is covered by and specified in the insurance policy taken out by the group of companies to which it belongs.

Note 4: The name and address of the insurer as appeared on the insurance policy, instead of those of the broker or agent should be entered here.

Note 5: Earnings include:

(a) cash wages;

(b) the value of any privilege or benefit which can be estimated in cash, e.g. food, fuel or quarters supplied to the employee if, as a result of the accident, he is deprived of any of them;

(c) overtime or other special remuneration for work done, whether in the form of bonus, allowance or otherwise, if it is of a constant nature; and

(d) customary tips.

But remuneration for intermittent overtime, casual payments of a non-recurrent nature, the value of travelling allowances or concession and the employer's contributions to provident funds are not included.

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

Important Notes to Employers
on Compliance with Personal Data (Privacy) Ordinance (Cap. 486)

By completing Form 2/2A/2B, you are providing personal data in respect of you and your employee to the Employees' Compensation Division, Labour Department. Please ensure that you have complied with the relevant requirements of Personal Data (Privacy) Ordinance (Cap. 486) when disclosing and transferring the personal data of your employee. For non-fatal cases, please also make sure that **you and your employee** have read the following Statement of Purpose of Collection of Personal Data before your submission of Form 2/2A/2B.

Purpose of Collection

1. Yours and the injured employee's 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 the personal data from them –

(a) Parties relevant to the employees' compensation claim including injured employee, family member(s) of the deceased employee, 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 the personal data as provided under sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data subject to payment of a fee.

Enquiries

5. Any enquiries concerning the 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 Form 2 / 2A / 2B

Completed Form 2 / 2A / 2B should be submitted **in duplicate** to the following office of the Employees' Compensation Division of the Labour Department:

	Address of the Employees' Compensation Division's Office
Work Injury Cases	**Employees' Compensation Division** **Operations – Central Processing Team** Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
Fatal Cases	**Fatal Cases Office** Room 601, 6/F, Harbour Building, 38 Pier Road, Central, Hong Kong

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

- The Employees' Compensation Division will normally inform you/your company of the case reference number as well as the handling office of your case within 1 month after the receipt of the completed forms. If no such information is received by then, please call 2150 6364 (for work injury cases) or 2852 3994 (for fatal cases) for enquiry.

- For the addresses of all offices of the Employees' Compensation Division, please visit the Labour Department's website (https://www.labour.gov.hk/eng/tele/ec.htm) or call 2717 1771 for details.