

# EMPLOYEES' COMPENSATION REGULATIONS

(CAP. 282, SECTION 49)

[1 December 1953] (*G.N.A. 161 of 1953*)

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### Citation

- Q3/1** 1. These regulations may be cited as the Employees' Compensation Regulations.
- (44 of 1980 s.15)*

### Interpretation

- Q3/2** 2. In these regulations—  
“Schedule” (附表) means a Schedule to these Regulations;  
“the Ordinance” (本條例) means the Employees' Compensation Ordinance (Cap. 282).

### Notice of accident

- Q3/3** 3. The notice of an accident required by section 14 of the Ordinance to be given to an employer by or on behalf of an employee if given in writing may be in Form 1 in the Schedule where the accident caused personal injury and in Form 1A in the Schedule in the case of incapacity or death due to an occupational disease.
- (L.N. 45 of 1965; 44 of 1980 s.15)*

### Notice of accident

- Q3/4** 4. Notice of an accident required by section 15(1), (1A)(a), (1B), (1C) or (2) of the Ordinance to be given by an employer to the Commissioner for Labour shall be in writing and—
- (a) if the notice is required under section 15(1), (1A)(a), (1B) or (2), shall be in Form 2 in the Schedule where the accident caused personal injury and in Form 2A in the Schedule in the case of incapacity or death due to an occupational disease; and
  - (b) if the notice is required under section 15(1C), shall be in Form 2 or Form 2A, as the case may be, in the Schedule.
- (L.N. 208 of 1983; L.N. 264 of 1992; 67 of 1996 s.9)*

**Certificate as to compensation payable**

5. Where—

**Q3/5**

- (a) a certificate stating the amount of compensation payable by an employer has been issued under section 16A(2) or (5) of the Ordinance and it is desired to proceed in accordance with section 16A(8) of the Ordinance; or
- (b) *(Repealed 36 of 1996 s.29)*
- (c) a Certificate of Interim Payment or Review Certificate of Interim Payment has been issued and it is desired to proceed in accordance with section 6C(14) of the Ordinance; or *(52 of 2000 s.35)*
- (d) a Certificate of Compensation Assessment for Fatal Case or Review Certificate of Compensation Assessment for Fatal Case has been issued and it is desired to proceed in accordance with section 6D(9) of the Ordinance; or *(52 of 2000 s.35)*
- (e) a Certificate for Funeral and Medical Attendance Expenses or Review Certificate for Funeral and Medical Attendance Expenses has been issued and it is desired to proceed in accordance with section 6E(14) of the Ordinance, *(52 of 2000 s.35)*

the details of such certificate shall be given in Form 3 in the Schedule and lodged with Registrar of the Court.

*(L.N. 208 of 1983; 36 of 1996 s.29)*

**Delivering of notice**

6. Save as is otherwise specially provided in the Ordinance or these regulations every notice required by the Ordinance or these regulations may be given by delivering the same at, or sending it by registered post to, the last known residence or place of business or employment of the person to whom it is to be given.

**Q3/6**

**Requirements for provision of notices**—Regulation 6 is of general application to notices required to be served under the Employees Compensation Ordinance. It is applicable to all notices except where there is express provision otherwise in the Ordinance. Primary examples of notices to which reg. 6 applies are the notices required to be served under ss.14(1), 15(1) and (2), 24(6) and (7), 25(2) and 45C.

**Q3/6/1**

**Forms**

7. The forms contained in the Schedule or forms to the like effect shall be used with such variations and modifications as the circumstances may require.

**Q3/7**

SCHEDULE

[reg. 7]

FORM 1

[reg. 3]

**Employees' Compensation Ordinance**  
(Chapter 282)

**Q3/8**

NOTICE OF ACCIDENT BY OR ON BEHALF OF EMPLOYEE

To: <sup>(1)</sup> .....

.....

.....

Notice is hereby given that <sup>(2)</sup> .....

.....

## PART Q – PERSONAL INJURIES

on the <sup>(3)</sup>..... day of ..... 19..... at <sup>(4)</sup>.....  
..... met with an accident causing his <sup>(5)</sup>.....  
and that the cause of the injury/death was <sup>(6)</sup>.....  
.....

And notice is hereby further given that in consequence thereof compensation is claimed from you.

Dated this ..... day of ..... 19.....

<sup>(7)</sup>.....  
.....  
.....

- (1) Name and address of the employer or principal contractor.  
(2) Full name and address of the employee.  
(3) Date of accident.  
(4) Place of the accident.  
(5) Whether disablement or death.  
(6) State in plain and ordinary terms the cause of the injury or death.  
(7) Signature and address of person giving the notice.

FORM 1A

[reg. 3]

Q3/9

### Employees' Compensation Ordinance

(Chapter 282)

#### NOTICE BY OR ON BEHALF OF EMPLOYEE OF INCAPACITY OR DEATH DUE TO OCCUPATIONAL DISEASE

To: <sup>(1)</sup>.....  
.....  
.....

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**)

#### ➤Part I<

##### 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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	An apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYEES' COMPENSATION REGULATIONS

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Notice is hereby given that <sup>(2)</sup>.....  
.....  
on the <sup>(3)</sup>..... day of ..... 19..... was found to be suffering from the  
following occupational disease .....  
..... believed to be due to his employment by you upon the  
following work <sup>(4)</sup>.....  
resulting in the death/partial/total incapacity of a permanent/temporary nature <sup>(5)</sup> of the  
employee.

And notice is hereby further given that in consequence thereof compensation is claimed  
from you.

Dated this ..... day of ..... 19.....

(6) .....

- 
- (1) Name and address of the employer or principal contractor.  
(2) Full name and address of the employee.  
(3) Date upon which disease is said to have been discovered.  
(4) State nature of the work which is said to have caused the occupational disease.  
(5) Delete whichever is inapplicable.  
(6) Signature, name and address of person giving the notice.

Q3/10

**Employees' Compensation Ordinance**  
(CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE OR OF AN ACCIDENT  
TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

**Important Notes**

- (1) To be completed and returned in DUPLICATE to the Commissioner for Labour—
  - (a) WITHIN 7 DAYS of the accident in the case of death; or
  - (b) WITHIN 14 DAYS of the accident in the case of injury; 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) Part I must be completed for each employee. Part II is to be completed only if the accident occurred on a construction site.
- (4) If more than one employee was injured or died as a result of an accident, please complete a separate form in duplicate for each employee.
- (5) Please “√” in the appropriate box.
- (6) Please read the instructions carefully before completing this Form.

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FORM 2

**Employees' Compensation Ordinance**  
(CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE OR OF AN ACCIDENT  
TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

### B. Particulars of employer

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

#### D. Description of accident

#### E. Details of insurance (Note 5)

#### F. Details of earnings of the employee

*G. Fatal accident (to be completed where accident results in death)*

Whether police was notified <input type="checkbox"/> Yes _____ (name of police station)  <input type="checkbox"/> No	Name and address of next-of-kin of the deceased employee	Relationship with the deceased employee
		Telephone No.

H. Direct settlement (to be completed only where the injury 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)

<p>Period of sick leave</p> <p>from _____ to _____</p> <p>Day/Month/Year Day/Month/Year</p> <p>_____ to _____</p> <p>Day/Month/Year Day/Month/Year</p> <p>Total number of sick leave days: _____ days</p>	<p>Amount of compensation:</p> <p>\$ _____</p> <p><input type="checkbox"/> paid</p> <p><input type="checkbox"/> to be paid on _____</p> <p>Day/Month/Year</p>
---	---

*I. Place of accident (tick one box)*

The accident occurred in—(Note 7)			
<u>Construction site</u>	<u>Shipyard</u>	<u>Manufactory</u>	<u>Others</u>
<input type="checkbox"/> 01 Building worksite	<input type="checkbox"/> 04 Floating vessel	<input type="checkbox"/> 07 Production area	<input type="checkbox"/> 11 Container yard
<input type="checkbox"/> 02 Civil worksite	<input type="checkbox"/> 05 Non-floating vessel	<input type="checkbox"/> 08 Maintenance workshop	<input type="checkbox"/> 12 Catering establishment
<input type="checkbox"/> 03 Renovation/repair of existing buildings	<input type="checkbox"/> 06 Maintenance workshop	<input type="checkbox"/> 09 Loading/unloading area	<input type="checkbox"/> 13 Please specify
		<input type="checkbox"/> 10 Storage area	_____
Activity carried out on the site at the time of accident (Note 8)			

*J. Nature of injury (Note 9)*

Describe the nature of injury

---

Indicate nature of injury (tick one box)—

<input type="checkbox"/> 01 Abrasion	<input type="checkbox"/> 06 Contusion & bruise	<input type="checkbox"/> 11 Electric shock	<input type="checkbox"/> 16 Poisoning
<input type="checkbox"/> 02 Amputation	<input type="checkbox"/> 07 Concussion	<input type="checkbox"/> 12 Fracture	<input type="checkbox"/> 17 Irritation
<input type="checkbox"/> 03 Asphyxia	<input type="checkbox"/> 08 Laceration and cut	<input type="checkbox"/> 13 Puncture wound	<input type="checkbox"/> 18 Nausea
<input type="checkbox"/> 04 Burn (heat)	<input type="checkbox"/> 09 Dislocation	<input type="checkbox"/> 14 Sprain & strain	<input type="checkbox"/> 19 Multiple injuries
<input type="checkbox"/> 05 Burn	<input type="checkbox"/> 10 Crushing	<input type="checkbox"/> 15 Freezing	<input type="checkbox"/> 20 Others (please specify)

---

Part of body injured (tick one box)—

<u>Head</u>	<u>Neck &amp; Trunk</u>	<u>Upper Limbs</u>	<u>Lower Limbs</u>	
<input type="checkbox"/> 21 Skull/scalp	<input type="checkbox"/> 31 Neck	<input type="checkbox"/> 41 Finger	<input type="checkbox"/> 51 Hip	<input type="checkbox"/> 61 Multiple locations (please specify)
<input type="checkbox"/> 22 Eye	<input type="checkbox"/> 32 Back	<input type="checkbox"/> 42 Hand/palm	<input type="checkbox"/> 52 Thigh	
<input type="checkbox"/> 23 Ear	<input type="checkbox"/> 33 Chest	<input type="checkbox"/> 43 Forearm	<input type="checkbox"/> 53 Knee	
<input type="checkbox"/> 24 Mouth/tooth	<input type="checkbox"/> 34 Abdomen	<input type="checkbox"/> 44 Elbow	<input type="checkbox"/> 54 Leg	
<input type="checkbox"/> 25 Nose	<input type="checkbox"/> 35 Trunk	<input type="checkbox"/> 45 Upper arm	<input type="checkbox"/> 55 Ankle	
<input type="checkbox"/> 26 Face	<input type="checkbox"/> 36 Pelvis/groin	<input type="checkbox"/> 46 Shoulder	<input type="checkbox"/> 56 Foot	

## EMPLOYEES' COMPENSATION REGULATIONS

*K. Type of accident (tick one box) (Note 9)*

<input type="checkbox"/> 01 Trapped in or between objects	<input type="checkbox"/> 05 Striking against fixed or stationary object	<input type="checkbox"/> 10 Trapped by collapsing or overturning object	<input type="checkbox"/> 15 Exposure to fire
<input type="checkbox"/> 02 Injured whilst lifting or carrying	<input type="checkbox"/> 06 Striking against moving object	<input type="checkbox"/> 11 Struck by moving or falling object	<input type="checkbox"/> 16 Exposure to explosion
<input type="checkbox"/> 03 Slip, trip or fall on same level	<input type="checkbox"/> 07 Stepping on object	<input type="checkbox"/> 12 Struck by moving vehicle	<input type="checkbox"/> 17 Others (please specify) _____
<input type="checkbox"/> 04 Fall of person from height* ___ metres	<input type="checkbox"/> 08 Exposure to or contact with harmful substance	<input type="checkbox"/> 13 Contact with moving machinery or object being machined _____	
* distance through which fell	<input type="checkbox"/> 09 Contact with electricity or electric discharge	<input type="checkbox"/> 14 Drowning	

*L. Agents involved, if any (tick one or more boxes) (Note 9)*

<input type="checkbox"/> 01 Equipment for lifting/conveying	<input type="checkbox"/> 04 Material/product being handled or stored	<input type="checkbox"/> 07 Movable container or package of any kind	<input type="checkbox"/> 10 Electricity supply, wiring apparatus or equipment
<input type="checkbox"/> 02 Portable power or hand tools	<input type="checkbox"/> 05 Ladder or working at height	<input type="checkbox"/> 08 Floor, ground, stairs or any working surface	<input type="checkbox"/> 11 Vehicle or associated equipment or machinery
<input type="checkbox"/> 03 Other machinery, please specify: _____	<input type="checkbox"/> 06 Sewage, manhole or other confined space	<input type="checkbox"/> 09 Gas, vapour, dust or fume	<input type="checkbox"/> 12 Others (please specify) _____
Type: _____ Part causing injury: <input type="checkbox"/> (a) prime mover <input type="checkbox"/> (b) transmission part <input type="checkbox"/> (c) working part			
Describe briefly the agents you have indicated (Note 9)			

*M. Sketch (to supplement the descriptions given above, if considered necessary)*

	For official use only  I.A./Non-I.A. <input style="width: 150px; height: 25px;" type="text"/>  Investigation <input style="width: 150px; height: 25px;" type="text"/>  Processed by <input style="width: 150px; height: 25px;" type="text"/>
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➤End of Part I◀

➤Part II◀

(To be completed if the accident occurred on a construction site)



## PART Q – PERSONAL INJURIES

*N. Type of work performed by the employee at the time of accident (tick one box)*

<input type="checkbox"/> 01 Concreting	<input type="checkbox"/> 07 Painting	<input type="checkbox"/> 13 Trench work	<input type="checkbox"/> 19 Slope work
<input type="checkbox"/> 02 Woodworking	<input type="checkbox"/> 08 Plastering	<input type="checkbox"/> 14 Gas pipe fitting	<input type="checkbox"/> 20 Others (please specify)
<input type="checkbox"/> 03 Glazier work	<input type="checkbox"/> 09 Arc/gas welding	<input type="checkbox"/> 15 Water pipe fitting	
<input type="checkbox"/> 04 Reinforcement bar bending	<input type="checkbox"/> 10 Formwork erection	<input type="checkbox"/> 16 Electrical wiring	
<input type="checkbox"/> 05 Bamboo scaffolding	<input type="checkbox"/> 11 Brick laying	<input type="checkbox"/> 17 Material handling	_____
<input type="checkbox"/> 06 Tubular scaffolding	<input type="checkbox"/> 12 Caisson work	<input type="checkbox"/> 18 Lift installation	

Whereabouts on the site such work was performed

*O. Machinery involved, if any (tick one or more boxes) (Note 10)*

<input type="checkbox"/> 01 Skip/material hoist	<input type="checkbox"/> 06 Hydraulic crane	<input type="checkbox"/> 11 Bar bender
<input type="checkbox"/> 02 Passenger hoist/builders' lift	<input type="checkbox"/> 07 Suspended working platform	<input type="checkbox"/> 12 Concrete mixer
<input type="checkbox"/> 03 Tower crane	<input type="checkbox"/> 08 Boatswain's chair	<input type="checkbox"/> 13 Air compressor/receiver
<input type="checkbox"/> 04 Mobile crane	<input type="checkbox"/> 09 Pile driver	<input type="checkbox"/> 14 Others (please specify)
<input type="checkbox"/> 05 Lorry-mounted crane	<input type="checkbox"/> 10 Boring jig	_____

*P. Transporting or construction machinery involved, if any (tick one box)*

<input type="checkbox"/> 01 Dump truck	<input type="checkbox"/> 04 Bulldozer	<input type="checkbox"/> 07 Others (please specify)
<input type="checkbox"/> 02 Loader	<input type="checkbox"/> 05 Grader	
<input type="checkbox"/> 03 Excavator	<input type="checkbox"/> 06 Compacting roller	_____

➤End of Part II<

### B. Particulars of employer

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

#### D. Particulars of the occupational disease

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

#### F. Details of earnings of the employee

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

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

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## PART Q – PERSONAL INJURIES

*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)*

<p>Period of sick leave</p> <p style="text-align: center;">from     <u>      </u>/<u>      </u>/<u>      </u>     to     <u>      </u>/<u>      </u>/<u>      </u></p> <p style="text-align: center;">Day/Month/Year                      Day/Month/Year</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Day/Month/Year                      Day/Month/Year</p> <p>Total number of sick leave days: _____ days</p>	<p>Amount of compensation:</p> <p>\$ _____</p> <p><input type="checkbox"/> paid</p> <p><input type="checkbox"/> to be paid on _____</p> <p style="text-align: center;">Day/Month/Year</p>
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### EXPLANATORY NOTES

**Note 1:** The signature and company chop which appear in both copies of Form 2 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. 32) and which is covered by and specified in the insurance policy taken out by the group of companies to which it belongs.

**Note 4:** Describe how the accident happened, 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) leading to the accident, and how he was injured, etc.

**Note 5:** 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 6:** 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.

**Note 7:** Construction Site

Building worksite: site for building substructure, superstructure, etc.

Civil worksite: site for building roads, bridges, etc.

Renovation/repair of existing buildings: internal or external renovation, repairing, painting, or external wall cleaning, etc. (Note: Fitting-out in new buildings should be regarded as a building worksite.).

Shipyard

Floating vessel: ship building or repairing conducted on floating shipyard or floating vessel.

Non-floating vessel: ship building or repairing conducted on slipway or shore.

Maintenance workshop: maintenance workshop of the shipyard where parts of ships are machined, repaired or maintained.

Manufactory

Production area: production workshop or any location where actual production is being carried out.

Maintenance workshop: maintenance workshop of the manufactory where machinery parts are machined, repaired or maintained.

Loading/unloading area: location inside the manufactory assigned for loading and unloading activities including cargo handling.

Storage area: location inside the manufactory used for storage purpose.

Others

Container yard: the location where container handling, stacking and maintenance work, etc. are being carried out.

Note 8: Please briefly describe the main function of the workplace at the time of the accident.

Note 9: Please give details on the injury sustained, e.g. while working on a working platform, an employee twisted his ankle and fell 3 m onto the ground.

In the above example, the following boxes in sections J, K and L should be marked—

- In section J *Nature of injury*: Sprain & strain (box 14).
- In section J *Part of body injured*: Ankle (box 55).
- In section K *Type of accident*: Fall of person from 3 m (box 04).
- In section L *Agents involved*: Ladder or working at height (box 05).
- In the description of the agents indicated: A platform constructed of a plank which measured 5 m long by 2 m wide and by 5 mm thick.

Note 10: If none of the machinery provided is suitable, please tick box 14 and specify the name of the machinery or briefly describe the type of machinery involved.

(L.N. 469 of 1996)

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FORM 2A

[reg. 4]

**Employees' Compensation Ordinance**  
(CAP. 282)

**Q3/11**

SECTION 15

NOTICE BY EMPLOYER OR 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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FORM 2A

**Employees' Compensation Ordinance**  
(CAP. 282)

SECTION 15

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

## PART Q – PERSONAL INJURIES

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation
An apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of employment    From _____ to _____	

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. 32) 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.

(L.N. 469 of 1996)

FORM 3

[reg. 5]

**Employees' Compensation Ordinance**  
(Chapter 282)

**Q3/12**

DETAILS OF CERTIFICATE AS TO THE AMOUNT OF  
COMPENSATION PAYABLE BY THE EMPLOYER

*(This form must be completed and lodged with the Registrar of the Court by the party who desires the certificate to be made an order of the Court)*

1. Name, address and business of employer .....
2. (a) Name and address of employee .....

PART Q – PERSONAL INJURIES

- (b) Occupation <sup>(1)</sup> .....
- (c) Age ..... (d) Sex .....
- (e) Compensation already received in respect of this accident (if any) .....
3. (a) Date of accident .....
- (b) Cause of accident .....
- .....
- (c) Nature and circumstances of injury <sup>(2)</sup> .....
- .....
- .....
- .....
4. Contract of employment <sup>(3)</sup> .....
- .....
5. Date of certificate .....
- .....
6. Amount of compensation determined by the Commissioner for Labour <sup>(4)</sup> .....
- .....
- (a) Amount payable in a lump sum .....
- (b) Amount and period of periodical payments .....
- .....
- (c) To whom payable .....
7. Date of the Commissioner for Labour's issue of certificate as to compensation .....
- .....
8. Any other information .....
- .....
- .....

I, ..... do solemnly and sincerely declare that the foregoing particulars stated are true and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declarations Ordinance (Cap. 11).

.....  
*Signature of applicant.*

Declared at ..... in Hong Kong this ..... day  
of ..... 19.....

Before me,

.....  
*Notary Public,  
or Commissioner for Oaths.*

- (1) Full details of the nature of the work and duties on which the employee was employed at the date of the accident.  
(2) Give full details and state whether incapacity is total or partial, permanent or temporary. If partial, the degree, and, if temporary, the period of actual or estimated incapacity must be given.  
(3) The monthly earnings must be stated, specifying the value of food, fuel or quarters if the employee has been deprived thereof as a result of the accident. (See sections 3 and 11 of the Ordinance.)  
(4) Copy of certificate as determined by the Commissioner for Labour must be attached.

(L.N. 383 of 1995; 36 of 1996 s.30; 47 of 1997 s.10)  
(Schedule replaced L.N. 208 of 1983)