

Employees Compensation Assistance Ordinance
Section 25B(1)(a)
Notice of Proceedings

Pursuant to Section 25B(1) of the Ordinance, a notice of proceedings is required to be served on the Employees Compensation Assistance Fund Board (and if applicable, also on the insurer concerned) not later than 30 days after the filing of the Writ or Application particularized under Part VIII of this notice.

Section 25B(1) provides –

“Where, after the commencement of this section, a person commences by writ proceedings in respect of a claim for compensation or damages, the person shall serve on the Board and, where applicable, the insurer concerned a notice of the proceedings –

- (a) in writing in a form specified by the Board, signed by the person and accompanied by a copy of the writ ;
- (b) by registered post; and
- (c) subject to subsection (2), not later than 30 days after the date on which the writ is filed with the Court.”

To: Employees Compensation Assistance Fund Board

Part I: Particulars of Applicant/Plaintiff

* Delete if appropriate

Name Chinese English	Age	ID Card No.
Mr/Mrs/Miss/Ms*		
Address	Tel No. Home: Office:	Date of Injury/Death*

Part II: Particulars of Employee (Not applicable if same as Part I)

Name Chinese English	Age	ID Card No.
Mr/Mrs/Miss/Ms*		
Address	Tel No. Home: Office:	Date of Injury/Death*

Part III: Particulars of Respondent(s)/Defendant(s)

Name Chinese English	Name of Person-in-charge	
Relationship With Employee:	Mr/Mrs/Miss/Ms*	
Address	Tel No. Fax No.	Business Registration Certificate No. / ID Card No.

Part IV: Particulars of Employer(s) and Principal Contractor(s)
(Not applicable if same as Part III)

Name Chinese English		Name of Person-in-charge	
Relationship with Employee:		Mr/Mrs/Miss/Ms*	
Address		Tel No. Fax No.	Business Registration Certificate No. / ID Card No.

Part V: Particulars of Insurer(s)

Name	Policy No.
Address	Period of Insurance
Notice to Insurer served? If yes, the date of service.	Yes / No*
Notice to Insurer enclosed	Yes / No*

Part VI: Particulars of Claims

Employees Compensation	E. C. Case No.	Amount of Claim Whether paid Yes / No*
Common Law Damages	High Court Personal Injuries Action No.	Amount of Claim (net of employee's compensation claim, if any):

Part VII: Particulars of Legal Representative of Applicant/Plaintiff & Respondent(s)/Defendant(s)(if applicable)

Legal Representative	For Applicant/Plaintiff:	For Respondent(s) /Defendant(s) (if known):
Address, Tel No. & Fax No. & Contact Person of Legal Representative		

Part VIII: Court Proceedings

Present Status of the Proceedings	
Date & Mode of Service of Application/Writ on Respondent/Defendant	
E.C. Application / Writ of Summons enclosed	Yes / No*

Signed by : _____ Date : _____
The Applicant / Plaintiff *

If you wish to receive an acknowledgement of this notice, please complete the address below.

..... ✂

Name: _____

Address: _____

Contact Person : _____

E C C / High Court P I No. : _____

Employees Compensation Assistance Fund

Board had received the Notice of Proceedings

on _____