

僱員補償援助基金管理局

Employees Compensation Assistance Fund Board

香港灣仔摩理臣山道9號天樂廣場33樓

33/F, Morrison Plaza, 9 Morrison Hill Road, Wanchai, Hong Kong

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Ms. Kally Lam

Our Ref: ECAFB/138676/jk

Deputy Director of Practitioners Affairs

The Law Society of Hong Kong,

3/F, Wing On House, 71 Des Voeux Road Central,

Hong Kong

15th May 2025

Dear Ms. Lam,

**Re: Prescribed form for the mandatory notification of proceedings under
Section 25B(1) of the Employees Compensation Assistance Ordinance ('ECAO'), Cap. 365
(revised to incorporate Personal Information Collection Statement)**

We write on behalf of the Employees Compensation Assistance Fund Board ('the Board'), which was established under the ECAO to administer the fund to provide assistance to injured employees or eligible family members of deceased employees who fail to receive employees' compensation or common law damages for which the employer is liable after exhausting all legal and financially viable means of recovery from the employer (or insurer) concerned.

Section 25B(1) of the ECAO stipulated that:-

'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.'*


Striving for strict compliance with the Personal Data (Privacy) Ordinance, the contents of the existing prescribed form have recently been reviewed and a Personal Information Collection Statement is included. Enclosed please find a specimen of the revised prescribed form in both English and Chinese versions ('the Revised Form') for your reference.

The softcopy of the Revised Form could be downloaded from our official website at <https://www.ecafb.org.hk/en/public-forms.php>.

It would be most grateful if you could circulate this letter and the specimen of the Revised Form to your members for their kind attention. We would also like to remind your members of the consequences of failing to comply with the said provision as set out in Section 25B(6) of the ECAO.

If you have any enquiries, please feel free to contact our Ms. Janet Kwan, at 2173 4565. Thank you for your assistance in this matter.

Yours faithfully,


Secretariat
Employees Compensation Assistance Fund Board

Encl.
AC/jk

Employees Compensation Assistance Ordinance (Cap. 365)

Section 25B

Notice of Proceedings

A person who sustained injuries at work and intends to apply for payments from the Employees Compensation Assistance Fund is required to serve a notice of proceedings on the Employees Compensation Assistance Fund Board not later than 30 days after the filing of a Writ or an Application with the court particularized under Part VIII of this Notice.

Section 25B(1) of the Ordinance stipulates –

“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: The Employees Compensation Assistance Fund Board

Part I: Particulars of Applicant / Plaintiff *

(* Delete whichever is inappropriate)

Name (Mr/Mrs/Miss/Ms*) (Chi): _____ (Eng): _____	Age: _____	ID Card No: _____
Address: _____ _____ _____	Contact Tel No: (Home) _____ (Mobile) _____	Date of Injury/Death* _____

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

Name (Mr/Mrs/Miss/Ms*) (Chinese): _____ (English): _____	Age: _____	ID Card No: _____
Address: _____ _____ _____	Contact Tel No: (Home) _____ (Mobile) _____	Date of Injury/Death* _____

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

Name (Chi): _____ (Eng): _____ Relationship with employee: _____	Name of Person-in-charge (Mr/Mrs/Miss/Ms*): _____	
Address: _____ _____ _____	Tel No: _____ Fax No: _____	Business Registration Certificate / ID Card No: _____

Part III: Particulars of Respondent(s) / Defendant(s) (Cont'd)

Name (Chi): _____ (Eng): _____ Relationship with employee: _____		Name of Person-in-charge (Mr/Mrs/Miss/Ms*): _____	
Address: _____ _____ _____		Tel No: _____ Fax No: _____	Business Registration Certificate / ID Card No: _____

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

Name (Chi): _____ (Eng): _____ Relationship with employee: _____		Name of Person-in-charge (Mr/Mrs/Miss/Ms*): _____	
Address: _____ _____ _____		Tel No: _____ Fax No: _____	Business Registration Certificate / ID Card No: _____

Part V: Particulars of Insurer(s)

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

Part VI: Particulars of the Claims

Employees' Compensation (EC)	Court Action No: _____	Amount of Claim: HK\$ _____ Partially / Fully paid? Yes / No* If yes, amount paid: HK\$ _____
	Common Law Damages	Court Action No: _____
	Amount of Claim (net of EC Claim, if any): HK\$ _____	

Part VII: Particulars of Legal Representatives

	Applicant / Plaintiff *	Respondent(s) / Defendant(s) *
Name	_____	_____
Address	_____ _____ _____	_____ _____ _____
Contact Person	_____	_____
Tel and Fax No.	Tel: _____ Fax: _____	Tel: _____ Fax: _____

Part VIII: Court Proceedings

Date and Mode of Service of EC Application / Writ on Respondent / Defendant	_____ _____ _____
EC Application / Writ of Summons enclosed	Yes / No*

I declare that I conscientiously believe that the information and statements given above are true.

I understand and accept that information given above will be provided to members of the Employees Compensation Assistance Fund Board, the Board's legal advisers/representatives, the concerned Government Departments and parties, the court, all kinds of agents engaged by the Board to carry out investigation into the claim, and/or any parties or entities referred to in any documents used in the course of legal proceedings that relates to the claim for payment from the Fund for the purposes of processing of the application and/or carrying out of investigation therefor. The information given above will be used for the purpose of assisting the Board in carrying out its functions as stipulated in Part IV and Part V of the Employees Compensation Assistance Ordinance (Cap. 365); and it will also be used for the purpose of conducting or defending legal proceedings that the Board is empowered to take part pursuant to Cap. 365.

Signed by : _____
The Applicant / Plaintiff*

Date: _____

Personal Information Collection Statement

The information given above will be provided to members of the Employees Compensation Assistance Fund Board, the Board's legal advisers/representatives, the concerned Government Departments and parties, the court, all kinds of agents engaged by the Board to carry out investigation into the claim, and/or any parties or entities referred to in any documents used in the course of legal proceedings that relates to the claim for payment from the Fund for the purposes of processing of the application and/or carrying out of investigation therefor. The information given above will be used for the purpose of assisting the Board in carrying out its functions as stipulated in Part IV and Part V of the Employees Compensation Assistance Ordinance (Cap. 365); and it will also be used for the purpose of conducting or defending legal proceedings that the Board is empowered to take part pursuant to Cap. 365.

Your provision of all the personal data requested in the notice of proceedings is obligatory. Your notice may be rejected or may not be considered if you fail to provide all information as requested or if it is not clear from your statements that you are entitled to apply to the Board for assistance under Cap. 365.

You are required to notify the Board if there are any subsequent changes to the information provided after submission of the notice of proceedings.

For correction of or access to personal data after submission of the notice of proceedings or other enquiries about the notice, please contact the Administration and Finance Officer of the Secretariat of the Board (Address: 33/F, Morrison 3 of 3 Plaza, 9 Morrison Hill Road, Wanchai, Hong Kong) or the legal representatives appointed by the Board.

《僱員補償援助條例》第25B條

訴訟通知

工傷後有意向僱員補償援助基金申請付款者須於入稟法院發出僱員補償申請或傳訊令狀後30天內將此訴訟通知填妥並送達僱員補償援助基金管理局。

《僱員補償援助條例》第25B條(1)款規定：—

凡在本條生效後，任何人就補償或損害賠償申索而以訴狀展開訴訟，該人須向管理局及有關承保人（如適用的話）送達訴訟的通知，而該通知—

(a) 須以書面及以管理局所指明的格式作出，並由該人簽署及附有訴狀文本；

(b) 須以掛號郵遞送達；及

(c) 除第(2)款另有規定外，須在向法院提交訴狀的日期後30日內作出。

致：僱員補償援助基金管理局

第一部：申請人 / 原告人*資料

* 請刪去不適用者

姓名 (先生/太太/小姐/女士*) 中文：_____ 英文：_____	年齡：_____	身份證號碼： _____
地址：_____ _____ _____	電話 住所：_____ 流動/公司：_____	受傷/死亡* 日期 _____ _____

第二部：僱員資料（如與第一部相同，則毋須填寫本部份）

姓名 (先生/太太/小姐/女士*) 中文：_____ 英文：_____	年齡：_____	身份證號碼： _____
地址：_____ _____ _____	電話 住所：_____ 流動/公司：_____	受傷/死亡* 日期 _____ _____

第三部：答辯人 / 被告人資料

名稱 (中文)：_____ (英文)：_____ 與僱員的關係：_____	負責人姓名 (先生/太太/小姐/女士*) _____	
地址：_____ _____ _____	電話：_____ 傳真：_____	商業登記證號碼 /身份證號碼： _____

第三部：答辯人/被告人資料 (續)

名稱 (中文)： _____ (英文)： _____ 與僱員的關係： _____	負責人姓名 (先生/太太/小姐/女士*) _____	
地址： _____ _____ _____ _____	電話： _____ 傳真： _____	商業登記證號碼/ 身份證號碼： _____

第四部：僱主和總承判商資料 (如與第三部相同，則毋須填寫本部份)

名稱 (中文)： _____ (英文)： _____ 與僱員的關係： _____	負責人姓名 (先生/太太/小姐/女士*) _____	
地址： _____ _____ _____ _____	電話： _____ 傳真： _____	商業登記證號碼/ 身份證號碼： _____

第五部：承保人資料

名稱： _____	保單號碼： _____
地址： _____ _____ _____ _____	保單有效受保日期： _____
是否已送達承保人通知書？ 如「是」，請列明送達日期： 承保人通知書副本	是 / 否* _____ 已附上 / 未附上*

第六部：索償項目

僱員補償	法院的僱員補償訴訟案編號 _____	索償數額： HK\$ _____ 已部分/全數支付? 已付 / 未付* 如已付，已付之數額： HK\$ _____
損害賠償	法院的人身傷亡訴訟案編號 _____	索償數額 (扣除僱員補償後)： HK\$ _____

第七部：法律代表資料

	申請人/原告人*	答辯人/被告人*
名稱	_____	_____
地址	_____ _____ _____	_____ _____ _____
聯絡人	_____	_____
電話號碼 傳真號碼	_____ _____	_____ _____

第八部：法庭訴訟

向被告人送達 僱員補償申請 / 傳訊令狀 的日期及方式	_____ _____ _____
僱員補償申請 / 傳訊令狀	已附上 / 未附上*

本人在此聲明，本人確信以上所提供之資料及所作之陳述為真確無訛。

本人明白並同意上述資料會送交僱員補償援助基金管理局之成員及/或該局之法律顧問及/或相關的政府部門及人士及/或法院及/或該局委託協助調查本人申請之機構/人士及/或在法律訴訟中任何文件內提及的機構/人士用以處理本人之申請及/或進行有關之調查。上述資料會用作協助僱員補償援助基金管理局執行《僱員補償援助條例》第IV和V部下的職能；資料亦會被僱員補償援助基金管理局用作根據該條例來處理、參與和抗辯法律訴訟。

簽署：_____

申請人 / 原告人*

日期：_____

收集個人資料聲明

上述資料會送交僱員補償援助基金管理局之成員及/或該局之法律顧問及/或相關的政府部門及人士及/或法院及/或該局委託協助調查本人申請之機構/人士及/或在法律訴訟中任何文件內提及的機構/人士用以處理本人之申請及/或進行有關之調查。上述資料會用作協助僱員補償援助基金管理局執行《僱員補償援助條例》第IV和V部下的職能；資料亦會被僱員補償援助基金管理局用作根據該條例來處理、參與和抗辯法律訴訟。

通知人在訴訟通知書上必須提供所需的資料。通知人如未能提供所需的資料，或所填寫的資料未能清楚顯示通知人有權根據《僱員補償援助條例》向管理局申請援助，則通知書可能被拒絕或不獲受理。

提交訴訟通知書後，訴訟通知書內所提供的資料如有任何更改時，通知人須立刻通知管理局。

提交訴訟通知書後，如通知人欲更改或查詢個人資料或與通知書有關的事宜，請與管理局秘書處行政及財務主任（地址為香港灣仔摩理臣山道9號天樂廣場33樓）或管理局所委派的法律代表聯絡。