

Medical Treatment Authorisation Form

醫療護理授權證

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司



The below named employee is authorized to receive medical treatment from your clinic for injuries sustained at work.

持證人因工受傷已獲准到貴診所接受醫療護理

Project Name/No.: 項目名稱 / 號碼	QBE Policy No.: 保單編號
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Date of Accident 意外日期
Injured Employee Name 受傷僱員姓名
Employee Contact Details 僱員電話號碼
HKID Number 身份證號碼
Name of Company 僱主名稱
Authorised Signature & Company Chop 授權人簽署及公司印章

For subsequent consultations related to injuries sustained at work within 1 month of the above accident date, QBE approval is not required. A photocopy of this Authorisation Form shall be as valid as the original.

意外受傷日期起 1 個月內與工傷傷勢有關的醫生診症並不需要 QBE 批准。此授權證的副本與正本有同等效力。

I agree that the panel doctors have right to release medical reports regarding my medical condition to employer / insurance company.

本人同意醫生可就本人的傷勢向僱主或保險公司提交醫療報告。

Date : / /
日期

Employee's Signature
員工簽名

Please fax this completed form & Medical Certificate/Work Injury Report to :

- 1) QBE (Ms/Mr XXXXX) at 3607 xxxx
- 2) Employer Name at XXXX XXXX