



社會福利署



社會福利署  
SOCIAL WELFARE DEPARTMENT  
暴力及執法傷亡賠償計劃申請表  
CRIMINAL AND LAW ENFORCEMENT INJURIES COMPENSATION SCHEME APPLICATION FORM

受害人／申請人須知：請參閱賠償計劃小冊子，然後簽署填妥的申請表，連同受害人的身份證明文件副本一併寄回。

**Notice to victim/applicant:** Please read the leaflet of the compensation scheme and then complete, sign and return this application form together with a photocopy of the victim's identity document.

本人擬申請\*暴力／執法傷亡賠償，有關案件發生於(日期) \_\_\_\_\_ 地點為 \_\_\_\_\_  
I wish to apply for \*Criminal/Law Enforcement Injuries Compensation in respect of an incident occurring on \_\_\_\_\_ at \_\_\_\_\_

該案件已呈報 \_\_\_\_\_ 警署，報案日期為 \_\_\_\_\_ 案件編號 \_\_\_\_\_  
The incident was reported to \_\_\_\_\_ Police Station on \_\_\_\_\_ . Case no. \_\_\_\_\_  
受害人曾接受 \_\_\_\_\_ 醫院／醫生治療。  
Victim had been treated by \_\_\_\_\_ Hospital/doctor.

受害人的個人資料  
PARTICULARS OF VICTIM

姓名 \_\_\_\_\_ 中文姓名電碼 \_\_\_\_\_ 性別 \_\_\_\_\_  
Name \_\_\_\_\_ (英文) \_\_\_\_\_ (中文) CCC \_\_\_\_\_ Sex \_\_\_\_\_  
身份證明文件號碼 \_\_\_\_\_ 出生日期 \_\_\_\_\_ 年齡 \_\_\_\_\_ 職業 \_\_\_\_\_  
Identity Document No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
住址 \_\_\_\_\_ 住所電話 \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Tel. \_\_\_\_\_  
通訊地址 \_\_\_\_\_ 辦公室電話 \_\_\_\_\_  
Correspondence Address \_\_\_\_\_ Office Tel. \_\_\_\_\_  
簡述案件發生經過 \_\_\_\_\_  
Brief Description of Incident \_\_\_\_\_

申請人的個人資料  
PARTICULARS OF APPLICANT

(適用於受委人，死者的遺屬，或十八歲以下受害人的監護人)

(Applicable to appointee, deceased's surviving dependant, or guardian of victim under the age of 18)

姓名 \_\_\_\_\_ 中文姓名電碼 \_\_\_\_\_  
Name \_\_\_\_\_ (英文) \_\_\_\_\_ (中文) CCC \_\_\_\_\_  
身份證明文件號碼 \_\_\_\_\_ 性別 \_\_\_\_\_ 年齡 \_\_\_\_\_ 職業 \_\_\_\_\_  
Identity Document No. \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
住址 \_\_\_\_\_ 住所電話 \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Tel. \_\_\_\_\_  
通訊地址 \_\_\_\_\_ 辦公室電話 \_\_\_\_\_  
Correspondence Address \_\_\_\_\_ Office Tel. \_\_\_\_\_  
與受害人的關係 \_\_\_\_\_  
Relationship to Victim \_\_\_\_\_

本人已閱讀最後頁「收集個人資料聲明書」，並明白其內容。

I have read the "Personal Information Collection Statement" at the last page and understand its content.

本人同意 \_\_\_\_\_ (醫生姓名／醫院名稱) 就本申請向社會福利署提供有關\*本人／受害人醫療情況的資料。

I consent to the release of information on \*my/the victim's medical condition by \_\_\_\_\_ (Name of Doctor/Hospital) to the Social Welfare Department for the purpose of this application.

本人同意香港警務處就本申請向社會福利署提供有關\*本人／受害人的警方報告或其他資料。

I agree to the Hong Kong Police Force providing the police report or other pertinent information on \*me/the victim to the Social Welfare Department for the purpose of this application.

本人現聲明據本人所知，以上的資料全屬正確。本人明白凡蓄意提供虛假資料或漏報資料，或錯誤引導社會福利署，以圖騙取\*暴力／執法傷亡賠償乃屬刑事行為，除可導致申請人或受害人喪失領取賠償的資格外，並可能根據香港法例第 210 章(盜竊罪條例)而被起訴。任何觸犯盜竊罪的人士，循公訴程序定罪後，可判監 14 年。

I declare that to the best of my knowledge and belief, the above information is true. I understand that the deliberate provision of false information or omission of information in order to obtain \*Criminal/Law Enforcement Injuries Compensation by deception is a criminal offence. In addition to the consequence of being ineligible for the compensation, the applicant or the victim may be subject to prosecution under the THEFT Ordinance (Cap.210). Any person who commits theft or deception shall be liable on conviction upon indictment to imprisonment for 14 years.

日期 \_\_\_\_\_ \*受害人／申請人\*簽署／指模 \_\_\_\_\_  
Date \_\_\_\_\_ \*Signature/Thumbprint of \*victim/applicant \_\_\_\_\_

\* Delete whichever is inappropriate

\* 請刪去不適用字句

SWD326 (Rev.)

向社會福利署提供個人資料之前，請先細閱本通知書。

### 收集資料的目的

1. 社會福利署（社署）會使用你所提供的個人資料，向你提供你所需要的適當援助或服務，包括但不限於監察及檢討各項服務、進行研究及調查，以及履行法定職責。向社署提供個人資料，純屬自願。如你未能提供足夠的個人資料，本署可能無法處理你的申請或向你提供援助／服務。

### 可能經由社署轉介資料的人士的類別

2. 你所提供的個人資料，會供本署在工作上需要知道該等資料的職員使用。除此之外，本署職員在需要時亦只會向下列有關方面或在下列情況披露該等資料：

- (a) 其他涉及評定你的申請，或向你提供服務／援助的有關方面，例如政府決策局／部門、非政府機構及公用事業公司；或
- (b) 由法律授權或法律規定須向其披露資料的有關方面；或
- (c) 你會同意向其披露資料的有關方面。

### 查閱個人資料

3. 除了《個人資料(私隱)條例》規定的豁免範圍之外，你有權就社署備存有關你的個人資料提出查閱及改正要求。不過，在一般情況下，如收集資料的目的已經完成，本署會刪除有關的個人資料。在條例內訂下的查閱權利是指在繳付所需費用後，取得你的個人資料的複本一份。查閱資料要求須以申請表格或書信提出。你可到社署各辦事處／中心索取查閱資料申請表格。

### 對你申請的服務的查詢、查閱及改正個人資料的要求

4. 請確保你向社署提供的資料正確無誤。如你對所提交的援助／服務申請有任何查詢，或對所提供的資料有任何更改，亦請聯絡向你收集資料的辦事處。

5. 如果你希望查閱你的個人資料，以及在查閱個人資料後要求改正所得的資料，請向下列人士提出：
- 職位名稱：暴力及執法傷亡賠償組主任  
地址：香港灣仔皇后大道東 213 號胡忠大廈 7 樓 703 室  
電話：2892 5222

## Personal Information Collection Statement

**Please read this notice before you provide any personal data to the Social Welfare Department**

### Purposes of Collection

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in the Department on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below:-

- (a) Other parties such as government bureaux / departments, non-governmental organizations and public utility companies if they are involved in the assessment of application from or provision of service/assistance to you;
- (b) Where such disclosure is authorized or required by law ; or
- (c) Where you have given consent to such disclosure.

### Access to Personal Data

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made either on application form or by a letter. Application forms for access to data are available at offices/centres of SWD.

### Enquiries, Access to and Correction of Personal Data

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title: Supervisor, Criminal and Law Enforcement Injuries Compensation Section  
Address: Room 703, 7/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong  
Tel. No: 2892 5222