



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 \_\_\_\_\_ 住所電話號碼 \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Tel. No. \_\_\_\_\_  
通訊地址 \_\_\_\_\_ 流動／辦公室電話號碼 \_\_\_\_\_  
Correspondence Address \_\_\_\_\_ Mobile/Office Tel. No. \_\_\_\_\_  
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 \_\_\_\_\_ 住所電話號碼 \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Tel. No. \_\_\_\_\_  
通訊地址 \_\_\_\_\_ 流動／辦公室電話號碼 \_\_\_\_\_  
Correspondence Address \_\_\_\_\_ Mobile/Office Tel. No. \_\_\_\_\_  
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」，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

向社會福利署提供個人資料\*之前，請先細閱本聲明。

### 收集資料的目的

1. 社會福利署（社署）及／或獲社署提供津助／資助的非政府機構，或由社署委託的非政府機構，將會使用你所提供的個人資料，向你／受害人及／或你／受害人的家人提供你／受害人及／或你／受害人的家人所需要的及由社署及／或上述非政府機構提供的援助或服務，包括（但不限於）用於監察和檢討各項服務、處理有關你／受害人及／或你／受害人的家人所獲得服務的投訴、進行研究及調查、製備統計數字、履行法定職責等。向社署提供個人資料純屬自願。不過，如你未能提供所要求的個人資料，本署可能無法處理你的申請或向你／受害人及／或你／受害人的家人提供援助／服務。

### 可能獲轉移資料者

2. 你所提供的個人資料，會按需要知道的原則提供給在本署工作的職員。除此之外，該等個人資料亦可能會為上文第 1 段所述的目的而向下列機構／人士披露，或在上述情況下披露：

- (a) 其他機構／人士（例如政府決策局／部門、醫院管理局、非政府機構、公用事業公司等），如該等機構／人士有參與以下事項：
  - (i) 審批及／或評估你／受害人及／或你／受害人的家人就上文第 1 段所提及社署及／或非政府機構向你／受害人及／或你／受害人的家人提供服務／援助而提出的任何申請；
  - (ii) 上文第 1 段所提及社署及／或非政府機構向你／受害人及／或你／受害人的家人所提供的服務／援助；或
  - (iii) 監察和檢討上文第 1 段所提及社署及／或非政府機構所提供的服務，或製備統計數字；
- (b) 處理投訴的機構（例如申訴專員公署、個人資料私隱專員公署、社會工作者註冊局、立法會等），如果這些機構正在處理有關社署向你／受害人及／或你／受害人的家人所提供的服務或援助的投訴；
- (c) 法律授權或法律規定須披露資料；或
- (d) 你曾就披露資料給予訂明同意。

### 查閱個人資料

3. 按照《個人資料（私隱）條例》（第 486 章），你有權就社署所持有的有關你的個人資料提出查閱及改正要求。本署提供個人資料複本將須收取費用。如需查閱或改正社署收集的個人資料，請向以下人士提出：

職銜：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

\* 根據《個人資料（私隱）條例》（第 486 章），個人資料指符合以下說明的任何資料 –

- (a) 直接或間接與一名在世的個人有關的；
- (b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- (c) 該資料的存在形式令予以查閱及處理均是切實可行的。

## 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) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you/the victim and/or your/the victim’s family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the victim and/or your/the victim’s family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the victim and/or your/the victim’s family members, conducting research and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the victim and/or your/the victim’s family members.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -

- (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
  - (i) processing and/or assessing any application from you/the victim and/or your/the victim’s family members for the provision of service/assistance to you/the victim and/or your/the victim’s family members by SWD and/or the NGOs mentioned in paragraph 1 above;
  - (ii) the provision of service/assistance to you/the victim and/or your/the victim’s family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
  - (iii) monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
- (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the victim and/or your/the victim’s family members by SWD;
- (c) Where such disclosure is authorised or required by law; or
- (d) Where you have given your prescribed consent to such disclosure.

### Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD 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

\* Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.