

社會福利署  
Social Welfare Department

緊急救援基金申請表 – 傷亡補助

Emergency Relief Fund Application Form – Grants in respect of death or personal injury

甲 部

**PART A**

|                                                                |                                  |          |                          |
|----------------------------------------------------------------|----------------------------------|----------|--------------------------|
| 受害人姓名 _____                                                    | 性別 _____                         | 年齡 _____ | 香港身份證 _____              |
| Name of Victim (中文 Chinese)                                    | (英文 English)                     | Sex      | Age / 出生證號碼 HKIC/BC No.  |
| 住址 _____                                                       |                                  |          | 電話號碼 _____               |
| Residential Address                                            |                                  |          | Tel. No.                 |
| 通訊地址(如與住址不同) _____                                             |                                  |          | 聯絡電話號碼 _____             |
| Correspondence Address (if different from residential address) |                                  |          | Contact Tel. No.         |
| 婚姻狀況 _____                                                     | 職業(事件發生時) _____                  |          |                          |
| Marital Status                                                 | Occupation (at time of incident) |          |                          |
| 入息 _____                                                       | 事件發生日期 _____                     |          |                          |
| Income                                                         | Date of incident                 |          |                          |
| 地點 _____                                                       |                                  |          |                          |
| Location                                                       |                                  |          |                          |
|                                                                |                                  |          | 緊急救濟證號碼. _____           |
|                                                                |                                  |          | Emergency Relief Chit No |

本人擬申請緊急救援基金並同意：

I wish to apply for Emergency Relief Fund and hereby give my consent :-

- (1) 社會福利署向任何有關醫院及／或醫生查詢 \* 本人／受害人醫療情況（及／或取得醫療報告），以便決定本人所提出的緊急救援基金的申請。本人明白如社會福利署認為有需要，會將受害人的病假證明書轉交醫院管理局／衛生署重新評估病假，並明白如有需要，社會福利署會要求受害人接受醫院管理局／衛生署的醫生診視。

to the SWD making medical enquiries about \*my / victim's medical conditions with (and / or obtaining medical reports from) any relevant hospitals and / or medical practitioners, to facilitate the determination of this application for Emergency Relief Fund. I understand that the victim's sick leave certificate(s), when and where considered necessary by the SWD, may be referred to the Hospital Authority / Department of Health for re-assessment and understand that, if necessary, the victim may be required to undergo medical examination by doctors of the Hospital Authority / Department of Health.

- (2) 社會福利署署長向 \* 本人／受害人的僱主查詢 \* 本人／受害人的工作及薪酬詳情。

to the Director of Social Welfare to make enquiry to \*my / victim's employer(s) regarding details of \*my / victim's employment and salary.

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.

本人承諾會通知\*本人／受害人的家庭成員及本表格所提及的其他有關人士，他們的個人資料已提供予社會福利署作本申請及相關的追收債項(如日後有需要)用途。

I undertake to inform the other members of \*my / the victim's household and other relevant persons mentioned in this form that their personal data have been provided to the Social Welfare Department for the purpose of this application and the relevant debt recovery if later the circumstances warrant it.

與受害人的關係

(如申請人並非受害人) \_\_\_\_\_

Relationship with victim (if applicant is not the victim)

申請人地址及電話號碼 (如與上列不同)

Address and telephone no. of applicant (if different from above)

\* 受害人／申請人簽署

Signature of \*victim / applicant

日期

Date

註：申請必須於事件發生後六個月內提出。

Note: The application must be made within 6 months from the date of incident.

\* 請刪去不適用句子 Delete whichever is inappropriate

## PART B (FOR OFFICIAL USE)

**\*\*I. Family Composition (Relatives living with victim)**

| Name | Sex/<br>Age | HKIC/<br>BC No. | Relationship<br>with the<br>victim | Occupation/<br>Schooling | Monthly<br>Income /<br>School Fee(s) | Degree of financial<br>dependency on victim<br>(A) Whole (B) Partial<br>(C) Nil (D) Expected |
|------|-------------|-----------------|------------------------------------|--------------------------|--------------------------------------|----------------------------------------------------------------------------------------------|
|      |             |                 |                                    |                          |                                      |                                                                                              |
|      |             |                 |                                    |                          |                                      |                                                                                              |
|      |             |                 |                                    |                          |                                      |                                                                                              |
|      |             |                 |                                    |                          |                                      |                                                                                              |
|      |             |                 |                                    |                          |                                      |                                                                                              |
|      |             |                 |                                    |                          |                                      |                                                                                              |

**\*\*II. Particulars of Interested Relatives not Living with Victim**

| Name | Sex/<br>Age | HKIC/<br>BC No. | Relationship<br>with the<br>victim | Occupation/<br>Schooling | Monthly<br>Income/<br>School<br>Fee(s) | Degree of<br>financial<br>Dependency<br>on victim<br>(A) Whole<br>(B) Partial<br>(C) Nil<br>(D) Expected | Address |
|------|-------------|-----------------|------------------------------------|--------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|---------|
|      |             |                 |                                    |                          |                                        |                                                                                                          |         |
|      |             |                 |                                    |                          |                                        |                                                                                                          |         |
|      |             |                 |                                    |                          |                                        |                                                                                                          |         |
|      |             |                 |                                    |                          |                                        |                                                                                                          |         |

\*\* Applicable to fatal cases only

**III. Report by Investigating Officer**

Hospital fee receipts / sick leave certificates at encl. (       )

Funeral expenses receipt at encl. (       )

Employer's statement at encl. (       )

Investigated by \_\_\_\_\_ Name &amp; Rank \_\_\_\_\_ Date \_\_\_\_\_

## 收集個人資料聲明

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，以及追收與你／受害人及／或你／受害人的家人所獲得的援助／服務相關的債項。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，請向有關社會保障辦事處主任提出（有關各區社會保障辦事處的地址及電話，請瀏覽本署網頁：[https://www.swd.gov.hk/tc/index/site\\_pubsvc/page\\_socsecu/sub\\_addresses/](https://www.swd.gov.hk/tc/index/site_pubsvc/page_socsecu/sub_addresses/)）。

\* 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, as well as recovering debt related to the assistance/service provided to you/the victim and/or your/the victim's family members. 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 the Supervisor of the respective social security field units (For addresses and telephone numbers of social security field units, please visit our Departmental Homepage: [https://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_socsecu/sub\\_addresses/](https://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_addresses/)).

\* 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.