

**FORM 2B**  
**EMPLOYEES' COMPENSATION ORDINANCE**  
**(CAP. 282)**

**SECTION 15(1A)(b)**

**NOTICE BY EMPLOYER OF AN ACCIDENT TO AN EMPLOYEE**  
**RESULTING IN INCAPACITY FOR A PERIOD**  
**NOT EXCEEDING 3 DAYS**

To the Commissioner for Labour

I declare that the information given in this form is, to the best of my knowledge, true and accurate.	
Name (in block letters) : _____	
Position : <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Officer	
Signature : _____	Date : _____
<input type="checkbox"/> (for and on behalf of the employer)	Chop of Company

**A. Particulars of employee**

Name of employee (Surname first)		Identity Card/Passport No.
Tel. No.	Address	

**B. Particulars of employer**

Name of employing company/person		Business Registration Certificate No.
Tel. No.	Address	Industry
Fax No.		

**C. Particulars of accident**

Date of accident _____/_____/_____ day / month / year	Address of the place of accident
Total number of days of temporary incapacity : _____ day(s)	

**D. Particulars of compensation**

Monthly earnings of the injured employee for the purpose of calculating compensation : \$ _____	
Amount of compensation : \$ _____	<input type="checkbox"/> paid <input type="checkbox"/> to be paid on ____/____/____ <div style="text-align: right;">day/month/year</div>

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**Important Notes**

- (1) This form shall be completed and returned in DUPLICATE to the Commissioner for Labour within 14 days of the accident, irrespective of whether the accident gives rise to any liability to pay compensation, which results in incapacity to an employee for a period not exceeding 3 days.
- (2) If the period of incapacity in respect of the employee extends beyond 3 days after submitting this form, the employer shall report the accident again in the prescribed form (Form 2) under S. 15(1A)(a) of the Employees' Compensation Ordinance.
- (3) An employer who fails to give notice as required or who gives any false or misleading information to the Commissioner for Labour may be prosecuted.
- (4) Please '✓' in the appropriate box.
- (5) For the purpose of calculating compensation to the injured employee, the monthly earnings shall be taken as the earnings of the employee for the month immediately preceding the date of the accident, or the average monthly earnings for the previous 12 months of employment (or any lesser period if the employee has not been so long employed), whichever calculation is more favourable to the employee.

**Earnings include :**

- (a) cash wages;
- (b) the value of any privilege or benefit which can be estimated in cash, e.g. food, fuel or quarters supplied to the employee if, as a result of the accident, he is deprived of any of them;
- (c) overtime or other special remuneration for work done, whether in the form of bonus, allowance or otherwise, if it is of a constant nature; and
- (d) customary tips.

But remuneration for intermittent overtime, casual payments of a non-recurrent nature, the value of travelling allowances or concession and the employer's contributions to provident funds are not included.