

## Declaration of Claim and Recovery from Work Accident (Sample)

I, \_\_\_\_\_<sup>1</sup> (Type of Identity document):  
\_\_\_\_\_<sup>2</sup>; Doc. No.: \_\_\_\_\_; Date of Issue  
(day/month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_; issued by (Issuing Authority): \_\_\_\_\_  
\_\_\_\_\_; Home Address: \_\_\_\_\_  
\_\_\_\_\_<sup>3</sup>; Contact Phone  
Number: \_\_\_\_\_<sup>4</sup>, was employed by \_\_\_\_\_<sup>5</sup>  
since \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year) to undertake the post of \_\_\_\_\_  
\_\_\_\_\_<sup>6</sup>.

I hereby declare that I had an accident while I was working/on my way to or back  
from work around \_\_\_\_:\_\_\_\_ (hour: minute) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year);  
\_\_\_\_\_<sup>7</sup> was/were injured due to  
\_\_\_\_\_<sup>8</sup>.

Regarding this work accident, I took \_\_\_day(s) of work accident leave.

I declare that I have received the full day's pay for the day when the work accident  
occurred and the compensation for total temporary incapacity equivalent to two-thirds  
of the basic remuneration during the above mentioned leave period; moreover, I have  
also received all the medical expenses arising from this work accident and the amount is  
MOP\$ \_\_\_\_\_ (patacas).

Finally, I declare that I have recovered from this work accident and my work in the  
future and my daily life won't be affected.

Declarant

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(day/month/year)

Note :

1. This declaration shall be without prejudice to the declarant's rights to protection in accordance with law on account of the work accident above mentioned; the declarant may request the Labour Affairs Bureau to have further follow-ups to this work accident when necessary.

2. The declarant acknowledges that the personal data provided by himself/herself to the Labour Affairs Bureau (DSAL) will be for the handling process of his/her work-related injury case filed in the DSAL. The declarant has the right to request access to and correction of his/her personal data held by the DSAL. To exercise the right of access, the declarant shall apply in writing to the DSAL and he/ she may need to pay a reasonable fee (if any). To exercise the right of correction the declarant may apply to DSAL, either in person or in writing. In compliance with legal obligations, the DSAL may transfer the personal data provided by the declarant to other administrative organs, judicial organs, etc

- 1 · Name of declarant.
- 2 · Macao SAR Resident Identity Card or the Non-resident Worker's Identification Card of declarant.
- 3 · Residential address of declarant.
- 4 · Contact number of declarant.
- 5 · Name of employer.
- 6 · Position
- 7 · Part(s) of body injured.
- 8 · Cause(s) of injury.