

Lift and Escalator Serious Accident Victims Assistance Application Form

Part A (To be completed by the victim/applicant)

Name of Victim (Surname first) :		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	HKID No. (Prefix and first 4 digits):
Home Address:		Contact Tel. No. :

Date of Accident:	Time:
Location of Accident:	
Type of Construction Site:	<input type="checkbox"/> Installation <input type="checkbox"/> Maintenance
Employed By:	<input type="checkbox"/> Registered Lift / Escalator Contractor <input type="checkbox"/> Subcontractor of Registered Lift / Escalator Contractor
Name of the Involved Registered Lift / Escalator Contractor	
Applicant agrees to disclose the application to public? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Declaration:

- (1) I wish to apply for the Lift and Escalator Serious Accident Victims Assistance and declare that to the best of my knowledge and belief, the above information is true.
- (2) I understand that if I knowingly or willfully make any false statement or withhold any information, or otherwise mislead LECA for the purpose of obtaining payment, it will render me liable to legal action.
- (3) The victim is an employee of a Registered Contractor (RC) or an employee of a subcontractor of the RC.
- (4) The accident was caused by the lift and escalator works mentioned in the Lift and Escalator Ordinance (Chapter 618).
- (5) The victim is a holder of a valid Construction Industry Safety Training Certificate (Green Card).

If applicant is not the victim, please provide the following information:	Signature of *Victim/Applicant
Relationship with victim:	
Home Address (if different from above):	
Contact Tel. No. (if different from above):	
	Name:
	Date:

Importance:

- a. The application is only valid with the endorsement of the employed registered lift / escalator contractor.
- b. The involved registered lift / escalator contractor is willing to provide information for LECA to proceed the charity fund release.
- c. LECA Charity Fund has the right for not accepting any applications.

Signature of Registered Lift / Escalator Contractor who employed the Victim (Involved RC)
Name:
Contact No.:
Date:

Note : The application must be made within 1 month from the accident

Part B (To be completed by the LECA Charity Fund)

Application is received by _____ on _____
 (Name of LECA member)

LECA Ref. No.: _____ Date: _____

Injured/Deceased was a ☐ RC worker ☐ Subcontractor worker ☐ Others, please specify

Application type ☐ Fatality ☐ Serious injury _____

No. of other victims involved in the same incident? _____

Was the victim carrying out *lift/escalator work in according to the Ordinance CAP 618? ☐ Yes ☐ No

Is *EMSD/Labour Department aware the accident? ☐ Yes ☐ No

Does the involved RC confirm the incident details? ☐ Yes ☐ No Information confirmed by: _____

Remarks, if any: _____

Assessment result: ☐ Fatality ☐ Serious injury ☐ Not recommended

Donation amount to Victim: HK\$ _____

Prepared by	Reviewed by	Approved by:
Charity Fund	Vice President	President
Date:	Date:	Date:

* Delete whichever is inappropriate & ☐ '✓' as appropriate

Personal Information Collection Statement

Please read this notice before you provide any personal data to the Lift & Escalator Contractors Association (LECA).

Purposes of Collection

The personal data supplied by you will be used by the Lift & Escalator Contractors Association (LECA) to assess the application and to provide you/the victim and/or your/the victim's family members with assistance from LECA, including but not limited to monitoring and reviewing of assistance and preparing statistics. The provision of personal data to LECA 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 to you/the victim and/or your/the victim's family members.

* 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.