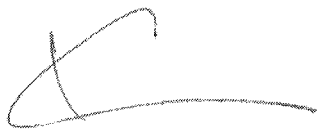






## Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Design & Construction of Light Public Housing at Lok On Pai, Siu Lam  
(Contract No. SS M520)

Name: Heung Yiu Ki Position/Title: Site Agent Contact no.: 9503 7928 Email: <a href="mailto:kiwiheungyk@ableeng.com.hk">kiwiheungyk@ableeng.com.hk</a>	Signature 
Name: LAI YING CHUN Position: General Foreman Contact no.: 6577 6225 Email: <a href="mailto:leolaiyc@ableeng.com.hk">leolaiyc@ableeng.com.hk</a>	Signature 
Name: Chan Hang Yin Position: Safety Officer Contact no.: 5108 7985 Email: <a href="mailto:donaldchanhy@ableeng.com.hk">donaldchanhy@ableeng.com.hk</a>	Signature 

Sample of company chop:

