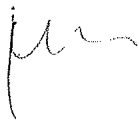





Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: WCR 2

Name: Leung Ming Chun Position/Title: Site Agent Contact no.: 60288578 Email: leungmc@ableeng.com.hk	Signature 
Name: Yeung Kwok wai Position: Project Manager Contact no.: 96600246 Email: wilcoxyeungkw@ableeng.com.hk	Signature 
Name: Position: Contact no.: Email:	Signature

Sample of company chop:








Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Wah King Street

Name: Leung Wai Yin Position/Title: PM/SA Contact no.: 98487748 Email: patrickleungwy@ableeng.com.hk	Signature 
Name: Ma Wai Keung Position: Sub-Agent Contact no.: 93492159 Email: boneymawk@ableeng.com.hk	Signature 
Name: Hung Tak Hung Position: Safety Officer Contact no.: 9626228 Email: alexhungth@ableeng.com.hk	Signature 

Sample of company chop:





Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Wu Shan Road

Name: Chow Chi Wing, Vincent Position/Title: Site Agent Contact no.: 9322 1915 Email: vincentchow@ableeng.com.hk	Signature 
Name: Cheuk Hiu Fung, Angus Position: Sub-agent Contact no.: 6018 5272 Email: anguscheukhf@ableeng.com.hk	Signature 
Name: Hui Lok Hin, Jonathan Position: Safety Officer Contact no.: 9321 9597 Email: jonathanhuilh@ableeng.com.hk	Signature 

Sample of company chop:

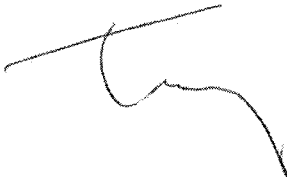




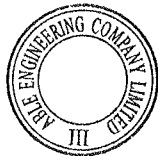
Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Yip Wong Road

Name: NG KWAN SHING, Tom Position/Title: SITE AGENT Contact no.: 96804366 Email: tomngks@ableeng.com.hk	Signature 
Name: Position: Contact no.: Email:	Signature
Name: Position: Contact no.: Email:	Signature

Sample of company chop:





Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Fanling Data Centre - 26822

<p>Name: Neville Leung Position/Title: Project Manager Contact no.: 9475 7109 Email: nevilleleungfl@ableeng.com.hk</p>	<p>Signature  26/2/24</p>
<p>Name: Brian Lee Position: Site Agent Contact no.: 9218 8901 Email: brianlee@ableeng.com.hk</p>	<p>Signature  26/2/2024</p>
<p>Name: Kwan Chun Tong Position: General Foreman Contact no.: 9470 5661 Email: kwanchuntong@able.com.hk</p>	<p>Signature  26/2/2024</p>

Sample of company chop:








Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Kai Tak B2

<p>Name: <i>Cheng Ka Yi, Carol</i> Position/Title: <i>Site Agent</i> Contact no.: <i>6999 6625</i> Email: <i>carolcheng@able.com.hk</i></p>	<p>Signature </p>
<p>Name: <i>An Ho Nam</i> Position: <i>G.P.</i> Contact no.: <i>9807 4466</i> Email:</p>	<p>Signature </p>
<p>Name: <i>WONG KA CHUN OWEN</i> Position: <i>Safety officer</i> Contact no.: <i>707 36616</i> Email: <i>owenwongkc@ableeng.com.hk</i></p>	<p>Signature </p>

Sample of company chop:

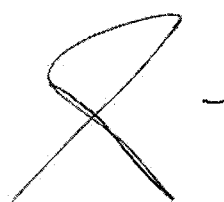




Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: NTECC

<p>Name: Peter Wong Position/Title: Site Agent Contact no.: 97590095 Email: peterwong@ableeng.com.hk</p>	<p>Signature</p> 
<p>Name: Position: Contact no.: Email:</p>	<p>Signature</p>
<p>Name: Position: Contact no.: Email:</p>	<p>Signature</p>

Sample of company chop:





Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: QMH

<p>Name: Yu Wai Chung Kevin Position/Title: Project manager Contact no.: 94248423 Email: kevinyu@ableeng.com.hk</p>	<p>Signature</p> 
<p>Name: Tse Wai Ho Louis Position: 工程總監 Contact no.: 95136053 Email: louistse@ableeng.com.hk</p>	<p>Signature</p> 
<p>Name: Position: Contact no.: Email:</p>	<p>Signature</p>

Sample of company chop:







Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: Construction of Public Housing Development at Tung Chung Area 109

Name: Wao Yiu Hang, Francis Position/Title: Project Manager Contact no.: 9237 1378 Email: franciswooyh@ableeng.com.hk	Signature 
Name: Ho Cho Wing, Louis Position: Site Agent Contact no.: 6140 0306 Email: Louishocw@ableeng.com.hk	Signature 
Name: Position: Contact no.: Email:	Signature

Sample of company chop:





Work Injury Medical Scheme

Authorized person for issuing Medical Treatment Authorization Form

Site: 28221 Ting On Street

<p>Name: LAM Ka Wai Position/Title: Site Agent Contact no.: 6103 0036 Email: kittylam@ableeng.com.hk</p>	<p>Signature</p> 
<p>Name: CHENG Hung Hon Position: Safety Officer Contact no.: 6335 8248 2848 Email: sochenghh@ableeng.com.hk</p>	<p>Signature</p> 
<p>Name: CHAN Chun Ming Position: Safety Officer Contact no.: 5502 8813 Email: hermanchancm@ableeng.com.hk</p>	<p>Signature</p> 

Sample of company chop:

