

To be posted up in a conspicuous place of
the place of employment

此表格應張貼於
僱用地點的顯眼處

EMPLOYEES' COMPENSATION ORDINANCE

僱員補償條例

(CHAPTER 282)

(香港法例第 282 章)

NOTICE OF INSURANCE

保險通告

For the purpose of Section 41 of the Employees' Compensation Ordinance

遵照僱員補償條例第 41 條所規定

Details of the insurance policy taken out in respect of persons employed at the place of employment as specified below
為受僱於下列僱用地點的人士投購保險的詳情

Name of Employing Company/Person 僱用公司名稱 / 僱主姓名		WeNET Education (International) Limited	
Address of Place of Employment 僱用地點的地址		Room 1701, 17/F, Wai Fung Plaza, 664 Nathan Road, Mongkok, Kowloon	
Name of Insurer 保險人名稱		Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)	
Insurance Policy Number 保險單號碼	SDCLE24000608	Date of Issue of Insurance Policy 保險單發出日期	23/05/2024
Date of Commencement of Insurance Policy 保險單生效日期	23/05/2024	Date of Expiry of Insurance Policy 保險單屆滿日期	22/05/2025
Number of Employees Insured 受保的僱員人數	10	Amount of Liability Insured 就有關法律責任投保的款額	HKD100,000,000 Any One Accident or Disease

Signed for Employing

Company/Persons:

僱用公司 / 僱主簽署

Chris

Name of Signatory:

簽署人姓名

Leung Chun Fai

Chop of Company:

公司蓋印



Position:

職位

Director

Date:

日期

23rd May 24

Note: Any employer who without reasonable excuse provides any false or misleading information in this Notice commits an offence and is liable to a fine of \$50,000.

注意：任何僱主無合理解釋，在本通告提供虛假或具誤導性資料，即屬違法，可被罰款\$50,000。