Blue Cross 藍十字
An AIA Company 友邦保險成員公司

Quotation No. :EWC26010148 Agent/Broker No. :A-AH1690

Date :Nov 04 2026

Employees' Compensation Insurance Quotation

1. Year of Establishment of the Insured : _____
2. Insured's Contact Telephone No. : _____
3. Insured's Email Address : _____

Insurance Type	:	Employees' Compensation
Name of Insured	:	heguang digital technology co ltd
Postal Address	:	Same as Risk Location ☐ Yes ; ☐ No, please specify _____
Period of Insurance	:	12 months as from the date to be advised
Business	:	Information and communications - IT Related Services (including installations), Data Processing, Call Centres IT - IT software and development
Place of Employment	:	1) 31,AIRSIDE, 2 CONCORDE ROAD, KOWLOON BAY, KOWLOON
Coverage	:	To indemnify against the Employees' Compensation and/or Employer Liability under the Employees' Compensation Ordinance of Hong Kong
Limit of Indemnity	:	HK$100 Million any one event as defined in Employees' Compensation Ordinance

Item	Occupations	No. of Employee	Est. Annual Earnings (HK$)	Rate	Warranty
1	Clerical / Manager / Director - clerk , sales and manger for it software development	5	3,500,000	0.152%	W21A
	Total	5	3,500,000		

***Please specify if the work carry out by the employees involves the following :**

1. **Work outside Hong Kong**
2. **Work at a height above 10metres or underground**
3. **Work in/on or visiting construction site, shipyard, ships, chemical works, off-shore structures, oil or gas refineries**
4. **Use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance**

**** All employee within the scope of the Employees' Compensation Ordinance must be included**

***** Earnings include salaries, commission, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282). Actual premium calculated based on minimum annual wageroll of HK$68,520 per employee.**

Total Payable	**:**	**HK$5,899.88 (Incl.10.8% EC Levies & 0.1% IA Levy)**
Clause / Condition / Exclusion	**:**	1. Subject to min. premium of HK$1,000 plus levy
Claim Experience for the past 3 years	**:**	Clean claim record in past 3 years

This quotation is subject to:-

1. This quotation is valid for a period of 30 days from the date of this quotation.
2. Policy effective subject to no material change in risk &/or significant change for the Estimated Annual Earnings as per this Quotation.
3. We reserve the right to revise our terms in any details or relevant information change.
4. Subject to no material change in risk before policy inception date.
5. All other terms and conditions as per Blue Cross standard policy wordings.
6. Levy collected by the Insurance Authority has been imposed at the applicable rate and would be remitted in accordance with the prescribed arrangements. For further information about the levy imposed by the Insurance Authority, please visit http://bluecross.com.hk/document/general/levy_collection.
7. This material is for distribution in Hong Kong only. The distribution of this material is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong. Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

Please complete the following once binding of coverage :

其他資料General Information

1. 閣下是否僱用 Do you employ		
a) **任何自僱人士從事業務?** any self-employed person for your business?	☐ **是** Yes	☐ **否** No
b) **任何兼職僱員?** any part-time employees?	☐ **是** Yes	☐ **否** No
c) **任何與投保人同住之家庭成員?** any member of the Applicant's family who resides with the Applicant?	☐ **是** Yes	☐ **否** No
2. 閣下於過往3年內，曾否遭受此計保障範圍內的災難所引致的任何遺失或損失? Have you suffered any loss or damage covered by this plan in the past 3 years?	☐ **是** Yes	☐ **否** No
3. 閣下於過往3年內曾否作出僱員補償保險索償? Have you made any Employees' Compensation Insurance claim(s) in the past 3 years?	☐ **是** Yes	☐ **否** No
4. 閣下於申請同類型保險時曾否被拒絕投保、拒絕續保，或續保時被附加特別條款? Have you ever been declined, refused to renew or renewed but subject to special terms or conditions for similar insurance?	☐ **是** Yes	☐ **否** No
5. 投保的地點是否裝有防盜警報系統? (如是，請提供警報系統的資料)	☐ **是** Yes	☐ **否** No

Is a burglary alarm installed in your premises? (if yes, please provide details of the alarm system)

如上述問題的答案為「是」者，請於另紙詳加說明，並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.

選擇拒絕在直接促銷中使用個人資料Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷（除接收續保資訊外）**
   - ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. **接收續保資訊**
   - ☐ 我不同意接收此保單的續保資訊。
3. **把個人資料提供聯盟計劃合作夥伴**
   - ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷 (例如通過向我提供最新消息、優惠及推廣活動的資訊)，不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。 請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及 / 或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. Use of Personal Data in Direct Marketing (except receiving renewal information)
   - ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. Receiving Renewal Information
   - ☐ I do not agree to receive renewal information of this policy.
3. Provision of Personal Data in Direct Marketing to Alliance Program Partners
   - ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

聲明Declaration

本人 / 我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「藍十字」)任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 本人 / 我們作為投保業務之擁有人 / 獲授權人士 / 代表，保證以上由本人 / 我們根據《僱員補償條例》（第282章）申報之估計全年總收入均屬真確及完整。如未有披露所有重要事實或少報全年總收入，可能導致保險失效﹝只適用於第五部份-僱員補償保險﹞。
4. 本人 / 我們同意妥善保存實際支付的薪金及工資紀錄，並於保險屆滿時以藍十字所指定之格式填報有關紀錄。本人 / 我們並同意繳付跟超過以上所估計之薪金及工資數額之額外支付數額有關的保費﹝只適用於第五部份-僱員補償保險﹞。
5. 本人 / 我們明白及同意當藍十字就本保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
6. 投保人乃 #根據《公司條例》 (香港法例第32章或第622章)成立或註冊的法人團體 / #根據《商業登記條例》 (香港法例第310章) 登記的法人團體、合顆業務、獨資業務或會社，或其分行。(# 請刪去不適用者)
7. 本人 / 我們確認本人 / 我們已閱讀、明白及同意藍十字﹝亞太﹞保險有限公司的收集個人資料聲明（「該聲明」）。該聲明的符合相關守則及法規之最新版本可於 https://ap.bluecross.com.hk/shared/general/PICS_bcaia.pdf下載及可供索取。

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. I/We, being the owner / authorised person / representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance (applicable to Section 5 – Employees' Compensation Insurance only).
4. I/We hereby agree to keep a proper record of salaries and wages actually paid and agree to render such record in the form specified by the Company at the end of each period of insurance. I/We further agree to pay premium relating to any salaries and wages paid in excess of the amount estimated above (applicable to Section 5 – Employees' Compensation Insurance only).
5. I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
6. The applicant is # a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong / # a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (# delete as appropriate)
7. I/We confirm that I/we have read, understood and agreed to the Personal Information Collection Statement of Blue Cross (Asia-Pacific) Insurance Limited (the "PICS"). The updated version of the PICS

which complies with the relevant rules and regulations is available for https://ap.bluecross.com.hk/shared/general/PICS_bcaia.pdf download and upon request.

Supporting documents / Additional information to be provided once binding of coverage :-

1. Copy of valid Business Registration Document
2. Copy of latest wageroll (e.g. latest MPF contribution record for past 3 months, financial statements, tax returns or other relevant documents) of employee(s))

Confirmed and Accepted by

_____

Insured Signature with Company chop
Date : Nov 04 2026