

Independent Checking Unit

Office of the Permanent Secretary for Housing

Form ICU 7

Notice of Urgent Works Required As a Result of Accident or Emergency

To : Independent Checking Unit

*I / We, (name in full) _____

(Chinese) _____, hereby give notice that accident emergency namely

occurred arose at (address of site / project title) _____

_____ on (PHCP (Phase) STT VO LOT No.) _____

on (date) ____ / ____ / 20 ____ (dd/mm/yyyy). *I / We, being the owner⁺ of the above building / land

the person for whom the street works are carried out and have authorized the following works which are necessitated by the above accident emergency : _____

*I / We have engaged the following persons to carry out the above works :

Capacity	Post	Name in full & Chinese	BD Registration No. and Date of Expiry (dd/mm/yyyy) (if applicable)	Address	Tel. No. & Fax No.
Chief Professional ⁺					
Chief Structural Engineer ⁺					
Chief Geotechnical Engineer ⁺					
Registered Contractor					

Date : ____ / ____ / 20 ____
(dd/mm/yyyy)

Signature of Owner⁺

Confirmation of Engagement

(A) *Chief Professional

I (name in full) _____
(Chinese) _____ Chief Professional⁺, hereby certify that I have been engaged to supervise the above works.

Date : _____ / _____ / 20_____
(dd/mm/yyyy)

Signature of Chief Professional⁺

(B) *Chief Structural Engineer

I (name in full) _____
(Chinese) _____ Chief Structural Engineer⁺, hereby certify that I have been engaged to supervise the above works.

Date : _____ / _____ / 20_____
(dd/mm/yyyy)

Signature of Chief Structural Engineer⁺

(C) *Chief Geotechnical Engineer

I (name in full) _____
(Chinese) _____ Chief Geotechnical Engineer⁺, hereby certify that I have been engaged to supervise the above works.

Date : _____ / _____ / 20_____
(dd/mm/yyyy)

Signature of Chief Geotechnical Engineer⁺

(D) Registered Contractor

*I / We (name in full) _____
(Chinese) _____ registered contractor, hereby certify that *I / we
have been engaged to carry out the above works.

Date : _____ / _____ / 20 _____
(dd/mm/yyyy) Signature of the Registered Contractor

Name (in English and Chinese) of the Authorized
Signatory of the Registered Contractor

Contact No. : _____
Fax No. : _____

Certificate of BD Registration No.: _____
Date of Expiry of BD Registration (dd/mm/yyyy): _____ / _____ / 20 _____

+ For explanatory notes on signing capacity, please refer to Appendix B of ICUI 04.

* Please delete whichever is inapplicable.

Please check as appropriate