



Insurance Authority
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CONDUCT IN FOCUS

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In this, our seventh bumper edition of **Conduct In Focus** we present the full year complaints statistics for 1 January 2022 to 31 December 2022.

In our Practice Section we provide licensed insurance broker companies with an outline of what they can expect if they are selected for inspection by the Insurance Authority.

In Policyholder Corner, with the border now open, we provide three vital lessons for Mainland China Visitors to draw from when buying life insurance from Hong Kong authorized insurers, based on our complaints and enforcement work.

Since there is a lot of talk about the capabilities of Chatbots powered by artificial intelligence, we thought we'd join in by offering a few thoughts of our own on the potential use of Chatbots and AI in the insurance process and how the regulatory requirements might apply to these.

Conduct in Focus - Claims Handling Special Supplement

In addition, handling and settling claims under insurance policies is integral to the conduct of insurance business. For policyholders, being able to obtain reimbursement for losses incurred under the insurance policies they purchase is the very purpose of buying insurance.

The insurance regulatory framework requires insurers to handle and settle claims in a fair and prompt manner, to provide policyholders with sufficient information and timely advice about the claims-handling process and clear explanations in plain language on claim results. All this needs to be underpinned with robust corporate governance to ensure fair treatment of policyholders. At the same time insurers are required to have in place effective measures for combating fraudulent claims.

Given the importance of the claims handling in the way insurers conduct business with policyholders, with this edition of Conduct In Focus we are publishing a separate Claims Handling Special Supplement, outlining the existing regulatory principles and standards applicable to claims handling and, with a specific focus on medical insurance claims, providing guidance on what the Insurance Authority will look for in its inspection and supervision work to evaluate whether an insurer is satisfying these requirements in its claims handling practices as part of the conduct of its insurance business.

Enjoy!

Peter Gregoire
General Counsel
Head of Market Conduct
Insurance Authority



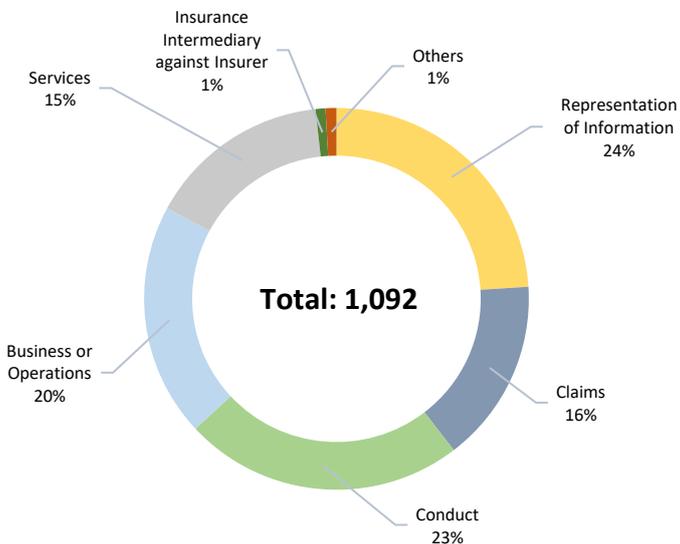
Complaint Statistics

In this edition we present the complaints statistics for the full year 2022.

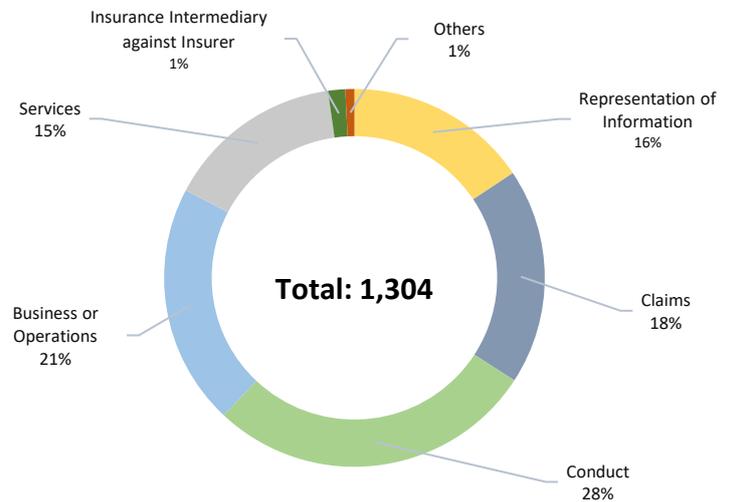
Complaints Statistics

1 January to 31 December 2022 vs prior year

From 1st January to 31st December 2022



From 1st January to 31st December 2021



The IA received **1092¹ complaints in 2022**, a reduction of 16.3% as compared to the same period last year. In terms of category, the most significant number of complaints were received in the category of “Representation of Information”.

Explanation of Complaint Categories

Representation of Information – refers to complaints relating to the presentation of an insurance product’s features, policy terms and conditions, premium payment terms or returns on investment, dividend or bonus shown on benefit illustrations, etc.

Conduct – refers to complaints arising from the process in which insurance is sold, the handling of client’s premiums or monies, cross-border selling, unlicensed selling, allegations of fraud, allegations of forgery of insurance related documents, commission rebates and “twisting” (i.e. insurance agents inducing their clients to replace their existing policies with those issued by another insurer by misrepresentation, fraudulent or unethical means).

Business or Operations – refers to complaints related to business or operations of an insurer or insurance intermediary (e.g. cancellation or renewal of policy, adjustment of premium, underwriting decision, or matters related to the management of the insurer, etc.).

Claims – refers to complaints in relation to insurance claims. The IA cannot adjudicate insurance claims or order payment of compensation. It can, however, handle complaints related to the process by which claims are handled (e.g. delays in processing, lack of controls or weaknesses in governance, areas of inefficiency in the claims handling process).

Services – refers to complaints regarding insurance related servicing by insurers or intermediaries, such as complaints related to the delivery of premium notice or annual statement, dissatisfaction with services standards etc.

¹ The IA also received 58 self-reported cases from insurers / intermediary firms during the reporting period versus 62 in the last year, which are excluded from the above complaint statistics.

Practice

A medical check-up or a free consultancy?

The Insurance Authority's on-site inspections of licensed insurance broker companies

In our circular of 30 November 2022, the Insurance Authority (“IA”) published its common findings from the inspections we have carried out on licensed insurance broker companies as part of our ongoing supervision work. But what exactly is an “on-site inspection” and what can broker companies expect when they are selected for inspection by the IA? We seek to answer these questions here:

What is an on-site inspection?

Hong Kongers are pretty good about going for regular medical check-ups and it is a really good habit to have. Sure, you may have no symptoms or issues, but going for a medical-check-up is a means of making sure you stay on the right track. If the cholesterol levels are starting to creep up, the doctor can advise you to make changes to your diet in advance to stop it from becoming a problem.

An on-site inspection is a bit like a medical check-up in this respect. In an on-site inspection, the IA (per section 64ZZF of the Insurance Ordinance (Cap. 41) (“IO”)) checks that the broker company is complying with the requirements in the insurance regulatory framework. These include the requirements set out in the Insurance (Financial and Other Requirements for Licensed Insurance Broker Companies) Rules, the Code of Conduct for Licensed Insurance Brokers, the Guidelines issued by the IA, the anti-money laundering and counter-terrorist financing requirements (if applicable), and the conduct requirements for Mandatory Provident Fund business (if applicable).

There does not need to be any indication that an insurance broker company may be in non-compliance for it to be targeted for inspection (and the fact that a broker company is targeted for inspection should not be taken to suggest that it is in non-compliance in any way). Rather, an on-site inspection is part of the IA’s ongoing monitoring and supervision function to ensure that standards in the market are being maintained. As with a medical check-up, if any issues are found during an inspection that need correction to ensure the insurance broker company remains in compliance, the IA will point it out.

After all, prevention is always better than cure.

Just to be clear, an “inspection” is very different from an “investigation”. To start an investigation, the IA must have reasonable cause to believe that the insurance regulatory framework may have been contravened (i.e. there must be a suspicion that something is wrong). With an inspection, however, no such reasonable cause is needed because, as stated, the inspection process is about maintaining standards and correcting problems before they arise.

How do we choose which licensed insurance broker companies to inspect?

With over 800 licensed insurance broker companies in Hong Kong, we select companies to inspect based a risk-based approach. This approach takes into account numerous quantitative and qualitative factors such as: type of business being carried on (long-term business is deemed higher risk than general business, in terms of regulatory requirements that need to be complied with); business volume (e.g. revenue); number of technical representatives; turnover of responsible officers; consumer versus commercial business; and key ratios (such as the ratio of technical representatives to revenue and ratio of expenses to revenue).

We do also select a different variety of broker companies to ensure that we have insight to the full diversity of business models that broker companies across the market are adopting.



How is an inspection conducted?

There are usually three-phases to an inspection: (i) before the IA comes onsite to inspect; (ii) the on-site inspection phase; and (iii) the completion phase. An outline of each of the stages is set out below.

What happens before the IA comes on-site?

The IA will contact the relevant licensed insurance broker company about the inspection around one month prior to the intended on-site stage of the inspection, so that a mutually convenient period for the IA to come on-site can be arranged.

After fixing this date, the IA will issue a **formal inspection letter** confirming the date and to request certain information to be submitted for the IA's review prior to it coming on site so that it can prepare. In general, the licensed insurance broker company would be requested to provide the following:

- background information on the management structure of the broker company (e.g. shareholding and organization chart);
- financial and accounting information (e.g. monthly management accounts, general ledger, bank statements and list of insurance applications handled in the past two years); and
- corporate governance related information (e.g. internal policies and procedures, training records and complaint records).



To assist the broker company to prepare for the inspection, the IA has also developed a series of **self-assessment checklists**, which are provided to the broker company with the formal inspection letter.

Upon receiving the information, the IA would then select from the bank statements and the list of insurance applications provided, certain sample transactions for detailed review and will notify the broker company of these selected transactions. For the transactions selected from the bank statements, the broker company should then collate and prepare the supporting documents (e.g., invoice, debit note, cheque copy, remittance slip) for each transaction selected which can sufficiently explain the nature of transaction. The broker company should do the same for the transactions selected from the list of insurance applications – in this regard the broker company should collate and prepare supporting documents such as the copy of the application form signed by the client, client agreements, remuneration disclosure, policy delivery records, customer due diligence documents, AML customer risk assessment records etc. All these supporting documents should be prepared and ready for review by the IA on or before the commencement of the on-site inspection period.



What happens during the on-site inspection stage of an inspection?

At the beginning of the on-site inspection stage, the IA would have an **opening meeting** with the senior management of the licensed insurance broker company at the broker company's office, during which the management team would be invited to present an overview of the broker company's business operations and internal controls. Thereafter, the inspection team (usually 2 to 3 IA staff) would stay in the broker company's premises for around two to three weeks. During the on-site period, the IA inspection team would review supporting documents provided by the broker company, raise written and verbal enquiries, and discuss with various staff of the broker company (e.g. responsible officer, technical representatives, compliance officer, accountant etc.) to understand the broker company's operations and major workflow for selling insurance policies. If necessary, additional samples would be selected for review and the on-site period may be extended accordingly.

What happens after the on-site stage of the inspection through to completion of the inspection?

After the on-site stage is finished, the IA would continue to follow up any outstanding questions by email or telephone calls with the licensed insurance broker company.

Where necessary, the inspection team may also pay an extra visit to the licensed insurance broker company.

After all outstanding issues and enquiries are cleared, the IA would wrap up the case and invite representatives of the broker company to have an inspection **closing meeting** in the IA's office. During the closing meeting, a **draft management letter** (with intended inspection observations and findings) would be tabled for discussion. Along with observations and findings, the IA would also provide the licensed insurance broker company with comments and suggestions on improvements and rectifications to its controls and governance. The **final management letter** would be issued to the licensed insurance broker company taking into account any feedback that the broker company may raise during the closing meeting.

Upon receipt of the management letter, the licensed insurance broker company should provide the IA (usually within three weeks of the management letter) an **action plan** to address the issues cited in the management letter. Detailed proposed actions and the relevant timeline for implementation are expected to be included in the action plan.



The IA would then follow up with the licensed insurance broker company in accordance with the respective milestones stated in the action plan to ascertain if the proposed actions have been implemented satisfactorily. The implementation of all the actions marks the end of the inspection.

That all sounds pretty intrusive, doesn't it?

True, and we do not pretend it to be otherwise. But think of it this way. No medical check-up is worth anything if it isn't sufficiently intrusive to assess one's inner-workings. Further, think of the relief you feel when it's all over! Indeed, we have had comments from certain broker companies who felt like an IA inspection was the equivalent of getting an external consultant to do a full review of their operation, only completely free of charge!

The point is this: we do inspections to ensure that the standards demanded by the insurance regulatory framework are being maintained. And this is vital to ensuring that policyholders can have trust and confidence in the licensed insurance broker companies they use for their insurance needs.

What if the IA finds significant non-compliance during an inspection?

As indicated, the IA generally adopts a "prevention is better than cure" approach in its inspection of licensed insurance broker companies.

However, if the IA does find something badly wrong in an inspection (where cure is the only option because prevention has not been forthcoming), then we have to act. In this regard, we have been very transparent on the matters for which we have zero-tolerance. The biggest red-flag for the IA is if it finds a business model which involves a broker company relying on (or even incentivizing) unregulated sales activities by third party referrers (rather than carrying on substantive regulated activities itself), as indicated by the broker company driving such unregulated sales activities by paying virtually all its commission to third party referrers in referral fees. Where we see this, the matter is likely referred to our enforcement division for investigation so the appropriate cure (in the form of enforcement and disciplinary action) can be meted out.

For the most part, however, in our inspection work we are like a doctor or a cost-effective consultant that aims to leave a broker company after an inspection, in a better place than where it started before the inspection was commenced.





Policyholder Corner

The disciplinary actions which the IA takes serve to ensure that the standards, practices and requirements in the insurance regulatory framework which protect policyholder interests, are underpinned by the deterrence of proportionate enforcement action if breached.

During the financial year from 1 April 2022 to 31 March 2023, the IA took 13 disciplinary actions against current and former insurance intermediaries in relation to various types of conduct that rendered them not fit and proper to serve in that role. In the previous financial year (1 April 2021 to 31 March 2022), the first during which the IA started to take disciplinary actions, 10 such actions were taken. Our disciplinary process is now running smoothly, like a well-oiled machine.

A number of the disciplinary actions we have taken either relate to matters arising before the border with Mainland China closed due to the COVID pandemic, or are matters that may arise when a person who is not from Hong Kong seeks to buy an insurance policy from a Hong Kong authorised insurer.

With the border now open, Mainland China Visitors can once again take the opportunity to fulfil their insurance needs by buying insurance in the Hong Kong insurance market. As such, in this edition of Policyholder Corner we draw attention to three important lessons that prospective policyholders from Mainland China can draw from our enforcement and complaints work:

LESSON 1

Pay premium directly to the authorised insurer, not to your individual insurance agent

The core role of a licensed individual insurance agent is to advise potential policyholders on the suitability of the insurance products offered by the insurers they represent to meet policyholder needs; to facilitate and support the policyholder in applying for a suitable insurance policy; and to service the policyholder throughout the duration of the policy. A licensed individual insurance agent's role, however, is not to collect premium from the policyholder directly, or to serve as a conduit through which a policyholder should pay premium. An individual insurance agent is, after all, an individual with a personal (not a business) bank account, who is not set up to receive or administer the collection of premium and who must avoid mixing premium with his or her own personal funds. Paying premium to an individual insurance agent risks the money not being passed onto the insurer on time (or sometimes at all). This can result in the insurance being cancelled (or not put in place at all) or automatic premium loans being drawn down without the policyholder being aware of it. We have seen this in our complaints and disciplinary cases and the key lesson which must be learned is: **Pay premium directly to the insurer – not through the insurance agent.**



LESSON 2

Fit and proper licensed insurance intermediaries in Hong Kong do not break the law by getting involved with cross border solicitation

Licensed insurance intermediaries in Hong Kong must not breach the relevant laws and regulations in the Mainland which make solicitation of insurance in the Mainland without a relevant licence an offence. Otherwise, this will affect their fitness and properness to continue to be licensed. So be suspicious of persons purporting to be licensed insurance intermediaries from Hong Kong who solicit you in the Mainland to buy insurance from a Hong Kong insurer whilst in the Mainland. Chances are, they are not allowed to do this, and if their principal found out, adverse consequences would follow. When you do come to Hong Kong and buy a life insurance policy in Hong Kong from a Hong Kong insurer, you may be asked to sign an “Important Facts Statement for Mainland Policyholders” (“IFS-MP”) as part of the selling process. By doing this you will confirm that the entire sales process took place in Hong Kong. If you confirm this, and it is later discovered that some part of the solicitation took place in the Mainland, then this could have an adverse impact on the effectiveness of your insurance policy. So please beware of this: **Do not participate in any sales activities of Hong Kong life insurance in the Mainland.**



LESSON 3

Do not deal with unlicensed persons offering you insurance

Just because licensed insurance intermediaries from Hong Kong cannot solicit you in the Mainland to buy insurance from Hong Kong insurers, it does not mean unlicensed persons are able to do this. Selling of insurance by unlicensed persons can have catastrophic consequences for policyholders. If a person is unlicensed, he or she has no proven expertise to advise you on insurance and you could find yourself a victim of mis-selling. Do not fall for it: **Do not deal with anyone offering insurance who is not licensed to do so.** If you are interested in buying insurance from a Hong Kong insurer, then do so while you are in Hong Kong from a licensed insurance intermediary here. You can check that an intermediary is licensed on our [website](#) (or with the insurer directly). It is important that you buy insurance from someone who knows what they are doing and who has passed the minimum standards to serve as an insurance intermediary. Do not settle for anything less.



In our disciplinary and complaints work, we see examples of policyholders who wish they had not made the mistakes highlighted above. It is often too late for them. Make sure it is not too late for you. Take heed of the above three lessons.

For the latest news on our enforcement work, please check out our [website](#).

Chatting about Chatbots and AI



Chatbots powered by large language models that generate real-time, human-quality answers and content are the latest breakthrough in artificial intelligence (“AI”). Want to compose an e-mail, a speech or an article? Want it to be in a particular tone, serious or light-hearted, include jokes or stern warnings? Ask your Chatbot to do it. Using deep learning the Chatbot will crunch through megabytes of data and text in seconds, training itself along the way, to provide you what you need on demand. It’s like you are talking to a human being, only with a superpowered brain.

As with other eye-catching technological leaps (think cryptocurrency, blockchain and video-calls), the launch of this latest generation of Chatbots have come with hyperbolic claims of how they are going to disrupt our lives forever. With tasks that previously took human intelligence minutes, hours or even days to complete, now capable of being done faster and more accurately by AI, no industry, it is said, is safe from their disruptive force. We all need to prepare ourselves for (yet another) new normal.

In preparing this edition of Conduct in Focus, we have given much (human) thought to the handling of insurance claims. So we asked a Chatbot a question:

Can you – a Chatbot – improve the insurance claims handling process?

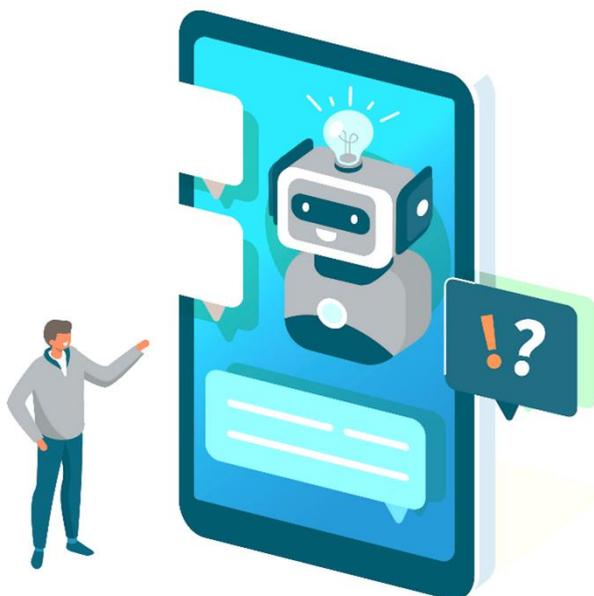
It replied:



Yes, for example:

1. **Faster Claims Processing:** Chatbots can quickly process a large volume of claims, in a fraction of the time it takes human employees. With its natural language processing (NLP) capabilities, a chatbot can quickly capture the necessary information from the customer, validate it, and initiate the claims processing procedure.
2. **24/7 Availability:** Unlike human employees who have work hours, chatbots can be available 24/7 to provide customer support. This means that customers can file their claims at any time of the day or night, and receive a quick response from the chatbot.
3. **Reduced Errors and Frauds:** Chatbots can be trained to identify fraudulent claims and flag them for further review. Additionally, chatbots can help reduce errors from human agents by ensuring that all information is collected accurately and consistently.
4. **Improved Customer Experience:** By offering quick and efficient claims processing, chatbots can improve the overall experience for the customers. With a chatbot, customers can easily file their claims online, without having to wait on hold or navigate complicated phone menus.

Overall, chatbots can streamline the insurance claims processing procedure, making it more efficient and faster for both insurers and customers.



So there you are!

When you see that answer appearing within seconds of having typed the question, you get a sense of how impressive these Chatbots are. But the hype is not universally positive. Tech billionaire Elon Musk considers AI to be potentially one of the biggest risks to civilization. Speculation also abounds about the number of jobs that could be eliminated.

The legal profession (as lawyers often do) has already pointed out the many legal conundrums these Chatbots pose. If copyright in literary work belongs to the author, who does copyright in content authored by a Chatbot belong to? A Chatbot, after all, is not a legal person. And who is responsible, accountable and liable for any loss or damage caused by a Chatbot's output? What about the confidentiality and personal data implications? If a user inputs personal data as part of a question to a Chatbot, how will that data be used and stored (for example, will it be used to answer the question then re-used as part of the Chatbot's deep learning to improve future content)? Then there's the issue of cyber security as these Chatbots can be used for both positive and nefarious purposes. The same generative powers which can produce a speech can also create perfectly worded e-mails or believable website content as part of a scam.

Regulators like the Insurance Authority ("IA") would also need to consider how to address the risks these Chatbots pose if they are to be used in the industries they supervise. It is certainly something worth thinking about, given the speed at which innovation is moving.

One can see how these Chatbots may be used to improve financial literacy and education, with multi-layered answers potentially available at every smartphone user's fingertips. The veracity of the answers (and the extent of their reliability) would, however, be an issue of contention. (There have been anecdotal cases, of these Chatbots hallucinating facts which were not real).

Our approach as a regulator would likely be to take as a starting point the existing standards and principles in the current regulatory framework, and consider how they might apply.

If an insurer were to license the use of a Chatbot in the insurance process, the IA's Guideline on Enterprise Risk Management (GL21) would require it to evaluate all risks associated with its use in the specific context. Certainly, comprehensive testing (under tight governance controls) would have to be done before its deployment. Clear disclosure would need to be made as to the Chatbot's limitations, how it should be used, the data set it is trained on and how that data is stored, used and how long it is kept. Adequate risk mitigation, ongoing monitoring, reporting controls and contingency plans would also need to be in place throughout its deployment. Careful consideration would need to be given to the application of the standards and principles in the IA's Guideline on Cybersecurity (GL20) and how these are satisfied. Further if the Chatbot being utilized is provided or hosted by an external service provider, consideration would need to be given as to how Guideline on Outsourcing (GL14) would apply.

Applying the "regulated activities" regime under the Insurance Ordinance (CAP. 41) ("IO") to these new forms of Chatbot raises more challenging issues. If, for example, an insurer or insurance intermediary deployed a Chatbot in the provision of its "regulated activities" and something went wrong, would they try and assert "it wasn't my advice, it was the Chatbot's"? The resounding regulatory response to this would be "don't even think about it!" The obligations and duties in relation to "regulated activities" would apply to the legal persons deploying the Chatbot (i.e. the individuals and companies licensed and authorized under the IO) rather than the Chatbot itself (being just a piece of software, the rights to which the insurer or insurance intermediary in question would be utilizing). Responses from the Chatbot, therefore, would be the responsibility of the insurer or insurance intermediary deploying it. This is precisely why an insurer must pay heed, among other matters, to the Guidelines on outsourcing, risk management and cyber security and broker companies or agencies must adhere to the corporate governance requirements under Section IX of the respective Codes of Conduct for Licensed Insurance Agents and Licensed Insurance Brokers.



The potential application of the “regulated activities” regime in the context of these Chatbots, however, highlights a deeper philosophical issue with AI. As every individual licensed insurance intermediary will know, when carrying on a “regulated activity”, he or she must abide by the conduct requirements in section 90 of the IO. These conduct requirements are ethical principles of behaviour, such as honesty and integrity, treating customers fairly and acting in their best interests. Applying these ethical principles of behaviour requires an insurance intermediary to apply judgement to discern the “right” way to proceed or advice to provide given the particular circumstances and particular interests of the particular policyholder being served.

Is AI (at least in its development to date) capable of carrying out this kind of ethical judgement? This is certainly questionable. A Chatbot (and AI more generally) is not a self-aware, sentient being capable of emotion, empathy or human intuition. It does not have an inherent sense of right and wrong. Presented with an ethical problem by way of input, a Chatbot would solve it like a mathematical equation, crunching through its data-set to work out what societal norms apply to the situation, discerning from this where the hard dividing line existed between right and wrong and then applying this to the question. It would then emerge with an answer which (like a solution to a maths problem) it would pronounce with perfect confidence as being the right answer.

The real world, however – where human beings need to manage the everyday risks they, their families and businesses face - does not always work in such “black and white” terms. There may be different insurance options for the customer to choose from depending on the customer’s future intent. None of these options may be perfect; each would have pros and cons that need to be weighed in the balance. Each option should, therefore, be presented with its upsides and downsides so that it can be discussed and considered and the customer can make a fully informed decision (being the aim of fair customer treatment).



Further, an AI Chatbot relies on the input – the question – being asked. But can the full context of a customer’s circumstances be captured by such input alone? There may be things missed that the observation and intuition of a human broker or agent sitting in front of a customer and talking to him or her about life in general may pick up.

To put it another way, one sees in the calculative, data-driven approach of AI, a methodology which seeks to view human beings, not as human, but as abstractions – collections of datapoints from which hard and fast conclusions can be drawn. History tells us that when human beings are treated as abstractions, as merely numbers on a spreadsheet, the outcome for humanity is never a positive one.

Ultimately, ethical judgement is intertwined (in part) with the human capacity to empathize and the sense of attachment and trust that both drives and arises from that capacity. To establish trust with a prospective customer means acting right and doing good (and generally being a good and trustworthy person) in the customer’s eyes which involves understanding the challenges – the very human challenges – the customer faces every day in looking after the health, education and other needs of his or her family or business. Is AI capable of this yet? Or is only a human capable of real human empathy – putting oneself in the shoes of the human customer and thereby truly understanding and acting in his or her best interests?

These are questions that need to be asked, particularly in the context of a regulatory regime based on ethical principles of behaviour.

Perhaps it is because of these as yet unanswered questions that a strong school of thought has emerged to assert that AI should serve to augment rather than replace human capacity. For example, AI could be used to produce output that is considered as a suggestion on which the human user can then overlay his or her own observations before making a final judgement. Further, even though AI may have its shortcomings, the fact is human judgement is far from perfect. When applying ethical judgement, it is not unknown for a human to do something that is clearly wrong by any standards of morality, but to convince himself that it is being done for the right reasons (thereby justifying such action). This twisted mindset lies at the heart of many of the disciplinary cases that come before the IA. Could the calculative approach of AI, serve to correct a human being from such “ethical fading” before it happens, by prompting him in no uncertain terms that what he is proposing to do (and seeking to self-justify) is clearly wrong?

In a world where AI is used to augment rather than replace human judgement, the human users deploying Chatbots in the provision of services remain responsible, accountable and ultimately liable for those services. It would be up to the insurer and insurance intermediary, then, when considering how to deploy a Chatbot not to consider it solely in terms of how quickly a customer can purchase an insurance. Rather, the insurer or intermediary must ensure that the principles of fair customer treatment, honesty and integrity, acting in the customer’s best interests and enabling the customer to make a fully informed decision, are upheld. That’s as it always should be!

The views expressed in this article are only those of a single author (and not the IA more generally), but it is certainly the case that technological development in the insurance sector is something the IA is keeping our collective eyes on. We certainly welcome input and views from readers on this subject.



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