Direct Medical Business (Class 2 - Sickness)

Name of Insurer :			
Reporting Period:	2014		

Typo					Premiums			Commissions Payable		No. of	Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claim c/f (including IBNI		Claims Incurred		Unexpired Risks		
Туре	Product	duct Coverage		No. of Persons Covered (Note 3)	Gross (HK\$'000)	Net (HK\$'000)	Net Earned (HK\$'000)	Gross (HK\$'000)	Net (HK\$'000)	Claims Applications Received (Note 4)	No. of Claims	(A) Gross (HK\$'000)	No. of Claims	(B) Gross (HK\$'000)	No. of Claims	(C) Gross (HK\$'000)	(A)-(B)+(C) Gross (HK\$'000)	Net (HK\$'000)	Adjustment (Claims Reserve) (HK'\$000)	Management Expenses (HK'\$000)	Profit / Loss
	Out-patient only																-				-
	Hospitalisation only	Hospital Cash only															-				-
Individual Policies	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
		Out-patient only															-				-
	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
		Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-				-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out-patient only																-				-
		Hospital Cash only															-				-
	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
		Out-patient only															-				-
Group Policies	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
(Note 1)		Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-				-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Note 1: For products having both Out-patient and Hospitalisation protection, please provide breakdown of Claims Applications Received, Gross Outstanding Claims b/f and Gross Outstanding Claims c/f in respect of each of the claims for Out-patient, Hospital Cash and/or Indemnity.

Note 2: "No. of Policies" is the number of policies written during the period (corresponding to the Gross Premiums written during the period).

Note 3: "No. of Persons Covered" is the average number of persons covered during the reporting period, or if not available, the number of persons covered as at the end of reporting period.

Note 4: This should include all claims applications received, including claims not substantiated or declined.

Note 5: For Hospitalisation protection, some policies may offer both Indemnity and Hospital Cash benefits. They should be reported under "Indemnity Hospital/Surgical only" unless it is clear that they are, in the main, Hospital Cash policies. For products covering certain out-patient follow-up service (e.g. post hospitalization out-patient follow-up consultation & treatment, etc.), they should also be reported under "Indemnity Hospital/Surgical only".

Note 6: Medical rider benefits, such as maternity, dental and vision/optical benefits, should not be reported under "Others". They should be reported under "Out-patient only", "Hospitalisation only" or "Out-patient & Hospitalisation" according to the nature of protection. For Maternity, since benefits are usually on lump-sum/per pregnancy basis, the primary protection is the hospital delivery claim. Thus, maternity claims should be classified as "Indemnity Hospital/Surgical only".

For Dental/Vision, the majority of these services are incurred at out-patient facility; thus, the dental/vision claims should be classified under "Out-patient only".

Note 7: Others are any product not being classified in any of the above three categories.

Note 8: Please provide supplementary data on claims related to "Indemnity Hospital/Surgical only" for "Hospitalisation only" and "Out-patient & Hospitalisation" products in the worksheet named "Claims".

<u>Direct Medical Business (Class 2 - Sickness)</u>
Supplementary Data on Claims
Name of Insurer :

Reporting Period:

Private Hospital (other than Hong Kong Public Hospital)

Hong Kong Public Hospital

Total

			Private Hospital (other than Hong Kong Public Hospital)								Hong Kong Public Hospital									<u>10tai</u>									
Type	Product	Coverage	No. of Claims Applications Received	Claim				Outstanding Clair c/f (including IBN		Claims Incurred		Claims Paid		Outstanding Claims of b/f (including IBNR) Outstanding Claims of (including IBNR)				f Claims Incurred			Claims Paid			ng Claims ing IBNR)	Outstanding (including	g Claims c/f	Claims Incurred		
				No. of Claims	(A) Gross (HK\$'000)	No. of Claims	(B) Gross (HK\$'000)	(C) No. of Gros Claims (HK\$'0		Net		No. of Claims	(A) Gross (HK\$'000)	No. of Claims	(B) Gross (HK\$'000)		(C) Gross HK\$'000)	(A)- (B)+(C) Gross (HK\$'000)	Net (HK\$'000)	No. of Claims Applications Received	No. of Claims	(A) Gross (HK\$'000)	No. of Claims	(B) Gross (HK\$'000)	No. of Claims	(C) Gross (HK\$'000)	(A)- (B)+(C) Gross (HK\$'000)	Net) (HK\$'000)	
Hamitaliantian aulu	Hospitalisation only	Hospital Cash only																-		-	-	-	-	ı	-	-	-	-	
	Hospitansation only	Indemnity Hospital/Surgical only																-		-	-	-	-	1	-	-	-	-	
Individual Policies O	Out-patient & Hospitalisation —	Hospital Cash only																-		-	-	-	-	-	-	-	-	-	
		Indemnity Hospital/Surgical only																-		-	-	-	-	-	-	-	-	-	
	Sub-total		-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Hamitaliantian only	Hospital Cash only																-		-	-	-	-	-	-	-	-	-	
Group Policies	Hospitalisation only	Indemnity Hospital/Surgical only																-		-	-	-	-	-	-	-	-	-	
	Out and and 0 Handidaline	Hospital Cash only																-		-	-	-	-	-	-	-	-	-	
	Out-patient & Hospitalisation	Indemnity Hospital/Surgical only																-		-	-	-	-	-	-	-	-	-	
	Sub-total	•	-	-	-	-	-			-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	•		-	-	-	-	-			-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	-		-	-	