

Name of Insurer : \_\_\_\_\_

Reporting Period : 2015

Type	Product	Coverage	No. of Policies (Note 2)	No. of Persons Covered (Note 3)	Premiums			Commissions Payable		No. of Claims Applications Received (Note 4)	Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claims c/f (including IBNR)		Claims Incurred		Unexpired Risks Adjustment (Claims Reserve) (HK\$'000)	Management Expenses (HK\$'000)	Underwriting Profit / Loss (HK\$'000)		
					Gross (HK\$'000)	Net (HK\$'000)	Net Earned (HK\$'000)	Gross (HK\$'000)	Net (HK\$'000)		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)					
Individual Policies	Out-patient only																						
	Hospitalisation only	Hospital Cash only																					
		Indemnity Hospital/Surgical only (Note 8)																					
	Out-patient & Hospitalisation (Note 1)	Out-patient only																					
		Hospital Cash only																					
		Indemnity Hospital/Surgical only (Note 8)																					
	Others (Note 7)																						
<b>Sub-total</b>			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Group Policies	Out-patient only																						
	Hospitalisation only	Hospital Cash only																					
		Indemnity Hospital/Surgical only (Note 8)																					
	Out-patient & Hospitalisation (Note 1)	Out-patient only																					
		Hospital Cash only																					
		Indemnity Hospital/Surgical only (Note 8)																					
	Others (Note 7)																						
<b>Sub-total</b>			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Total</b>			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Note 1: For products having both Out-patient and Hospitalisation protection, please provide breakdown of Claims Applications Received, Gross Claims Paid, 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".

