Medical Business (All excluding Refundable Plans) - Class D of Long Term Business

Name of Insurer :				
Reporting Period:	2015			

Туре	Product	Coverage				Premiums		Commissio	ons Payable	No. of	Clain	ns Paid		ling Claims ding IBNR)		ling Claims ding IBNR)	Claims Ir	ncurred	Unexpired Risks		
			No. of Policies (Note 2)	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)	Managemen Expenses (HK'\$000)	Profit / Loss
	Out-patient only																-				-
	TT - 12 - 12 - 1	Hospital Cash only															-				-
	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
In dividual Daliaiaa		Out-patient only															-				-
Individual Policies	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)															-				-
Group Policies		Out-patient only															-				-
Gloup Folicies	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
		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 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".

Medical Business (All excluding Refundable Plans) - Class D of Long Term Business		
Supplementary Data on Claims		

Form MA4-S	
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Total

Name of Insurer :

Reporting Period: 2015

Private Hospital (other than Hong Kong Public Hospital)

Hong Kong Public Hospital

Type	Product			Clair	ms Paid		ding Claims Iding IBNR)				ncurred		Clai	ms Paid	Outstanding (including		1	ng Claims c/f ing IBNR)	Claims	Incurred		Clai	ms Paid		ng Claims b/f ng IBNR)		ng Claims c/f ing IBNR)	Claims	Incurred
		Coverage	No. of Claims Applications Received		(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)	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)	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)
	Hespitalization only	Hospital Cash only								-									-		-		-	-	-	_	-	-	_
	Hospitalisation only	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	
Individual Policies	Out-patient & Hospitalisation	Hospital Cash only								-									-		-	-	-	-	-	_	-	-	
		Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	
	Sub-total Sub-total		-	_	-	-	-	-	_	-	-	-	-	-	-	-	-	_	-	-		-	-	-	-	_	_	-	-
	Hospitalisation only	Hospital Cash only								-									_			-	-	-	-	-	_	-	
	Hospitansation only	Indemnity Hospital/Surgical only								-									_			-	-	-	-	_	_	-	_
	Out nations & Hamitalization	Hospital Cash only								-									-			-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
	Sub-total	•	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			-	_	_	_	_	_	-	_	_	-	-	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_