Name of Insurer :				
		_	 	
Reporting Period :	2016			

Туре	Product	Coverage		N6	Premiums			Commission	ons Payable	No. of Claims/ Premiums Refund	Claims Paid / Premiums Refunded		b/f (includ Premiur	ing Claims ling IBNR) / ns Refund rves b/f	Outstanding Claims c/f (including IBNR) Premiums Refund Reserves c/f		Claims Incurred Refund Ir		Unexpired Risks	M	Underwriting
			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)	Applications Received (Note 4)	No. of Claims/ Refunds	(A) Gross (HK\$'000)	No. of Claims/ Refunds	(B) Gross (HK\$'000)	No. of Claims/ Refunds	(C) Gross (HK\$'000)	(A)-(B)+(C) Gross (HK\$'000)	Net (HK\$'000)	Adjustment (Claims Reserve) (HK'\$000)		
	Out-patient only																-				-
	II:-:	Hospital Cash only															-				-
	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
Individual Policies		Out-patient only															-				-
marviduar i oncies	(Note 1)	Hospital Cash only															-				-
	,	Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-				-
	(a) Medical protection compo	onent sub-total	N.A.	N.A.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) Refundable component (N	Note 9)	N.A.	N.A.													-				
	Sub-total [(a) + (b)]		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out-patient only																-				-
	II:-:	Hospital Cash only															-				-
	Hospitanisation only	Indemnity Hospital/Surgical only (Note 8)															=				-
Group Policies		Out-patient only															-				-
Group Folicies	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
		Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-				-
	(c) Medical protection compo	onent sub-total	N.A.	N.A.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(d) Refundable component (Note 9)		N.A.	N.A.													-				7
	Sub-total $[(c) + (d)]$		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 medical protection component 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".

Note 9: Please split refundable plans into the refundable component and the respective medical protection components in line with the prevailing pricing structure of related products. Please also provide the basis of apportionment if a precise actuarial calculation is not possible.

Medical Business (Refundable Plans only) - Base Plans under Classes A, C & I of Long Term Business	
Supplementary Data on Claims	
Name of Insurer :	

Reporting Period : 2016

Form MR2-S

Private Hospital		

## Hong Kong Public Hospital

Total

	Product	Coverage			Clair	Claims Paid		Outstanding Claims b/f (including IBNR) c/f		ling Claims ding IBNR)	Claims I	Claims Incurred		Clair	ms Paid			ng Claims c/f ing IBNR)	f Claims Incurred			Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claims c/f (including IBNR)		Claims Incurred	
Туре			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)
	Hospitalisation only	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
	riospitalisation omy	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
Individual Policies	Out-patient & Hospitalisation	Hospital Cash only								-									-			-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-			-	-	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hospitalisation only	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
	Hospitalisation only	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
Group Policies	Out nations & Hagnitalization	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-