

Name of Insurer : _____

Reporting Period : 2016

| Type | Product | Coverage | No. of Policies (Note 2) | No. of Persons Covered (Note 3) | Premiums | | | Commissions Payable | | No. of Claims/ Premiums Refund Applications Received (Note 4) | Claims Paid / Premiums Refunded | | Outstanding Claims b/f (including IBNR) / Premiums Refund Reserves b/f | | Outstanding Claims c/f (including IBNR) / Premiums Refund Reserves c/f | | Claims Incurred / Premiums Refund 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/ 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) | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | |
| | (a) Medical protection component sub-total | | | N.A. | N.A. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (b) Refundable component (Note 9) | | | N.A. | N.A. | | | | | | | | | | | | | | | | | | | |
| Sub-total [(a) + (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) | | | | | | | | | | | | | | | | | | | | | | |
| | (c) Medical protection component sub-total | | | N.A. | N.A. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (d) Refundable component (Note 9) | | | N.A. | N.A. | | | | | | | | | | | | | | | | | | | |
| Sub-total [(c) + (d)] | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Total | | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |

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 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.

