Medical Business (All excluding Refundable Plans) - Class 2 of General Business

Name of Insurer :				
Reporting Period :	2016			

		Coverage			Premiums			Commissions Payable		No. of	Claims Paid			ing Claims ding IBNR)		ing Claims ding IBNR)	Claims Ir	ncurred	Unexpired Risks		
Туре	Product		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)	Management Expenses (HK'\$000)	Underwriting Profit / Loss (HK\$'000)
	Out-patient only	Out-patient only															-				-
	Hamitaliantian anha	Hospital Cash only															-				-
		Indemnity Hospital/Surgical only (Note 8)															-				-
Individual Policies		Out-patient only															-				-
ilidividuai Folicies	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
		Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-				-
	Sub-total -			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out-patient only	-patient only															-				-
		Hospital Cash only															-				-
	Hospitalisation 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)																-				-
	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 & 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 2 of General Business
Supplementary Data on Claims
Name of Insurer :

Reporting Period : 2016

Private Hospital (other than Hong Kong Public Hospital)

Hong Kong Public Hospital

				Clair	ns Paid		ling Claims ding IBNR)		ling Claims ding IBNR)	Claims I	ncurred		Clair	ns Paid		ding Claims ding IBNR)		cluding IBNR)	Claims Incurred			Clair	ns Paid	Paid Outstandi b/f (include		Outstanding Claims c/f (including IBNR)		Claims Incurred	
Туре	Product	spitalisation only  Hospital Cash only Indemnity Hospital/Surgical only t-patient & Hospitalisation  Hospital Cash only Indemnity Hospital/Surgical only  b-total  Hospital Cash only Indemnity Hospital/Surgical only	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)	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								-									-		-	-	-	-	-	-	-		-
	Trospitansation only	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-		-
Individual Policies	Hospital Cash only								-									-		-	-	-	-	-	-	-		-	
	Out-patient & Hospitansation									-									-		-	-	1	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-		1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
	Hospitalisation only	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
	Hospitalisation only	Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
Group Policies	Out-patient & Hospitalisation	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Form MA1-S