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

Name of Insurer :

Reporting Period : 2016

Туре	Product	Coverage	Coverage			Premiums		Commissio	ons Payable	No. of Claims/ Premiums		s Paid / s 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	
			No. of Policies (Note 2)	No. of Persons Covered (Note 3)	Gross	Net (HK\$'000)	Net Earned (HK\$'000)	Gross (HK\$'000)	Net (HK\$'000)	Refund 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)	
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 comp	onent sub-total	N.A.	N.A.	-	-	-	-	-	-	-	-	-	-	-	-	-	B)+(C) oss 5000) (H - - - - - - - - -
	(b) Refundable component (1	Note 9)	N.A.	N.A.													-	
	Sub-total [(a) + (b)]		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Out-patient only															-	Γ	
	Hospitalisation only	Hospital Cash only															-	Γ
		Indemnity Hospital/Surgical only (Note 8)															-	
Group Policies		Out-patient only															-	
Group Policies	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-	
		Indemnity Hospital/Surgical only (Note 8)															-	
	Others (Note 7)																-	Τ
	(c) Medical protection comp	N.A.	N.A.	-	-	-	-	-	-	-	-	-	-	-	-	-	Γ	
	(d) Refundable component (l	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 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.

/ Premiums urred	Unexpired Risks Adjustment	Managemen	Underwriting
	(Claims	t Expenses	Profit / Loss
Net (HK\$'000)	Reserve) (HK'\$000)	(HK'\$000)	(HK\$'000)
			-
			-
			-
			-
			-
			-
			-
-	-	-	-
-	-	-	-
			-
			-
			-
			-
			-
			-
			-
-	-	-	-
-	-	-	-
-	-	-	-

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

Supplementary Data on Claims

Name of Insurer :

Reporting Period : 2016

		_			Private Hospital (other than Hong Kong Public Hospital)								Hong Kong Public Hospital								Total								
Туре	Product	Coverage		Claims Paid				s Outstanding Claims R) c/f (including IBNR)					Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claims c/f (including IBNR)		f Claims Incurred			Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claims c/f (including IBNR)		Claims Incurred	
					(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)
Individual Policies	Hospitalisation only	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-			-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Hospital Cash only								-									-			-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-			-	-	-	-	-	-	-	-
	Sub-total	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Group Policies	Hospitalisation only	Hospital Cash only								-									-		-	-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-			-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Hospital Cash only								-									-			-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-		-	-	-	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Form MR4-S