Name of Insurer :		
Reporting Period :	2016	

						Premiums		Commissions Payable		No. of	Claims Paid			ling Claims ding IBNR)	Outstand c/f (include	ing Claims ding IBNR)	Claims Ir	ncurred	Unexpired Risks		II. damaitia
Туре	Product	Coverage	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)	t Underwriting Profit / Loss (HK\$'000)
Out-patient only																-				-	
	Hamitaliantian aula	Hospital Cash only															-				-
	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
Individual Policies		Out-patient only															-				-
individuai 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															-				-
Group Policies	Hospitalisation only	Indemnity Hospital/Surgical only (Note 8)															-				-
		Out-patient only															-				-
	Out-patient & Hospitalisation (Note 1)	Hospital Cash only															-				-
		Indemnity Hospital/Surgical only (Note 8)															-				-
	Others (Note 7)																-			_	_
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
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 (Al	excluding Refundable Plans) - Riders under Classes A, C & I of Long Term Business
Supplementary D	nta on Claims
Name of Insurer:	

Reporting Period: 2016

Form MA3-S

	Private Hospital	(other than Hong	Kong Public Hospital)
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## Hong Kong Public Hospital

Total

Туре	Product			Claims Paid				s Outstanding Claims R) c/f (including IBNR)					Claims Paid		Outstanding Claims b/f (including IBNR)		ms Outstanding Claims c/f (IR) (including IBNR)		Claims Incurred		Claims Paid		Outstanding Claims b/f (including IBNR)		Outstanding Claims c/f (including IBNR)		f Claims Incurred	
		Coverage	No. of Claims Applications Received	No. of	(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 Net (HK\$'000) (HK\$'00	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								-									-		-	-	-	-	-	-	-	-
	Hospitalisation only	Indemnity Hospital/Surgical only								-									-	-	-	-	-	-	-	-	-	-
Individual Policies		Hospital Cash only								-									-	-	-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Indemnity Hospital/Surgical only								-									-	-	-	-	-	-	-	-	-	-
Sub-total Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	
	Hospitalisation only	Hospital Cash only								-									-	-	-	-	-	-	-	-	-	-
	Hospitalisation only	Indemnity Hospital/Surgical only								-									-	-	-	-	-	-	-	-	-	-
	Out-patient & Hospitalisation	Hospital Cash only								-									-	-	-	-	-	-	-	-	-	-
		Indemnity Hospital/Surgical only								-									-	-	-	-	-	-	-	-	-	-
	Sub-total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-
Total	•		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-