

# Asia Unique – Family Care

## 延愛

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**Voluntary Health  
Insurance Scheme  
(Standard Plan)**

**自願醫保計劃  
(標準計劃)**

(Cert. No. S00027-01-000-01)



**亞洲保險**  
**ASIA INSURANCE**





## About Asia Insurance

**Asia Insurance** is a leading general insurer in Hong Kong founded in 1959 by our late Chairman, Mr. Chin Sophonpanich. It is noted for its financial strength (strong capitalization, high liquidity and a Standard & Poor's "A" rating for its insurer financial strength rating and counterparty credit rating), distribution network and quality client base.

It has a proven record in innovation and leadership, and has formed a number of successful joint ventures and other relationships with partners around the region, including in Mainland China.

It has the most comprehensive product range including well-designed and attractively priced conventional and niche market insurance products. Apart from its head office in Hong Kong, Asia Insurance distributes its products and services overseas via its Macau branch.

## 關於亞洲保險

**亞洲保險**於 1959 年由陳弼臣先生創辦，現為香港成功及具領導地位的本地一般保險公司之一。

公司具有豐厚的財務實力（雄厚的資本、良好的現金流動性和標準普爾財政實力和相對人信用「A」評級）、龐大的分銷網絡、良好的客戶基礎，及在業務開拓和管理上的優良紀錄。公司在區內，包括中國，與業務伙伴保持著良好關係，並組建了多個成功的合資業務。

亞洲保險擁有最完備的產品種類，包括設計優良、價格吸引的傳統和獨特的保險產品。除總公司設於本港外，還透過澳門分公司分銷產品。



Regardless of good times or bad times, family always provides the strongest support to us. We understand that love makes a family. To express your love and blessing to your beloved family and next generation, please start to prepare their lifelong protection by preventing them from substantial burden due to the unforeseen health conditions.

Asia Insurance is pleased to present you “**Asia Unique – Family Care**”; a comprehensive hospitalisation insurance coverage with an affordable price. “**Asia Unique – Family Care**” is also one of the VHIS plans certified by the Food and Health Bureau (FHB) of the Government of Hong Kong SAR. Premiums paid will be allowed for tax deduction.

無論順境逆境，家庭永遠是我們最有力的後盾。我們明白有愛有家在，要把愛和祝福傳遞給摯愛的家人和下一代，請從今天起籌劃他們一生的保障，避免預料之外的健康狀況為家人帶來沉重負擔。

亞洲保險誠意獻上「**延愛**」家庭保障計劃，為你和家人提供全面住院保障。「**延愛**」家庭保障計劃亦是得到香港特別行政區政府食物及衛生局認證的自願醫保計劃之一，所繳付之保費更可用作稅務扣減。





# Plan Highlights 計劃特點

**Asia Unique – Family Care** is also one of the VHIS plans certified by the Food and Health Bureau (FHB) of the Government of Hong Kong SAR. Premiums paid will be allowed for tax deduction in the current financial year.

Plan covers individual with the Age from 15 days to 100 years; provides a full range of medical insurance protection from pre-hospitalisation to post-hospitalisation care. Coverage extended to cover Prescribed Diagnostic Imaging Tests, Prescribed Non-surgical Cancer Treatments and Psychiatric treatment, etc.

「延愛」亦是得到香港特別行政區政府食物及衛生局認證的自願醫保計劃之一，所繳付之保費可作年度的稅務扣減。

計劃保障涵蓋年齡為 15 天至 100 歲的人士；提供由入院前至出院後的全方位醫療保障。保障範圍亦擴展至訂明診斷成像檢測、訂明非手術癌症治療、精神科治療等。

Lifetime protection  
終生保障

Tax deduction  
稅務扣減

Premiums paid will be allowed for tax deduction

保費可作稅務扣減

Guaranteed renewal up to the age of 100

保證續保至 100 歲

No “lifetime benefit limit”

不設「終身保障限額」

Cooling-off period of 21 days

21 日冷靜期

Premium transparency

保費透明度





Coverage extended to	承保範圍擴闊至
<p><b>For unknown Pre-existing Condition(s) – waiting period of 3 years upon policy inception:</b></p> <ul style="list-style-type: none"> <li>•First Policy Year                      no coverage</li> <li>•Second Policy Year                    25% reimbursement</li> <li>•Third Policy Year                        50% reimbursement</li> <li>•Fourth Policy Year onwards    full coverage</li> </ul>	<p>未知的投保前已有病症 — 在投保時未知的已有病症現時一般不獲保障。認可產品則可在保單生效首三年的等候期提供部分保障:</p> <ul style="list-style-type: none"> <li>•首個保單年度                        沒有保障</li> <li>•第二個保單年度                    按保障限額賠償25%</li> <li>•第三個保單年度                    按保障限額賠償50%</li> <li>•第四個保單年度起                按保障限額全數賠償</li> </ul>
<p><b>Treatment of Congenital Condition(s)</b>  <b>Cover investigation and treatment of Congenital Condition(s) which have manifested or been diagnosed after the Age of 8.</b></p>	<p>先天性疾病治療            保障範圍包括投保人於年屆 8 歲後出現或確診的先天性疾病的檢測及治療。</p>
<p><b>Day Case Procedures</b></p>	<p>日間手術</p>
<p><b>Prescribed Diagnostic Imaging Tests</b>  <b>(The Policy Holder is required to pay 30% Coinsurance)</b></p>	<p>訂明診斷成像檢測            ( 投保人須付 30%共同保險 )</p>
<p><b>Prescribed Non-surgical Cancer Treatments</b>  <b>(Including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy)</b></p>	<p>訂明非手術癌症治療            ( 保障範圍包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療 )</p>
<p><b>Psychiatric treatments</b>  <b>(Cover confinement in a psychiatric ward of a local hospital)</b></p>	<p>精神科治療            ( 保障範圍包括在本地醫院的精神科病房中留醫的相關費用 )</p>



## Tax Deduction 稅務扣減

- Premiums paid by Hong Kong citizen for himself and/or his dependents will be allowed for tax deduction.
- The deduction ceiling for annual deduction is HK\$8,000 per Insured Person per year.
- No cap on the number of Insured Persons that are eligible for tax deduction.
- 香港市民若為其本人及 / 或受養人購買有關產品，每年可作稅務扣減。
- 扣稅上限為每名受保人每年 8,000 港元。
- 可申請稅務扣減的受保人數目不設上限。

Example: If you purchase four policies under Certified Plans for four Insured Persons, and are the Policy Holder of the concerned policies, you can apply for tax deduction for the relevant premiums paid. The ceiling for annual deduction per Insured Person is HK\$8,000. In other words, the annual deduction ceiling is HK\$32,000 (i.e. HK\$8,000 x 4).

示例：如您根據四名受保人的認證計劃購買四項保單，並且是相關保單的保單持有人，您可以申請稅務扣減。每名受保人每年扣除的上限為 8,000 港元。換言之，您的年度扣除上限為 32,000 港元（即 8,000 港元 x 4）。

Taxpayer's Specified Relatives 納稅人的特定親屬	
<b>Spouse</b> 配偶	<b>Children 子女</b>
	a) Attained Age 已屆年齡 < 18 b) Attained Age 已屆年齡 18 - 24 with full time education 接受全日制教育 c) Attained Age 已屆年齡 ≥ 18 disabled 殘疾人士
<b>Siblings / siblings of spouse</b> 兄弟姐妹 / 配偶的兄弟姐妹	<b>Parents and grandparents / parents and grandparents of spouse</b> 父母和祖父母 / 配偶的父母和祖父母
a) Attained Age 已屆年齡 < 18 b) Attained Age 已屆年齡 18 - 24 with full time education 接受全日制教育 c) Attained Age 已屆年齡 ≥ 18 disabled 殘疾人士	a) Attained Age 已屆年齡 ≥ 55 b) Attained Age 已屆年齡 < 55 disabled 殘疾人士



# Benefit Schedule 保障表

Benefit items <sup>(1)</sup> 保障項目 <sup>(1)</sup>		Benefit limit (in HKD) 賠償限額 (港元)
a. Room and board (Max. 180 days) 病房及膳食 (以180天為限)		\$750 per day 每日
b. Miscellaneous charges 雜項開支		\$14,000 per Policy Year 每保單年度
c. Attending doctor's visit fee (Max. 180 days) 主診醫生巡房費 (以180天為限)		\$750 per day 每日
d. Specialist's fee <sup>(2)</sup> 專科醫生費 <sup>(2)</sup>		\$4,300 per Policy Year 每保單年度
e. Intensive care (Max. 25 days) 深切治療 (以25天為限)		\$3,500 per day 每日
f. Surgeon's fee 外科醫生費	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures 每項手術，按手術表劃分的手術分類	
	Complex 複雜手術	\$50,000
	Major 大型手術	\$25,000
	Intermediate 中型手術	\$12,500
	Minor 小型手術	\$5,000
g. Anaesthetist's fee 麻醉科醫生費	35% of Surgeon's fee payable <sup>(5)</sup> 外科醫生費的 35% <sup>(5)</sup>	
	Complex 複雜手術	\$17,500
	Major 大型手術	\$8,750
	Intermediate 中型手術	\$4,375
	Minor 小型手術	\$1,750
h. Operating theatre charges 手術室費	35% of Surgeon's fee payable <sup>(5)</sup> 外科醫生費的 35% <sup>(5)</sup>	
	Complex 複雜手術	\$17,500
	Major 大型手術	\$8,750
	Intermediate 中型手術	\$4,375
	Minor 小型手術	\$1,750
i. Prescribed Diagnostic Imaging Tests (Subject to 30% Coinsurance) <sup>(2) (3)</sup> 訂明診斷成像檢測 (設 30% 共同保險) <sup>(2) (3)</sup>		\$20,000 per Policy Year 每保單年度
j. Prescribed Non-surgical Cancer Treatments <sup>(4)</sup> 訂明非手術癌症治療 <sup>(4)</sup>		\$80,000 per Policy Year 每保單年度
k. Pre- and post-Confinement / Day Case Procedure outpatient care <sup>(2)</sup> 入院前或出院後 / 日間手術前後的門診護理 <sup>(2)</sup>		
1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure 1 次住院或日間手術前所需的門診或急症診症		\$580 per visit 每次
3 follow-up outpatient visits per Confinement / Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure 3次出院或日間手術後90天內的跟進門診		\$3,000 per Policy Year 每保單年度
l. Psychiatric treatments 精神科治療		\$30,000 per Policy Year 每保單年度
<b>Other limits</b> 其他限額		
Annual Benefit Limit for benefit items (a) – (l) 保障項目 (a) – (l) 的每年保障限額		\$420,000 per Policy Year 每保單年度
Lifetime Benefit Limit for benefit items (a) – (l) 保障項目 (a) – (l) 的終身保障限額		Nil 無

## Notes 註解

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.  
同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
- (2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.  
本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- (3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.  
檢測只包括電腦斷層掃描 ("CT"掃描)、磁力共振掃描 ("MRI"掃描)、正電子放射斷層掃描 ("PET"掃描)、PET-CT 組合及 PET-MRI 組合。
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.  
治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- (5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.  
此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。

# Premium Schedule 保費表

## Gross Premium excluding Levy 毛保費 (不包括保費徵費)

Standard Premium (HK\$) 標準保費 (港元)							
Annual Payment 年繳							
Attained Age 已屆年齡	Male 男	Female 女		Attained Age 已屆年齡	Male 男	Female 女	
0	3,180	2,631		50	4,500	5,981	
1	3,180	2,631		51	4,500	5,981	
2	3,180	2,631		52	4,500	5,981	
3	3,180	2,631		53	4,500	5,981	
4	3,180	2,631		54	4,500	5,981	
5	3,180	2,631		55	6,451	7,850	
6	1,789	1,866		56	6,451	7,850	
7	1,789	1,866		57	6,451	7,850	
8	1,789	1,866		58	6,948	7,850	
9	1,789	1,866		59	6,948	7,850	
10	1,789	1,866		60	8,099	8,253	
11	1,652	1,722		61	8,099	8,253	
12	1,652	1,722		62	8,099	8,253	
13	1,652	1,722		63	8,099	8,253	
14	1,652	1,722		64	8,099	8,253	
15	1,652	1,722		65	11,825	9,408	
16	1,652	1,722		66	11,825	9,408	
17	1,652	1,722		67	11,825	9,408	
18	1,652	1,722		68	11,825	9,408	
19	1,710	1,853		69	11,825	9,408	
20	1,710	1,853		70	14,375	13,372	
21	1,710	1,853		71	14,375	13,372	
22	1,710	1,853		72	14,375	13,372	
23	1,710	1,853		73	14,375	13,372	
24	1,710	1,853		74	14,375	13,372	
25	2,153	2,921		75	16,682	14,854	
26	2,153	2,921		76	16,682	14,854	
27	2,153	2,921		77	16,682	14,854	
28	2,153	2,921		78	16,682	14,854	
29	2,153	2,921		79	16,682	14,854	
30	2,153	2,921		80	20,252	18,122	
31	2,318	3,145		81*	20,252	18,122	
32	2,318	3,145		82*	20,252	18,122	
33	2,318	3,145		83*	20,252	18,122	
34	2,318	3,145		84*	20,252	18,122	
35	2,895	4,162		85*	19,783	18,547	
36	2,895	4,162		86*	19,783	18,547	
37	2,895	4,162		87*	19,783	18,547	
38	2,895	4,162		88*	19,783	18,547	
39	2,895	4,162		89*	19,783	18,547	
40	2,895	4,162		90*	21,424	19,860	
41	3,137	4,162		91*	21,424	19,860	
42	3,137	4,162		92*	21,424	19,860	
43	3,137	4,162		93*	21,424	19,860	
44	3,137	4,162		94*	21,424	19,860	
45	4,179	5,981		95*	22,509	20,684	
46	4,179	5,981		96*	22,509	20,684	
47	4,179	5,981		97*	22,509	20,684	
48	4,179	5,981		98*	22,509	20,684	
49	4,179	5,981		99*	22,509	20,684	

\* For Renewal only. 只適用於續保。

This Standard Premium Schedule does not include Levy which is collected by the Insurance Authority.  
此保費表並未包括由保險業監管局徵收的保費徵費。

Levy payable to the Insurance Authority by Policy Holders has been imposed on relevant policy at the applicable rate and would be collected through insurance companies with effect from 1<sup>st</sup> January 2018. For further information, please visit [www.asiainsurance.hk](http://www.asiainsurance.hk) or contact: (852) 3606-9311. All the premiums listed on this leaflet exclude Levy.

保監局將於 2018 年 1 月 1 日起透過保險公司向保單持有人根據訂明的徵費率按保單保費收取保費徵費。如要進一步資料，請瀏覽本公司網頁 [www.asiainsurance.hk](http://www.asiainsurance.hk) 或致電 (852) 3606-9311。本小冊子內列出的所有保費並不包括保費徵費。

	Phase 1 首階段	Phase 2 第二階段	Phase 3 第三階段	Phase 4 第四階段
	1 Jan 2018 to 31 Mar 2019	1 Apr 2019 to 31 Mar 2020	1 Apr 2020 to 31 Mar 2021	From 1 Apr 2021 onward
	2018 年 1 月 1 日 至 2019 年 3 月 31 日	2019 年 4 月 1 日 至 2020 年 3 月 31 日	2020 年 4 月 1 日 至 2021 年 3 月 31 日	2021 年 4 月 1 日起
Levy rate 徵費率	0.04%	0.06%	0.085%	0.10%
Levy cap (HK\$) 徵費上限 (港元)				
General insurance 一般保險	\$2,000	\$3,000	\$4,250	\$5,000



## General Exclusions 一般不受保事項

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
  2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
  3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which the such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.  
However, this Major Exclusion no. 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Standard Plan Terms and Benefits shall apply.
  4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where this Major Exclusion no. 3 applies).
  5. Any charges in respect of services for – (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
  6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Major Exclusion no. 6 does not apply to – (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided; (b) removal of pre-malignant conditions; and (c) treatment for prevention of recurrence or complication of a previous Disability.
1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
  2. 若純粹為接受診斷程序或專職醫療服務 (包括但不限於物理治療、職業治療及言語治療) 而住院, 該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷, 或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療, 則不屬此項。
  3. 在保單生效日前, 因感染或出現人體免疫力缺乏病毒 ("HIV") 及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件時是否知悉, 若此傷病在保單生效日前已存在, 本條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間, 則此傷病於保單生效日起計五 (5) 年內發病, 將被推定為於保單生效日前已感染或出現; 若在這五 (5) 年後發病, 將被推定為於保單生效日後感染或出現。惟本主要不受保項目第 3 點並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的傷病, 有關賠償將按本標準計劃條款及保障內其他條款處理。
  4. 因倚賴或過量服用藥物、酒精、毒品或類似物質 (或受其影響)、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症 (HIV 及其相關的傷病將按主要不受保項目第 3 點處理) 的醫療服務費用。
  5. 以下服務的收費 – (a) 以美容或整容為目的的服務, 惟受保人因意外而受傷, 並於意外後九十 (90) 日內接受的必要醫療服務則不屬此項; 或 (b) 矯正視力或屈光不正的服務, 而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正, 包括但不限於眼部屈光治療、角膜激光矯視手術 (LASIK), 以及任何相關的檢測、治療程序及服務。
  6. 預防性治療及預防性護理的費用, 包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及 / 或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑, 本主要不受保項目第 6 點並不適用於 – (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序; (b) 移除癌前病變; 及 (c) 為預防過往傷病復發或其併發症的治療。

7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow up dental treatment or oral surgery after discharge from Hospital shall not be covered.
  8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
  9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
  10. Expenses incurred for Traditional Chinese Medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
  11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
  12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
  13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
  14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.
7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
  8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育(包括體外受孕或任何其他人工受孕)；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
  9. 購買屬耐用用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
  10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
  11. 按接受治療、治療程序、檢測或服務所在地的普遍標準(或尚未經當地認可機構批准)界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
  12. 受保人年屆八(8)歲前發病或確診的先天性疾病所招致的醫療服務費用。
  13. 已獲任何法律、或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
  14. 因戰爭(不論宣戰與否)、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。





# 公務員及政府聘用的非公務員自願醫保計劃申請表格

## Civil Servants and Government Non Civil Servant Employees VHIS Application Form

### 標準計劃「延愛」(No. S00027-01-000-01)

### VHIS Standard Plan – Asia Unique Family Care” (No. S00027-01-000-01)

- ☐ 心連心計劃 — 父母與子女同行 (23 歲或以下子女首年保費二五折)  
“Heart-to-Heart” Family Plan — Parent(s) + Child (1st year 75% off for child aged 23 or below)
- ☐ 單人折扣 (首年保費八折)  
Standalone Offer (1st year 20% off)

(I) Personal Information of Policy Holder(s) 保單持有人的個人資料						
Name of Representative Policy Holder (as shown on HKID Card) 保單持有人代表姓名 (以香港身份證為準) <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐		HKID Card No. 香港身份證號碼		Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)		
Residential Address 居住地址		Personal E-mail Address 個人電郵地址		Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____		
Name of Department 所屬部門		Employee ID 員工證號碼				
Name of Other Policy Holder (if any) (as shown on HKID Card) 其他保單持有人姓名 (如有) (以香港身份證為準) <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐		HKID Card No. 香港身份證號碼		Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)		
Residential Address 居住地址		Personal E-mail Address 個人電郵地址		Contact Telephone No. 聯絡電話 Mobile 流動電話 _____ Home 住宅 _____		
(II) Information of the Proposed Insured Person 準受保人資料						
Please provide the following information for the proposed Insured Person. 請提供準受保人資料。						
Name of Insured Person (as shown on HKID Card) 姓名 (以香港身份證為準)	HKID Card No. 香港身份證號碼	Date of Birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)	Sex 性別	Height / Weight 身高 / 體重 _____ cm 厘米 _____ kg 千克	Occupation 職業	Relationship with the Policy Holder(s) 與保單持有人的關係
_____	_____	_____	_____	_____	_____	_____
Proposed Insured Person's Residential Address 準受保人居住地址						
(III) Payment Method 繳付保費方法						
<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____ Please attach a cheque make payable to "Asia Insurance Co., Ltd." 請將支票交回本公司，支票抬頭人為「亞洲保險有限公司」				<input type="checkbox"/> Credit Card 信用卡 Please fill in Part (IV) 請填寫第(IV)部分		

(IV) Credit Card Payment Authorisation 信用卡付款授權書			
Credit Card Type 信用卡類別 <input type="checkbox"/> 滙財卡 <input type="checkbox"/> 萬事達卡			
Credit Card No. 信用卡號碼 <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Expiry Date (MM/YY) 有效期限 (月 / 年) <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Full Name in English of Cardholder 信用卡持有人英文姓名			
<input type="checkbox"/> I hereby authorise Asia Insurance Company Limited to charge the above credit card for the required premiums of this insurance policy and Levy (including payments upon policy renewal) collected by the Insurance Authority. 本人授權亞洲保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費及保險業監管局收取的徵費 (包括續保費用)。			
Signature of Cardholder 信用卡持有人簽署          (Signature must be matched with the bank's record) (簽名必須與所屬銀行紀錄相同)		Signature Date (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)	

(V) Claim Settlement Mode 索償處理方式								
<input type="checkbox"/> Autopay 自動轉賬 <input type="checkbox"/> Cheque (for Mail Claims Statements only) 支票 (只適用於郵寄索償報告單)								
<b>For selection of autopay, please provide the following bank account information:</b> 如選擇自動轉賬，請於下表提供銀行戶口資料。								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Account No. 賬戶號碼</td> <td style="width: 25%; border-bottom: 1px solid black;">Bank No. 銀行編號</td> <td style="width: 25%; border-bottom: 1px solid black;">Branch No. 分行編號</td> <td style="width: 25%; border-bottom: 1px solid black;">Account No. 賬戶編號</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Account No. 賬戶號碼	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶編號				
Account No. 賬戶號碼	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶編號					
Full Name of Account Holder (Policy Holder or Insured Person aged 18 or above) 戶口持有人姓名 (保單持有人或 18 歲或以上的受保人)								
Claims Statement Services (please select one) 賠償表服務 (請選擇一項) <input type="checkbox"/> E-claims Statements 電子賠償表 <input type="checkbox"/> Mail Claims Statements 郵寄賠償表								
Additional Services 自選服務 <input type="checkbox"/> Medical On-line Enquiry Services 網上醫療查詢服務								

(VI) Health Statement of the Proposed Insured Person 準受保人病歷聲明		
<b>The proposed Insured Person in this application must answer the following questions: 準受保人必須回答下列問題：</b>		
1. Has the proposed Insured Person ever suffered from, aware of or been treated for any sickness or any abnormal medical condition(s)? If "Yes", please tick the appropriate items below. 準受保人是否患有、已知道存在或曾經接治療下列疾病及不正常的身體狀況，若「是」，請於下列適當空格填上「✓」。		
<input type="checkbox"/> Cancer or tumour of any kind 各類型癌症或腫瘤 <input type="checkbox"/> Disorder of the skin, bones, glands, eyes or ears 皮膚、骨、腺、眼或耳之疾病 <input type="checkbox"/> Asthma or any kind of respiratory disorder 氣喘病或各類型呼吸疾病 <input type="checkbox"/> Deviated nasal septum (or turbinates) 鼻中隔或鼻甲骨偏側 <input type="checkbox"/> Raised, spat blood, or tuberculosis 吐血、血痰或結核病 <input type="checkbox"/> Thyroid disorder, Lymph node enlargement 甲狀腺病、淋巴結腫大 <input type="checkbox"/> Hepatitis or hepatitis carrier 肝炎或肝炎帶菌者 <input type="checkbox"/> Any kind of liver disorder, fatty liver, cirrhosis, 各類型肝疾病、脂肪肝、肝硬化 <input type="checkbox"/> Malaria 瘧疾 <input type="checkbox"/> Varicose Veins 靜脈曲張 <input type="checkbox"/> Fainting, Vertigo 昏厥、暈眩 <input type="checkbox"/> Epilepsy 腦癇症 <input type="checkbox"/> Cerebrovascular disorder, stroke, CVA 腦血管功能失常、中風	<input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Hypertension, hyperlipidemia, hypercholesterolemia 高血壓、高脂血症、高膽固醇血症 <input type="checkbox"/> Chest pain, angina 胸口痛、心絞痛 <input type="checkbox"/> Cardiovascular or circulatory disorder 心臟血管或循環系統疾病 <input type="checkbox"/> Any kind of heart disorder, arrhythmias, heart failure 各類型心臟病、心律不正、心臟衰竭 <input type="checkbox"/> Ulcer of any kind 各類型潰瘍症 <input type="checkbox"/> Digestive, esophagus, gastrointestinal tract disorder 消化系統、食道、腸胃疾病 <input type="checkbox"/> Haemorrhoids, anal fistulae 痔瘡、肛瘻 <input type="checkbox"/> Hernia 疝氣 <input type="checkbox"/> Stone, renal failure or any kind of kidney disorder 腎石、腎功能衰竭、各類型腎病 <input type="checkbox"/> Hallux Valgus 姆趾外翻 <input type="checkbox"/> Autoimmune disorder 自體免疫性疾病	<input type="checkbox"/> Any kind of blood disorder, anemia, thalassemia, leukemia 各類型血液疾病、貧血、地中海貧血、白血病 <input type="checkbox"/> Spinal or muscular skeletal conditions/disorder 脊椎或肌肉及骨骼病 <input type="checkbox"/> Arthritis, rheumatism, gout 關節炎、風濕病、痛風 <input type="checkbox"/> Breast disorder 乳房疾病 <input type="checkbox"/> Any kind of gynecological conditions 各類型婦科疾病 <input type="checkbox"/> Disease the Genito-urinary organs 生殖器與泌尿器之疾病 <input type="checkbox"/> Venereal disorder, Syphilis 性病、梅毒 <input type="checkbox"/> Infection by Human Immunodeficiency Virus (HIV), AIDS 後天免疫力缺乏症病毒感染、愛滋病 <input type="checkbox"/> Diseases/ complications or conditions Associated with pregnancy 與妊娠有關之疾病或其併發症 <input type="checkbox"/> Mental disorder or psychiatric problems 精神病 <input type="checkbox"/> Others (other disorders/ diseases not listed) 其他 (任何以上未提及之疾病)



2.	Has the proposed Insured Person ever been in a hospital or clinic for surgery, observation or treatment within the last 5 years? 在過去 5 年內，準受保人是否曾在醫院或診所內接受手術、診察或治療。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3.	Does the proposed Insured Person know any circumstances for which medical treatment may be necessary in the next 12 months? 準受保人是否知道在未來 12 個月內需要接受任何醫療的治療？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4.	Is the proposed Insured Person currently under observation or taking any treatment or medication? 準受保人是否現正接受診察、治療或服用藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5.	<b>For female only 只適用於女性</b> Is the proposed Insured Person now pregnant? If YES, please state the stage of pregnancy in terms of months or weeks and declared if there is any complication such as high blood sugar, high blood pressure or other pregnancy related complications. 準受保人是否有正在懷孕中？如是，請提供懷孕月數或周數。如有任何妊娠併發症如高血糖、高血壓或其他因懷孕而導致的併發症，請詳述。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6.	Has the proposed Insured Person ever experienced of losing weight for more than 5 kg within 6 months? 準受保人是否在 6 個月內體重下降超過 5 公斤？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7.	Has the proposed Insured Person's parents or brother or sister who has ever been diagnosed of cancer before Age 55? 準受保人之父母或兄弟姐妹是否曾在 55 歲之前被診斷為癌症？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
8.	Has the proposed Insured Person or his/her parents or brother or sister ever been refused to cover under any form of life or health insurance or ever had a policy rated, modified or renewal refused? 準投保人、其父母或兄弟姐妹曾否投保人壽或醫療保險而被拒絕受保或擁有任何保單經額外加保費或經修改保單條款或被拒續保？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

**If your answer is "Yes" for any of the above questions, please give full details below:**  
若上述問題的答案為「是」者，請詳述如下：

Item No. 項目	Name of the Person Treated 病者姓名	Diagnosis 病症	Date of Occurrence 發生日期	Treatment Received 所接受治療	Present Conditions 現在狀況	Date of Last Consultation 最近一次求診日期	Physician 主診醫生

### (VII) Declaration 聲明

The Applicant understands this 申請人明白:

- The applicant agrees to furnish Asia Insurance Company Limited the information in related to the eligible persons or insurance plan thereof;  
申請人同意提交包括合資格人士和保險計劃的資料給亞洲保險有限公司；
- According to the new regulation of Insurance Authority (IA), Levy will be applied on all the medical/life policies with effective from 1 Jan 2018;  
根據保險業監管局新規條，由2018年1月1日開始，所有醫療及人壽的保單持有人，將需繳付一筆保費徵費；
- Any personal information collected by the Company may be used, stored or disclosed to any individual or organisation to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR;  
本公司所收集、儲藏或向任何個人或機構披露的任何個人資料，將用於核實申請，提供服務及產品包括管理、維持、處理及運作有關服務及產品，及提供售後服務的用途。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出；
- It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. The applicant read and agreed the Personal Information Collection Statement ("PICS") at Appendix I of this application form; and  
本公司會遵守「個人資料（私隱）條例」（香港法例第486章）。申請人已閱讀並同意附錄I中的收集個人資料聲明（PICS）；及
- No cover will be payable under the Policy unless this application is approved and premium is received in full by Asia Insurance Company Limited.  
此申請表被亞洲保險有限公司批核及保費全額收妥後，保障方按保單支付。

The Applicant declare this 申請人聲明及確認:

1. On acceptance of this application by Asia Insurance Company Limited, the policy is to be issued to the Policy Holder(s) named in accordance with the information shown on this application;  
亞洲保險有限公司一旦接受此申請，保險將根據保單持有人的名義並以本申請表內的資料發行；
2. I agree that the foregoing answers shall form part of my proposal to the Asia Insurance Company Limited, and that the foregoing answer shall also become part of any policy that may be issued on the strength thereof;  
本人同意上述聲明為已呈交於亞洲保險有限公司之投保書及保單契約法律效力之一部份；
3. Any other facts known to the Insured Person which are likely to affect acceptance or assessment of this insurance cover must be disclosed. Failure to disclose such information may mean that the policy will not provide the insured person with the cover the Policy Holder(s) require and may even invalidate the policy altogether; and  
受保人必須盡己所知提供所有可能影響於接納或釐定此保單條文的資料。受保人應如實呈報有關資料，否則保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效；及
4. I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for application and underwriting purpose. A photostat copy of this authorisation shall be considered as effective and valid as the original.  
本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險有限公司或其代理人作申請及核保之用。此授權書之影印本與正本具同等效力。

#### (VIII) Commission Disclosure Statement 佣金披露聲明

The applicant understands, acknowledges and agrees that, upon taking up this Policy, Asia Insurance Company Limited will pay the authorised insurance broker commission(s) during the continuance of the Policy including renewals. The applicant further understands that this agreement is necessary for Asia Insurance Company Limited to proceed with the application.

申請人明白、確知及同意，亞洲保險有限公司會就申請人接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。申請人亦明白亞洲保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

#### (IX) Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費

I understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any Levy by giving written notice. Such notice must be signed by me and received directly by Asia Insurance Company Limited at 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費（扣除市場價值調整，如適用）及保費徵費；但是本人必須簽署該通知，並確保亞洲保險有限公司位於香港上環干諾道西一百一十八號八樓於以下時段內直接收到該通知：保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的21天，以較先者為準。

#### Signature 簽署

<p>Name of Policy Holder(s) 保單持有人姓名</p>	<p>Name of proposed Insured Person* (Age 18 or above) 準受保人姓名* (18 歲或以上)</p>	<p>Name of Agent / Broker (Agent's / Broker's Code) 代理人 / 保險經紀姓名 (代理人 / 保險經紀編號)</p>
<p>Signature of Policy Holder(s) and Date 保單持有人簽署及日期</p>	<p>Signature of proposed Insured Person and Date* (Age 18 or above) 準受保人簽署及日期* (18 歲或以上)</p>	<p>Signature of Agent / Broker with Company chop and Date 代理人 / 保險經紀簽署及公司蓋章及日期</p>

\* I, as the Policy Holder, understand that I declare and sign on behalf of the proposed Insured Person listed in the application under this plan who is under the Age of 18.

本人茲申請為保單持有人，明白本人代表此計劃申請表內列出之 18 歲以下準受保人作出聲明及簽署。



**ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")**

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The Company may use the personal data the Company collect about you for the following purposes:
  - (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
  - (b) administering your insurance policy and providing services in relation to your insurance policy;
  - (c) investigating, analyzing, processing and paying claims made under your insurance policy;
  - (d) exercising any right under the insurance policy including right of subrogation, if applicable;
  - (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
  - (f) developing insurance and other financial services and products;
  - (g) developing and maintaining credit and risk related models;
  - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
  - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
  - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
  - (k) contacting you for any of the above purposes;
  - (l) other ancillary purposes which are directly related to the above purposes.
6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
  - (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
  - (b) organisations that consolidate claims and underwriting information for the insurance industry;
  - (c) fraud prevention organisations;
  - (d) other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
  - (e) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
  - (f) any members of the Federation by the Federation for any of the above or related purposes;
  - (g) regulators;
  - (h) lawyers;
  - (i) accountants, financial advisors, auditors;
  - (j) other members of the Group;
  - (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;

The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
7. If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

## 亞洲保險有限公司 - 收集個人資料聲明

1. 亞洲保險有限公司（「本公司」）可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。
4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
5. 本公司將所收集閣下的個人資料，可能用作下列的用途：
  - (a) 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
  - (b) 管理閣下的保單及為閣下的保單提供相關服務；
  - (c) 閣下保單索償的調查、分析、處理及賠償；
  - (d) 行使有關保險單賦予的任何權利包括代位權，如適用；
  - (e) 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的用途；
  - (f) 發展保險及其他金融服務及產品；
  - (g) 發展及維持本公司信貸及風險之相關模型；
  - (h) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及 / 或身份核証；
  - (i) 作本公司或本集團的任何成員的統計或精算研究；
  - (j) 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
  - (k) 為上述任何用途與閣下聯絡；
  - (l) 與上述用途直接有關之其他附帶的目的。
6. 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
  - (a) 任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
  - (b) 整合保險業中索和承保資料的組織；
  - (c) 防欺詐組織；
  - (d) 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
  - (e) 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
  - (f) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
  - (g) 監管機構；
  - (h) 執業律師；
  - (i) 會計師、財務顧問、認可核數師；
  - (j) 本集團的其他成員；
  - (k) 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；
 本公司承諾將資料保密並純粹用作上述的用途。
7. 如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之保單及/或索償申請及為閣下提供服務。
8. 閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，及本公司有權就處理閣下的查閱資料要求而收取合理費用。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。
9. 中英文版本如有差異，將以英文版本為準。
10. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效。





亞洲保險  
ASIA INSURANCE

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This Brochure is for reference only and does not constitute any part of the original medical policy. The insurance plan with terms and benefits equivalent to the minimum compliant product requirements of the VHIS, which are from time to time published and subject to regular review by the Government.

本小冊子只供參考用途，將不構成原有醫療保單的任何部分。此計劃是條款及保障等同自願醫保最低產品規格要求的保險計劃。政府將定期審視其內容，並不時公布有關修訂。