

Asia Unique – Family Care

延愛

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Updated version!
更新版!

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

**自願醫保計劃
(標準計劃)**

(Cert. No. S00027-01-000-02)



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>For unknown Pre-existing Condition(s) – waiting period of 3 years upon policy inception:</p> <ul style="list-style-type: none"> • First Policy Year no coverage • Second Policy Year 25% reimbursement • Third Policy Year 50% reimbursement • Fourth Policy Year onwards full coverage 	<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"> • 首個保單年度 沒有保障 • 第二個保單年度 按保障限額賠償25% • 第三個保單年度 按保障限額賠償50% • 第四個保單年度起 按保障限額全數賠償
<p>Treatment of Congenital Condition(s) Cover investigation and treatment of Congenital Condition(s) which have manifested or been diagnosed after the Age of 8.</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>Day Case Procedures</p>	<p>日間手術</p>
<p>Prescribed Diagnostic Imaging Tests (The Policy Holder is required to pay 30% Coinsurance)</p>	<p>訂明診斷成像檢測 (投保人須付 30%共同保險)</p>
<p>Prescribed Non-surgical Cancer Treatments (Including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy)</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>Psychiatric treatments (Cover confinement in a psychiatric ward of a local hospital)</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	
Spouse 配偶	Children 子女 <ul style="list-style-type: none"> 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
Siblings / siblings of spouse 兄弟姐妹 / 配偶的兄弟姐妹	Parents and grandparents / parents and grandparents of spouse 父母和祖父母 / 配偶的父母和祖父母
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 ⁽¹⁾ 保障項目 ⁽¹⁾		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 ⁽²⁾ 專科醫生費 ⁽²⁾		\$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 ⁽⁵⁾ 外科醫生費的 35% ⁽⁵⁾	
	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 ⁽⁵⁾ 外科醫生費的 35% ⁽⁵⁾	
	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) ^{(2) (3)} 訂明診斷成像檢測 (設 30% 共同保險) ^{(2) (3)}		\$20,000 per Policy Year 每保單年度
j. Prescribed Non-surgical Cancer Treatments ⁽⁴⁾ 訂明非手術癌症治療 ⁽⁴⁾		\$80,000 per Policy Year 每保單年度
k. Pre- and post-Confinement / Day Case Procedure outpatient care ⁽²⁾ 入院前或出院後 / 日間手術前後的門診護理 ⁽²⁾		
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
Other limits 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				Monthly Payment 月繳		Annual Payment 年繳				Monthly Payment 月繳	
Attained Age 已屆年齡	Male 男	Female 女		Male 男	Female 女	Attained Age 已屆年齡	Male 男	Female 女		Male 男	Female 女
0	3,180	2,631		286	237	50	4,500	5,981		405	538
1	3,180	2,631		286	237	51	4,500	5,981		405	538
2	3,180	2,631		286	237	52	4,500	5,981		405	538
3	3,180	2,631		286	237	53	4,500	5,981		405	538
4	3,180	2,631		286	237	54	4,500	5,981		405	538
5	3,180	2,631		286	237	55	6,451	7,850		581	707
6	1,789	1,866		161	168	56	6,451	7,850		581	707
7	1,789	1,866		161	168	57	6,451	7,850		581	707
8	1,789	1,866		161	168	58	6,948	7,850		625	707
9	1,789	1,866		161	168	59	6,948	7,850		625	707
10	1,789	1,866		161	168	60	8,099	8,253		729	743
11	1,652	1,722		149	155	61	8,099	8,253		729	743
12	1,652	1,722		149	155	62	8,099	8,253		729	743
13	1,652	1,722		149	155	63	8,099	8,253		729	743
14	1,652	1,722		149	155	64	8,099	8,253		729	743
15	1,652	1,722		149	155	65	11,825	9,408		1,064	847
16	1,652	1,722		149	155	66	11,825	9,408		1,064	847
17	1,652	1,722		149	155	67	11,825	9,408		1,064	847
18	1,652	1,722		149	155	68	11,825	9,408		1,064	847
19	1,710	1,853		154	167	69	11,825	9,408		1,064	847
20	1,710	1,853		154	167	70	14,375	13,372		1,294	1,203
21	1,710	1,853		154	167	71	14,375	13,372		1,294	1,203
22	1,710	1,853		154	167	72	14,375	13,372		1,294	1,203
23	1,710	1,853		154	167	73	14,375	13,372		1,294	1,203
24	1,710	1,853		154	167	74	14,375	13,372		1,294	1,203
25	2,153	2,921		194	263	75	16,682	14,854		1,501	1,337
26	2,153	2,921		194	263	76	16,682	14,854		1,501	1,337
27	2,153	2,921		194	263	77	16,682	14,854		1,501	1,337
28	2,153	2,921		194	263	78	16,682	14,854		1,501	1,337
29	2,153	2,921		194	263	79	16,682	14,854		1,501	1,337
30	2,153	2,921		194	263	80	20,252	18,122		1,823	1,631
31	2,318	3,145		209	283	81*	20,252	18,122		1,823	1,631
32	2,318	3,145		209	283	82*	20,252	18,122		1,823	1,631
33	2,318	3,145		209	283	83*	20,252	18,122		1,823	1,631
34	2,318	3,145		209	283	84*	20,252	18,122		1,823	1,631
35	2,895	4,162		261	375	85*	19,783	18,547		1,780	1,669
36	2,895	4,162		261	375	86*	19,783	18,547		1,780	1,669
37	2,895	4,162		261	375	87*	19,783	18,547		1,780	1,669
38	2,895	4,162		261	375	88*	19,783	18,547		1,780	1,669
39	2,895	4,162		261	375	89*	19,783	18,547		1,780	1,669
40	2,895	4,162		261	375	90*	21,424	19,860		1,928	1,787
41	3,137	4,162		282	375	91*	21,424	19,860		1,928	1,787
42	3,137	4,162		282	375	92*	21,424	19,860		1,928	1,787
43	3,137	4,162		282	375	93*	21,424	19,860		1,928	1,787
44	3,137	4,162		282	375	94*	21,424	19,860		1,928	1,787
45	4,179	5,981		376	538	95*	22,509	20,684		2,026	1,862
46	4,179	5,981		376	538	96*	22,509	20,684		2,026	1,862
47	4,179	5,981		376	538	97*	22,509	20,684		2,026	1,862
48	4,179	5,981		376	538	98*	22,509	20,684		2,026	1,862
49	4,179	5,981		376	538	99*	22,509	20,684		2,026	1,862

* 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 1st January 2018. For further information, please visit 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 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

Important Information 重要資料

1. Asia Insurance shall allow a grace period of 31 days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.

亞洲保險將准許保單持有人有 31 天繳交保費的寬限期，由每期保費到期日起計算。在寬限期內，本保單將繼續有效，但任何賠償將不予支付，直至保費繳清。如果在寬限期屆滿之前仍未支付全額保費，本保單即於保費到期當日起終止。

2. This Policy may be cancelled at any time before the end of the Period of Insurance by the Policy Holder by mailing written notice of cancellation to the Company not less than thirty-one (31) days before the date of cancellation; A premium in accordance with the Short Period Premium table corresponding to the period of insurance from the current Policy Anniversary up to the date of cancellation shall be paid by the Policy Holder to the Company. In the event of cancellation, if claims have been paid or are payable under this Policy during the current policy year, full year of premium needs to be collected.

保單持有人可於保單生效期間取消保單，惟需在保單取消前三十一(31)天以書面郵寄通知本公司；保單持有人應根據保單生效日起至保單終止日期間相對應短期保費繳納保費。如果於當前保單年度已按本保單支付保險賠償，則無權索回本保單已付的保費。

3. The renewal of this policy is guaranteed for each policy year until the attained age 100 of the insured person. We may adjust the premium upon renewal. If the benefits, terms and conditions under the plan are revised, any such revisions will be subject to approval and/or certification by the FHB.

本保單保證每年續保直至受保人 100 歲。本公司每次續保時有機會調整保費。如本計劃之保障、保單條款及細則有任何修訂，有關之修訂須經食物及衛生局批核及/或認可。

4. We only cover the charges and / or expenses of the insured member on medically necessary and reasonable and customary basis. **"Medically Necessary"** shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must:

- require the expertise of, or be referred by, a Registered Medical Practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

"Reasonable and Customary" shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the Government; and/or

other pertinent source of reference in the locality where the treatments, services or supplies are provided.

我們只會根據「醫療所需」及「合理及慣常」的原則，為受保人所需支付的費用及開支作出賠償。

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件 -

- 需要註冊醫生的專業知識或轉介；
- 符合該傷病的診斷及治療所需；
- 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
- 在環境最適宜及符合一般公認的醫療標準的設備下，提供醫療服務；及
- 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由本公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。本公司必須參照以下資料（如適用）以釐定合理及慣常收費 -

- 由保險或醫學界進行的治療或服務費用統計及調查；
- 公司內部或業界的賠償統計；
- 政府憲報；及 / 或
- 提供治療、服務或物料當地的其他相關參考資料。

5. If any of the Insured Persons wishes to make a claim, he / she must complete and submit the appropriate claim form and relevant documents within 90 days from the completion and/or termination of the treatment for which the claim is being made. The appropriate claim form can be downloaded from our website: www.asiainsurance.hk.

如要素償，受保人須於完成和/或終止要提出索賠的治療發生後 90 日內，填妥及遞交所需的賠償申請表及相關文件。所需的賠償申請表可於我們的網頁：www.asiainsurance.hk 下載。

6. All expenses will be paid in excess of any deductible (if applicable) and after we have applied any coinsurance, subject to the corresponding benefit limit as stated in the Benefits Schedule. The amount payable by insured person as coinsurance for a benefit is stated on the Benefit Schedule.

所有超過自付額(如適用)的費用，我們將以按扣除共同保險後的金額支付，並以保障表相關保障限額為上限。受保人就每保障要負責的共同保險會在保障表中列出。

General Exclusions 一般不受保事項

- | | |
|---|---|
| <p>1. Treatments, procedures, medications, tests or services which are not Medically Necessary.</p> | <p>1. 任何非醫療所需治療、治療程序、藥物、檢測或服務。</p> |
| <p>2. Solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy</p> | <p>2. 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)。</p> |
| <p>3. Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date, except for sexual assault, medical assistance, organ transplant, blood transfusion or blood donation, or infection at birth. 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.</p> | <p>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。惟因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引起的傷病則除外。</p> |
| <p>4. 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.</p> | <p>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。</p> |
| <p>5. Services for beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident or 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.</p> | <p>5. 以美容或整容為目的的服務，或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。</p> |
| <p>6. Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions.</p> | <p>6. 預防性治療及預防性護理，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。</p> |
| <p>7. Dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident.</p> | <p>7. 牙科醫生進行的牙科治療及口腔頰面手術的費用，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。</p> |
| <p>8. Medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage; birth control or reversal of birth control.</p> | <p>8. 醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於墮胎或流產；節育或恢復生育。</p> |
| <p>9. Purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids, or over-the-counter drugs.</p> | <p>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、助聽器及非處方藥物。</p> |
| <p>10. Traditional Chinese Medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy.</p> | <p>10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸以及另類治療，包括但不限於氣功、按摩治療、香薰治療。</p> |
| <p>11. Experimental or unproven medical technology or procedure.</p> | <p>11. 實驗性或未經證實醫療成效的醫療技術或治療程序。</p> |
| <p>12. Congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of eight (8) years</p> | <p>12. 受保人年屆八 (8) 歲前發病或確診的先天性疾病。</p> |
| <p>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</p> | <p>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。</p> |
| <p>14. War (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.</p> | <p>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。</p> |

The above list is for reference only. Please refer to the policy contract of this plan for the complete list and details of exclusions.

上述只供參考，有關全部及詳細不保事項，請參閱此計劃之保單契約。



(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 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	
Payment Mode 繳付保費方式	<input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Monthly 月繳
<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"/> VISA 滙財卡 <input type="checkbox"/> MasterCard 萬事達卡
Credit Card No. 信用卡號碼	Expiry Date (MM/YY) 有效期限(月 / 年)
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 Date (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)
(Signature must be matched with the bank's record) (簽名必須與所屬銀行紀錄相同)	

(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)
For selection of autopay, please provide the following bank account information: 如選擇自動轉賬·請於下表提供銀行戶口資料。	
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 戶口持有人姓名	
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																																														
The proposed Insured Person in this application must answer the following questions: 準受保人必須回答下列問題：																																														
<p>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「✓」。</p> <table border="0"> <tr> <td><input type="checkbox"/> Cancer or tumour of any kind 各類型癌症或腫瘤</td> <td><input type="checkbox"/> Diabetes 糖尿病</td> <td><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</td> </tr> <tr> <td><input type="checkbox"/> Disorder of the skin, bones, glands, eyes or ears 皮膚、骨、腺、眼或耳之疾病</td> <td><input type="checkbox"/> Hypertension, hyperlipidemia, hypercholesterolemia 高血壓、高脂血症、高膽固醇血症</td> <td><input type="checkbox"/> Spinal or muscular skeletal conditions/disorder 脊椎或肌肉及骨骼病</td> </tr> <tr> <td><input type="checkbox"/> Asthma or any kind of respiratory disorder 氣喘病或各類型呼吸疾病</td> <td><input type="checkbox"/> Chest pain, angina 胸口痛、心絞痛</td> <td><input type="checkbox"/> Arthritis, rheumatism, gout 關節炎、風濕病、痛風</td> </tr> <tr> <td><input type="checkbox"/> Deviated nasal septum (or turbinates) 鼻中隔或鼻甲骨偏側</td> 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<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"/> Haemorrhoids, anal fistulae 痔瘡、肛瘻	<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"/> Malaria 瘧疾	<input type="checkbox"/> Hernia 疝氣	<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"/> Varicose Veins 靜脈曲張	<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"/> Mental disorder or psychiatric problems 精神病																																												
<input type="checkbox"/> Fainting, Vertigo 昏厥、暈眩	<input type="checkbox"/> Hallux Valgus 姆趾外翻	<input type="checkbox"/> Others (other disorders/ diseases not listed) 其他（任何以上未提及之疾病）																																												
<input type="checkbox"/> Epilepsy 腦癇症	<input type="checkbox"/> Autoimmune disorder 自體免疫性疾病																																													
<input type="checkbox"/> Cerebrovascular disorder, stroke, CVA 腦血管功能失常、中風																																														
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. For female only 只適用於女性 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? 準投保人之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																																								
<p>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：</p> <table border="1"> <thead> <tr> <th>Item No. 項目</th> <th>Name of the Person Treated 病者姓名</th> <th>Diagnosis 病症</th> <th>Date of Occurrence 發生日期</th> <th>Treatment Received 所接受治療</th> <th>Present Conditions 現在狀況</th> <th>Date of Last Consultation 最近一次求診日期</th> <th>Physician 主診醫生</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>								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																															
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(VII) Declaration 聲明		
The Applicant understands this 申請人明白:		
<p>1. 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;</p> <p>2. 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;</p> <p>3. 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;</p> <p>4. 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</p> <p>5. 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。</p>		
The Applicant declare this 申請人聲明及確認:		
<p>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;</p> <p>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;</p> <p>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</p> <p>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。</p>		

(VIII) Commission Disclosure Statement 佣金披露聲明
<p>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.</p> <p>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。</p>

(IX) Cancellation Rights and Refund of Premium(s) 取消保單權益及發還保費
<p>I understand that I have the right to cancel and obtain a refund of any premium(s) paid and any Levy by returning policy (if applicable) and giving written notice. Such notice must be signed by Policy Holder and received directly by office of Asia Insurance Company Limited at 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong within 21 days immediately following the delivery of the policy or the cooling-off notice to me or my nominated representative, whichever is the earlier.</p> <p>本人明白本人有權以親筆簽署的書面通知要求取消保單及取回所有已繳保費及保費徵費; 但必須連同保單一併退回(如適用), 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的辦事處於以下時段內直接收到該通知: 緊接保單或冷靜期通知書交付予本人或本人的指定代表起計的21天內, 以較先者為準。</p>

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>
<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。</p>		

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）所需的目的；
 - (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) 整合保險業申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

Asia Insurance Co., Ltd.

Address: 8/F 118 Connaught Road West, Sheung Wan, Hong Kong

Tel.: +852 3606 9311 / 3606 9346 Fax: +852 2899 2426

Email: VHIS@afh.hk Website: www.asiainsurance.hk

亞洲保險有限公司

地址：香港上環干諾道西一百一十八號八樓

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電郵：VHIS@afh.hk 網站：www.asiainsurance.hk

This Brochure is for reference only and does not constitute any part of the original medical policy. The full terms and conditions of this plan are specified in the policy contract. 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。本計劃的完整條款及條件列載於保單契約。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。

Version: 01.04.2021