

# Asia Unique 臻善

## Comprehensive Employee Medical Plan

For Small and Medium-sized Enterprises (SMEs)

## 中小企僱員醫療保險計劃

### Additional Coverage:

- ✓ Cancer Reimbursement  
HK\$80,000 on top of the  
Hospitalization Benefit
- ✓ Optional HK\$500,000 Lump  
Sum Cancer Benefit

### 額外保障範圍

- ✓ 住院保障以外的港幣  
80,000 癌症治療保障
- ✓ 自選港幣 500,000  
一筆過癌症現金保障



亞洲保險  
Asia Insurance



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## About Asia Insurance Company Limited 關於亞洲保險

**Asia Insurance Company Limited** 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.

亞洲保險於 1959 年由陳弼臣先生創辦，在主席陳有慶先生及總裁陳智思先生的領導下，現為香港成功且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。



## Plan Introduction 計劃介紹

Employees are the most valuable asset of the enterprises. Recruiting and retention of the higher caliber of talents become the key success factor for the Company in the future.

For most employees, the health of their families is second to none in their life. In order to provide an extensive support to our employees, there is no better way to show your concern by helping them with prevention of the substantial burden due to the unforeseen health conditions.

***Make your best choice today, we will finish the rest for you.***

員工是企業最寶貴的資產。吸引及挽留優秀人材將成為企業發展成功的主要因素。

對大部分員工來說，家庭成員的健康是他們生命中最重視的一部分。要向員工提供充分的支持，最佳方法莫過於協助他們應付由健康狀況驟變而引起的沉重負擔。

“Asia Unique” is an affordable packaged medical insurance plan tailor-made for the small-medium sized enterprises with as few as three employees.

“Asia Unique” provides a full range of local to world medical protection; Flexibility on mix and match of the Hospitalization, Out-Patient, Dental, and Cancer Benefits which best suits your needs. With the purchase of “Asia Unique”, you no longer have to spend time shopping around in the market.

「臻善」是為中小型企業度身定制的一站式醫療保險計劃。最少三名員工，即可以相宜價格投保。

「臻善」提供由本地至全球的全方位醫療保障。僱主可靈活組合住院、門診、牙科及癌症保障，給予員工最妥善的安排。選擇「臻善」，僱主無需再費時在市場上四處尋找合適的保障計劃。

***從您今天作出的明智選擇，我們將為您安排往後的每一天。***

**U**niversal Coverage

**N**o Boundary for Mix and Match Optional Plans

**I**nnovative Benefit and Coverage

**Q**ualified Medical Service Providers

**U**ndertake Protection with Immediate Effect

**E**xtension of Medical Coverage





## Plan Highlights 計劃特點

### Universal Coverage

- Worldwide Coverage without geographical limitation;
- Hospitalization Benefit limit will increase by 50% if the insured member is hospitalized outside the territory of Hong Kong (other than Macau and Mainland China) due to an accident;
- Staff and their covered dependents entitle worldwide IPA emergency services including 24 hours medical evacuation / repatriation / hospital deposit guarantee / luggage retrieval / other travel emergency assistance services, etc.
- 不設地理限制的全球保障；
- 如受保人在海外(中國大陸及澳門除外)因意外受傷入住醫院，「基本住院保障」之最高賠償額獲自動提升 50%；
- IPA 救援中心會提供全球緊急支援服務予受保僱員及家屬，包括 24 小時全球緊急醫療救援及運送、住院按金保證、行李及證件遺失服務、及旅遊緊急援助服務等。

### No Boundary for Mix and Match Optional Plans

- Flexibility on the grouping of core benefit with optional benefits to suit the different needs;
- Two types of Outpatient Benefit; 80% or 100% reimbursement plans for you to choose.
- 客戶可靈活組合基本保障及不同的自選保障，以滿足不同需要；
- 門診計劃提供兩種賠償比率(80% 或 100%) 給予客戶選擇。



## Innovative Benefit and Coverage

- Insured members with the purchase of the Hospitalization plan 1 / 2 / 3 / 4 can either choose fully covered Gastrosocopy & Colonoscopy benefit (operation needs to be pre-approved and conducted at the appointed Network Day Case Centre) or receive Credit Facility Service at the local private hospitals;
- Extension of protection for Non-surgical Cancer Treatments and Psychiatric Treatments under plan 1 and plan 2 of the Hospitalization Benefit;
- Optional HK\$500,000 full Lump Sum Cancer Benefit is offering to employee and their families; Extension of coverage for early stage / Less Severe Malignancy Cancer and Carcinoma in-situ (CIS) up to 25% advance payment of the cover limit of HK\$500,000;
- Extended coverage to Day Confinement for Diagnostic checking including advanced imaging scan (MRI, CT Scan, PET scan and nuclear medicine);
- Surgical Benefit (including Surgeon Fee, Anaesthetist's Fee and Operating Theatre Fee) are subject to per operation basis;
- Extension of Protection after discharged from hospital or after surgery:
  - Home Nursing Care up to 60 days per disability;
  - Pre & Post-Hospitalization / Surgical Treatment (including pre-surgical checking and physiotherapy treatment after discharged from hospital).
- 已購買住院計劃 (1、2、3 或 4) 之客戶如進行結腸鏡及胃鏡檢查時，均可選擇以全數賠償方式的網絡日間診療保障(須經預先批核及到指定日間內窺鏡檢查中心進行該檢查)，或在本地私家醫院進行上述檢查時使用免找數服務；
- 住院保障之計劃 1 及計劃 2 會包括非手術癌症治療及精神科治療；
- 自選一筆過港幣 500,000 的癌症保障給予僱員及其家屬；保障範圍加大覆蓋至早期/未惡化腫瘤及原位癌，預付保額為港幣 500,000 之 25%；
- 日間住院診斷保障包括磁力共振、電腦掃描、正電子斷層掃描及核子醫學檢查；
- 手術費、麻醉師費及手術室費均以「每次手術」計算；
- 保障範圍覆蓋出院後或手術後的護理服務：
  - 每宗病症最多 60 天的家居看護保障；
  - 入院前及出院後/手術後之治療，包括手術前檢查及出院後之物理治療。



## Qualified Medical Service Providers

- AisaHealthNet panel network provides convenient medical consultation service;
- Two qualified Day-Case Centers providing Gastroscopy and Colonoscopy service at two convenient locations - Jordan and Central of Hong Kong respectively;
- With the purchase of Optional Lump Sum Cancer Benefit, free second opinion service shall be provided to staff and their family members:
  - “Best Doctors” covers over 50,000 global leading specialists representing 40 specialties and 430 sub-specialties. It provides 24 hours advice service to the Insured and their family members in regards to diagnosis and treatment plans by remotely connecting them with world leading medical experts who are peer nominated.
- 提供專業網絡醫生門診服務；
- 兩間提供結腸鏡及胃鏡檢查服務的日間診療中心分別位於佐敦及中環，位置方便；
- 購買自選癌症保障的客戶及其家屬，均可享用免費海外醫療諮詢服務：
  - “Best Doctors” 提供超過 50,000 名來自 40 個專科及 430 個附屬專科的世界頂尖醫學專家。讓閣下的僱員及其家屬可 24 小時全天候進行遙距診斷及諮詢治療方案。



## Undertake Protection with Immediate Effect

- No waiting period is required;
- Waiver of underwriting procedure for more than 5 employees or clients switched from other insurance providers with claim experience provided (Except Optional Lump Sum Cancer Benefit);
- No minimum confinement hour limitation;
- Waiver of all referral letter for Specialists visits to provide convenience.
- 不設等候期，保障於起保日當天即時生效；
- 集團規模超過 5 名僱員或能提供過往索償紀錄的轉保客戶，可豁免承保審查（自選一筆過癌症保障除外）；
- 不設有最短入院時數；
- 豁免所有專科門診推薦書。

## Extension of Medical Coverage

- Conversion Benefit is applicable for resigned or retired staff who has been continuously covered by this Plan for at least 1 year; The premium is subject to a separate premium table.
- The Conversion option for protection is up to the age of 99 without underwriting procedure;
- For enquiry of the Conversion Plan, please contact our marketing representatives or call our service hotline for further assistance.
- 受此計劃連續保障一年或以上的僱員，可在辭職或退休後參加轉換保障計劃；轉換保障計劃將根據獨立的保費表收費。
- 轉換保障計劃無須經過承保審查，可提供保障最高至 99 歲；
- 如對轉換保障計劃有任何查詢，請聯絡市場營銷部代表或致電熱線。



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# Optional Lump Sum Cancer Benefit

## 自選一筆過癌症保障

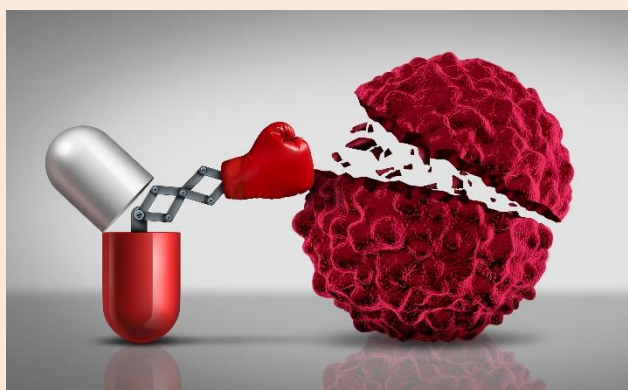
The waiting period for Major Cancer Benefit and Advanced Early Claims Benefit will be 90 days from the effective date of the policy.

### Major Cancer Benefit

- Major Cancer means the presence of a malignant tumour that is characterized by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histopathological confirmation.
- HK\$500,000 face amount of Cancer Benefit (less any Advanced Early Cancer Benefit Payable) shall be paid to the Insured once the Insured was first diagnosis, and provided that the Insured survives for a period not less than (30) days following Relevant diagnosis.

### Advanced Early Claims Benefit

- If the Insured is first diagnosed with Carcinoma-in-situ (e.g. CIN III) or Less Severe Malignancy, the Company will pay 25% in advance of the Face Amount of HK\$500,000 to the Insured, and the Benefit Amount of Cancer Benefit shall be reduced by the amount of Advanced Early Cancer Benefit.
- Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:  
a) Breast; b) Uterus; c) Ovary and/or fallopian tube; d) Vagina or Vulva; e) Colon and rectum; f) Penis; g) Testis; h) Lung; i) Liver; j) Stomach and esophagus; k) Urinary tract, for the in-situ cancer of bladder; l) Nasopharynx; m) Tumour of the thyroid; n) Tumour of the prostate; o) Chronic Lymphocytic Leukaemia (stage I or II).



嚴重癌症賠償及早期癌症索賠預付賠償保障的等候期為保單生效日起計之首 90 日。

### 嚴重癌症賠償

- 嚴重癌症指身體出現惡性腫瘤，並且逐步不受控制增長，惡性細胞擴散入侵及破壞周圍正常的組織。癌症須經組織病理學確診。
- 保額港元 500,000 的癌症賠償金(扣減任何應付的早期癌症預早賠償)須於首次確診時即付予受保人，惟受保人在相關診斷日期起計存活最少 30 日以上。

### 早期癌症索賠預付賠償

- 倘受保人首次確診原位癌(例如 CIN III)或未惡化腫瘤，本公司會提前向受保人支付當時保額港元 500,000 之 25%，而癌症總賠償金額會因是次賠償而遞減早期癌症預付賠償金。
- 原位癌指經病理證實、局部而未擴散的病變，癌細胞尚未穿透過基底膜或入侵(指浸透或活躍破壞)周圍組織或下述任一組器官的基質(受保早期癌症病況包括以下器官)：

a)乳房；b)子宮；c)卵巢及 / 或輸卵管；d)陰道或外陰；e)結腸及直腸；f)陰莖；g)睪丸；h)肺；i)肝臟；j)胃及食道；k)尿道(指膀胱原位癌)；l)鼻咽；m)甲狀腺腫瘤；n)前列腺腫瘤；o)慢性淋巴細胞白血病(第一或二階段)。

### Added Value Service for Cancer Benefit

Free 2<sup>nd</sup> medical opinion service by world-leading experts.

### 免費醫療諮詢服務提供予購買癌症服務的客戶

世界頂尖醫療專家免費提供網上及電話醫療諮詢服務。



**Best Doctors**<sup>®</sup>

was founded in 1989 by Harvard Medical School Professors. It gives your staffs and their families

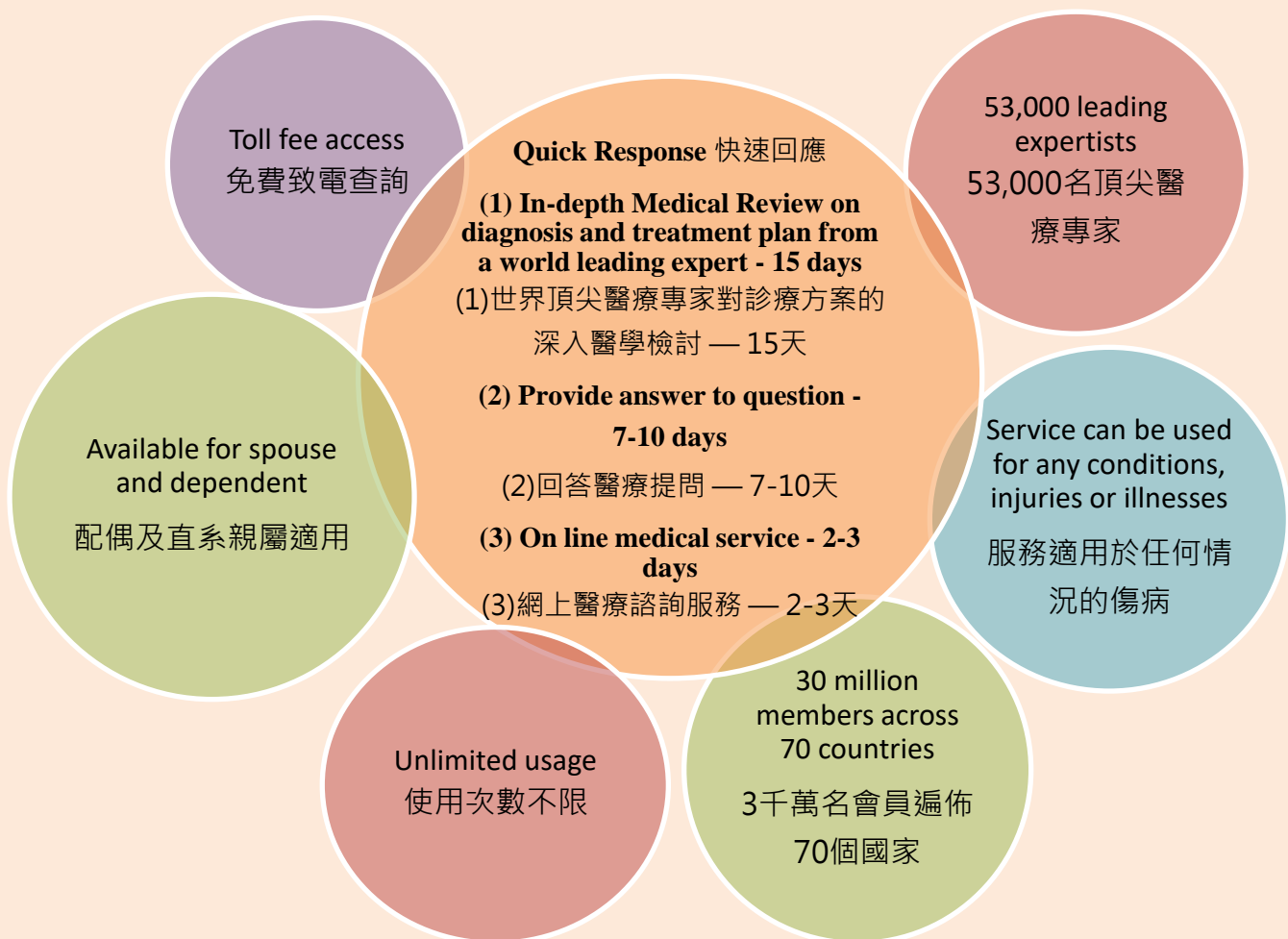
**absolute confidence clarity and certainty** in regards to diagnosis and treatment plans by remotely connecting them **with world leading medical experts!**



**Best Doctors**<sup>®</sup>

由哈佛醫學院於 1989 年成立，讓閣下的僱員及其家

屬通過遙距聯繫**世界頂尖醫學專家**，獲得**十足信心、清晰及可信的診療方案!**





## Cashless Credit Facility Service for Day Case Colonoscopy and Gastroscopy 日間診療中心進行日間結腸鏡檢查及胃鏡檢查 均可享有全額賠償/免找數服務

When you are planning to conduct a Colonoscopy / Gastroscopy and worrying to pay for a huge amount of hospitalization expenses. This plan offers you a 24 hours pre-approval fully covered benefit for Colonoscopy or Gastroscopy performed at the appointed Network Day Case Centre or cashless credit facility service for the same operation performed at the Day Case Centre of the hospital.

倘閣下打算進行結腸鏡檢查 / 胃鏡檢查，並擔憂需支付巨額住院費，本計劃免費提供 24 小時預先批核免找數服務，供閣下於網絡日間診療中心或醫院日間診療中心進行結腸鏡 / 胃鏡檢查。

於指定網絡日間診療中心進行結腸鏡檢查 / 胃鏡檢查，有關開支將由本醫保計劃全數支付。



Member sent application to the appointed medical service provider  
to apply for the day case Colonoscopy / Gastroscopy service

會員向指定醫療服務中心申請

日間結腸鏡檢查 / 胃鏡檢查服務



OR  
或



Fully covered Colonoscopy / Gastroscopy  
expenses at the appointed network Day Case  
Centre

全數支付於指定網絡日間診療中心進行的  
結腸鏡 / 胃鏡檢查的開支

Guarantee Letter to OPD of Hospital for the  
Credit Facility Service

向醫院門診部發出手術免找數保證書

## Hospitalization Benefit 住院保障



Plan Level 計劃級別	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Benefit Level 保障級別	Private 私家病房	Semi-Private 半私家病房	Semi-Private 半私家病房	Ward 大房	Ward 大房
<b>Hospitalization Benefit</b>					
<b>住院保障</b>					
	<b>Maximum Limit Per Disability (HK\$)</b> 每宗病症最高賠償額				
1. Room & Board per day (Max. 90 days) 每日住院及膳食費用 (以90天為限)	\$3,200	\$2,000	\$1,600	\$800	\$350
2. Hospital Services 醫院雜項費用	\$40,000	\$30,000	\$24,000	\$12,000	\$5,000
3. Physician's Visit per day (Max. 90 days) 每日住院醫生巡房費用 (以90天為限)	\$3,200	\$2,000	\$1,600	\$800	\$350
4. Specialist's Consultation* 住院專科醫生費用*	\$6,000	\$5,000	\$4,000	\$2,000	\$1,050
5. Intensive Care per day (Max. 10 days) 每日深切治療費用 (以10天為限)	\$9,600	\$6,000	\$4,800	\$2,400	\$800
6. Daily Cash for confinement in Government Hospital per day# (Max. 90 days) 每日公立醫院住院現金# (以90天為限)	\$1,200	\$1,000	\$800	\$400	\$175
7. Hospital Cash for Reimbursement as Top Up Benefit per day (Max. 90 days) 每日雙重保險住院現金 (以90天為限)	\$1,200	\$1,000	\$800	\$400	\$175
<b>Surgical Benefit</b>					
<b>手術保障</b>					
	<b>Maximum Limit Per Operation (HK\$)</b> 每次手術最高賠償額				
8. Surgeon's Fees 外科醫生費用					
Complex 複雜手術	\$150,000	\$100,000	\$72,000	\$45,000	\$30,000
Major 大型手術	\$75,000	\$50,000	\$36,000	\$22,500	\$15,000
Intermediate 中型手術	\$37,500	\$25,000	\$18,000	\$11,250	\$7,500
Minor 小型手術	\$15,000	\$10,000	\$7,200	\$4,500	\$3,000
9. Anaesthetist's Fees 麻醉科醫生費用					
Complex 複雜手術	\$45,000	\$30,000	\$21,600	\$13,500	\$9,000
Major 大型手術	\$22,500	\$15,000	\$10,800	\$6,750	\$4,500
Intermediate 中型手術	\$11,250	\$7,500	\$5,400	\$3,375	\$2,250
Minor 小型手術	\$4,500	\$3,000	\$2,160	\$1,350	\$900
10. Operation Theatre Fees 手術室費用					
Complex 複雜手術	\$45,000	\$30,000	\$21,600	\$13,500	\$9,000
Major 大型手術	\$22,500	\$15,000	\$10,800	\$6,750	\$4,500
Intermediate 中型手術	\$11,250	\$7,500	\$5,400	\$3,375	\$2,250
Minor 小型手術	\$4,500	\$3,000	\$2,160	\$1,350	\$900
<b>Pre &amp; Post-Hospitalization / Post Surgical Care Benefit</b>					
<b>入院前及出院後/手術後恢復之治療保障</b>					
	<b>Maximum Limit Per Disability (HK\$)</b> 每宗病症最高賠償額				
11. Home Nursing* per day (Max. 60 days) 每日家居看護* (以60天為限)	\$1,000	\$800	\$600	\$400	N/A 不適用
12. Pre & Post-Hospitalization Treatment^ 入院前及出院後之治療^	\$3,000	\$2,000	\$1,500	\$1,000	\$800
<b>Surgery for Colonoscopy / Gastroscopy Benefit</b>					
<b>結腸或胃鏡檢查保障</b>					
	<b>Maximum Limit Per Operation (HK\$)</b> 每次手術最高賠償額				
13. Day Case Surgery for Colonoscopy / Gastroscopy at the appointed network Day Case Centre 於網絡日間診療中心之結腸或胃鏡檢查 (Required pre-approval from insurer) 須由保險公司預先批核	Full cover 全額保障	Full cover 全額保障	Full cover 全額保障	Full cover 全額保障	N/A 不適用
14. Surgery for Colonoscopy, Gastroscopy and OGD 結腸鏡檢查、胃鏡檢查及食道胃十二指腸內窺鏡檢查 (Day Case / in Hospital within the same confinement) (非住院 / 住院時同期進行)	\$33,000	\$23,000	\$17,000	\$11,000	\$8,500

Plan Level 計劃級別	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Benefit Level 保障級別	Private 私家病房	Semi-Private 半私家病房	Semi-Private 半私家病房	Ward 大房	Ward 大房
<b>Other Benefits</b> <b>其他保障</b>					
<b>Maximum Limit Per Disability (HK\$)</b> <b>每宗病症最高賠償額</b>					
15. Day Confinement for Diagnostic checking 日間住院診斷檢查	\$20,000	\$15,000	\$12,000	\$6,000	\$2,000
16. Non-surgical Cancer Treatments 非手術癌症治療 Including Radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy 包括放射治療、化學療法、標靶治療、免疫治療及荷爾蒙治療	\$80,000	\$80,000	N/A 不適用	N/A 不適用	N/A 不適用
17. Psychiatric treatments 精神科治療	\$30,000	\$30,000	N/A 不適用	N/A 不適用	N/A 不適用
18. Overall maximum per disability 每宗病症最高限額	\$500,000	\$420,000	\$300,000	\$200,000	\$170,000
19. Free Worldwide Emergency Assistance Services 全球免費緊急支援服務 (Medical Evacuation / Repatriation) (醫療運送 / 送返原居地)	Full cover 全額保障	Full cover 全額保障	Full cover 全額保障	Full cover 全額保障	Full cover 全額保障
<b>Increase 50% of Basic Hospitalization Benefit for Hospitalization Overseas (other than Macau and Mainland China) due to accidental cause</b> <b>如受保人在海外(中國大陸及澳門除外)因意外受傷入住醫院，則基本住院保障獲自動提升50%</b>					
* Written referral from attending physician is required. 必須提供主診西醫簽發之轉介信。 # Confinement in general ward of Hospital Authority's hospital in lieu of all other hospitalization benefit. 只限入住醫院管理局轄下醫院之大房，以代替其他住院福利。 ^ 1 pre-admission clinical visits resulting in a hospital confinement including consultation & Lab Tests conduct 31 days prior to admission or Follow up consultation / treatment (including physiotherapy) done within 6 weeks after discharged from hospital. 1 次入院前31日內的診症及化驗費或出院後6周內的覆診/治療 (包括物理治療)。					

## Optional Supplementary Major Medical Benefit

### 自選額外醫療保障

Plan Level 計劃級別	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Benefit Level 保障級別	Private 私家病房	Semi-Private 半私家病房	Semi-Private 半私家病房	Ward 大房	Ward 大房
<b>Optional Supplementary Major Medical Benefit**</b> <b>自選額外醫療保障**</b>					
<b>Maximum Limit Per Disability (HK\$)</b> <b>每宗病症最高賠償額</b>					
Reimbursement Percentage 賠償百分比	80%				
Overall Maximum Limit 最高賠償額	\$120,000	\$100,000	\$80,000	\$50,000	\$20,000
** If the insured member has chosen a level of hospital facilities and services higher than the entitled level of accommodation, the following scale of reimbursement (Adjustment Factor) will be applied for Supplementary Major Medical Benefit: ** 如受保成員的實際住房設施和服務級別高於其受保障的級別，額外醫療保障將按以下調整系數計算高於賠償百分比的額外費用：					
Ward to Semi-Private 大房轉半私家病房	50%				
Ward to Private 大房轉私家病房	25%				
Semi-Private to Private 半私家病房轉私家病房	50%				

\*\* Optional Supplementary Medical Benefit covers Hospitalization Benefit items 1 to 12 and item 16 .

\*\* 自選額外醫療保障支付住院保障中第1至12項及第16項保障。

\*\* Optional Supplementary Medical Benefit must be enrolled in line with the same accommodation level of the Hospitalization Benefit.

\*\* 自選額外醫療保障必須與同等保障級別的住院保障一併投保。



## Optional Outpatient Benefit

### 自選門診保障

Plan Level 計劃級別	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
<b>Optional Outpatient Benefit</b> 自選門診保障	<b>Benefit Limit (HK\$)</b> 最高賠償額				
(GP) Physician's Consultation at Clinic 醫生門診	\$400	\$350	\$250	\$150	\$120
Reimbursement Percentage 賠償百分比	80% / 100%				
Co-payment 自付額	\$0	\$0	\$0	\$50	N/A 不適用
Max. no. of visits per policy year 每一保單年度次數上限	30	30	30	30	30
(PC) Physiotherapist's & Chiropractor's Consultation* 物理治療 / 脊骨神經治療*	\$400	\$350	\$300	\$200	\$120
Reimbursement Percentage 賠償百分比	80% / 100%				
Co-payment 自付額 (Physiotherapist only 只限物理治療)	\$0	\$0	\$20	\$100	N/A 不適用
Max. no. of visits per policy year 每一保單年度次數上限	10	10	10	10	10
(SP) Specialist's Consultation 門診專科醫生費用	\$600	\$500	\$400	\$300	\$240
Reimbursement Percentage 賠償百分比	80% / 100%				
Co-payment 自付額	\$0	\$0	\$20	\$100	N/A 不適用
Max. no. of visits per policy year 每一保單年度次數上限	10	10	10	10	10
(CM) Chinese Medicine Practitioner's Treatment 註冊中醫治療	\$350	\$300	\$250	\$150	\$100
(Including Chinese herbalist, Bonesetter's & Acupuncturist's Treatment 包括中草藥、中醫診症、跌打及針灸治療)	80% / 100%				
Reimbursement Percentage 賠償百分比	80% / 100%				
Co-payment 自付額	\$0	\$0	\$0	\$40	N/A 不適用
Max. no. of visits per policy year 每一保單年度次數上限	10	10	10	10	10
Overall max. no. of visits per policy year for items (GP), (PC), (SP), and (CM) (GP)、(PC)、(SP)及(CM)項目每一保單年度總數上限	30	30	30	30	30
(XL) X-ray & Laboratory Tests*, per policy year X光檢查及化驗*、每一保單年度	\$3,000	\$2,500	\$2,000	\$1,500	\$1,000
Reimbursement Percentage 賠償百分比	80% / 100%				

\* Written referral from attending physician is required. 必須提供主診西醫簽發之轉介信。

Remarks - Consultation visit is subject to a maximum of 1 visit per day. 註 - 門診以每日一次為限。

## Optional Dental Benefit

### 自選牙科保障

Plan Level 計劃級別	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
<b>Optional Dental Benefit</b> 自選牙科保障	<b>Benefit Limits (HK\$)</b> 最高賠償額				
Reimbursement Percentage 賠償百分比	80%				
Oral Examination (including Scaling & Polishing) per visit 每次口腔檢查 (包括洗牙)	\$450	\$400	\$350	\$300	\$250
Max. 1 visit per policy year 每一保單年度最多一次					
Other Dental Benefits per policy year* 其他牙科賠償、每一保單最高年上限*	\$3,000	\$3,000	\$2,500	\$2,000	\$1,500
Overall limit per policy year 每一保單每年總限額	\$3,000	\$3,000	\$2,500	\$2,000	\$1,500

\* Other Optional Dental Benefits include Extraction, Filling, X-Ray, Abscess and Medication & Drug.

其他自選牙科賠償包括拔牙、補牙、X光檢查、膿瘡排放及鎮痛藥物。

## Optional Lump Sum Cancer Benefit

### 自選一筆過癌症保障

Optional Lump Sum Cancer Benefit 自選一筆過癌症保障	Benefit Limit (HK\$) 最高賠償額
Lump Sum Coverage 一筆過保額	500,000
Major Cancer Benefit 嚴重癌症賠償	100%
Advanced Early Cancer Benefit (including Carcinoma in situ) 早期癌症(包括原位癌)預先賠償	25% in advance of the total Maximum Limit of HK\$500,000 預先支付最高總限額500,000港元的25%
Free Second Opinion Advice Service by Best Doctor 免費海外醫療諮詢服務	Unlimited 不設上限



# Annual Premium Table (HK\$)

## 全年保費表

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

Plan Level 計劃級別					Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Hospitalization Benefit 住院保障 (HK\$ 港元)									
Employee 僱員					\$7,206	\$4,808	\$3,302	\$1,899	\$1,047
Spouse 配偶					\$7,927	\$5,289	\$3,632	\$2,089	\$1,152
Child 子女					\$7,927	\$5,289	\$3,632	\$2,089	\$1,152
Plan Level 計劃級別					Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Optional Supplementary Major Medical Benefit 自選額外醫療保障 (HK\$ 港元)									
Employee 僱員					\$1,810	\$1,400	\$849	\$540	\$534
Spouse 配偶					\$1,991	\$1,540	\$934	\$594	\$587
Child 子女					\$1,991	\$1,540	\$934	\$594	\$587
Plan Level 計劃級別					Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Optional Outpatient Benefit 自選門診保障 (HK\$ 港元)									
Reimbursement Percentage 賠償比率 80%									
Employee 僱員					\$4,729	\$4,111	\$3,036	\$1,876	\$1,444
Spouse 配偶					\$5,202	\$4,522	\$3,340	\$2,064	\$1,588
Child 子女					\$5,202	\$4,522	\$3,340	\$2,064	\$1,588
Reimbursement Percentage 賠償比率 100%									
Employee 僱員					\$5,374	\$4,672	\$3,450	\$2,131	\$1,640
Spouse 配偶					\$5,911	\$5,139	\$3,795	\$2,344	\$1,804
Child 子女					\$5,911	\$5,139	\$3,795	\$2,344	\$1,804
Plan Level 計劃級別					Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3	Plan 4 計劃 4	Plan 5 計劃 5
Optional Dental Benefit 自選牙科保障 (HK\$ 港元)									
Employee 僱員					\$1,904	\$1,897	\$1,583	\$1,268	\$955
Spouse 配偶					\$2,094	\$2,087	\$1,741	\$1,395	\$1,051
Child 子女					\$2,094	\$2,087	\$1,741	\$1,395	\$1,051
Optional Lump Sum Cancer Benefit (HK\$) 自選一筆過癌症保障 (港元)						Phase 1	Phase 2	Phase 3	Phase 4
Age 年齡	Male Non-Smoker 男性非吸煙者	Male Smoker 男性吸煙者	Female Non-Smoker 女性非吸煙者	Female Smoker 女性吸煙者	Policy Date or Policy Anniversary Date	1 Jan 2018 to 31 Mar 2019	1 April 2019 to 31 Mar 2020	1 April 2020 to 31 Mar 2021	From 1 April 2021 onward
					Levy rate	0.04%	0.06%	0.085%	0.10%
Up to 30	410	568	886	1,140	Levy cap				
31-40	1,056	1,486	2,802	3,682	General insurance	HK\$2,000	HK\$3,000	HK\$4,250	HK\$5,000
41-50	2,856	4,040	6,146	8,062	Premium Levy payable to the Insurance Authority by policyholders 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 <a href="http://www.asiainsurance.hk">www.asiainsurance.hk</a> or contact: (852) 3606-9311. All the premiums listed on this leaflet exclude Premium 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 <a href="http://www.asiainsurance.hk">www.asiainsurance.hk</a> 或致電 (852) 3606-9311。本小冊子內列出的所有				
51-60	7,604	10,734	8,058	10,574					
61-65	13,030	18,398	9,028	11,850					
66	15,970	22,366	9,530	12,406					
67	17,044	23,648	9,838	12,734					
68	18,004	24,748	10,156	13,028					
69	18,942	25,812	10,450	13,330					
70	20,126	27,154	10,978	13,902					

## Eligibility 資格

- Hong Kong registered companies with minimum of 3 employees;
- Group size more than 5 employees, health underwriting is waived;
- Accept to take over business with more than 5 employees and premium size over HK\$50,000 without submission of the previous claims record;
- All eligible employees need to be actively-at-work and mandatory participation;
- Full time employee and spouse from the age of 16 up to the age of 64. Unmarried child from 14 days to age 18, or up to age 23 if in full-time education with proof;
- Dependent coverage must be at the same level as the employee's benefit.
- 香港註冊公司 (最少 3 名僱員);
- 集團規模超過 5 名僱員, 毋須接受健康承保審查;
- 承接多過 5 名僱員之保單時, 如保單保費超過港幣 50,000 便毋須提交過往索賠紀錄;
- 所有合資格僱員須為全職人員並且強制參與;
- 16 歲至 64 歲的全職僱員及配偶。出生後 14 天至 18 歲未婚子女, 倘有證明正接受全日制教育, 則年齡上限為 23 歲;
- 直系親屬(配偶及子女)的保障與僱員的賠償相同。

## Major Exclusion 主要不受保項目

### Exclusions for Hospitalization and Outpatient Benefit:

1. Pre-existing Conditions;
2. Congenital Conditions;
3. War, whether declared or not, strikes, riots, civil war, revolution or any warlike operations;
4. Suicide, attempted suicide or intentionally self-inflicted injury;
5. Treatment of chronic alcoholism or drug abuse or taking poison or any other complications arising therefrom;
6. Conditions related to sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
7. Disabilities arising from nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
8. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
9. Disabilities arising from the Insured Person's participation in any illegal acts (except traffic offences and pedestrian offences);
10. Cosmetic surgery or treatment, Exam or surgical procedure for correction of eye refraction, Exam for hearing aids, procurement or use of special braces, prosthetic appliances or equipment such as artificial limbs;
11. Dental treatment (except Optional Dental Benefit and necessitated by accidental injuries to sound natural teeth);
12. Pregnancy, resulting childbirth, abortion, miscarriage or conditions resulting therefrom, genetic testing or counseling, artificial fertilization treatment or treatment related to birth control or infertility;
13. Investigation and treatment of psychosis (except Hospitalization Benefit Plan 1 & 2), psychological, emotional, mental or behavioral conditions or disorders;
14. Experimental medical treatment;
15. Routine physical / eye examinations, or any elective treatments or services which are not medically necessary, vaccinations, or convalescence, rest care; hospice, private duty nursing, preventive treatments;
16. Expenses incurred for acupressure and tuina, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments;
17. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, airway pressure machines and masks, portable oxygen and oxygen therapy devices, special braces or over-the-counter drugs.
18. Rights of Third Parties under Contract (Rights of Third Parties) Ordinance.

### 住院及門診賠償的不保事項:

1. 投保前已有的疾病;
2. 先天性疾病;
3. 戰爭 (無論宣戰與否)、罷工、暴亂、內戰、革命或任何類似戰爭的行動;
4. 自殺、自殺未遂或故意自我傷害;
5. 酗酒、濫藥、吸毒或由此引發的其他併發症;
6. 性病、後天免疫缺陷綜合症 (愛滋病)、愛滋病相關的併發症等疾病;
7. 核武器材料、電離輻射或任何核燃料或核廢料或核燃料燃燒的輻射引發的污染所導致的疾病;
8. 毋須或豁免支付任何費用或可向第三方或可根據任何其他保險 (包括但不限於僱員補償條例) 追討的護理或治療開支;
9. 受保人因任何不法行動 (交通違法及行人違法行為除外) 而導致的傷病;
10. 美容手術或治療、視力檢查或矯正的外科手術、聽覺測驗、購買或使用特殊支架、假體裝置或設備 (例如義肢);
11. 牙科治療 (自選牙科保障及因意外導致原來健康牙齒損傷而需要的治療除外);
12. 分娩、墮胎、流產或懷孕所引發的併發症、基因檢測或諮詢、人工受孕、節育或不育的相關治療;
13. 精神病 (住院保障計劃 1 及 2 除外)、心理病、情緒病、精神或行為狀況或失常的檢查及治療;
14. 實驗性質的醫療治療;
15. 常規身體 / 眼睛檢查, 或並非醫療所必需的選擇性治療或服務、接種疫苗、或康復、休養; 善終服務、私家護士服務; 預防性治療;
16. 費用包括但不限於穴位按摩及推拿, 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。
17. 購買屬耐用品的醫療設備及儀器的費用, 包括但不限於輪椅、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、特殊支架及非處方藥物。
18. (第三者權利) 條例規定的第三方權利的合約。

### Exclusions for Lump Sum Cancer Benefit 一筆過癌症賠償的不保事項

- The above exclusion items 1 - 7;
- The Insured survives for a period of less than (30) days following the relevant diagnosis;
- The signs or symptoms or any received medical advice or treatment of which first occurred within or prior to the first 90 days from the Policy Commencement Date or the Policy Reinstatement Date of this Policy;
- Arises as unreasonable failure to seek or follow medical advice.
- 以上不受保項目之 1 - 7;
- 受保人於確診後生存少於(30)天;
- 保單生效日期或保單的恢復生效日期起 90 日內或之前首次發現癌症病徵或症狀或接受醫療意見或治療;
- 並無合理尋求或遵循醫療意見而引發的癌症。

**Application for “Asia Unique”  
Comprehensive Employee Medical Plan**  
「臻善」中小企僱員醫療保險計劃申請表



Please complete in Regular Script 請以正楷填寫

**(I) Policyholder Details 保單持有人詳情**

Name of Company 公司名稱		
Business Nature 業務性質 with 包括 <input type="checkbox"/> Business Registration 商業登記		Contact Person 聯絡人
Tel. 電話	Fax 傳真	Email Address 電郵
Address 地址		
Policy Effective Date 保單生效日期 (DD/MM/YYYY 日/月/年)		Total no. of Employees 僱員總人數

**(II) Affiliated Companies 附屬公司**

Name 公司名稱：
Address 地址：
Name 公司名稱：
Address 地址：

**(III) Participating Classification 參加者類別**

For EXISTING Permanent Full-time Employee 現任全職僱員

For FUTURE Permanent Full-time Employee 將來全職僱員

☐ On Policy Effective Date 保單生效日參加

☐ On Employment Date 受僱日參加

☐ Immediate cover after \_\_\_\_ month(s) of employment

☐ Immediate cover after \_\_\_\_ month(s) of employment

受僱 \_\_\_\_ 個月後參加

受僱 \_\_\_\_ 個月後參加

	Classification of Employee Type 僱員類別	Basic Cover 基本保障	Optional Cover 自選保障				Medical Card* (Yes/No) 醫療卡* (有/否)	Dependent Coverage (Yes/No) 家屬保障 (有/否)
		Hospitalization Benefit 住院保障 (Plan 1 to Plan 5)	Supplementary Major Medical Benefit 額外醫療保障 (Plan 1 to Plan 5)	Out-Patient Benefit 門診保障 (Plan 1 to Plan 5)	Dental Benefit 牙科保障 (Plan 1 to Plan 5)	Cancer Benefit^ 癌症保障^		
1			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否
2			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否
3			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否
4			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否			<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	<input type="checkbox"/> Y 是 <input type="checkbox"/> N 否

^ If “Y”, please fill in and sign the Appendix 1 – “Asia Unique” Applicant’s Health Statement

^如答「是」，請填寫及在附錄 1 上簽名。

**Plan Rules 計劃守則**

- This insurance plan is only applicable to company registered in Hong Kong with minimum 3 covered employees plus any number of dependents.  
此保險計劃僅適用於香港註冊的公司，最少參與人數為 3 名僱員及任何數量的家屬。
- Optional Supplementary Medical Benefits must be purchased together with the same accommodation level of Hospitalization Benefits (e.g. HS Plan1 + SMM Plan 1), while there is no limitation on the combination of Optional Outpatient, Dental and Cancer Benefits.  
如申請自選額外醫療保障，須與同等保障級別的住院保障一併投保，而自選門診，牙科及癌症保障則可自由配搭。
- No standalone purchase of Outpatient, Dental or Cancer Benefits.  
不能只獨立購買門診，牙科及癌症保障。
- All eligible employees must participate in the plan and be actively at work.  
所有合資格僱員必須參加此計劃及正常上班。
- If dependent coverage is provided, all eligible dependents must be enrolled.  
如有家屬保障，所有合資格家屬均必須參加此計劃。
- The employees and/or their spouses who are at the age of 64 and the employees’ unmarried children aged from 14 days or up to 18 years and those at the age of 18 but under 23 who are receiving full time education are eligible to enroll.  
16 - 64 歲之僱員及/或其配偶和未婚子女之年齡介乎 14 日至 18 歲，或未滿 23 歲及正在接受全日制教育的子女均合乎資格參加。

**(IV) Additional Services 自選服務 (can select more than one option 可選多於一項)**

☐ **E- Claims Statements 電子索償報告單**

☐ to Employee 給予僱員

☐ to HR 給予人事部

☐ to Intermediate 給予中介人

☐ **Medical On-line Enquiry Services 網上醫療查詢服務**

☐ to Employee 給予僱員

☐ to HR 給予人事部

**(V) Claim Settlement Mode 索償處理方式**

☐ **Autopay to Employee 自動轉賬給予僱員**

☐ **Cheque to Employee 開發支票給予僱員 (For policy with hospitalization plan only 適用於只參與住院計劃之保單)**

If select Autopay, please provide bank Account information by completion of the attached member enrollment form.

如選擇自動轉賬，請於附上之僱員登記表提供銀行戶口資料。

**The Applicant understands this 申請人明白:**

1. The applicant agrees to furnish Asia Insurance 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。
2. If members are required to contribute for insurance (Contributory plan), all the eligible persons will be given an opportunity to contribute for the insurance; and the number of the participation shall not be less than 75% of the total number of the eligible persons of the company;  
若僱員須為本保險供款，則所有合資格人士均為本保險供款人。同時參加人數將不少於總合資格人士的75%，否則本保單不會以僱員繳付形式推出。
3. According to the new regulation of Insurance Authority (IA), an additional 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，將繳付一筆徵費。
4. Any personal information collected by the Company may be used, stored or disclosed to any individual or organization 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 personal data access or correction may be addressed to Data Protection Officer of the Company.  
本公司所收集的任何個人資料，將用於、儲藏於任何個人及機構以用核實申請，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。閣下可聯絡本公司的個人資料保護主任，要求更改任何交予本公司的個人資料。
5. 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 II of this brochure.  
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II中的個人資料收集聲明（PICS）。

**The Applicant declare this 申請人聲明及確認:**

1. On acceptance of this application by Asia Insurance, the policy is to be issued to the policyholder named in accordance with the information shown on this application.  
亞洲保險一旦接受此申請，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. The information relating to the eligible employees and/or their dependents (if applicable) provided in this Application is correct to the best of my/our knowledge.  
就本人/吾等所知，在此申請提供的僱員及/或其家屬（如適用）的資料均屬正確無誤。

**Commission Disclosure Statement 佣金披露聲明**

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

申請人明白、確知及同意，亞洲保險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必須取得申請人以上的同意，才可以處理其保險申請。

Agent's / Broker's Name

代理人 / 經紀姓名

Applicant

申請人

Signature

簽署

Authorized Signature & Company Chop

獲授權人簽署及蓋印

Agent's / Broker's Code

代理人 / 經紀編號

Name & Job Title of the Authorized Person

獲授權人姓名及職銜

Day 日 Month 月 Year 年



「臻善」投保人之健康狀況書

**Business Centre:** 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong

**Website:** [www.asiainsurance.hk](http://www.asiainsurance.hk)



**Fax:** +852 2810 0225

**Fax:** +852 2899 2426

如集團規模 5 人及以下/已購買一筆過癌症保障，須填寫此健康狀況書。

Please copy this health statement to employee if needed.

如有需要，請複印此健康狀況書予僱員填寫。

EMPLOYER NAME 僱主商號			HAVE YOU BEEN RATED, DECLINED, POSTPONED, OR ADDED EXCLUSION BY ANY OTHER INSURANCE COMPANY?		
EMPLOYEE NAME 僱員姓名		CERT NO. 保險編號	閣下曾否在投保時被加費，拒絕，延期受保或在除外條件下被接受？		
OCCUPTION 職業					
DETAILS OF PROPOSED INSURED 投保人之詳細資料					
FULL NAME IN ENGLISH 英文姓名					
FULL NAME IN CHINESE 中文姓名			STATE EVERY PHYSICIAN WHOM YOU HAVE CONSULTED OR WHO HAS TREATED YOU DURING THE PAST ONE YEAR		
			請列出以往一年為閣下診斷或治療之醫生		
RELATIONSHIP WITH EMPLOYEE 與僱員之關係			HEIGHT(CM) 身高(厘米)		WEIGHT (KG) 體重(千克)
DATE OF BIRTH 出生日期 / / DD 日 MM 月 YY 年			MALE 男性 <input type="checkbox"/> FEMALE 女性 <input type="checkbox"/>		
SINGLE 未婚 <input type="checkbox"/> MARRIED 已婚 <input type="checkbox"/>			DATE OF MARRIAGE 結婚日期 / / DD 日 MM 月 YY 年		
FEMALE ONLY 女性須填			WHAT IS YOUR AVERAGE DAILY CONSUMPTION OF ALCOHOLIC BEVERAGES? 平均每日飲酒數量？		
ARE YOU NOW PREGNANT 你現在是否懷孕 <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是			HAVE YOU EVER TAKEN TREATMENT FOR ALCOLIC HABIT? 曾否因慣性服用酒精而需要接受治療？ <input type="checkbox"/> NO 沒有 <input type="checkbox"/> YES 有		
IF SO, STATE FIRST DAY OF LAST MENSTRUATION 如是,請列明最後一次月經之第一天			IF YES, WHEN? 如有,何時？		
NO. OF CHILDREN BORN 已生育兒女之數目		ANY MISCARRIAGE? 曾否小產 <input type="checkbox"/> NO 否 <input type="checkbox"/> YES 是		STATE AMOUNT OF TOBACCO DAILY CONSUMED 每日吸煙數量	

<p>1. ANY MENSTRUAL DISORDER OR SYMPTOMS OF DISEASE OF BREAST, UTERUS, CERVIX OR OVARIES?</p> <p>是否患有經期失調，或乳房，子宮，子宮頸或卵巢等疾病？</p> <p><input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p> <p>IF YES, PLEASE STATE. 如是，請列詳情：</p> <p>_____</p>	<p>2. HAVE YOU EVER TAKEN ANY DRUGS OTHER THAN THOSE PRESCRIBED BY A DOCTOR?</p> <p>是否曾經服用非醫生處方藥物？      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p> <p>IF YES, PLEASE PROVIDE THE NAME AND DOSAGE:</p> <p>如有，請提供藥物名稱及服用劑量：</p> <p>_____</p>				
<p>HAVE YOU EVER HAD OR BEEN TREATED FOR ANY DISEASE OF DISTURBANCE OF:</p> <p>閣下是否因下列疾病而接受治療：</p>	<p>HAVE YOU EVER SUFFERED FROM OR HAD THE FOLLOWINGS:</p> <p>閣下曾否有下列疾患：</p>				
<p>3. THE BRAIN, NERVES OR MENTAL SYSTEM 腦部，神經線或精神系統      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>9. GOUT, RHEUMATISM, TUBERCULOSIS, OR SYPHILIS 痛風、風濕病、結核病或梅毒      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>4. THE THROAT OR LUNGS 咽喉或肺部      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>10. VERTIGO OR DIZZY SPELLS 眩暈或片刻眩暈      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>5. THE HEART OR BLOOD VESSELS 心臟或血管      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>11. RAISED OR SPAT BLOOD 吐血或血痰      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>6. THE STOMACH, LIVER, INTESTINES, KIDNEYS OR BLADDER 胃、肝、腸、腎或膀胱      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>12. 1THYROID GLAND OR LYMPH NODE ENLARGEMENT 甲狀腺或淋巴結腫大      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>7. THE GENITO-URINARY ORGANS 生殖器與泌尿器      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>13. SURGICAL OPERATION 手術      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>8. THE SKIN, BONES, GLANDS, EYES OR EARS 皮膚、骨、腺、眼或耳      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>	<p>14. ANY OTHER ILLNESS NOT MENTIONED ABOVE 上述未提及之病症      <input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>				
<p>15. IS YOUR HEALTH IMPAIRED IN ANY WAY? HAVE YOU EVER HAD OR HAVE YOU EVER BEEN ADVISED TO UNDERGO INVESTIGATIONS (SUCH AS ULTRASOUND, CONE BIOPSY, FINE NEEDLE ASPIRATION, ETC.) OR TO REPEAT TESTS WITHIN 6 MONTHS?</p> <p>閣下健康是否在其他方面有損？閣下曾否或曾被建議接受檢查（如超聲波，錐形活檢，細針穿刺檢查等），或需在 6 個月內作重複測試？</p> <p style="text-align: right;"><input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>					
<p>16. HAVE YOU EVER BEEN COUNSELLED OR MEDICALLY ADVISED IN CONNECTION WITH AIDS OR HAD AN AIDS BLOOD TEST?</p> <p>閣下曾否作受愛滋病測試或檢查？</p> <p style="text-align: right;"><input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>					
<p>17. HAS ANY OF YOUR PARENTS OR BROTHER OR SISTER EVER HAD CANCER DIAGNOSED BEFORE AGE 55?</p> <p>閣下之父母或兄弟姐妹是否曾在 55 歲之前被診斷為癌症？</p> <p style="text-align: right;"><input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>					
<p>18. HAVE YOU EVER EXPERIENCED ANY WEIGHT LOSS OF MORE THAN 5 KG WITHIN 6 MONTHS?</p> <p>閣下曾否在 6 個月內體重下降超過 5 公斤？</p> <p style="text-align: right;"><input type="checkbox"/> YES 是      <input type="checkbox"/> NO 否</p>					
<p>19. IF ANSWER TO THE ABOVE QUESTIONS IS "YES" PLEASE GIVE DETAILS</p> <p style="text-align: center;">如上列問題答案為"是"，請列詳情</p>					
ITEM NO.	NO. OF ATTACKS	DATE	DURATION	PHYSICIAN	RECOVERY (YES/NO) GIVE DETAIL
項目	復發次數	日期	持續期	主診醫生	康復(是/否) 請列詳情
<p>I AGREE THAT THE FOREGOING ANSWERS SHALL FORM PART OF MY PROPOSAL TO THE ASIA INSURANCE CO., LTD., AND THAT THE FOREGOING ANSWER SHALL ALSO BECOME PART OF ANY POLICY THAT MAY BE ISSUED ON THE STRENGTH THEREOF.</p> <p>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>I AUTHORIZE ANY PHYSICIAN, HOSPITAL, CLINIC OR ANY ORGANIZATION OF PERSON THAT HAS ANY RECORDS OF KNOWLEDGE OF MY HEALTH, TO GIVE AISA INSURANCE CO., LTD. ANY SUCH INFORMATION. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</p> <p>本人授權任何醫生、醫院、診所或任何組織及任何人士，持有熟悉本人健康資料，均可以將該病歷詳細資料供給亞洲保險有限公司。此授權書之影印本亦屬有效。</p>					
SIGNATURE OF EMPLOYEE 僱員簽署				SIGNATURE OF PROPOSED INSURED 投保人簽署	
DATE 日期：                    /                    /				DATE 日期：                    /                    /	

## Personal Data Collection Statement 個人資料收集聲明

- Asia Insurance Company Limited (referred to hereinafter as the "Company") will collect, generate and compile your personal information and particulars related to our services and products which collectively referred to in this PICS as "Your Personal Data". It also includes personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information.  
亞洲保險有限公司(「本公司」)會不時就本公司的服務及產品向閣下收集、製作及匯編個人資料及詳情,以下統稱為「閣下的個人資料」。「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。
- If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or 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.  
如閣下代表他人提供個人資料,閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 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.  
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。
- 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").  
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、聯營或附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。

### The purposes for which Your Personal Data may be used are as follows:

- processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company; processing payment instructions;
- developing insurance and other financial services and products;
- developing and maintaining credit and risk related models;
- determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
- exercising any rights that the Company may have in connection with our services and/or products;
- carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
- any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, investigating, analyzing, processing, assessing, determining, responding to, resolving or settling such claims;
- performing policy reviews and needs analysis (whether or not on a regular basis);
- meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
- for statistical or actuarial research undertaken by the Company or any member of the Group; and
- fulfilling any other purposes directly related to 1. To 10. above.

### Your Personal Data will be kept confidential, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:

- any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
- any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
- any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
- any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong);
- Your Personal Data may be transferred or disclosed to other members of the Group, any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.

### Data Access and Correction Right

- Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request;
- Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company. For any questions, please do not hesitate to call our Customer Service Hotline on 3606 9933;
- The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

### 閣下的個人資料可能用於以下用途:

- 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求,以及維持閣下在本公司的賬戶;處理付款指示;
- 發展保險及其他金融服務及產品;
- 發展及維持本公司信貸及風險之相關模型;
- 釐訂任何欠付閣下或閣下所欠的負債,及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款;
- 行使與本公司的服務及/或產品有關的任何權利;
- 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;
- 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索,包括作出、抗辯、調查、分析、處理、評核、決定、回應、解決或和解有關申索;
- 進行保單審閱及需求分析(不論是否定期進行);
- 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露,包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露;
- 作本公司或本集團的任何成員的統計或精算研究;及
- 履行與上文第1.至10.段直接有關的其他用途。

### 閣下的個人資料將被保密,但本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用:

- 任何因本公司業務而聘用之經營保險相關及/或再保險相關業務之人士或公司;
- 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、法律顧問及/或其他專業顧問;
- 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商;及/或
- 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外);
- 閣下的個人資料可能被轉移或披露予任何本集團的其他成員、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。

### 查閱及更正個人資料

- 根據《個人資料(私隱)條例》,閣下有權要求查閱本公司所持有閣下的個人資料,並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求,應以書面形式向本公司的資料保護主任提出並將函件郵寄至本公司。如有任何疑問,敬請致電本公司之客戶服務熱線 3606 9933。
- 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.

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

Tel.: +852 3606 9311 / 3606 9346

Fax: +852 2899 2426

Website: [www.asiainsurance.hk](http://www.asiainsurance.hk)

亞洲保險有限公司

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