



為家人

多添保障

「安康寶」家庭醫療  
保障計劃

# 「安康寶」家庭醫療保障計劃

富衛的「安康寶」家庭醫療保障計劃，為您的家人提供全面住院保障，助您減輕高昂醫療費用所帶來的壓力。

您的摯愛家人是人生至寶，自然要為他們準備全面的保障。「安康寶」家庭醫療保障計劃設有 4 種住院保障等級，同時每年提供免費身體檢查及 24 小時全球緊急支援服務，讓您按一家所需而選擇，免卻高昂醫療費用的憂慮。

## 保證續保<sup>^</sup>

我們保證您的保單可續保至 100 歲。於續保時，我們將不會根據您過往的索償記錄或身體狀況的轉變而個別徵收額外保費。

## 申請簡易

只需回答兩個關於您健康狀況的問題，無須另作健康檢查。

## 自選更多保障

您可以選擇附加額外醫療保障、門診保障、牙科保障或健康檢查，以切合您的需要。

## 周全照顧

計劃提供全球醫療保障及免費緊急支援服務。

## 隨時查閱保障

您可透過富衛 eServices 流動應用程式或登入富衛網頁，隨時隨地檢視或查詢保障範圍及下載網上表格，亦可透過電郵收取索償理賠表，方便管理保單。



立即下載  
富衛 eServices  
流動應用程式！

<sup>^</sup> 我們保留於續保時更改保費、保障範圍、條款及細則的最終決定權。

### 重要事項

1. 申請人必須提供所有可能影響富衛保險有限公司接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料（包括申請表副本）作記錄，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。
2. 申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。

## 計劃特色

- 合資格投保年齡為 15 日至 64 歲
- 不設最低住院時數限制
- 保障範圍包括於註冊診所或日間進行之小手術
- 設有每日住院現金保障 (入住香港醫院管理局轄下醫院之大房)
- 24 小時全球性醫療保障及緊急支援服務
- 附加門診保障提供中醫治療 (包括跌打及針灸治療)，當中於 6 項專科 (耳鼻喉科、眼科、皮膚科、骨科、兒科及婦科) 索償時無須提供醫生轉介信
- 免費每年基本健康檢查

## 24 小時全球緊急支援服務

若受保人於海外遇上緊急事故，而旅程不超過 90 天，緊急支援可提供以下服務：

- 24 小時電話諮詢服務
- 緊急醫療撤離及遣返 (高達 1,000,000 美元)
- 提供高達 5,000 美元之入院按金保證 (包括中國內地指定醫院)
- 如在外地住院超過 7 天，可安排一位親屬前往探望 (包括一張來回經濟客位機票及最多 1,000 美元住宿費，每天住宿費不超過 250 美元)
- 安排未成年子女返國或原居地
- 康復期間之酒店住宿 (最多 1,000 美元，每天住宿費不超過 250 美元)
- 因直系親屬去世而需臨時折返
- 運送遺體返國或原居地 (高達 1,000,000 美元)
- 醫療及法律團體轉介
- 遺失行李協助
- 緊急旅遊支援
- 中國緊急醫療支援服務

全球緊急支援服務由國際思奧思救援中心提供。

主要不承保項目 (除牙科保障外適用於所有保障) 包括：受保前已存在的疾病/先天性的疾病、性病、受保前已感染的愛滋病、懷孕/墮胎、整容手術、牙科治療 (除因意外事故引起)、例行身體檢查、精神病、酗酒/濫用藥物、專業/危險運動、蓄意自我毀傷、非法活動、戰爭。起保後 180 日內發生的以下疾病：包皮環切術；任何種類的腫瘤、疣、囊腫或息肉。有關此保單之所有不保事項，請參閱保單條款。

牙科保障之不承保項目：蓄意自我毀傷、以美容為目的之治療 (包括但不限於牙齒矯形及漂白)、酗酒/濫用藥物、戰爭、軍事、非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

本小冊子乃保障條款之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

## (1) 基本住院保障 Basic Hospitalisation Benefits

計劃級別 Plan Level	大房 Ward	二等房 Semi-Private	私家房 Private	私家房 Private
計劃名稱 Plan Code	HS700S	HS1500S	HS2000S	HS2800S
保障範圍 Coverage				
每次病症最高賠償額 (港幣) Cover Limit per Disability (HK\$)				
1. 每日住院及膳食費 (最高賠償 180 天) Hospital Room & Board per day (Up to 180 days)	\$700	\$1,500	\$2,000	\$2,800
2. 每日醫生巡房費 (最高賠償 180 天) Physician's Visit per day (Up to 180 days)	\$700	\$1,500	\$2,000	\$2,800
3. 醫院雜項費 Miscellaneous Hospital Services	\$15,000	\$17,000	\$20,000	\$25,000
4. 外科手術費 (按手術費用表計算) Surgeon's Fee (Subject to Surgical Schedule)				
複雜手術 Complex Operation	\$72,000	\$87,000	\$102,000	\$126,000
嚴重手術 Major Operation	\$24,000	\$29,000	\$34,000	\$42,000
普通手術 Intermediate Operation	\$12,000	\$14,500	\$17,000	\$21,000
簡單手術 Minor Operation	\$4,800	\$5,800	\$6,800	\$8,400
5. 麻醉師費 Anaesthetist's Fee				
複雜手術 Complex Operation	\$21,600	\$26,100	\$30,600	\$37,800
嚴重手術 Major Operation	\$7,200	\$8,700	\$10,200	\$12,600
普通手術 Intermediate Operation	\$3,600	\$4,350	\$5,100	\$6,300
簡單手術 Minor Operation	\$1,440	\$1,740	\$2,040	\$2,520
6. 手術室費 Operating Theatre Fee				
複雜手術 Complex Operation	\$21,600	\$26,100	\$30,600	\$37,800
嚴重手術 Major Operation	\$7,200	\$8,700	\$10,200	\$12,600
普通手術 Intermediate Operation	\$3,600	\$4,350	\$5,100	\$6,300
簡單手術 Minor Operation	\$1,440	\$1,740	\$2,040	\$2,520
7. 專科治療費 Specialist's Fee	\$5,500	\$7,500	\$9,000	\$11,000
8. 每日深切治療費 (最高賠償 20 天) Intensive Care Unit per day (Up to 20 days)	\$5,000	\$6,000	\$7,000	\$8,000
9. 出院後的治療費 (出院後 31 日內之跟進治療費) Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	\$1,200	\$1,500	\$2,000	\$3,000
10. 意外牙科治療費 (意外發生後 31 天內) Accidental Dental Treatment (within 31 days after the accident)	\$2,000	\$3,000	\$4,000	\$5,000
11. 緊急門診費 (意外) (意外發生後 24 小時內之醫院門診部之治療費) Emergency Outpatient Treatment (Accident) (Outpatient treatment in a Hospital within 24 hours of an injury)	\$1,000	\$1,500	\$2,000	\$3,000
12. 每日家庭看護費 (最高賠償 60 天) Home Nursing per day (Up to 60 days)	\$200	\$300	\$400	\$500
13. 每日兒童住院之陪伴床位費 (最高賠償 60 天) Companion's Bed for Child per day (Up to 60 days)	\$200	\$300	\$400	\$500
每次病症最高賠償限額 (1-13 項) Overall Limit per Disability (Item 1-13)	\$515,900	\$865,700	\$1,108,200	\$1,476,600
14. 每日住院現金保障 (入住香港醫院管理局轄下醫院之大房) (最高賠償 60 天) Daily Cash Benefit (for confinement in general ward of Hospital Authority's hospital in Hong Kong) (up to 60 days)	\$200	\$300	\$400	\$500
15. 意外身亡保障 Accidental Death Benefit	\$20,000	\$30,000	\$40,000	\$50,000

### 緊急支援服務 Emergency Assistance Services

醫療撤離及遣返服務 Evacuation / Repatriation	高達美金 Up to US\$1,000,000
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## (2) 附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional)

此附加額外醫療保障為基本住院保障項之內 1 至 8 項提供額外賠償。若醫生費用超過基本住院保障項目內 1 至 8 項之每次病症最高賠償額，餘額可獲 80% 賠償及以每次病症最高賠償額為上限，而當中之每日住院及膳食費及每日醫生巡房費不受最高賠償日數限制，均可獲得賠償。Supplementary Major Medical Benefits (SMM) provides additional benefits for items 1 to 8 under the Basic Hospitalisation Benefits (BHB). If the medical expenses incurred under benefit items 1 to 8 of the BHB exceed the cover limit per disability, 80% of the excess amount will be reimbursed subject to cover limit per disability. The excess amount incurred for the Hospital Room & Board and Physician's Visit Benefits can be reimbursed regardless of the number of days of the confinement.

計劃級別 Plan Level	大房 Ward	二等房 Semi-Private	私家房 Private	私家房 Private
計劃名稱 Plan Code	MS1	MS2	MS3	MS4
每症最高賠償額 (港幣) Cover Limit per Disability (HK\$)	\$60,000	\$120,000	\$180,000	\$240,000
保障範圍包括日間癌症放射療法及化學療法、腎臟透析。 Cover day case Chemotherapy and Radiotherapy for Cancer and Kidney Dialysis.				

#### 附註 Note:

如入住之住房等級高於保障等級，賠償率將作以下調整：  
If the hospital confinement is at a higher accommodation level than the insured benefit level, the Reimbursement % shall be reduced as follow:

- 大房升至二等房 Ward to Semi-Private : 50%
- 大房升至私家房 Ward to Private : 25%
- 二等房升至私家房 Semi-Private to Private : 50%

註：住院保障範圍不適用於貴賓或豪華套房。Note: No benefit will be paid for hospitalisation in VIP suite or deluxe suite.

### (3) 附加門診保障 (自選) Supplementary Outpatient Benefits (Optional)

計劃級別 Plan Level	經濟 Economy	經濟 Economy	標準 Standard	標準 Standard
計劃名稱 Plan Code	OPS220	OPS260	OPS320	OPS400
<b>賠償額為 100% 100% Reimbursement</b>	<b>最高賠償額 (港幣) Cover Limit (HK\$)</b>			
醫生診所治療費 (每日 1 次, 每年最多 25 次) Consultation at Physician's Office (Per visit per day, maximum 25 visits per year)	\$220	\$260	\$320	\$400
物理治療師及脊椎治療師之治療費 (每日 1 次, 每年最多 10 次) Physiotherapist's & Chiropractor's Treatment (Per visit per day, maximum 10 visits per year)	\$220	\$260	\$320	\$400
專科診治費 (每日 1 次, 每年最多 10 次) Specialist's Consultation (Per visit per day, maximum 10 visits per year)	\$330	\$400	\$480	\$600
中醫、跌打及針灸治療費 (每日 1 次, 每年最多 10 次) Chinese Medicine Practitioner's Treatment (Including Bonesetter's & Acupuncturist's Treatment) (Per visit per day, maximum 10 visits per year)	\$180	\$220	\$250	\$300
每年 X 光檢驗及化驗費 Diagnostic X-Ray & Laboratory Tests per year	\$1,600	\$2,000	\$2,400	\$2,800
每年處方西方藥物 (只限於診所以外購藥, 每年最多 45 次) Prescribed Western Medicines & Drugs per year (From any legitimate source outside clinic, Maximum 45 visits per year)	\$2,400	\$3,000	\$3,600	\$4,200

物理治療師及脊椎治療師治療費、專科診治費、X 光檢驗及化驗費及處方西方藥物費須由主診醫生以書面推薦才可獲得賠償 (皮膚科醫生、眼科醫生、婦科醫生、骨科醫生、兒科醫生及耳鼻喉科醫生之專科可獲豁免)。

Written referral by the attending physician is required for Physiotherapist's & Chiropractor's Treatment, Specialist's Consultation, Diagnostic X-ray & Laboratory Tests, Prescribed Western Medicines & Drugs (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrician and Otorhinolaryngologist can be waived).

### (4) 附加牙科保障 (自選) Supplementary Dental Benefits (Optional)

計劃級別 Plan Level	經濟 Economy	標準 Standard
計劃名稱 Plan Code	DE500S	DE800S
<b>保障範圍 Coverage</b>	<b>保障金額 (港幣) Cover Limit (HK\$)</b>	
例行口腔檢查 (洗牙及預防治療, 每年 1 次) Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year)	\$500	\$800
賠償率 Reimbursement	100%	100%
牙科服務前之 X 光檢驗 (每片) X-rays required prior to the performance of dental service (Each film)	\$150	\$200
賠償率 Reimbursement	80%	80%
牙齦膿腫 (每膿腫) Abscesses (Each abscess)	\$500	\$800
賠償率 Reimbursement	80%	80%
補牙 (每顆牙齒) Fillings (Each tooth)	\$500	\$800
賠償率 Reimbursement	80%	80%
脫牙 (每顆牙齒) Extractions (Each tooth)	\$500	\$800
賠償率 Reimbursement	80%	80%
整體每年最高賠償限額 Overall Maximum Limit per year	\$5,000	\$8,000

### (5) 免費每年基本健康檢查計劃 Free Annual Basic Health Check-up Profile

#### 貧血及血病檢查 Anaemia & Blood Disease Screening

- 血常規 Complete Blood Count (CBC)
- 血小板 Platelet

#### 糖尿病檢查 Diabetic Screening

- 血糖 Glucose

#### 血脂肪檢查 Lipids Pattern Screening

- 總膽固醇 Total Cholesterol
- 三酸甘油酯 Triglyceride

#### 化驗報告評估 Medical Evaluation on Laboratory Reports

## (6) 附加健康檢查 (自選) Supplementary Health Check-up (Optional)

您或投保之家庭成員除每年皆可於指定的化驗中心進行免費的基本健康檢查計劃外，更可以優惠價選購以下自選健康檢查計劃，只需於指定的化驗中心出示正本基本健康檢查計劃服務券，便可以優惠價直接付款購買自選健康檢查計劃。基本健康檢查計劃必須與自選健康檢查計劃一同使用。

You or your insured family member is entitled to a FREE Basic Health Check-up Profile annually at the designated laboratory centres and may also choose to take any of the following screening profiles at a preferential rate by presenting the original Basic Health Check-up coupon and pay the check-up fee at the designated laboratory centre. The Basic Health Check-up Profile must be redeemed in conjunction with the optional screening profile.

### 自選詳細檢查計劃 Optional Comprehensive Check-up Profile (\$650)

#### 貧血及血病檢查 Anaemia & Blood Disease Screening

- 紅血球沉降率 ESR

#### 血型及血因子類別 Blood Group and Rh Factor

- 血型及 Rh 因子 ABO group & Rh-D

#### 痛風症檢查 Gout Screening

- 尿酸 Uric acid

#### 心肺病檢查 Heart & Lung Disease Screening

- X光肺片 Chest X-Ray
- 心電圖 Electrocardiogram (ECG)

#### 心臟病發率檢定及預防中風 Cardiac & Stroke Risk Evaluation

- 高密度膽固醇 HDL cholesterol
- 低密度膽固醇 LDL cholesterol

#### 腸病檢查 Intestinal Disease Screening

- 大便常規檢查 Stool, Routine Examination

#### 肝功能測試 Liver Function Tests

- 谷草轉氨 SGOT
- 谷丙轉氨 SGPT

#### 腎功能測試 Renal Function Tests

- 尿素 Urea
- 肌酸酐 Creatinine
- 小便常規檢查 Urine, Routine Examination

#### 甲狀腺功能測試 Thyroid Function Test

- 甲狀腺素 Thyroxine (T4)

### 自選男士檢查計劃 Optional Gentleman Check-up Profile (\$680)

#### 癌症指標測試 Tumor Marker Tests

- 鼻咽癌病毒抗體 EBV Antibodies
- 甲種胎蛋白 (肝) Alpha Fetoprotein (Liver)
- 前列腺癌抗原 Prostate Specific Antigen (PSA)

### 自選女士檢查計劃 Optional Lady Check-up Profile (\$680)

- 乳房檢查 Breast Examination
- 念珠菌及滴蟲培養 Trichomonas and Monilia Culture
- 盆腔檢查 Pelvis Examination
- 柏氏子宮頸抹片檢查 Pap Smear

### 自選癌症測試 Optional Cancer Markers (\$900)

個別癌症指標 (癌抗原) 於血液內之度數，能反映體內相關之癌細胞，可有效測試出初期癌症。

The level of individual cancer markers (Cancer antigens) in the blood may reflect the related cancer cells in the body. The blood test is to assist to detect the cancers in an early stage.

- 直腸/結腸癌 Colon/Rectum Cancer (CEA)
- 肝癌 Liver Cancer (AFP)
- 卵巢/子宮頸癌 Ovary/Cervix Cancer (CA125) (女性適用 For female)
- 胰臟癌 Pancreatic Cancer (CA19.9)
- 鱗狀細胞癌 - 肺/呼吸道/消化道 Respiratory, lung and digestive tracts (SCC)
- 絨毛膜性腺癌 Trophoblast (BetaHCG)
- 鼻咽癌 Naso-Pharyngeal Carcinoma (EBV)
- 前列腺癌 Prostate Cancer (PSA) (男性適用 For male)

註：所有健康檢查服務須依照服務使用指南在指定化驗中心完成。

Note: All check-ups must be completed at the designated laboratory centre following the procedures of the user guide.

# 每年保費表 (港幣) Annual Premium Table (HK\$)

## 基本住院保障 Basic Hospitalisation Benefits (可續保至 100 歲 Renewal up to Age 100)

計劃級別 Plan Level	大房 Ward		二等房 Semi-Private		私家房 Private		私家房 Private	
計劃名稱 Plan Code	HS700S		HS1500S		HS2000S		HS2800S	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0 <sup>#</sup> - 4	\$ 2,115	\$ 2,115	\$ 3,162	\$ 3,162	\$ 4,180	\$ 4,180	\$ 5,684	\$ 5,684
5 - 17	\$ 1,649	\$ 1,649	\$ 2,465	\$ 2,465	\$ 3,258	\$ 3,258	\$ 4,432	\$ 4,432
18	\$ 1,684	\$ 1,761	\$ 2,517	\$ 2,647	\$ 3,325	\$ 3,506	\$ 4,531	\$ 4,926
19	\$ 1,689	\$ 1,766	\$ 2,524	\$ 2,655	\$ 3,335	\$ 3,516	\$ 4,544	\$ 4,940
20	\$ 1,693	\$ 1,771	\$ 2,532	\$ 2,662	\$ 3,344	\$ 3,526	\$ 4,557	\$ 4,954
21	\$ 1,698	\$ 1,776	\$ 2,539	\$ 2,670	\$ 3,354	\$ 3,536	\$ 4,570	\$ 4,968
22	\$ 1,703	\$ 1,781	\$ 2,546	\$ 2,677	\$ 3,363	\$ 3,546	\$ 4,583	\$ 4,982
23	\$ 1,713	\$ 1,791	\$ 2,560	\$ 2,692	\$ 3,382	\$ 3,566	\$ 4,609	\$ 5,010
24	\$ 1,724	\$ 1,803	\$ 2,577	\$ 2,710	\$ 3,404	\$ 3,589	\$ 4,639	\$ 5,043
25	\$ 1,743	\$ 1,983	\$ 2,613	\$ 2,997	\$ 3,458	\$ 3,982	\$ 4,717	\$ 5,606
26	\$ 1,751	\$ 1,993	\$ 2,626	\$ 3,011	\$ 3,475	\$ 4,000	\$ 4,739	\$ 5,633
27	\$ 1,763	\$ 2,006	\$ 2,643	\$ 3,031	\$ 3,498	\$ 4,027	\$ 4,771	\$ 5,670
28	\$ 1,773	\$ 2,017	\$ 2,658	\$ 3,048	\$ 3,517	\$ 4,050	\$ 4,797	\$ 5,702
29	\$ 1,784	\$ 2,030	\$ 2,675	\$ 3,068	\$ 3,540	\$ 4,076	\$ 4,829	\$ 5,739
30	\$ 1,883	\$ 2,143	\$ 2,824	\$ 3,240	\$ 3,736	\$ 4,303	\$ 5,096	\$ 6,059
31	\$ 1,908	\$ 2,172	\$ 2,861	\$ 3,283	\$ 3,786	\$ 4,361	\$ 5,165	\$ 6,140
32	\$ 1,916	\$ 2,180	\$ 2,872	\$ 3,295	\$ 3,800	\$ 4,377	\$ 5,184	\$ 6,163
33	\$ 1,925	\$ 2,190	\$ 2,886	\$ 3,311	\$ 3,818	\$ 4,398	\$ 5,209	\$ 6,192
34	\$ 1,937	\$ 2,205	\$ 2,905	\$ 3,333	\$ 3,843	\$ 4,427	\$ 5,243	\$ 6,233
35	\$ 2,189	\$ 2,656	\$ 3,315	\$ 4,059	\$ 4,408	\$ 5,418	\$ 6,037	\$ 7,660
36	\$ 2,197	\$ 2,667	\$ 3,327	\$ 4,074	\$ 4,425	\$ 5,439	\$ 6,060	\$ 7,689
37	\$ 2,206	\$ 2,677	\$ 3,340	\$ 4,089	\$ 4,441	\$ 5,460	\$ 6,082	\$ 7,718
38	\$ 2,220	\$ 2,694	\$ 3,362	\$ 4,116	\$ 4,470	\$ 5,496	\$ 6,123	\$ 7,769
39	\$ 2,251	\$ 2,732	\$ 3,409	\$ 4,174	\$ 4,533	\$ 5,573	\$ 6,208	\$ 7,878
40	\$ 2,389	\$ 2,898	\$ 3,617	\$ 4,428	\$ 4,809	\$ 5,911	\$ 6,586	\$ 8,358
41	\$ 2,411	\$ 2,926	\$ 3,651	\$ 4,470	\$ 4,854	\$ 5,967	\$ 6,649	\$ 8,437
42	\$ 2,422	\$ 2,939	\$ 3,668	\$ 4,491	\$ 4,877	\$ 5,995	\$ 6,680	\$ 8,477
43	\$ 2,456	\$ 2,980	\$ 3,719	\$ 4,554	\$ 4,945	\$ 6,079	\$ 6,774	\$ 8,595
44	\$ 2,479	\$ 3,008	\$ 3,754	\$ 4,596	\$ 4,991	\$ 6,135	\$ 6,836	\$ 8,675
45	\$ 3,493	\$ 3,918	\$ 5,340	\$ 6,023	\$ 7,133	\$ 8,064	\$ 10,092	\$ 11,432
46	\$ 3,526	\$ 3,955	\$ 5,391	\$ 6,080	\$ 7,200	\$ 8,141	\$ 10,188	\$ 11,540
47	\$ 3,559	\$ 3,993	\$ 5,442	\$ 6,137	\$ 7,268	\$ 8,217	\$ 10,283	\$ 11,649
48	\$ 3,592	\$ 4,030	\$ 5,492	\$ 6,194	\$ 7,336	\$ 8,294	\$ 10,379	\$ 11,757
49	\$ 3,626	\$ 4,067	\$ 5,543	\$ 6,251	\$ 7,403	\$ 8,370	\$ 10,475	\$ 11,865
50	\$ 3,811	\$ 4,275	\$ 5,826	\$ 6,571	\$ 7,781	\$ 8,798	\$ 11,009	\$ 12,472
51	\$ 3,883	\$ 4,356	\$ 5,936	\$ 6,695	\$ 7,928	\$ 8,964	\$ 11,218	\$ 12,709
52	\$ 3,937	\$ 4,417	\$ 6,019	\$ 6,789	\$ 8,039	\$ 9,090	\$ 11,374	\$ 12,886
53	\$ 3,991	\$ 4,477	\$ 6,102	\$ 6,882	\$ 8,149	\$ 9,215	\$ 11,531	\$ 13,063
54	\$ 4,064	\$ 4,559	\$ 6,212	\$ 7,007	\$ 8,297	\$ 9,381	\$ 11,739	\$ 13,300
55	\$ 5,270	\$ 5,497	\$ 8,112	\$ 8,481	\$ 10,872	\$ 11,377	\$ 15,422	\$ 16,156
56	\$ 5,370	\$ 5,601	\$ 8,266	\$ 8,642	\$ 11,078	\$ 11,593	\$ 15,714	\$ 16,463
57	\$ 5,445	\$ 5,679	\$ 8,381	\$ 8,763	\$ 11,232	\$ 11,755	\$ 15,934	\$ 16,692
58	\$ 5,519	\$ 5,757	\$ 8,496	\$ 8,883	\$ 11,387	\$ 11,916	\$ 16,153	\$ 16,922
59	\$ 5,619	\$ 5,861	\$ 8,650	\$ 9,044	\$ 11,593	\$ 12,132	\$ 16,445	\$ 17,228
60	\$ 6,803	\$ 6,803	\$ 10,518	\$ 10,518	\$ 14,124	\$ 14,124	\$ 20,071	\$ 20,071
61	\$ 6,932	\$ 6,932	\$ 10,718	\$ 10,718	\$ 14,392	\$ 14,392	\$ 20,452	\$ 20,452
62	\$ 7,028	\$ 7,028	\$ 10,867	\$ 10,867	\$ 14,593	\$ 14,593	\$ 20,737	\$ 20,737
63	\$ 7,125	\$ 7,125	\$ 11,017	\$ 11,017	\$ 14,794	\$ 14,794	\$ 21,023	\$ 21,023
64	\$ 7,254	\$ 7,254	\$ 11,216	\$ 11,216	\$ 15,062	\$ 15,062	\$ 21,403	\$ 21,403
65*	\$ 8,690	\$ 8,690	\$ 13,438	\$ 13,438	\$ 18,044	\$ 18,044	\$ 25,641	\$ 25,641
66*	\$ 8,855	\$ 8,855	\$ 13,692	\$ 13,692	\$ 18,386	\$ 18,386	\$ 26,127	\$ 26,127
67*	\$ 8,978	\$ 8,978	\$ 13,883	\$ 13,883	\$ 18,642	\$ 18,642	\$ 26,491	\$ 26,491
68*	\$ 9,102	\$ 9,102	\$ 14,074	\$ 14,074	\$ 18,899	\$ 18,899	\$ 26,856	\$ 26,856
69*	\$ 9,267	\$ 9,267	\$ 14,329	\$ 14,329	\$ 19,241	\$ 19,241	\$ 27,342	\$ 27,342
70*	\$ 11,063	\$ 11,063	\$ 17,106	\$ 17,106	\$ 22,969	\$ 22,969	\$ 32,642	\$ 32,642
71*	\$ 11,272	\$ 11,272	\$ 17,430	\$ 17,430	\$ 23,405	\$ 23,405	\$ 33,261	\$ 33,261
72*	\$ 11,430	\$ 11,430	\$ 17,673	\$ 17,673	\$ 23,731	\$ 23,731	\$ 33,725	\$ 33,725
73*	\$ 11,587	\$ 11,587	\$ 17,916	\$ 17,916	\$ 24,058	\$ 24,058	\$ 34,189	\$ 34,189
74*	\$ 11,797	\$ 11,797	\$ 18,241	\$ 18,241	\$ 24,494	\$ 24,494	\$ 34,808	\$ 34,808
75*	\$ 13,473	\$ 13,473	\$ 20,533	\$ 20,533	\$ 27,948	\$ 27,948	\$ 39,712	\$ 39,712
76*	\$ 13,729	\$ 13,729	\$ 20,923	\$ 20,923	\$ 28,478	\$ 28,478	\$ 40,465	\$ 40,465
77*	\$ 13,920	\$ 13,920	\$ 21,215	\$ 21,215	\$ 28,875	\$ 28,875	\$ 41,030	\$ 41,030
78*	\$ 14,112	\$ 14,112	\$ 21,507	\$ 21,507	\$ 29,273	\$ 29,273	\$ 41,594	\$ 41,594
79*	\$ 14,367	\$ 14,367	\$ 21,896	\$ 21,896	\$ 29,802	\$ 29,802	\$ 42,347	\$ 42,347
80*	\$ 15,757	\$ 15,757	\$ 23,808	\$ 23,808	\$ 33,679	\$ 33,679	\$ 47,855	\$ 47,855
81*	\$ 16,056	\$ 16,056	\$ 24,260	\$ 24,260	\$ 34,317	\$ 34,317	\$ 48,762	\$ 48,762
82*	\$ 16,280	\$ 16,280	\$ 24,598	\$ 24,598	\$ 34,796	\$ 34,796	\$ 49,442	\$ 49,442
83*	\$ 16,504	\$ 16,504	\$ 24,937	\$ 24,937	\$ 35,275	\$ 35,275	\$ 50,123	\$ 50,123
84*	\$ 16,803	\$ 16,803	\$ 25,388	\$ 25,388	\$ 35,913	\$ 35,913	\$ 51,030	\$ 51,030
85*	\$ 16,727	\$ 16,727	\$ 25,274	\$ 25,274	\$ 35,750	\$ 35,750	\$ 50,796	\$ 50,796
86*	\$ 17,044	\$ 17,044	\$ 25,753	\$ 25,753	\$ 36,427	\$ 36,427	\$ 51,759	\$ 51,759
87*	\$ 17,282	\$ 17,282	\$ 26,112	\$ 26,112	\$ 36,936	\$ 36,936	\$ 52,481	\$ 52,481
88*	\$ 17,520	\$ 17,520	\$ 26,471	\$ 26,471	\$ 37,444	\$ 37,444	\$ 53,204	\$ 53,204
89*	\$ 17,837	\$ 17,837	\$ 26,951	\$ 26,951	\$ 38,122	\$ 38,122	\$ 54,167	\$ 54,167
90*	\$ 17,585	\$ 17,585	\$ 26,565	\$ 26,565	\$ 37,577	\$ 37,577	\$ 53,390	\$ 53,390
91*	\$ 17,918	\$ 17,918	\$ 27,069	\$ 27,069	\$ 38,289	\$ 38,289	\$ 54,403	\$ 54,403
92*	\$ 18,168	\$ 18,168	\$ 27,446	\$ 27,446	\$ 38,824	\$ 38,824	\$ 55,162	\$ 55,162
93*	\$ 18,418	\$ 18,418	\$ 27,824	\$ 27,824	\$ 39,358	\$ 39,358	\$ 55,921	\$ 55,921
94*	\$ 18,752	\$ 18,752	\$ 28,328	\$ 28,328	\$ 40,070	\$ 40,070	\$ 56,933	\$ 56,933
95*	\$ 18,302	\$ 18,302	\$ 27,645	\$ 27,645	\$ 39,106	\$ 39,106	\$ 55,562	\$ 55,562
96*	\$ 18,649	\$ 18,649	\$ 28,169	\$ 28,169	\$ 39,847	\$ 39,847	\$ 56,615	\$ 56,615
97*	\$ 18,909	\$ 18,909	\$ 28,562	\$ 28,562	\$ 40,403	\$ 40,403	\$ 57,405	\$ 57,405
98*	\$ 18,996	\$ 18,996	\$ 28,693	\$ 28,693	\$ 40,588	\$ 40,588	\$ 57,668	\$ 57,668
99*	\$ 19,170	\$ 19,170	\$ 28,955	\$ 28,955	\$ 40,959	\$ 40,959	\$ 58,195	\$ 58,195

\* 「0」歲指出生滿 15 天 "0" year old means 15 days of age

\* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only

# 每年保費表 (港幣) Annual Premium Table (HK\$)

## 附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional) (可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	大房 Ward		二等房 Semi-Private		私家房 Private		私家房 Private	
計劃名稱 Plan Code	MS1		MS2		MS3		MS4	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0# - 4	\$ 638	\$ 638	\$ 953	\$ 953	\$1,260	\$1,260	\$ 1,714	\$ 1,714
5 - 17	\$ 498	\$ 498	\$ 742	\$ 742	\$ 982	\$ 982	\$ 1,336	\$ 1,336
18	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
19	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
20	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
21	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
22	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
23	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
24	\$ 503	\$ 526	\$ 752	\$ 791	\$ 992	\$1,047	\$ 1,353	\$ 1,470
25	\$ 505	\$ 575	\$ 758	\$ 870	\$1,003	\$1,155	\$ 1,369	\$ 1,626
26	\$ 512	\$ 584	\$ 769	\$ 883	\$1,017	\$1,172	\$ 1,389	\$ 1,650
27	\$ 515	\$ 587	\$ 773	\$ 887	\$1,022	\$1,177	\$ 1,396	\$ 1,658
28	\$ 517	\$ 589	\$ 776	\$ 891	\$1,027	\$1,183	\$ 1,402	\$ 1,666
29	\$ 522	\$ 595	\$ 784	\$ 900	\$1,037	\$1,194	\$ 1,416	\$ 1,682
30	\$ 552	\$ 628	\$ 827	\$ 949	\$1,093	\$1,261	\$ 1,492	\$ 1,774
31	\$ 560	\$ 638	\$ 839	\$ 963	\$1,110	\$1,279	\$ 1,514	\$ 1,800
32	\$ 563	\$ 641	\$ 843	\$ 967	\$1,115	\$1,285	\$ 1,522	\$ 1,809
33	\$ 565	\$ 644	\$ 847	\$ 972	\$1,120	\$1,292	\$ 1,529	\$ 1,817
34	\$ 579	\$ 659	\$ 868	\$ 995	\$1,147	\$1,323	\$ 1,565	\$ 1,861
35	\$ 635	\$ 771	\$ 962	\$1,177	\$1,278	\$1,572	\$ 1,750	\$ 2,222
36	\$ 645	\$ 782	\$ 976	\$1,194	\$1,297	\$1,595	\$ 1,776	\$ 2,254
37	\$ 648	\$ 786	\$ 981	\$1,200	\$1,303	\$1,603	\$ 1,785	\$ 2,265
38	\$ 654	\$ 794	\$ 990	\$1,212	\$1,316	\$1,618	\$ 1,802	\$ 2,287
39	\$ 660	\$ 873	\$1,091	\$1,335	\$1,449	\$1,782	\$ 1,985	\$ 2,519
40	\$ 693	\$ 840	\$1,050	\$1,284	\$1,394	\$1,715	\$ 1,910	\$ 2,424
41	\$ 733	\$ 890	\$1,111	\$1,360	\$1,476	\$1,815	\$ 2,023	\$ 2,566
42	\$ 774	\$ 939	\$1,173	\$1,435	\$1,558	\$1,916	\$ 2,135	\$ 2,709
43	\$ 794	\$ 964	\$1,204	\$1,473	\$1,599	\$1,967	\$ 2,191	\$ 2,780
44	\$ 815	\$ 989	\$1,235	\$1,511	\$1,640	\$2,017	\$ 2,248	\$ 2,851
45	\$1,013	\$1,136	\$1,549	\$1,747	\$2,069	\$2,339	\$ 2,927	\$ 3,316
46	\$1,023	\$1,147	\$1,565	\$1,764	\$2,089	\$2,362	\$ 2,956	\$ 3,349
47	\$1,033	\$1,159	\$1,580	\$1,782	\$2,109	\$2,385	\$ 2,985	\$ 3,381
48	\$1,053	\$1,181	\$1,610	\$1,816	\$2,150	\$2,431	\$ 3,042	\$ 3,446
49	\$1,072	\$1,203	\$1,641	\$1,850	\$2,190	\$2,476	\$ 3,100	\$ 3,511
50	\$1,106	\$1,240	\$1,690	\$1,905	\$2,256	\$2,552	\$ 3,193	\$ 3,617
51	\$1,171	\$1,313	\$1,790	\$2,017	\$2,389	\$2,702	\$ 3,380	\$ 3,830
52	\$1,236	\$1,386	\$1,889	\$2,130	\$2,522	\$2,852	\$ 3,568	\$ 4,042
53	\$1,279	\$1,435	\$1,955	\$2,204	\$2,610	\$2,952	\$ 3,693	\$ 4,184
54	\$1,301	\$1,459	\$1,988	\$2,242	\$2,654	\$3,002	\$ 3,756	\$ 4,255
55	\$1,528	\$1,594	\$2,353	\$2,459	\$3,153	\$3,300	\$ 4,474	\$ 4,687
56	\$1,618	\$1,688	\$2,492	\$2,604	\$3,338	\$3,494	\$ 4,737	\$ 4,963
57	\$1,678	\$1,751	\$2,584	\$2,700	\$3,462	\$3,623	\$ 4,912	\$ 5,146
58	\$1,753	\$1,829	\$2,699	\$2,821	\$3,616	\$3,785	\$ 5,132	\$ 5,376
59	\$1,828	\$1,907	\$2,815	\$2,941	\$3,771	\$3,947	\$ 5,351	\$ 5,606
60	\$1,973	\$1,973	\$3,051	\$3,051	\$4,097	\$4,097	\$ 5,821	\$ 5,821
61	\$2,166	\$2,166	\$3,350	\$3,350	\$4,499	\$4,499	\$ 6,392	\$ 6,392
62	\$2,224	\$2,224	\$3,440	\$3,440	\$4,620	\$4,620	\$ 6,563	\$ 6,563
63	\$2,263	\$2,263	\$3,499	\$3,499	\$4,700	\$4,700	\$ 6,677	\$ 6,677
64	\$2,321	\$2,321	\$3,589	\$3,589	\$4,820	\$4,820	\$ 6,848	\$ 6,848
65*	\$2,520	\$2,520	\$3,897	\$3,897	\$5,235	\$5,235	\$ 7,437	\$ 7,437
66*	\$2,718	\$2,718	\$4,203	\$4,203	\$5,645	\$5,645	\$ 8,020	\$ 8,020
67*	\$2,817	\$2,817	\$4,356	\$4,356	\$5,850	\$5,850	\$ 8,312	\$ 8,312
68*	\$2,891	\$2,891	\$4,471	\$4,471	\$6,004	\$6,004	\$ 8,530	\$ 8,530
69*	\$2,965	\$2,965	\$4,585	\$4,585	\$6,158	\$6,158	\$ 8,749	\$ 8,749
70*	\$3,209	\$3,209	\$4,962	\$4,962	\$6,662	\$6,662	\$ 9,469	\$ 9,469
71*	\$3,366	\$3,366	\$5,206	\$5,206	\$6,988	\$6,988	\$ 9,933	\$ 9,933
72*	\$3,492	\$3,492	\$5,400	\$5,400	\$7,249	\$7,249	\$10,304	\$10,304
73*	\$3,586	\$3,586	\$5,546	\$5,546	\$7,445	\$7,445	\$10,583	\$10,583
74*	\$3,712	\$3,712	\$5,741	\$5,741	\$7,707	\$7,707	\$10,954	\$10,954

# 「0」歲指出生滿 15 天 "0" year old means 15 days of age

\* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only



**附加門診保障 (自選) Supplementary Outpatient Benefits (Optional)**  
(可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	經濟 Economy		經濟 Economy		標準 Standard		標準 Standard	
計劃名稱 Plan Code	OPS220		OPS260		OPS320		OPS400	
年齡 Age Last Birthday	男 M	女 F	男 M	女 F	男 M	女 F	男 M	女 F
0 <sup>#</sup> - 4	\$ 6,906	\$ 6,906	\$ 8,106	\$ 8,106	\$ 9,794	\$ 9,794	\$ 12,160	\$ 12,160
5 - 17	\$ 4,119	\$ 4,119	\$ 4,834	\$ 4,834	\$ 5,841	\$ 5,841	\$ 7,253	\$ 7,253
18 - 25	\$ 3,235	\$ 3,775	\$ 3,798	\$ 4,432	\$ 4,588	\$ 5,353	\$ 5,697	\$ 6,647
25 - 29	\$ 3,303	\$ 3,876	\$ 3,877	\$ 4,549	\$ 4,684	\$ 5,497	\$ 5,815	\$ 6,825
30 - 34	\$ 3,337	\$ 3,960	\$ 3,916	\$ 4,648	\$ 4,731	\$ 5,617	\$ 5,874	\$ 6,974
35 - 39	\$ 3,371	\$ 4,044	\$ 3,956	\$ 4,748	\$ 4,779	\$ 5,735	\$ 5,934	\$ 7,121
40 - 44	\$ 3,708	\$ 4,449	\$ 4,352	\$ 5,223	\$ 5,257	\$ 6,309	\$ 6,528	\$ 7,834
45 - 49	\$ 4,044	\$ 4,854	\$ 4,748	\$ 5,696	\$ 5,735	\$ 6,882	\$ 7,121	\$ 8,546
50 - 54	\$ 4,348	\$ 5,098	\$ 5,145	\$ 6,030	\$ 6,266	\$ 7,346	\$ 7,656	\$ 8,975
55 - 59	\$ 4,731	\$ 5,431	\$ 5,507	\$ 6,321	\$ 6,710	\$ 7,701	\$ 8,329	\$ 9,561
60 - 64	\$ 5,316	\$ 5,848	\$ 6,189	\$ 6,808	\$ 7,539	\$ 8,292	\$ 9,361	\$ 10,297
65 - 69*	\$ 6,911	\$ 7,602	\$ 8,046	\$ 8,850	\$ 9,800	\$ 10,779	\$ 12,169	\$ 13,386
70 - 74*	\$ 9,037	\$ 9,941	\$ 10,521	\$ 11,573	\$ 12,815	\$ 14,097	\$ 15,913	\$ 17,504

**附加牙科保障 (自選) Supplementary Dental Benefits (Optional)**  
(可續保至 75 歲 Renewal up to Age 75 only)

計劃級別 Plan Level	經濟 Economy	標準 Standard
計劃名稱 Plan Code	DE500S	DE800S
年齡 Age Last Birthday	港幣 HK\$	港幣 HK\$
0 <sup>#</sup> - 17	\$ 955	\$ 1,503
18 - 74*	\$ 1,194	\$ 1,879

# 「0」歲指出生滿 15 天 "0" year old means 15 days of age

\* 65 歲或以上之保費只適用於續保 Premium of 65 years old or above is for renewal only

# CARING Family Medical Insurance Plan

Protect your family life with comprehensive hospitalisation benefits from our **CARING Family Medical Insurance Plan**, which helps ease the financial stress of high-cost medical treatments.

Family is one of the most precious gifts that life affords us. With **CARING Family Medical Insurance Plan**, you and your loved ones are covered for the high cost of medical treatments. Choose from our 4 hospitalisation benefit levels to suit your needs, while enjoying free annual health check-ups, 24-hour worldwide emergency assistance services and more.

## Continuous Coverage<sup>^</sup>

We guarantee your policy will be renewed up to age 100. Regardless of your claims history and the change of health status, no additional premium will be imposed individually upon policy renewal.

## Simple to Apply

Just answer 2 simple questions about your health conditions. No medical examination is required.

## Opt for More Protection

Supplementary benefits for additional medical needs, outpatient, dental or health check-ups for you to add on to suit your needs.

## Comprehensive Protection

The plan provides worldwide medical coverage with free Emergency Assistance Services.

## Support at Your Fingertips

Manage your policy hassle-free, with easy access to your benefits schedule and claim forms online and on our eServices mobile app. You can also be well-informed with your claim results by receiving your claim statement via email.



Download  
FWD eServices  
Mobile App now!

<sup>^</sup> We reserve the right to amend premium rates, benefits, terms and condition upon policy renewal.

### IMPORTANT NOTES

1. You are required to disclose all material facts which you know FWD General Insurance Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of the Application. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed Application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
2. The liability of the company does not commence until the Application has been formally accepted and the premium has been paid.

## Plan Feature

- Eligible entry age is between age of 15 days and 64 years
- No minimum hours of hospital confinement
- Day case surgery and operation in registered clinic are covered
- Daily cash benefit for confinement in general ward of hospitals under Hong Kong Hospital Authority
- 24-hour worldwide medical coverage and emergency assistance services
- Supplementary outpatient benefits with offer of Chinese medicine practitioner benefits (including bone setting and acupuncture). Doctor referral letter is waived for 6 specialties (Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist)
- Free annual basic check up

## 24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 days, the Worldwide Emergency Assistance Services provide the following services :

- 24-hour hotline service
- Emergency medical evacuation and repatriation (up to US\$1,000,000)
- Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
- Compassionate visit for more than 7 days of overseas hospitalisation (including the cost of a returned economy class air ticket and hotel accommodation up to US\$250 per day at a maximum of US\$1,000)
- Return of minor children to home country or usual country of residence
- Hotel accommodation for convalescence (up to US\$250 per day at a maximum of US\$1,000)
- Unexpected return in the event of the death of a close relative
- Transportation of mortal remains (up to US\$1,000,000)
- Medical and legal referrals
- Lost luggage assistance
- Emergency travel service assistance
- Emergency medical assistance services in China

Worldwide Emergency Assistance Services are arranged by International SOS Assistance (HK) Limited.

Major Exclusions (applicable to all benefits except Dental benefits) : Pre-existing/Congenital Conditions, sexually transmitted diseases, AIDS contracted before participation in this plan, pregnancy/abortion, cosmetic treatments, dental treatments (except for arising from accident), routine physical examinations, mental disorders, alcoholism/drug abuse, professional/hazardous sports, self-inflicted injury, illegal activities, war. The following illnesses occurring in the first 180 days of cover: circumcision; tumor, warts, cysts or polyps of any kind. For all the exclusions under the Policy, please refer to the Policy Provisions.

Dental Exclusions : Self-inflicted injury, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), alcoholism/drug abuse, war or illegal acts, oral hygiene instructions, plaque control program and dietary instructions.

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.



Special care

for your family

**CARING Family Medical  
Insurance Plan**

**Get ready to live**  
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# 安康寶家庭醫療保障申請表

## CARING Family Medical Insurance Application Form



請選擇並加「✓」號 Please tick as appropriated

申請人姓名 Applicant's Name	保單起保日期 (日 / 月 / 年) Policy Effective Date ( D / M / Y )	
身份證 / 護照號碼 HKID / Passport No.	出生日期 (日 / 月 / 年) Date of Birth ( D / M / Y )	聯絡電話 Contact No. :
電郵地址 Email Address (如有提供電郵地址, 醫療索償理賠表將以電郵送遞。 Claim Adjustment Statement will be sent by email if email address is provided.)		
申請人地址 Applicant's Address		

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期 (日 / 月 / 年) Date of Birth ( D / M / Y )	性別 Sex	身高 (米) Height (m)	體重 (千克) Weight (kg)	職業 Occupation
申請人 Applicant	同上 Ditto	同上 Ditto				

<b>保障選擇 Choice of Benefit</b>						
基本住院保障 Basic Hospitalisation Benefits ( A1 )	<input type="checkbox"/> 大房 Ward (HS700S)	<input type="checkbox"/> 二等房 Semi-Private (HS1500S)	<input type="checkbox"/> 私家房 Private (HS2000S)	<input type="checkbox"/> 私家房 Private (HS2800S)		
附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional) ( A2 )	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.					
	大房 Ward (MS1)	二等房 Semi-Private (MS2)	私家房 Private (MS3)	私家房 Private (MS4)		
附加門診保障 (自選) Supplementary Outpatient Benefits (Optional) ( A3 )	<input type="checkbox"/> 經濟 Economy (OPS220)	<input type="checkbox"/> 經濟 Economy (OPS260)	<input type="checkbox"/> 標準 Standard (OPS320)	<input type="checkbox"/> 標準 Standard (OPS400)		
附加牙科保障 (自選) Supplementary Dental Benefits (Optional) ( A4 )	<input type="checkbox"/> 經濟 Economy (DE500S)	<input type="checkbox"/> 標準 Standard (DE800S)			<b>A 保費總額 Total Premium: 港幣 HK\$</b> ( A = A1 + A2 + A3 + A4 )	

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期 (日 / 月 / 年) Date of Birth ( D / M / Y )	性別 Sex	身高 (米) Height (m)	體重 (千克) Weight (kg)	職業 Occupation
配偶 Spouse						

<b>保障選擇 Choice of Benefit</b>						
基本住院保障 Basic Hospitalisation Benefits ( B1 )	<input type="checkbox"/> 大房 Ward (HS700S)	<input type="checkbox"/> 二等房 Semi-Private (HS1500S)	<input type="checkbox"/> 私家房 Private (HS2000S)	<input type="checkbox"/> 私家房 Private (HS2800S)		
附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional) ( B2 )	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.					
	大房 Ward (MS1)	二等房 Semi-Private (MS2)	私家房 Private (MS3)	私家房 Private (MS4)		
附加門診保障 (自選) Supplementary Outpatient Benefits (Optional) ( B3 )	<input type="checkbox"/> 經濟 Economy (OPS220)	<input type="checkbox"/> 經濟 Economy (OPS260)	<input type="checkbox"/> 標準 Standard (OPS320)	<input type="checkbox"/> 標準 Standard (OPS400)		
附加牙科保障 (自選) Supplementary Dental Benefits (Optional) ( B4 )	<input type="checkbox"/> 經濟 Economy (DE500S)	<input type="checkbox"/> 標準 Standard (DE800S)			<b>B 保費總額 Total Premium: 港幣 HK\$</b> ( B = B1 + B2 + B3 + B4 )	

投保之家庭成員姓名 Name of Family Members to be Insured	身份證 / 護照號碼 HKID / Passport No.	出生日期 (日 / 月 / 年) Date of Birth ( D / M / Y )	性別 Sex	身高 (米) Height (m)	體重 (千克) Weight (kg)	職業 Occupation
子女 Children (1)						
子女 Children (2)						

<b>保障選擇 Choice of Benefit</b>						
基本住院保障 Basic Hospitalisation Benefits ( C1 )	<input type="checkbox"/> 大房 Ward (HS700S)	<input type="checkbox"/> 二等房 Semi-Private (HS1500S)	<input type="checkbox"/> 私家房 Private (HS2000S)	<input type="checkbox"/> 私家房 Private (HS2800S)		
附加額外醫療保障 (自選) Supplementary Major Medical Benefits (Optional) ( C2 )	<input type="checkbox"/> 附註: 與基本住院保障等級相同。 Note: Same as the level of the Basic Hospitalisation Benefit.					
	大房 Ward (MS1)	二等房 Semi-Private (MS2)	私家房 Private (MS3)	私家房 Private (MS4)		
附加門診保障 (自選) Supplementary Outpatient Benefits (Optional) ( C3 )	<input type="checkbox"/> 經濟 Economy (OPS220)	<input type="checkbox"/> 經濟 Economy (OPS260)	<input type="checkbox"/> 標準 Standard (OPS320)	<input type="checkbox"/> 標準 Standard (OPS400)		
附加牙科保障 (自選) Supplementary Dental Benefits (Optional) ( C4 )	<input type="checkbox"/> 經濟 Economy (DE500S)	<input type="checkbox"/> 標準 Standard (DE800S)			<b>C 保費總額 Total Premium: 港幣 HK\$</b> ( C = C1 + C2 + C3 + C4 )	

<b>總數 Grand Total ( A + B + C ): 港幣 HK\$</b>
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請詳閱以下問題並全部作答。Please read the following questions carefully & answer in full.

1. 在過去 5 年內，您或您的任何投保家庭成員有否曾被建議住院或接受任何手術、或有任何顯示健康異常的檢查結果？  
In the past 5 years, have you or any of your family members to be insured ever been advised to be hospitalised, undergo surgery or undergo investigation of any kind or had medical investigation which may indicate a health disorder? 是 Yes  否 No
2. 您或您的任何投保家庭成員有否曾患上或正在有下列所述之疾病的先兆或症狀、或曾就下列疾病接受治療：癌病或腫瘤（包括任何瘰肉）、高血壓、中風、心絞痛或心臟疾病、肝臟問題（包括但不限於丙型肝炎及乙型肝炎或帶菌）、肺病、腎病、糖尿病、癲癇、呼吸系統病症、風濕性發熱、甲狀腺疾病、血液疾病、任何關於腦部或中樞神經、胰臟、骨骼、泌尿生殖系統的疾病或病症、愛滋病或與愛滋病有關的併發症？  
Have you or any of your family members to be insured ever been suffered from, or diagnosed to have, or been treated for, or having any indication or symptoms of cancer or tumour (including polyps of any kind), high blood pressure, stroke, chest pain or heart disease, liver problem (including but not limited to hepatitis C and hepatitis B carrier), lung disease, kidney disease, diabetes mellitus, epilepsy, respiratory problem, rheumatic fever, thyroid disease, blood disease, or any disorder or disease of brain, central nervous system, pancreas, bones, or Uro-Genital, HIV, AIDS or AIDS related complex? 是 Yes  否 No

若上述問題 1 至 2 的答案為「是」者，請詳述如下：If your answer is "Yes" for any of the above questions (1) to (2), please give full details below:

病者姓名 Name of Person Treated	病症及治療詳述 Details of Diagnosis & Treatment	治療期間 Period of Treatment	痊癒程度 Degree of Recovery	主診醫生姓名及地址 Name & Address of Attending Physician

3. 您或任何投保之家庭成員有否在投保醫療、意外或人壽保險時被拒絕，或有關保單被取消，增加保費或附加限制或拒絕續保？  
Have you or any of your family members to be insured ever had any medical, accident or life insurance application rejected or insurance policy cancelled, rated or restricted or renewal declined? 是 Yes  否 No
- 若答案為是，請詳述：  
If yes, please provide details: \_\_\_\_\_

4. 投保人每年平均居港時間：Please provide average stay of the person(s) to be insured in Hong Kong per year: \_\_\_\_\_ 月 months  
如投保人之每年平均居港時間少於 9 個月，請提供該海外地方名稱：  
If the average stay is less than nine months, please provide the place of residence outside Hong Kong: \_\_\_\_\_

5. 賠償時所用之銀行名稱及賬戶號碼（戶口持有人必須為申請人）Bank Name & Account No. for claim settlement (Account-Holder must be the Applicant)
- 銀行名稱 Bank Name \_\_\_\_\_ 銀行編號 Bank Code \_\_\_\_\_ 分行編號 Branch Code \_\_\_\_\_ 賬戶號碼 Account Number \_\_\_\_\_

信用卡付款授權： VISA  MasterCard 信用卡有效期至 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月  
Credit Card Payment Authorisation: Card Expiry Date \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 年 \_\_\_\_\_ 月  
信用卡號碼 Credit Card No. \_\_\_\_\_

付款期數： 年繳  月繳 註：如選擇每月付款，月費等於年費乘以 0.09。  
Mode of Payment: Yearly Monthly Note: If payment mode is monthly, the monthly premium is equal to annual premium times 0.09.

本人茲授權富衛保險有限公司從本人上述之信用卡賬戶支取此保險所應繳之保費，包括續保保費。  
I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium of this insurance, including renewal premium.

持卡人姓名 Cardholder's Name \_\_\_\_\_ 持卡人簽署 Cardholder's Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

聲明及授權 Declaration and Authorisation

1. 本人謹此聲明在本申請表內填報之一切，就本人之所知所信，全部真實無訛。本人同意此申請表為本人與富衛保險有限公司（「富衛」）之間所訂立合約之依據。本人授權任何醫生、醫院、保險公司或機構，可以將部分或全部有關本人傷患之病歷（包括但不限於診症、診斷性檢驗結果、藥方或治療資料）給予富衛或其已獲授權之代理人。此授權書之副本與正本具同等效力。  
I hereby declare that, to the best of my knowledge and belief, all particulars and statements given in this Application are true and complete. I agree that this Application shall be the basis of the contract between me and FWD General Insurance Company Limited ("FWD"). I further authorise any physician, hospital, insurance company or organization to furnish part of or all medical history (including but not limited to information in respect of consultations, diagnostic test results, prescriptions or treatment) with respect to any illness or injury of me to FWD or its authorised representative. A photocopy of this authorisation shall be considered as effective and valid as the original.
2. 本人承諾於遞交所需之個人資料予富衛前，須通知投保之家庭成員有關本保單及富衛之收集個人資料聲明（不論是否載於此申請表或由其他途徑取得）。富衛將不會就投保之家庭成員未被通知的情況承擔任何責任。本人承諾會遵守個人資料（私隱）條例，並確認已獲得投保之家庭成員的同意，將其個人資料移交富衛以作申請安老康復家庭醫療保障計劃之用。  
I undertake that I will inform/have informed the Family Members to be Insured about this Policy and the Personal Information Collection Statement of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the Family Members to be Insured not having been so informed. I further undertake that I will comply with the Personal Data (Privacy) Ordinance and confirm I have obtained the consent from the Family Members to be Insured for the transfer of their personal data to FWD for the purpose of enrolling them in the CARING Family Medical Insurance Plan.
3. 本人已細閱及本人明白及接受本收集個人資料聲明。本人同意把本人的個人資料轉移至香港境外，並本人明白本人的個人資料未必可以獲得與在香港相同或類似程度的保障。  
I have read, understand and accept this PICs. I consent to the transfer of my personal data outside Hong Kong and I understand my personal data may not be protected to the same or similar level in Hong Kong.

只應用於保險經紀：

申請人明白、確知及同意，富衛會就申請人購買及接受其簽發的保單，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。如申請人為法人團體，代表申請人簽署的獲授權人員在此向富衛確認他/她已獲該法人團體授權。  
申請人亦明白富衛必須取得申請人的同意，才可以處理其保險申請。

Applicable to Insurance Broker only:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to FWD that he or she is authorised to do so.  
The applicant further understands that the above agreement is necessary for FWD to proceed with the application.

富衛有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或富衛擬對閣下的個人資料的使用，請在以下有關方格內加上 (✓) 號，藉以行使閣下不同意此項安排的權利。

FWD intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 of PICs. If you do not agree to receive such marketing communications or FWD's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

- 拒絕接收推廣訊息或資料及富衛擬對本人的個人資料的使用。  
Opt-out marketing communications or materials and FWD's intend use of my personal data.

申請人簽署 Applicant's Signature \_\_\_\_\_

理財顧問 / 代理人 / 經紀 Adviser / Agent / Broker \_\_\_\_\_

日期 Date \_\_\_\_\_

賬戶號碼 Account Code \_\_\_\_\_

聯絡電話 Contact Tel \_\_\_\_\_

富衛保險有限公司

香港中環德輔道中 308 號富衛金融中心 7 樓

FWD General Insurance Company Limited

7/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

T 3123 3123

F 2850 3003

www.fwd.com.hk

## 收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司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。
- 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」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、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，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。
- 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。
- 閣下的個人資料可能用於以下用途：
  - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
  - 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；
  - 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；
  - 處理付款指示；
  - 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、分析、調查、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(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，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：
  - 本集團的其他成員；
  - 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承讓者、受讓者、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
  - 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
    - 保險服務及產品；
    - 財富管理服務及產品；
    - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
    - 健康檢查及健康服務及產品；
    - 媒體、娛樂及電信服務；
    - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
    - 為慈善及／或非牟利用途的捐款及捐贈。
  - 將閣下的姓名及聯絡資料提供予本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。
- 閣下亦可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
- 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，應以書面形式向下列人士提出：

資料保護主任  
富衛保險有限公司  
香港德輔道中308號  
富衛金融中心1樓

如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。

14. 中英文本如有歧異，概以英文本為準。

15. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

# FWD General Insurance Company Limited

## Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") or agents and representatives acting on its behalf with personal information and particulars 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 dependents, beneficiaries, 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 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 purposes for which Your Personal Data may be used are as follows :
    - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
    - (ii) 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;
    - (iii) developing insurance and other financial services and products;
    - (iv) developing and maintaining credit and risk related models;
    - (v) processing payment instructions;
    - (vi) 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;
    - (vii) exercising any rights that the Company may have in connection with our services and/or products;
    - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
    - (ix) 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, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
    - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
    - (xi) 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;
    - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
    - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
  6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following :
    - (i) other members of the Group;
    - (ii) 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;
    - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
    - (ix) 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
    - (v) 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).
  7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
  8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
  9. In connection with direct marketing, the Company intends:
    - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time :
      - a. insurance services and products;
      - b. wealth management services and products;
      - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
      - d. health-check and wellness services and products;
      - e. media, entertainment and telecommunications services;
      - f. reward, loyalty or privileges programmes and related services and products; and
      - g. donations and contributions for charitable and/or non-profit making purposes; and
    - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
  10. You may also write to the Company at the address below to opt out from direct marketing at any time.
  11. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
  12. 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.
  13. Requests for access to or correction of Your Personal Data should be made in writing to :

Corporate Data Protection Officer  
FWD General Insurance Company Limited  
1<sup>st</sup> Floor, FWD Financial Centre,  
308 Des Voeux Road Central  
Hong Kong
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
  15. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.