

mediTop Plan

利加保 — 寶貴健康之選
您的百萬元醫療保障計劃



Liberty
Insurance™

NAVIGATOR
Insurance Brokers Ltd.

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Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

Special Plan Features 計劃特點

- ☒ Guaranteed Renewable up to age 100 *
- ☒ Top up of Hospitalization Benefits up to HK\$1,200,000 per year
- ☒ Fully covered for Surgical Fees, Hospital Services Fees after Deductible
- ☒ Fully covered for Oncology Treatment benefit after Deductible (either In-hospital / Day Confinement)
- ☒ Target therapeutic medications up to HK\$1,200,000 per lifetime
- ☒ Post Accident Reconstructive Surgery up to HK\$1,200,000 per lifetime
- ☒ Special Nursing Care in Hospital covered subject to maximum HK\$ 8,000 ** per year
- ☒ Pre- and Post-Operation Treatment covered
- ☒ Worldwide cover for Hong Kong residents subject to Overseas Room & Board sublimit
- ☒ Additional Free Oversea Emergency Medical Evacuation up to HK\$1,000,000
- ☒ Free Greater China Card Assistance Program for waiver of hospital admission deposit
- ☒ Deductible options that suit you and your family
- ☒ No concurrent medical policy is required
- ☒ 保證續保至100歲 *
- ☒ 每年住院福利保障高達港幣120萬
- ☒ 扣除墊底費後，外科手術費、醫院雜費等均可獲全數賠償
- ☒ 即使在住院期間或門診接受腫瘤治療，扣除墊底費後均可獲全數賠償
- ☒ 標靶治療藥物終身保障額高達港幣120萬
- ☒ 因意外後而導致需要進行之矯形手術保障，終身保障額高達港幣120萬
- ☒ 住院特別看護護理開支每年可獲港幣8千元 ** 保障
- ☒ 手術前及手術後出院之門診開支均可獲得保障
- ☒ 因應海外住房及膳食費限額，全球保障香港居民
- ☒ 額外免費海外緊急醫療救援服務保障高達港幣100萬
- ☒ 免費大中華卡計劃，入住指定醫院無需繳付按金
- ☒ 不同的墊底費選擇，適合您和您家人的需要
- ☒ 無需同時擁有其他醫療保單均可投保

Schedule of Benefits 保障福利表

Room Level Options ^ 住房級別選擇 ^	Ward 大房	Semi-Private 半私家房	Private 私家房
Annual Deductible Options 每年墊底費選擇	HKD 港幣 \$30,000 / \$50,000 / \$100,000		
Hospitalization & Surgical Benefits 住院及手術福利	Fully Covered 全數賠償	Fully Covered 全數賠償	Fully Covered 全數賠償
Pre- and Post-Operation Treatment (per year) (Include 1 pre-operation consultation and post-operation follow-up visits within 30 days after hospital discharge) 手術前及手術後出院之門診開支 (每年) (包括手術前門診開支 1 次及手術後出院 30 天之內之跟進治療門診開支)	HKD 港幣 \$8,000	HKD 港幣 \$8,000	HKD 港幣 \$8,000
Special Nursing Care in Hospital 住院特別看護護理	HKD 港幣 \$8,000	HKD 港幣 \$8,000	HKD 港幣 \$8,000
Companion Bed (Accompanied dependent child below age 18) 子女入院加床費 (陪伴18歲以下小孩)	Fully Covered 全數賠償	Fully Covered 全數賠償	Fully Covered 全數賠償
Overall Annual Limit 每年總限額	HKD 港幣 \$1,200,000	HKD 港幣 \$1,200,000	HKD 港幣 \$1,200,000

^ If the Insured Member confined the room level which is higher than the chosen level, an adjustment factor will be applied. 如受保人入住之房間級別比原先選擇的為高，所有保障額將會有所調整。

** Referred by Physician in written is required. 需由主診醫生書面推薦。

Co-ordination of Benefit - This Plan will be paid after any other in-force insurance policy(ies) or indemnity source(s).

共付賠償 - 當受保人擁有其他生效中的保單或可在其他途徑獲得賠償，本計劃將會成為最後賠償的保單。

* Policy renewal at each anniversary shall not be cancelled due to Policy's claims experience but the benefits, premium rates and terms & conditions shall be revised. For details, please refer to your Insurance Consultant or Policy Specimen.

當週年續保時，保單不會因為索償紀錄而被取消。但計劃之保障、保費及條款與細則均或會被修訂。詳情請向您的保險顧問查詢或參閱保單條款。

mediTop Individual Medical Insurance Application Form

(Please complete in English)

利加保個人醫療保險計劃申請表

(請盡可能以英文填寫)

Part A - Information of Policyholder 甲部 - 保單持有人資料

Name of Policyholder 保單持有人名稱：_____

Name of Proposed Insured(s) / Employee 準受保人 / 僱員名稱 (如非保單持有人)：_____

Policyholder's Relationship to Proposed Insured(s) 保單持有人與準受保人關係：_____ HKID / Passport No. 香港身份證或護照號碼：_____

Nationality 國籍*：_____ Home Phone No. 家居電話號碼：_____ Mobile No. 手提電話號碼：_____

Fax No. 傳真號碼：_____ Address 地址：_____

Name of Employer/Association 僱主/組織名稱：_____ Job Title 工作職位：_____

Occupation 職業：_____ Business Nature 業務性質：_____

Personal Email Address 個人電郵地址：_____ (Email for receiving e-claims payment advice 提供電郵可以電郵收取賠償紀錄報告。)

If the Policyholder is a company, please complete the fields in the below area in grey. 如公司為保單持有人，請填寫以下灰格內所需資料。

(1) Business Registration No. 商業登記證號碼：_____ (2) Contact Person 聯絡人：_____

(3) Tel. No. 電話號碼：_____ (4) Fax. No. 傳真號碼：_____ (5) Email Address 電郵地址：_____

* Please declare in accordance to the Nationality stated in your Passport. 請根據護照上之國籍填寫。

※ No premium refund or replacement enrollment is allowed upon Policy / Insured Member Termination. 如保障期內取消保單或要求終止受保人的保障，保費將不獲退還及不可更換新的受保人。※

Part B - Information of Proposed Insured(s) 乙部 – 準受保人資料

Please complete the following details for all Proposed Insured(s). Please use separate sheet if the space is insufficient. 請填寫以下資料。如空位不足，請另頁書寫。

Surname / Other name 姓 / 名	Relationship 關係	HKID / Passport No. # 香港身份證 / 護照號碼 #	Sex 性別	Date of Birth (M/D/Y) 出生日期(月/日/年)	Country of Residence 居住國家	Occupation 職業	Deductible Option 墊底費選擇
(1)	Self / Employee 自己 / 僱員	()	M 男 F 女	/ /			港幣 HKD \$ _____
(2)	Spouse / EE's Spouse 配偶 / 僱員的配偶	()	M 男 F 女	/ /			港幣 HKD \$ _____
(3)	Child / EE's Child ^ 子女 / 僱員的子女 ^	()	M 男 F 女	/ /			港幣 HKD \$ _____
(4)	Child / EE's Child ^ 子女 / 僱員的子女 ^	()	M 男 F 女	/ /			港幣 HKD \$ _____

Please submit the copy of HKID / Passport / Birth Certificate 請遞交香港身份證 / 護照 / 出生證明書副本。
^ Child means the Proposed Insured(s) age from 15 days to 18 years old. If the Proposed Insured(s) is age 19 to 23 years old and apply with parents together, full time education evidence will be required.
子女的定義為出生後 15 日至 18 歲。如子女是 19 至 23 歲需出示全日制學生證明方可一同申請。
(High risk or listed occupation will be subject to underwriting approval. 高風險或指定職業之準受保人需要通過核保審批。)

Part C - Health Statement of Proposed Insured(s) 丙部 – 準受保人病歷聲明
(For Age 55 or above only. 只適用於55歲或以上人士。)

	Yes 是	No 否
1. Name of Proposed Insured(1) 準受保人姓名(1) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ lbs 磅		
2. Name of Proposed Insured(2) 準受保人姓名(2) _____ Height 身高 _____ cm 厘米 Weight 體重 _____ lbs 磅		
3. Has (have) any Proposed Insured(s) and the Proposed Insured's natural parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease, acquired physical defect or impairment? 各準受保人及其親生父母、兄弟、姐妹曾否患有或死於心臟疾病、中風、高血壓、糖尿、腎病、心智或精神功能失調、肝炎(或肝炎帶菌者)、癆病或任何遺傳病或任何先天或後天肢體缺損?	☐	☐
4. Has (have) any Proposed Insured(s) ever been refused enrolment or renewal of life or medical insurance, or subject to special terms and conditions or additional premium? 各準受保人有任何投保或續保任何壽險或醫療保險時被拒或附加條件或增加保費始被接納?	☐	☐
5. Is (are) any Proposed Insured(s) now pregnant? If YES, please state the stage of pregnancy in terms of months or weeks and declared if there is any complication such as high blood sugar, high blood pressure or other pregnancy related complications. 準受保人是否正在懷孕中? 如是, 請提供該準受保人的懷孕月數或周數。如該準受保人有任何妊娠併發症如高血糖、高血壓或其他因懷孕而導致的併發症, 請詳述。	☐	☐
6. In the last five years, has (have) any Proposed Insured(s) ever suffered from, aware of or been treated for any injuries, any degenerative change, strain, fainting, tuberculosis, diabetes mellitus, rheumatic fever, hepatitis, respiratory or lung disorder, varicose veins, heart disease, high blood pressure, hyperlipidaemia, disorder of thyroid gland, autoimmune disease, digestive disease, disorder of esophagus, gastrointestinal, liver or gall bladder, kidney, genito-urinary system or venereal disease, cancer or tumor, lump or fibroid, epilepsy, mental or psychiatric disorder, bone, joint, ligament, muscle, skin, hernia or gynaecological disorder? 在過去五年內, 各準受保人曾否患有、已知道存在或曾經因為任何受傷、退化、勞損、昏厥、肺結核、糖尿、風濕性熱、肝炎、呼吸及肺功能不正常、靜脈曲張、心臟疾病、高血壓、高血脂、甲狀腺不正常、自體免疫性疾病、消化系統疾病、食道、腸胃、肝臟或膽囊、腎臟、生殖泌尿功能失調、性病、癌症或腫瘤、腫塊或纖維瘤、癰癤、 心智或精神功能失調、骨骼、關節、韌帶、肌肉、皮膚、疝氣或婦科病而接受治療?	☐	☐
7. In the last five years, has (have) any Proposed Insured(s) had any surgical operation, been confined or treated in hospital, sanatorium or other medical institution or do any of the Proposed Insured(s) know any circumstances for which hospital treatment may be necessary in the next twelve months? 在過去五年內, 各準受保人曾否接受任何手術或曾經在醫院、療養院或其他醫療機構接受治療或可有準受保人知道在未來十二個月內需要進院接受任何治療?	☐	☐
8. In the last five years, has (have) any Proposed Insured(s) had any medical investigation including routine health check or diagnostic laboratory tests? 在過去五年內, 各準受保人曾否接受任何常規體檢或診斷測試?	☐	☐
9. Regarding to Q.8, if "YES", what is the medical investigation result? If the test result is ABNORMAL, please provide the copy of relevant medical report(s) and state the details in below. 承上題, 如曾經接受任何常規體檢或診斷測試, 結果是否異常? 如結果不正常, 請在下 方提供詳細資料及相關醫療報告副本。	☐ Result Normal 結果正常 ☐ Result Abnormal 結果不正常	

If the answer to any of the Question 3 – 9 is Yes / Result Abnormal, please provide the details of medical condition(s) and a copy of the relevant medical report(s). Please use separate sheet if the space is insufficient. 如以上問題 3-9 之答案為是/結果不正常, 請提供該疾病的詳細資料及相關醫療報告副本。(如空位不足, 請另頁書寫。)

Question No. 問題題號	Name of Proposed Insured 準受保人姓名	Name of diagnosis 病症名稱	Medical History / Date of Occurrence 過往病歷紀錄 / 發生日期	Treatment Received 所需之治療	Present Condition 現時情況

Name and address of family physician of Proposed Insured(s): 準受保人的家庭常診醫生姓名、地址及電話: _____

Part D - Choice of Coverage 丁部 – 保障選擇

The premium rates are valid from 1 July 2015 以下保費由 2015 年 7 月 1 日 生效

Yearly Payment (HKD) 按年繳費 (港幣)		(Below are Semi-Private Room Premium Rates 以下為半私家房的保費)	
Annual Deductible Options 每年墊底費選擇	HKD 港幣 \$30,000	HKD 港幣 \$50,000	HKD 港幣 \$100,000
Age (on last birthday) 年齡 (以上一個生日為準)	Annual Premium Rate (HKD) x No. of person 每年保費 (港幣) x 人數		
15 days - 17 出生後15日 - 17	\$2,177 x _____	\$1,821 x _____	\$1,158 x _____
18 - 20	\$1,676 x _____	\$1,405 x _____	\$ 896 x _____
21 - 30	\$2,038 x _____	\$1,707 x _____	\$1,087 x _____
31 - 40	\$2,815 x _____	\$2,353 x _____	\$1,492 x _____
41 - 50	\$3,812 x _____	\$3,187 x _____	\$2,012 x _____
51 - 54	\$6,665 x _____	\$5,563 x _____	\$3,499 x _____
# 55 - 60	\$8,076 x _____	\$6,743 x _____	\$4,236 x _____
# 61 - 64	\$11,520 x _____	\$9,613 x _____	\$6,036 x _____
Sub - total 小計		HKD 港幣: _____ .00	
* Premium Rate for Private Room Level is 若選擇私家房級別, 保費為		☐ Subtotal 小計 x 2.25	
* Premium Rate for Ward Level is 若選擇大房級別, 保費為		☐ Subtotal 小計 x 0.78	
Total (Rounding up to the nearest dollar) 合計 (進位至整數)		HKD 港幣: _____ .00	

#Part C is required if proposed insured is age 55 or above. 如準受保人年齡為55歲或以上人士, 必須填妥丙部。
Should you have any enquiry about the medTop Plan or premium calculation, please dial Liberty Insurance Sales Hotline (852) 2892 3882 for assistance.
如您對於利加保計劃或保費計算上有疑問, 歡迎致電利寶保險銷售熱線 (852) 2892 3882 查詢。

Part E - Method of Premium Payment 戊部 – 保費繳交方法

- ☐ Yearly by Cheque 以支票年繳 (Bank Name 銀行名稱: _____ Cheque No. 支票號碼: _____)
Please make cheque payable to "Liberty International Insurance Limited". Post dated cheque will not be accepted. The cheque must be issued by the Policyholder or Proposed Insured named above. 請提供劃線支票, 抬頭請註明「利寶國際保險有限公司」。期票不予接受。支票簽發人必須為上述保單持有人或準受保人之一。
- ☐ Yearly by Credit Card 以信用卡年繳 (Please complete the "Credit Card Authorization Form" on Page 7. 請填妥第7頁之「信用卡付款授權書」)。

Part F - Declaration & Authorization of Policyholder / Proposed Insured(s)

己部 – 保單持有人 / 準受保人聲明及授權

1. **Personal Data Collection Statement** - I/we have read and understand the "Personal Data Collection Statement" on Part F of this Application. I/we understand that I/we have the right to request Liberty International Insurance Limited to cease using my Personal Information for direct marketing purposes.
個人資料收集聲明: 保單持有人及各準受保人已細閱並明白本申請表己部之「個人資料收集聲明」, 亦明白有權要求利寶國際保險有限公司停止使用此申請表內的個人資料作直接市場推廣用途。
- ☐ Please ☒ the box if the Policyholder and Proposed Insured(s) do not consent to receive the marketing communications.
如保單持有人及各準受保人不同意接受有關直銷的通訊, 請在空格內標上 ☒ 號。
2. **Declaration** - I/we hereby apply to be enrolled in the Plan together with the Proposed Insured(s) listed overleaf. I/we declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/we acknowledge and agree that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have been diagnosed, or required medical treatment, including drugs, or knew about, or were aware existed or had symptoms of, prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Policyholder, Proposed Insured(s) and the Insurer. I/we have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this Application. I/we understand this insurance is unavailable to residents outside Hong Kong of whatever nationality. Purchase of this insurance by residents outside Hong Kong will render the policy null and void. I/we understand that the Policy effective date shall be the date when this Application is accepted by Liberty International Insurance Limited. Liberty International Insurance Limited will send the Renewal Notice with the advice of renewal premium and any changes in terms and conditions to the Policyholder before the Policy Expiry Date. Liberty International Insurance Limited will renew the Policy from the Policy Expiry Date automatically subject to the premium is fully settled on or before the Policy Expiry Date.
聲明: 保單持有人及各準受保人現向 貴公司投購醫療保險。保單持有人及各準受保人謹此聲明已就實情完整地將資料填報於申請表內。準受保人明白及同意, 在保單生效日前患有、或曾接受治療、或已知道、或已察覺到、或已出現相關病徵之疾病和損傷而引起的醫療開支, 一律不在保障範圍之內。保單持有人及各準受保人已細讀並同意遵守本計劃之各項條款, 亦同意這份聲明及申請表將被用作保單持有人 / 準受保人及保險公司雙方合約的基礎。如果準受保人不在香港居留, 不論其國籍, 準受保人均不獲接受投購本計劃。在保單成功批核後, 如受保人在香港以外地方居留, 此保單會被取消及視作無效。保單持有人及各準受保人明白保單生效日期須為利寶國際保險有限公司接受此申請之日期。利寶國際保險有限公司會在保單到期日前將續保通知書寄出, 給予保單持有人知悉續保費及最新保障和條款的修訂。如續保費於保單到期日前繳付, 利寶國際保險有限公司會在保單到期日當天將此保單自動續保。
3. **Authorization** - I/we authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the Policy that may be issued pursuant to this Application from other organizations, institutions or other persons, including other insurance companies/medical service providers, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this Application). This authorization shall survive me/us and shall be irrevocable and photocopy of this authorization shall be as valid as original.
授權: 保單持有人及各準受保人授權利寶國際保險有限公司向 / 從其他組織、人士或機構 (包括其他保險公司/醫療提供者) 收集關於投保時所需的必須資料及其後索償申請之資料並與保單持有人或各準受保人的個人資料作出比較, 並利用比較結果採取任何行動, 包括不符合保單持有人或各準受保人的利益 (包括不接納此申請); 此授權不能推翻。即使保單持有人或準受保人去世, 此授權仍然有效。此授權書之影印本與正本具同等效力。
4. **ONLY applicable to Application through authorized insurance broker** - The Policyholder understand, acknowledge and agree that, as a result of the Policyholder purchasing and taking up the policy to be issued by Liberty International Insurance Limited ("Liberty"), Liberty will pay the authorized insurance **Broker Commission** during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorized Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorized to do so. The Policyholder further understands that the above agreement is necessary for Liberty to proceed with the Application.
只適用於透過獲授權保險經紀進行之申請: 保單持有人明白、確知及同意, 利寶國際保險有限公司會就其購買及接受保險公司簽發的保單, 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顧問公司支付佣金。假如保單持有人為法人團體, 代表保單持有人簽署的獲授權人員須向利寶國際保險有限公司確認他 / 她已獲法人團體授權簽署。保單持有人亦明白利寶國際保險有限公司必須取得保單持有人的同意, 才可以處理有關申請。
- ☐ Yes, the Policyholder has read and understood the above commission arrangement.
是, 保單持有人已閱讀及明白上述有關佣金之安排。
5. **Any of the Proposed Insured(s) physically handicapped or disabled currently?**
各準受保人現時是否有身體殘障或缺陷? ☐ YES 有 ☐ NO 沒有
- If yes, please list out the name of such Proposed Insured(s). 如有, 請列出該準受保人的姓名: _____

_____ Name of Policyholder 保單持有人姓名*	_____ Signature of Policyholder 保單持有人簽署* Note: Authorized Signature with company chop is required if the Policyholder is a company. 註: 如公司為保單持有人, 需要公司授權人簽署和公司蓋章。	_____ Date 日期
* The Policyholder shall declare and sign on behalf of all Proposed Insured(s) at age below 18 years old. 保單持有人需代表所有 18 歲以下之申請人同意以上聲明及簽署。		
_____ Name of Proposed Insured (1) 準受保人(1)姓名 Note: If Proposed Insured (1) is the same person of Policyholder, the name is not required. 註: 如準受保人 (1) 為保單持有人, 則可無需重複寫上姓名。	_____ Signature of Proposed Insured (1) 準受保人(1)簽署 Note: If Proposed Insured (1) is the same person of Policyholder, the signature is not required. 註: 如準受保人 (1) 為保單持有人, 則可無需重複簽署。	_____ Date 日期
_____ Name of Proposed Insured (2) 準受保人(2)姓名	_____ Signature of Proposed Insured (2) 準受保人(2)簽署	_____ Date 日期
For the Proposed Insured (3) – (4), if the age is 18 - 23 years old, please sign below. 如準受保人(3) – (4)年齡為18歲至23歲, 請在以下簽署。		
_____ Name of Proposed Insured (3) 準受保人(3)姓名	_____ Signature of Proposed Insured (3) 準受保人(3)簽署	_____ Date 日期
_____ Name of Proposed Insured (4) 準受保人(4)姓名	_____ Signature of Proposed Insured (4) 準受保人(4)簽署	_____ Date 日期
_____ Name of Agent/Broker 保險顧問公司/代理人姓名	_____ Signature of Agent/Broker with company chop 保險顧問公司/代理人簽署及公司蓋章	_____ Date 日期

Please sign and return this Application Form together with a crossed cheque or the completed Credit Card Authorization Form (on page 7) to your Insurance Consultant or send to us directly.
請將已簽署的申請表連同劃線支票或信用卡付款授權書 (第 7 頁) 一併交給您的保險顧問或直接寄到本公司。

Part G - Personal Data Collection Statement 庚部 – 個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”).

利寶國際保險有限公司(以下簡稱『本公司』)根據『個人資料(私隱)條例』(香港法例第 486 章)(以下簡稱『條例』)就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

Purpose 目的

The personal data of customers (including but not limited to policy owners, Insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :-

本公司所收集或持有的客戶個人資料(包括但不限於保單持有人、受保人及受益人)，可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
處理和確定保險申請表、理賠及持續提供保險服務；
2. Processing requests for payment and for direct debit authorization;
處理付款事宜和直接付款授權書；
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. Compiling statistics or using for accounting purposes;
從事統計資料或用於會計事務；
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
從事研究、保險調查及開發產品和設計之分析；
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
協助本公司的實質或建議受讓人評估有關之轉讓交易；
9. Conducting identity and/or credit checks and/or debt collection;
從事核實身份和/或信貸審查和/或追收債務；
10. Conducting medical or health reference checks for relevant insurance products; and
為相關保險產品進行具參考用途之醫療或健康調查；及
11. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes;
協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request. 如客戶不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理客戶的要求。

Direct Marketing 直接營銷

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵寄地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務)。如客戶沒有“選擇退出”的要求，其保險申請表及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

Transfer of personal data 個人資料之轉移

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. Any person pursuant to any order of a court of competent jurisdiction;
根據有司法管轄權的法院命令授權之任何人士；
7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. Companies within the Liberty Mutual Group of Companies;
利寶互助保險集團公司旗下的公司；
9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
為客戶盡職審查或打擊清洗黑錢的篩選之風險智能供應商；
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and
如客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.
第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

Access and correction of personal data 查閱及更正個人資料

According to the Ordinance, all Policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改其個人資料。地址如下：

Liberty International Insurance Limited, 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong S.A.R.

利寶國際保險有限公司，香港鰂魚涌華蘭路25號柏克大廈13樓

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

Renewal Premium Rates for the Insured Member age 65 years old or above 65 歲或以上受保人之續保年費

** For Reference Only 只供參考 **

Annual Deductible Options 每年墊底費選擇	Yearly Payment (HKD) 按年繳費 (港幣) (*Below are Semi-Private Room Premium Rates *以下為 半私家房 的保費)		
	HK\$ 港幣 30,000	HK\$ 港幣 50,000	HK\$ 港幣 100,000
Age (on last birthday) 年齡 (以上一個生日為準)	Annual Renewal Premium Rate (HKD) 每年續保保費 (港幣)		
65 - 69	\$20,539	\$16,993	\$10,689
70 - 74	\$29,689	\$24,777	\$15,559
75 - 79	\$41,570	\$34,693	\$21,785
80 - 100	\$58,201	\$48,565	\$30,503

Major Exclusions 主要不保事項

- Pre-existing conditions.
受保前已存在之疾病。
- Any medical services associated with pregnancy / fertility / contraceptive technique / sterilization.
所有與懷孕 / 生育 / 節育 / 絕育有關之治療或醫療服務。
- Birth defects or congenital illness(es).
先天性缺陷或疾病。
- Cosmetic surgery.
整容手術。
- Treatment for Hepatitis B / C / D Virus and / or liver disorders while the Insured Member is a known Hepatitis B / C / D carrier prior to Policy inception date.
如受保人在保單生效前已知悉是乙 / 丙 / 丁型肝炎帶菌者，在保單生效後之乙 / 丙 / 丁型肝炎治療及 / 或肝病治療之費用。
- Dental treatment or oral surgery.
牙科治療 / 口腔手術。
- Routine medical / eye / ear examination (including the cost of spectacles, contact lenses and hearing aids, correction of eye visions).
例行身體 / 眼部 / 耳朵 檢查 (包括：裝配眼鏡 / 隱形眼鏡 / 助聽裝置 / 視力矯正)。
- Treatment for injury or sickness resulting directly or indirectly from terrorism, war, riot, civil commotion or any warlike operation or participation in illegal acts.
所有因恐怖襲擊活動 / 戰爭 / 暴亂 / 騷動 / 與戰爭類似的行動 / 參與非法行為而導致之損傷或疾病。
- Mental illness / psychiatric disorder (for e.g. depression, etc).
精神 / 心理問題 (例如：抑鬱等等)。
- Prostheses, corrective devices, special braces, implant appliances, pacemaker, wheel chair, crutches or other equipment.
安裝或使用輔助儀器或特殊矯正或植入儀器，例如：義肢 / 助聽器 / 輪椅 / 心臟起搏器 / 拐杖等儀器費用。
- Hospitalization primarily for diagnosis or X-ray examination or physical therapy or routine medical examination unless recommended by a registered physician.
非經由註冊西醫推薦及證實之入院治療 / X 光檢查 / 物理治療 / 例行體格檢查。
- Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse.
一切因自己蓄意引起之損傷 / 自殺 / 酗酒 / 吸毒 / 濫用藥物。
- Sexually transmitted or venereal diseases, AIDS, ARC and their sequelae.
性病 / 愛滋病 / 後天免疫力缺乏症及其併發症。
- Long term care facility, spa, hydro-clinic, rest cure and sanatorium.
長期康護用品 / 溫泉 / 水療 / 休養 / 療養之費用。
- Any expenses for health supplements and all specialised Chinese herbs and / or tonic medicine such as but not limited to bird's nest, lingzhi, ginseng, cordyceps sinensis, agaricus blazei murill, sika deer antler, etc.
任何健康補充劑或食品 / 特別的中草藥 / 滋補藥材等費用，例如但不限於下列之中草藥：燕窩 / 靈芝 / 人參 / 冬蟲夏草 / 姬松茸 / 梅花鹿茸等等。
- Non-Hong Kong residents (unless otherwise agreed).
非香港居民 (除非經特別同意)。

Liberty International Insurance Limited is a 100% owned subsidiary company of Liberty Mutual Group. Boston-based Liberty Mutual Group is a diversified global insurer and the 3rd largest property and casualty insurer in the United States based on 2012 direct premiums written. Liberty Mutual Group has the financial strength to provide a wide array of products and services.

利寶國際保險有限公司為美國利寶互助集團的全資子公司。總部位於美國波士頓的利寶互助集團是全美國第三大國際財產及意外保險公司(根據 2012 年直接承保保費計算)。直到今天，利寶互助集團已成為一家多元化的國際保險公司，並擁有極雄厚之財政實力，為客戶提供廣泛的保險服務。

Note : This leaflet serves as a general guideline and English version is for interpretation, Chinese version is for reference only. Please refer to the Policy and Benefit Schedule for details of cover and Exclusions.

備註：此簡介只供參考，所有有關承保內容及不保事項以保單內容為準。而中文版本亦只供參考，一切以英文版本為準。

mediTop Individual Medical Insurance - Credit Card Authorization Form

利加保個人醫療保險－信用卡付款授權書

Name of Policyholder 保單持有人名稱：_____

If the premium payee is one of the Proposed Insured, please state the name.

如繳交保費之人士是準受保人之一，請填寫該人之姓名：_____

The premium must be paid by the Policyholder or Proposed Insured named above. 保費必須由上述保單持有人或準受保人之一繳交。

☐ Annual premium pay by VISA Credit Card 以 VISA 信用卡繳交每年保費

☐ Annual premium pay by MASTER Credit Card 以萬事達信用卡繳交每年保費

Authorization - Policyholder, Proposed Insured(s) hereby authorize and request Liberty International Insurance Limited to debit the yearly premium for this Policy until further notice.

授權：保單持有人或準受保人茲授權並要求利寶國際保險有限公司從下列之VISA/萬事達卡戶口支付本計劃之應繳保費，直至另行通知。

Name of Cardholder 信用卡持有人姓名：_____

VISA / MASTER Credit Card No. **VISA / 萬事達信用卡** 戶口號碼：_____

Credit Card Expiry Date 信用卡到期日：_____ (Month 月) / _____ (Year 年)

Cardholder's Signature 信用卡持有人簽署：_____

HKID / Passport No. of Credit Card Holder 信用卡持有人香港身份證 / 護照號碼：_____

Date 日期：_____ (MM月) / _____ (DD日) / _____ (YYYY年)

Personal Data Collection Statement - Credit Card holder has read and understand the "Personal Data Collection Statement" on Part F and Part G of this Application. Credit Card holder understand that he/she had the right to request Liberty International Insurance Limited to cease using his/her Personal Information for direct marketing purposes.

個人資料收集聲明：保單持有人及各準受保人已細閱並明白本申請表已部及庚部之「個人資料收集聲明」條款，亦明白有權要求利寶國際保險有限公司停止使用此申請表內的個人資料作直接市場推廣用途。

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

For any enquiries, please contact your Liberty Insurance's agent or broker.

如有查詢，您可聯絡閣下的利寶保險代理或經紀。



Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

Underwritten by Liberty International Insurance Ltd. 本計劃由利寶國際保險有限公司承保。

- ✉ Address 地址 : 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong S.A.R.
香港鰂魚涌華蘭路 25 號栢克大廈 13 樓
- 🌐 Website 網址 : <http://www.libertyinsurance.com.hk>
- ☎ Telephone No. 電話 : (852) 2892 3882
- 📠 Fax. No. 傳真 : (852) 2572 8071

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