COMPANY PROFILE 公司簡介

QBE Hongkong & Shanghai Insurance Limited (QBE-HKSI) is a joint venture between the QBE Insurance Group and China Construction Bank (Asia) Corporation Limited.

The QBE Insurance Group first established local representation in 1920. Today, QBE Insurance Group is one of the top 25 insurers and reinsurers worldwide. A public listed company, listed on the Australian Stock Exchange, QBE has consistently maintained a high Standard & Poor's A+ Financial Strength Rating. It operates in all key insurance markets and is active in more than 40 countries; so QBE is backed by the strength and security of a truly global organization. Yet, it prides itself on challenging expectations with fresh ideas. It means it can provide specialist insurance solutions innovatively tailored to suit customers' needs.

China Construction Bank (Asia) Corporation Limited, formerly known as Bank of America (Asia) Limited, offers a wide array of consumer and commercial banking services for customers. It is a wholly owned subsidiary of China Construction Bank Corporation, a leading bank in China possessing extensive strength in corporate and consumer banking, and treasury operations.

QBE-HKSI is one of the longest established insurance companies in Hong Kong offering a comprehensive range of quality products to meet the varied insurance needs of corporate and individual clients. Apart from the conventional commercial insurance products such as fire, business interruption, burglary, public liability, property all risk, marine cargo, employees' compensation and motor, it also provides engineering insurance like electronic equipment and contractors' all risks, as well as specialist insurance solutions like trade credit, protection and indemnity, freight forwarders' liability, directors and officers' liability, medical malpractice liability, products liability and professional indemnity insurances. Its personal insurance products include household, personal accident, medical, golf, travel and pleasure craft insurances.

The development of the QBE Insurance Group in this market symbolizes its commitment to providing quality services to the insuring public in Hong Kong.

昆士蘭聯保保險有限公司（昆士蘭聯保）為昆士蘭保險集團與中國建設銀行（亞洲）股份有限公司之聯營機構。

昆士蘭保險集團於一九二零年在香港設立業務代表，開始提供本地保險服務。昆士蘭保險集團現時在全球一般保險及再保險集團之排名中，名列二十五名內。集團為澳洲之上市公司，持續獲得標準普爾A+ 財務實力評級。其業務遍及所有主要保險市場，並活躍於超過四十個國家，表現真正環球企業的實力與可靠。同時，集團對本身一直能以嶄新意念迎接挑戰引以自豪，這象徵集團能提供度身訂造的創新專業保險解決方案，以滿足客戶的需求。

中國建設銀行（亞洲）股份有限公司前身為美國銀行（亞洲）有限公司，為客戶提供一系列個人及商業銀行產品及服務。該行是中國建設銀行之全資附屬機構，母公司在中國銀行業居於市場領先地位，並在商業及個人銀行和資金業務等方面具有雄厚實力。

昆士蘭聯保是香港歷史最悠久的保險公司之一，不斷提供優質而全面的保險服務，以切合各界的需求。其傳統工商業保險產品包括火災、營業中斷、盜竊、公眾責任、財產保險、船運保、僱員賠償及汽車等；而因應不同範疇的風險處理需要，「昆士蘭聯保」亦提供一些工程保險，如電子儀器和工程綜合保險等；及專業的保險產品，例如貿易信貸、船舶責任、董事及行政人員責任、產品責任和專業責任保險等。「昆士蘭聯保」提供的個人保障產品包括家居、人身意外、醫療、高爾夫球、旅遊、遊艇等保險產品。

昆士蘭保險集團在香港之積極發展，顯示集團對香港的服務承諾。

Underwritten by 承保機構

QBE Hongkong & Shanghai Insurance Ltd.
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A member of the worldwide QBE Insurance Group 澳洲昆士蘭保險集團成員

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Health Protector Plus

「宜康保」住院醫療保險

QBE Hongkong & Shanghai Insurance Ltd.
昆 士 蘭 聯 保 保 險 有 限 公 司

With rising social concerns on soaring medical expenses, is your medical insurance sufficient to cover all the expenses in case you or your family members are hospitalized? To save for a rainy day, QBE-HKSI is pleased to offer you the **Health Protector Plus** insurance plan that protects your wealth. This plan is tailor-made to indemnify you and your family on expensive and complicated hospital charges with one simple lump sum benefit.

FEATURES

Annual Hospitalization Benefits up to HK$1,000,000

The plan covers a wide range of hospitalization benefits including daily room & board, intensive care unit, surgeon's fees and anaesthetist's fees and hospital charges etc, up to a maximum of HK$1,000,000 per policy year.

Flexible Surgical Benefits

Surgical benefits are payable within the maximum limit of your plan. Benefits on surgeon's fees, anaesthetist's fees and operation theatre fees etc, are highly flexible to ease your worries and hassles to check with any surgical benefit scales.

24-Hour Worldwide Emergency Assistance Services*

Anytime when you need emergency assistance while traveling overseas, just call our 24-Hour Worldwide Emergency Assistance Services Hotline and obtain the following services:

- Emergency medical repatriation and evacuation
- Medical advice from a doctor over the phone
- Hospital admission guarantee arrangement up to HK$39,000
- Return of mortal remains in case of death
- Hotline to provide referral services on legal advice and interpreter
- Compassionate visit arrangement for a friend or relative, or children's escort in case you are hospitalized for 7 consecutive days

* 24-hour Worldwide Emergency Assistance Services are rendered by appointed service provider subject to a maximum limit of HK$7,800,000.

Optional Covers to Maximize Protection

With a small additional premium, protection could be extended to the following optional covers:

- Organ transplantation
- Cancer treatment or kidney dialysis
- Home nursing
- Post-hospitalization treatment

ELIGIBILITY

- You must be a legal resident in HKSAR, aged between 18 and 64 on the first registration, renewal age up to 70 years old.
- You may also apply to cover with your lawfully married spouse aged between 18 and 64; and your unmarried child(ren) aged between 15 days and 17 or aged below 23 if he / she is a full-time student at a school, college or university.

MAIN EXCLUSIONS

Major exclusions under the plan are summarized in the following:

- Pre-existing conditions or treatment for congenital abnormalities;
- Pregnancy, childbirth, birth control and treatment for infertility;
- Endometriosis, haemorrhoids, hypertension, cardio-vascular diseases, all internal tumours / cysts / nodules / polyps of any kind, breast lumps or cataracts during the first year of cover;
- Treatment within 31 days unless caused by injury occurred after effective date of cover;
- Cosmetic or plastic surgery unless necessitated by injury;
- Routine health checks, convalescence or rest care, dental treatment (unless necessitated by injury);
- Experimental medical treatment, alternative medicine/care;
- Drug addiction, alcoholism, suicide or attempted suicide, self-inflicted injury;
- Sexually transmitted diseases, AIDS or HIV-related conditions;
- Organ transplantation, treatment of cancer or renal failure unless Optional Covers are purchased.

Remarks: This brochure is only a summary. Please refer to the Policy for full terms and conditions.

醫療費用不斷上升，已引起社會各界日益關注；倘若你或你的家人一旦不幸入院，你現有的醫療保障又是否足以應付各項住院開支？昆士蘭聯保為你未雨綢繆，特別推出**「宜康保」住院醫療保險計劃**，以綜合保障方式為你和你的家人應付昂貴而繁複的住院醫療費用，讓你健康與財富兩者兼得，倍感安心。

計劃特點

全年住院保障高達1,000,000港元

本計劃提供全面的醫療保障，包括病房及膳食、深切治療病房、手術、麻醉師及醫院雜項等費用。全年保障總額高達1,000,000港元。

手術保障靈活 免分類賠償

投保人可按所選的計劃獲得更具彈性的手術、麻醉師及手術室費用等的綜合保障金額，毋須按手術表限定的分類賠償，免卻煩惱。

24小時全球緊急援助服務*

若身處外地時需要緊急援助，可致電昆士蘭聯保的24小時全球緊急援助熱線，便可獲得以下支援服務：

- 緊急醫療護送
- 醫生電話醫療諮詢
- 入院按金保證高達39,000港元
- 遺體運送回港
- 法律及翻譯員諮詢
- 如須連續住院七天，可安排一位親友探訪及護送子女回港

* 「24小時全球緊急援助服務」由指定服務商提供，其總額高達7,800,000港元。

自選保障 覆蓋更全面

只需相宜的附加保費，你便可享有下列之額外醫療保障：

- 器官移植
- 癌病治療或洗腎
- 家庭看護
- 出院後治療

投保資格

- 初次投保年齡必須為18至64歲的香港居民，可續保至70歲。
- 你亦可與你的家庭成員一起投保，年齡介乎18至64歲的合法配偶；出生超過14天至17歲或未滿23歲並現正接受全日制中學或大學教育的未婚子女。

主要不保事項

本保險計劃之主要不保事項包括：

- 保單生效前已存在的疾病或先天性疾病或異常；
- 懷孕、分娩、節育及醫治不育；
- 保單生效後第一年內的子宮內膜移位、痔瘡、高血壓、心血管疾病、所有體內的腫瘤 / 囊腫 / 小結 / 息肉、乳房硬塊或白內障之疾病；
- 保單生效後三十一日內的治療（意外引發者除外）；
- 非因意外後需要而進行的美容及整容手術；
- 例行身體檢查、休養或療養，牙科檢查（意外引發者除外）；
- 實驗性醫學治療、其他（另類）藥品 / 治療；
- 吸毒、酗酒、自殺或企圖自殺、自殘傷害；
- 經性接觸傳染的疾病、愛滋病或人類免疫力缺乏病毒及其併發症；
- 器官移植、癌症或腎衰竭治療等（如已購買「自選保障」除外）。

注意：此小冊子只供作參考之用，所有條款及細則概以保險單為準。

BENEFIT SCHEDULE 保障範圍一覽表

Basic Cover – Hospitalization Benefits 基本保障 — 住院保障	Maximum Annual Limit[1] (HK$) 全年最高保障額[1]（港元）
Room and Board (Semi-Private Room)[2] 病房及膳食（半私家房）[2]	1,000,000
Hospital Special Services 醫院雜項	
In-Hospital Doctor's Visit 主診醫生	
In-Hospital Specialist's Consultation 住院專科醫生	
In-Hospital Physiotherapy and Special Nursing 住院物理治療及特別護理	
Advanced Diagnostic Imaging 超聲波掃描	
Surgeon's Fees 手術費用	
Anaesthetist's Fees 麻醉師費用	
Operating Theatre Fees 手術室費用	
Intensive Care 深切治療	
Prescription Drugs 處方藥物	
Parent Accommodation 父母陪房	

[1] All above expenses incurred outside Hong Kong Special Administrative Region is subject to a maximum annual limit of HK$500,000 for all benefits.
以上所有開支如於香港特別行政區以外支付，則全年的最高保障額為500,000港元。

[2] The benefits are based on the Insured is staying at semi-private room during hospital confinement. Adjustment factor applies to all benefits if daily room and board charges exceed semi-private room charge.
保障額以半私家病房收費為標準，若病房及膳食費用超越此標準，所有保障項目將以調整基數作出調整。

Optional Cover 自選保障	Maximum Limit (HK$) 最高保障額（港元）
Organ Transplantation 器官移植	500,000 per annum（每年）
Cancer Treatment or Kidney Dialysis 癌病治療或洗腎	200,000 per annum（每年）
Home Nursing (max 90 days) 家庭看護（最多90日）	1,000 per day（每日）
Post-Hospitalization Treatment (within 8 weeks) 出院後治療（8星期內）	500 per day（每日）

Remarks: All benefits payable under the Policy including optional cover, if applicable, is subject to an annual aggregate of HK$1,000,000.
注意：本保單之所有保障，包括額外醫療保障（如適用），以全年總額1,000,000港元為上限。

ANNUAL PREMIUM (HK$) 全年保費（港元）

Deductible (HK$) 自負金額（港元）	10,000		20,000		45,000	
Basic Cover 基本保障						
Age 年齡	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性
15 days 日 - 5	2,916	2,797	2,480	2,379	2,044	1,961
6 - 17	2,246	2,154	1,910	1,832	1,575	1,511
18 - 25	2,701	2,673	2,297	2,274	1,894	1,874
26 - 35	3,331	3,000	2,833	2,552	2,335	2,103
36 - 45	4,196	3,777	3,568	3,212	2,940	2,647
46 - 55	6,510	5,861	5,535	4,984	4,560	4,106
56 - 64	10,148	9,136	8,628	7,767	7,107	6,398
[3]65 - 70	12,177	10,958	10,352	9,316	8,527	7,674
Basic + Optional Cover 基本 + 自選保障						
Age 年齡	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性
15 days 日 - 5	3,791	3,636	3,224	3,092	2,658	2,549
6 - 17	2,919	2,800	2,483	2,382	2,047	1,964
18 - 25	3,511	3,475	2,987	2,956	2,462	2,437
26 - 35	4,331	3,900	3,683	3,317	3,035	2,734
36 - 45	5,455	4,911	4,639	4,176	3,822	3,441
46 - 55	8,463	7,620	7,195	6,479	5,928	5,338
56 - 64	13,193	11,877	11,216	10,098	9,239	8,318
[3]65 - 70	15,830	14,245	13,458	12,111	11,085	9,976

[3] Applicable to renewal clients only.
只適用於續保客戶。

For Office Use 公司專用	
A/C No. 賬戶號碼	
Policy No. 保單號碼	

HEALTH PROTECTOR PLUS PROPOSAL FORM
「宜康保」住院醫療保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box
請以英文正楷填寫及於適當位置加上"✔" 號

APPLICANT'S PARTICULARS 投保人資料

Name of Applicant 投保人姓名 ____________________

Occupation / Profession 職業 ____________________

Marital Status 婚姻狀況： Single 未婚 ❑ Married 已婚 ❑

Address 地址 ____________________

____

Tel No. 電話號碼：Home 住宅 __________ Office 辦公室 __________

PARTICULARS OF PERSONS TO BE COVERED 受保人之個人資料

(Including the Applicant 包括投保人)

Name of Insured Person 受保人姓名 ____________________

HKID Card No. 香港身份證號碼 ____________________

Date of Birth 出生日期 (dd日 / mm月 / yy年) __________ Sex 性別 ______

Occupation 職業 __________ Height 身高 ______ Weight 體重 ______

Spouse's Name 配偶姓名 ____________________

HKID Card No. 香港身份證號碼 ____________________

Date of Birth 出生日期 (dd日 / mm月 / yy年) __________ Sex 性別 ______

Occupation 職業 __________ Height 身高 ______ Weight 體重 ______

Child's Name 子女姓名 ____________________

HKID Card No. 香港身份證號碼 / Birth Cert. No. 出世紙號碼 ____________________

Date of Birth 出生日期 (dd日 / mm月 / yy年) __________ Sex 性別 ______

Occupation 職業 __________ Height 身高 ______ Weight 體重 ______

Child's Name 子女姓名 ____________________

HKID Card No. 香港身份證號碼 / Birth Cert. No. 出世紙號碼 ____________________

Date of Birth 出生日期 (dd日 / mm月 / yy年) __________ Sex 性別 ______

Occupation 職業 __________ Height 身高 ______ Weight 體重 ______

PLAN OF COVER REQUIRED 保障選擇

Please tick 請以✔選擇

Deductible 自負金額 (HK$港元):

❑ 10,000 ❑ 20,000 ❑ 45,000

❑ Basic Cover 基本保障

❑ Basic + Optional Cover 基本 + 自選保障

Total Annual Premium 全年總保費 HK$港元 ____________________

QUESTIONS 問題

All questions must be answered in full. Please attach separate sheet if insufficient space.
所有問題必須詳細作答，如空位不足填寫，請加附頁作答。

1. Do you or any family members to be covered contemplate to engage in any hazardous sports or races?
你或投保之家庭成員是否考慮參與任何危險運動或競賽？ Yes 是 ❑ No 否 ❑
If yes, please state: 如「是」，請列詳情：
Who 何人 __________ Nature 性質 __________
Frequency per year 每年次數 ______ Type of Equipment 所需裝備 __________

2. Have you or any of the family members to be covered ever been refused to any form of life or health insurance or had any insurance cancelled or renewal refused?
你或投保之家庭成員曾否投保人壽或醫療保險時遭拒絕，或保險單被取消，又或拒絕續保？ Yes 是 ❑ No 否 ❑
If yes, please state: 如「是」，請列詳情：
Who 何人 __________ Date 日期 __________
Reason 理由 __________
Name of Insurance Company 保險公司名稱 __________

3. In the past 5 years, have you or any of your family members to be covered had a surgical operation or been confined in any hospital or sanatorium?
在過去五年內，你或投保之家庭成員是否曾接受外科手術或入院接受治療？ Yes 是 ❑ No 否 ❑

4. Are you or any of your family members to be covered now receiving or contemplating any surgical or medical treatment?
你或投保之家庭成員是否正接受或將會接受手術或其他治療？ Yes 是 ❑ No 否 ❑

5. Do you or any dependant have any impairment in physical condition?
你或家屬是否有身體殘缺？ Yes 是 ❑ No 否 ❑

6. Have you or your dependant suffered from or been treated for any of the following disorders or disease within the past five years?
在過去五年內，你或家屬曾否感染下列疾病或接受有關治療： Yes 是 ❑ No 否 ❑

❑ A. Stone or disorders of kidney 腎石或腎病
❑ B. Ulcer of any kind 各類型潰瘍症
❑ C. Cancer or tumor of any kind 各類型癌症或腫瘤
❑ D. Asthma or respiratory disease 哮喘或呼吸系統疾病
❑ E. Mental disorder or psychiatric problems / disease 精神病
❑ F. Venereal disease 性病
❑ G. Arthritis 關節炎
❑ H. Malaria 瘧疾
❑ I. Haemorrhoids 痔瘡
❑ J. Varicose Veins 靜脈曲張
❑ K. Hernia 疝氣
❑ L. Nasal Sinusitis 鼻竇炎
❑ M. Diabetes 糖尿病
❑ N. Hypertension 高血壓
❑ O. Cardio Vascular or Circulatory disease 心臟血管循環系統疾病
❑ P. Spinal or muscular skeletal condition / disease 脊柱或肌肉及骨骼病
❑ Q. Rheumatic Fever 風濕熱
❑ R. Epilepsy 癲
❑ S. Acquired Immune Difficiency Syndrome (AIDS) or HIV-related conditions 愛滋病或人類免疫力缺乏病毒及其併發症
❑ T. Gout 痛風
❑ U. Alcoholism or drug addiction 酗酒或藥癮
❑ V. Thyroid Problem 甲狀腺疾病

WOMEN ONLY 只適用於婦女
❑ W. Gynaecological conditions 婦科疾病
❑ X. Disease / complications or conditions associated with pregnancy 與妊娠有關之疾病及其併發症

7. Are there any material health or physical conditions not mentioned above which may affect your or your dependant's well being?
你或家屬的健康狀況是否受任何以上並未提及的身體症狀所影響？ Yes 是 ❑ No 否 ❑

If your answer to any of the questions above is "Yes", please give full details below: 以上各問題如答案為「是」者，請詳述：
Question No. 問題編號 ____________________

Name of Person Treated 病人姓名 ____________________

Details of Diagnosis & Treatment 疾病說明 ____________________

Period of Treatment 治療期間 ____________________

Whether Fully Recovered 是否痊癒 ❑ Yes 是 ❑ No 否

Name and Address of Attending Doctor 診治醫生姓名及地址 ____________________

____

DECLARATION AND AUTHORIZATION 聲明及授權

I declare that all particulars and answers given above are true and complete to the best of my knowledge and belief. I agree that this application form and declaration shall be the basis of contract between me and QBE Hongkong & Shanghai Insurance Ltd.

I also authorize any medical practitioner, hospital, clinic or insurance company that has any records or knowledge of me to give any such information to QBE Hongkong & Shanghai Insurance Ltd. A copy or photocopy of this authorization shall be as valid as the original.

本人聲明根據本人所知及深信本投保書填報之一切資料均屬確實完整並同意以本投保書及聲明作為本人與昆士蘭聯保保險有限公司之間所訂合約之根據。

本人並授權任何醫生、醫院、診所或保險公司提供一切有關本人之紀錄或資料予昆士蘭聯保保險有限公司。此授權書之副本或影印本均屬有效。

(本投保書及章程中的中文內容力求符合英文原義，惟有關條文解釋及引用，則以英文為準。)

If the intermediary who serves you is an Insurance Broker, please read this:
The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為閣下服務的中介人為保險經紀，請閱讀下文：
申請人明白、確知及同意，昆士蘭聯保保險有限公司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。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他 / 她已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

____________________ ____________________
Signature of Applicant 投保人簽署 Date 日期

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes.

Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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