



亞洲保險
Asia Insurance



Quality HealthCare

A Fortis Healthcare Enterprise

Out-patient Medical Plan 門診醫療保障計劃

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This Out-patient Medical Plan offers you and your family comprehensive protection. You can choose from the medical network of more than 350 medical practitioners, which includes General Practitioner and Specialist consultation (including basic medication) and Physiotherapy.

本保障計劃為您及您的家人提供門診醫療服務，優質的醫療網絡覆蓋超過350位醫生，為您提供包括普通科門診治療及專科醫生治療(包括基本藥物)及物理治療服務。

Protection extend to your family 照顧您的摯愛家人

To take care of your family, this protection is open to all your family members aged from 15 days to 65 years old.

此計劃惠及您家中長幼，年齡介乎15天至65歲均可參加。

Out-Patient Benefits 門診保障	OP1 網絡門診
1. General Practitioner Consultation and basic medication- 1 visit per day/ max. 30 visits per year 普通科醫生診症及基本藥物 - 每天1次/ 全年最多30次	Co-payment HKD 30 自付額 港幣 30
2. Specialist Consultation and basic medication - 1 visit per day/ max. 15 visits per year 專科醫生診症及基本藥物 - 每天1次/ 全年最多15次	Co-payment HKD 30 自付額 港幣 30
3. Physiotherapy Treatment - 1 visit per day/ max. 15 visits per year 物理治療 - 每天1次/ 全年最多15次	Co-payment HKD 30 自付額 港幣 30

Premium Table 保費表	Annual Premium (HKD) 每年保費 (港幣)
15 days to 65 years old 15天至65歲	3,432

Special Discount 特別優惠 Existing Asia Insurance's policyholder can enjoy extra 15% on Out-patient Medical Plan 現有亞洲保險客戶投保門診醫療保障計劃可享額外85折優惠	15% Discounted Premium (HKD) 85折優惠價 (港幣)
15 days to 65 years old 15天至65歲	2,917

Notes 注意事項：

The Out-patient Medical Plan is a stand alone cover.
門診醫療保障計劃為一份獨立保障，可獨立投保。

The out-patient medical services are arranged and provided by an independent medical service provider which is nominated by Asia Insurance Company Limited. Asia Insurance has no responsibility for such services.
門診醫療保障計劃是由亞洲保險有限公司所委任之醫療服務機構獨立提供，本公司對此等服務概不負責。

The Out-patient Medical Plan is only applicable to the medical centers and Network Doctors written in the service provider's "Network Directory".
門診醫療保障計劃只適用於"網絡醫生名冊"內的醫療中心或網絡醫生。

Each benefit under Out-patient Medical Plan is limited to 1 visit per day only.
門診醫療保障計劃內各項門診服務只限每天1次。

Initial entry age is 18 to 65 years old; for dependent aged between 15 days and 18 years old or 23 years old for full time student.
首次申請投保之年齡為18至65歲；出生超過15天至18歲的子女或未滿23歲之全日制學生均可投保。

A referral letter from a network general practitioner is required for specialist consultation. Valid for 6 months from issue date.
專科醫生診症必須由網絡普通科醫生轉介，轉介信由簽發日起計6個月內有效。

*This leaflet is a general summary only. Please refer to the policy for exact terms and conditions.
此單張乃一摘要，有關條款及規定，概以保單為準。



Please complete the form in block capitals and tick the appropriate boxes.
請以英文正楷填寫，並在適當的空格內填上 號

Proposed Insured's Particulars 投保人資料				
Name of Proposed Insured 投保人姓名：			Occupation 職業：	
Telephone No. 電話：		E-mail: 電郵地址：		
Correspondence Address 通訊地址：			Policy Effect: Date (D/M/Y) 保單起保日：(日/月/年)	
Proposed Insured 投保人姓名	Relationship 關係	I.D. No./Passport No. 身份証 / 護照號碼	Date of Birth dd/mm/yy 出生日期 日/月/年	Sex 性別
	Policyholder 投保人	()		
	Spouse 配偶	()		
	Child 子女	()		
	Child 子女	()		
Plan of Benefit Required 所需之保障計劃	Annual Premium (HKD) 每年保費 (港幣)	Special Discount for Asia Insurance existing client 15% OFF 特別優惠只適用於 亞洲保險現有客戶		
15 days 65 years old 15天至65歲	\$3,432 <input type="checkbox"/>	\$2,917 <input type="checkbox"/>		

Valid Policy number:
有效之保單號碼： _____

IT IS UNDERSTOOD AND AGREED: (1) that all answers to all questions are to the best of my knowledge and belief complete and true; (2) that all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued hereunder; and (3) only the Chief Executive Officer, Manager or Secretary of Asia Insurance Co., Ltd. can make, modify, alter, discharge or waive any of the Company's rights or requirement. I hereby authorize any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or person, that has any records or knowledge of me or any member listed above, to give to Asia Insurance Co., Ltd. any such information. To facilitate rapid submission of such information, I authorize all said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be as valid as the original.

I declare and agree that the insurance will not be in force until the application has been accepted by the Company and the premium has been paid.

本人明白及同意：(1) 此投保書內之陳述與回覆全部屬實及詳盡；(2) 該陳述與回覆及此投保書將成為簽發保單之依據及成為保單契約之一部份；(3) 保單契約之簽發、更改或貴公司之任何權利或要求之撤銷，須經貴公司之行政總裁、經理或秘書簽署方屬有效。本人授權任何內外科醫生、醫院、診所、保險公司或任何組織，及凡熟悉本人之健康情況之人，均可以將該過往之病狀，病歷詳細資料供給亞洲保險有限公司或其代表，此授權書之影印本亦均屬有效。本人聲明及同意，保障需在貴公司覆核、接納申請表及已收受保費後才能生效。

Authorized Agent 特許代理

Signature of Proposed Insured 投保人簽署

Dated on 日期 _____ / _____ / _____

Important Notes to the Proposed Insured 申請人注意事項：

- The Minimum Period of Insurance is One Year. Please refer to the Company for details.
- Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent/broker. 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.
- Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.
 - 最低投保期為一年(以每年計)，欲知詳情，可與本公司聯絡。
 - 閣下必須盡己所知提供所有可能影響亞洲保險於接納或釐定此保單條款之資料，對資料應否透露若有任何疑問，請即查詢亞洲保險或閣下的保險代理/經紀。閣下應如實呈報有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
 - 亞洲保險有權運用、保存或透露閣下之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正閣下之個人資料，請聯絡亞洲保險的資料保護主任。