

Target Drugs Protection

標靶藥保障



Target Drugs Protection – Product Highlights

Covers the expensive cost of target drugs

Target therapy is known as a less invasive but very expensive cancer treatment. Although not every cancer patient needs target therapy, we would like to give you a helping hand to cover the costs if you do require this treatment in Hong Kong. Coverage includes 61 target drugs registered under the Drug Office of Department of Health of Hong Kong. For details, please refer to “Appendix 1: List of Covered Target Drugs” in the Policy Provisions.

Affordable to strengthen your protection

Even if you already have cancer insurance, this plan can enhance your protection to include target drugs, enabling you to fill the gap in your current cancer protection plan. Unlike traditional medical plans, this plan is a standalone policy which gives you flexibility to top up target drugs protection with low premium rates.

Straightforward application process

To save you some time, we’ve made our application process for this plan as straightforward as possible.

Renewable yearly up to age 80

Regardless of any change to your health or claim history, your policy will be renewable up to the age of 80[^].

([^]Please refer to Clause 6 of the Important Notes.)

Important Notes

1. Insured Person must be a Hong Kong resident with a valid HKID card.
2. Issue Age from 15 days to 59 (annual renewable up to 80 subject to renewal offer by the Company).
3. Child under age 18 years old must be applied by the parent as the Applicant.
4. If the Insured Person is covered by more than one (1) Policy of Target Drugs Protection with the Company, the Company's liability in respect of that Insured Person is limited to the maximum benefits payable under one of the Policies which provides the highest amount of benefit; or if the benefit amount is the same under each Policy, the Insured Person will be deemed to be insured only under the Policy which was issued by the Company first. The other Policies shall be deemed void from the Commencement Date and any premium paid and insurance levy paid (if applicable) shall be refunded without interest to the Policyholder.
5. The Company has the final decision on the acceptance of this Application and the insurance coverage. In case of any disputes, the decision of the Company shall be final.
6. The Company reserves the right to update the List of Covered Target Drugs (Appendix 1 of the Policy Provisions) from time to time.
7. This Policy will be effective for a period of one (1) year. Upon the expiry of the Period of Insurance, this Policy may be renewed by the Policyholder for another Period of Insurance at such rate and on such terms as the Company may determine depending on the benefits and policy coverage at the time of each renewal. Unless otherwise stated in the Policy provisions, the Company reserves the right not to renew the Policy or to make any changes to this Policy upon renewal at its sole discretion.
8. The policyholder may cancel the Policy at any time by sending a written request to the Company. If no claims have been paid or will be payable under the Policy during the relevant policy period, the Company will refund a proportionate amount of premium paid and insurance levy paid less an administration charge. If premium is paid by monthly installment, no unearned premium and insurance levy paid will be refunded and an administration charge will be charged to the Policyholder for early termination. Please refer to the policy provisions for details.

Major Exclusions

This plan shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

1. the First Symptom appears or the condition occurs or the diagnosis or surgery relating to the relevant Disease occurs within the first ninety (90) days from the date when the coverage under this Policy first commences since the Application of this Policy;
2. the Insured Person's disease, illness or injury is a Pre-existing Condition or results from the complications of a Pre-existing Condition;
3. birth defects, genetic disorders, Congenital Conditions, or inherited disorders of the Insured Person;
4. Human Immunodeficiency Virus (HIV) related illness, including Acquired Immunization Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof, which is derived from an HIV infection;
5. attempted suicide or self-inflicted injuries while sane or insane, or under any condition caused by chronic alcoholism or drug addiction;
6. the Insured Person's participation in any criminal offence or illegal acts;
7. as a direct or indirect result of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, terrorist act, nuclear reactions, nuclear radiation, nuclear contamination, biological contamination or chemical contamination.

標靶藥保障 - 產品特點

保障昂貴的標靶藥費用

標靶治療被認為是較少侵襲性但非常昂貴的癌症治療。雖然不是每位癌症病人也適用標靶治療，但若您需在香港接受標靶治療，我們願為您分擔高昂的費用。保障已包括在衛生署藥物辦公室註冊之 61 種標靶藥。詳情請參閱保單條款內“附錄一：受保標靶藥列表”。

以低廉的保費強化您的保障

盡管您已擁有癌症保障，本計劃能為您提供額外的標靶藥保障，填補您現有保障的不足。摒棄傳統醫療計劃，本計劃為獨立保單，您只須以低廉的保費便可靈活增加您的標靶藥保障。

申請程序簡單

為了減省申請時間，本計劃採用了盡量簡單的申請流程。

每年續保至80歲

無論您的健康或理賠記錄有任何重大轉變，您的保單可續保至80歲[^]。

([^]詳情請參考重要事項第6項。)

重要事項

1. 受保人必須為香港居民並持有有效香港身份證。
2. 受保年齡限制由15日至59歲(按本公司續保安排，可每年續保至80歲)。
3. 未滿18歲的子女必須由父或母作為申請人。
4. 若受保人在本公司擁有不止一(1)份標靶藥保障，則本公司對受保人的責任僅限於其中一張提供最高保障額的保單；若每張保單均屬相同保障額，則以最早於本公司簽發的保單為準。其他保單將自各保單生效日起被視為無效，所有已支付的任何保費連同保費徵費(若適用)將不附帶利息獲退還給保單持有人。
5. 本公司對於接受申請與否及所提供之保障擁有最終決定權。如有任何爭議，概以本公司最終決定為準。
6. 本公司將保留不定期更新受保標靶藥列表(保單條款內附錄一)的權力。
7. 本保單的保障期為一(1)年。當保障期屆滿後，保單持有人可按本公司因應每次續保時所提供的保障及保障範圍而釐定的費率或條款，就本保單重續保障期。除本保單另有規定，本公司保留不作續保的權利，以及對本保單作出更改的權利。
8. 保單持有人可隨時向富衛作出書面申請取消保單。如在相關保障期內沒有作出任何賠償，富衛將退還一定比例的年度保費及保費徵費(扣除行政費用後)。如以月繳形式繳付保費，則不會退還任何已繳保費及保費徵費，而及保單持有人將需要為提早取消保單支付行政費用。詳情請參閱保單條款。

主要不保事項

本保單不覆蓋以下事項直接或間接導致或產生的任何損失或索償：

1. 在本保單的首次生效日起首九十(90)天內出現相關疾病之首次徵狀、狀況及進行與相關疾病有關的診斷或手術；
2. 受保人的疾病或傷病是受保前已存在之傷病，或是由受保前已存在之傷病的併發症導致。
3. 受保人的出生缺陷、遺傳異常、先天性疾病或遺傳疾病；
4. 人類免疫力缺乏病毒(HIV)相關疾病，包括 HIV 感染產生的愛滋病及 / 或相關突變、衍生或變種；
5. 在精神正常或不正常、或慢性酒精中毒或毒癮造成的任何情況下企圖自殺或自殘；
6. 受保人參與任何刑事犯罪或違法行為；
7. 戰爭、入侵、外敵的作為、敵對行為或類似於戰爭的行動(無論是否已宣戰)、內戰、叛亂、革命、反叛、暴亂、罷工、構成起義的內亂、軍事或篡權行為，恐怖主義行為、核反應、核輻射、核污染、生物污染或化學污染直接或間接造成。

Target Drugs Protection 標靶藥保障

Eligibility 申請資格	
Issue Age 投保年齡	15 days - age 59 (age at last birthday) 15日至59歲 (對上一次的生日年齡)
Benefit Term 保障年期	Yearly renewable up to age 80每年續保至80歲
Premium Payment Mode 保費繳付方式	Annually / Monthly 年繳 / 月繳
Currency 保單貨幣	HK\$ 港幣
Residence 居住地	Hong Kong 香港

Summary of Benefits 保障範圍			
Target Drugs Benefit 標靶藥保障			
(Benefit payable : 100% of Overall Limit 賠償額:保障限額之100%)			
Benefit Coverage 保障範圍	100% Reimbursement for Reasonable and Customary charges of Covered Target Drugs (Such Covered Target Drugs must be used for the purpose of treating cancers and Medical Necessary Treatments, prescribed by Hong Kong registered Medical Practitioner, purchased through the clinic/ hospital/ cancer treatment centre and such relevant treatments are received in Hong Kong during the Reimbursement Period) 100% 索償合理及慣常受保標靶藥收費 (該受保標靶藥必須為有醫療需要的相關受保癌症治療之用，由香港本地註冊之醫生處方，在香港境內之診所、醫院、或相關癌症治療中心購買及於索償期內在港接受該相關治療)		
Covered Target Drugs 受保標靶藥 (Registered under the Drug Office of Department of Health 已在衛生署藥物辦公室註冊)	61 target drugs / 標靶藥		
Reimbursement Period 索償期 (From the date of First Confirmed Diagnosis of Covered Cancer 由受保癌症之首次確認診斷日起計)	730 days / 日		
Choices of Overall Limit 保障限額選項	HK\$500,000	HK\$1,000,000	HK\$2,000,000
Residence 居住地	Hong Kong 香港		

Total Maximum Benefit Payable per policy 最高賠償總額
100% of Overall Limit 保障限額之100%

Note:

Target Drugs Benefit is payable up to the Overall Limit for the Covered Target Drugs during the Reimbursement Period, after which this Policy shall be terminated accordingly. Any outstanding premium and insurance levy will be deducted from the Benefit payable. Please refer to the Policy Provisions for complete explanation of the terms and conditions. Please also refer to the "Appendix 1: List of Covered Target Drugs" in the Policy Provisions for the Covered Target Drugs.

註:標靶藥保障如在索償期內已達至受保標靶藥的保障限額上限，本保單將立即終止。任何逾期未付的保費及保費徵費將從應付的賠償中扣除。有關條款和條件的完整說明，請參閱本保單。有關受保標靶藥的詳情，請參閱保單條款內“附錄一:受保標靶藥列表”。

Target Drugs Protection is a medical plan underwritten and issued by Bolttech Insurance (Hong Kong) Company Limited ("the Company") which is authorized by the Insurance Authority to carry on general insurance business in Hong Kong. The Company accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of the Company outside Hong Kong. All selling and application procedures must be conducted and completed in Hong Kong.

標靶藥保障是由保特保險(香港)有限公司("本公司")承保和簽發的一項醫療保險產品，本公司獲保險業監管局授權在香港特別行政區經營一般保險業務。本公司對本產品所載資料的準確性承擔一切責任。本產品資料只在香港特別行政區派發，並不能詮釋為在香港特別行政區境外出售，遊說購買或提供 本公司的保險產品。本計劃的銷售及申請程序必須在香港特別行政區境內進行及完成手續。

The product material does not contain the full terms of the policy and the full terms can be found in the policy document. 本小冊子並未包含所有保單條款。保單條款可於保單文件中查看。

Target Drugs Protection 標靶藥保障

Premium Details 保費詳情												All figures in HK\$ 以港元計算	
Overall Limit 保障限額	Male 男士						Female 女士						
	\$500,000		\$1,000,000		\$2,000,000		\$500,000		\$1,000,000		\$2,000,000		
Last Birthday Age 已屆年齡	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	Annual Rates 年繳保費率	Monthly Rates 月繳保費率	
15 days #	189	18	234	22	307	28	151	14	182	17	233	21	
1	189	18	234	22	307	28	151	14	182	17	233	21	
2	189	18	234	22	307	28	151	14	182	17	233	21	
3	189	18	234	22	307	28	151	14	182	17	233	21	
4	189	18	234	22	307	28	151	14	182	17	233	21	
5	147	14	183	17	232	21	122	11	148	14	185	17	
6	147	14	183	17	232	21	122	11	148	14	185	17	
7	147	14	183	17	232	21	122	11	148	14	185	17	
8	147	14	183	17	232	21	122	11	148	14	185	17	
9	147	14	183	17	232	21	122	11	148	14	185	17	
10	132	12	168	16	212	20	110	10	139	13	167	16	
11	132	12	168	16	212	20	110	10	139	13	167	16	
12	132	12	168	16	212	20	110	10	139	13	167	16	
13	132	12	168	16	212	20	110	10	139	13	167	16	
14	132	12	168	16	212	20	110	10	139	13	167	16	
15	127	12	162	15	204	19	113	11	145	14	179	17	
16	127	12	162	15	204	19	113	11	145	14	179	17	
17	127	12	162	15	204	19	113	11	145	14	179	17	
18	127	12	162	15	204	19	113	11	145	14	179	17	
19	127	12	162	15	204	19	113	11	145	14	179	17	
20	130	12	161	15	206	19	183	17	249	23	311	28	
21	130	12	161	15	206	19	183	17	249	23	311	28	
22	130	12	161	15	206	19	183	17	249	23	311	28	
23	130	12	161	15	206	19	183	17	249	23	311	28	
24	130	12	161	15	206	19	183	17	249	23	311	28	
25	210	19	252	23	321	29	223	21	301	28	381	35	
26	210	19	252	23	321	29	223	21	301	28	381	35	
27	210	19	252	23	321	29	223	21	301	28	381	35	
28	210	19	252	23	321	29	223	21	301	28	381	35	
29	210	19	252	23	321	29	223	21	301	28	381	35	
30	315	29	373	34	484	44	441	40	570	52	717	65	
31	315	29	373	34	484	44	441	40	570	52	717	65	
32	315	29	373	34	484	44	441	40	570	52	717	65	
33	315	29	373	34	484	44	441	40	570	52	717	65	
34	315	29	373	34	484	44	441	40	570	52	717	65	
35	459	42	545	50	713	65	696	63	893	81	1,139	103	
36	459	42	545	50	713	65	696	63	893	81	1,139	103	
37	459	42	545	50	713	65	696	63	893	81	1,139	103	
38	459	42	545	50	713	65	696	63	893	81	1,139	103	
39	459	42	545	50	713	65	696	63	893	81	1,139	103	
40	623	57	709	64	918	83	1,156	105	1,480	134	1,889	171	
41	623	57	709	64	918	83	1,156	105	1,480	134	1,889	171	
42	623	57	709	64	918	83	1,156	105	1,480	134	1,889	171	
43	623	57	709	64	918	83	1,156	105	1,480	134	1,889	171	
44	623	57	709	64	918	83	1,156	105	1,480	134	1,889	171	
45	890	81	1,010	91	1,315	119	1,661	150	2,115	191	2,696	243	
46	890	81	1,010	91	1,315	119	1,661	150	2,115	191	2,696	243	
47	890	81	1,010	91	1,315	119	1,661	150	2,115	191	2,696	243	
48	890	81	1,010	91	1,315	119	1,661	150	2,115	191	2,696	243	
49	890	81	1,010	91	1,315	119	1,661	150	2,115	191	2,696	243	
50	1,261	114	1,417	128	1,839	166	2,243	202	2,822	254	3,558	321	
51	1,261	114	1,417	128	1,839	166	2,243	202	2,822	254	3,558	321	
52	1,261	114	1,417	128	1,839	166	2,243	202	2,822	254	3,558	321	
53	1,261	114	1,417	128	1,839	166	2,243	202	2,822	254	3,558	321	
54	1,261	114	1,417	128	1,839	166	2,243	202	2,822	254	3,558	321	
55	2,074	187	2,324	210	2,989	270	3,188	287	3,901	352	4,963	447	
56	2,074	187	2,324	210	2,989	270	3,188	287	3,901	352	4,963	447	
57	2,074	187	2,324	210	2,989	270	3,188	287	3,901	352	4,963	447	
58	2,074	187	2,324	210	2,989	270	3,188	287	3,901	352	4,963	447	
59	2,074	187	2,324	210	2,989	270	3,188	287	3,901	352	4,963	447	
Below subscription rates are for renewal only 以下保費率只供續保之用													
60	2,910	262	3,255	293	4,167	376	3,492	315	4,226	381	5,366	483	
61	2,910	262	3,255	293	4,167	376	3,492	315	4,226	381	5,366	483	
62	2,910	262	3,255	293	4,167	376	3,492	315	4,226	381	5,366	483	
63	2,910	262	3,255	293	4,167	376	3,492	315	4,226	381	5,366	483	
64	2,910	262	3,255	293	4,167	376	3,492	315	4,226	381	5,366	483	
65	4,244	382	4,744	427	6,058	546	4,182	377	5,022	452	6,345	572	
66	4,244	382	4,744	427	6,058	546	4,182	377	5,022	452	6,345	572	
67	4,244	382	4,744	427	6,058	546	4,182	377	5,022	452	6,345	572	
68	4,244	382	4,744	427	6,058	546	4,182	377	5,022	452	6,345	572	
69	4,244	382	4,744	427	6,058	546	4,182	377	5,022	452	6,345	572	
70	5,847	527	6,550	590	8,373	754	4,707	424	5,577	502	7,057	636	
71	5,847	527	6,550	590	8,373	754	4,707	424	5,577	502	7,057	636	
72	5,847	527	6,550	590	8,373	754	4,707	424	5,577	502	7,057	636	
73	5,847	527	6,550	590	8,373	754	4,707	424	5,577	502	7,057	636	
74	5,847	527	6,550	590	8,373	754	4,707	424	5,577	502	7,057	636	
75	6,850	617	7,664	690	9,785	881	5,326	480	6,242	562	7,905	712	
76	6,850	617	7,664	690	9,785	881	5,326	480	6,242	562	7,905	712	
77	6,850	617	7,664	690	9,785	881	5,326	480	6,242	562	7,905	712	
78	6,850	617	7,664	690	9,785	881	5,326	480	6,242	562	7,905	712	
79	6,850	617	7,664	690	9,785	881	5,326	480	6,242	562	7,905	712	

Applicable to child(ren) aged 15 days to less than 1 year old 適用於子女年齡介乎 15 日至少於1歲。

Total premium and Insurance Levy will be rounded to the nearest 2 decimal places. 總保費及保費徵費將以四捨五入方式調整至最接近之兩個小數位。

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費(港幣)
From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	5,000

Levy collected by the Insurance Authority will be imposed on relevant Policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact:(852) 2603 9435.

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽bolttechinsurance.hk 或致電(852) 2603 9435。

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and the product information herein does not contain full terms of the Policy. Any information given herein is subject to the precise terms and conditions and the full terms and conditions can be found in our Policy, a specimen copy of which will be furnished to you on request.

注意

本單張乃保障條款及規定之摘要，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。

Target Drugs Protection Application Form 標靶藥保障申請表

<ul style="list-style-type: none"> Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上✓號。 One application form for <u>one person to be insured only</u>. 每份申請表只限投保一名受保人 Person to be insured must be applicant himself/herself or his/her child. 受保人必須是申請人自己或子女 			For Company Use only: 公司專用 Effective Date: 生效日期
Personal Details of Applicant (Applicant must be a HKID cardholder and age 18 or above) 申請人個人資料 (申請人年齡必須為18歲或以上及持有香港身份證)			
Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)	Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼	Sex 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女
Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)			
Contact Details of Applicant 申請人聯絡資料			
Address 地址 (Please complete in ENGLISH 請以英文填寫) (P.O. Box, hotel address and overseas address are not acceptable. 不接受郵政信箱、酒店地址和海外地址。) Flat 單位 _____, Room 室 _____, Floor 層數 _____, Block 座 _____			
Building / Mansion / House / Estate 大廈 / 閣 / 樓 / 屋苑			
Street / Road 街 / 道			
District 地區 <input type="checkbox"/> HK Island 香港島 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> N.T. 新界			
Contact No. 聯絡電話號碼	Mobile No. 流動電話號碼	Email Address 電郵地址	
Details of Person to be insured 受保人資料			
Please tick one only 請只選擇一項	<input type="checkbox"/> Myself (Personal details as above) 本人(資料與以上相同)	<input type="checkbox"/> Child 子女	
Please provide average stay of the person(s) to be insured in Hong Kong per year 受保人每年平均居港時間: _____months月 If the average stay is less than nine months, please provide the place of residence outside Hong Kong: 如受保人之每年平均居港時間少於9個月，請提供海外居住地名稱: _____			
Name in English (same as HKID Card) 英文姓名 (與香港身份證相同)	Family Name 姓	Given Name 名	Name in Chinese 中文姓名
HKID Card No. 香港身份證號碼	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)

Sum Insured 投保額 (HK\$ 港元)									
<input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 2,000,000									
Health Declaration (To be completed by the person to be insured, if the person to be insured is under the age of 18, the applicant should complete the declarations on behalf of the insured) 健康聲明(由受保人填寫,若受保人為18歲以下,則可由申請人填寫)									
1. Your Height and Weight 您的身高及體重		Height : m : cm : ft : in	Weight : Kg : lb :						
		身高: 米: 厘米: 尺: 寸:	體重: 公斤: 磅:						
2. Up to now, have you ever been diagnosed with or experienced any symptom(s) of, received any form of treatment or received advice from a doctor regarding, 直至今日,您是否曾就下列疾病被診斷過或出現過任何症狀、或接受過任何類型的治療、或曾接受醫生的建議,									
a) Cancer, Tumor, Lump, Skin Tag, Cyst or any type of Mass (including carcinoma-in-situ and any abnormal growth of the body) as well as any disorders related to the Breast, Reproductive System and Urinary system. 癌症、腫瘤、腫塊、皮膚瘻肉、囊腫或任何類型的硬塊(包括原位癌和身體任何異常增長)以及/或與乳房及生殖和泌尿系統相關的任何疾病。		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
b) Abnormal Liver Function, Hepatitis B or C, Liver Cirrhosis and/ or Kidney Failure 肝功能異常、乙型或丙型肝炎、肝硬化和/或腎功能衰竭。		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
c) Any disorder(s) of Immune System (e.g. Immunodeficiency), Systemic Lupus Erythematosus / Discoid Lupus Erythematosus, HIV infection or positive test result, Chronic Colitis, Chronic Cervicitis or Vaginitis or Chronic Hemorrhoids, or Chronic Lung disease (including but not limited to Chronic Obstructive Pulmonary Disease, Chronic Bronchitis, Emphysema, excluding Asthma.) 免疫系統(如免疫功能障礙)、全身性紅斑狼瘡/盤狀紅斑狼瘡、HIV感染或陽性檢測結果、慢性結腸炎、慢性宮頸炎或陰道炎、慢性痔瘡或慢性肺病(包括但不限於慢性阻塞性肺病、慢性支氣管炎、肺氣腫,但不包括哮喘)的任何疾病。		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
d) Any disorder(s) of Blood (e.g. haemophilia), Heart, Cardiovascular or Circulatory System (e.g. heart disease, hypertension, chest pain, palpitation, murmur, stroke, transient ischaemic attack, etc), Endocrine System (e.g. Thyroid disorders, Diabetes or High Blood Sugar) 血液(如血友病)、心臟、心血管或循環系統(如心臟病、高血壓、胸痛、心悸、雜音、中風、短暫性腦缺血發作等、內分泌系統(如甲狀腺疾病、糖尿病或高血糖)的任何疾病。		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
3. In the last 12 months, have you ever experienced unexplained bleeding or fever, weight loss of 10 lbs/4.5 kg or more, lumps or abnormal growths anywhere on your body, or any other medical conditions for which you have yet to receive or are currently undergoing medical treatment, investigation, or consultation with a doctor? (Note: Minor illnesses, such as colds, flu, gastroenteritis, respiratory infections, etc., that were treated for less than 14 days, and routine medical check-ups that do not require further investigation or treatment, do not need to be reported). 在過去的12個月內,您是否曾經歷任何未能解釋的出血或發燒,體重下降超過10磅/4.5公斤,身體任何部位的腫塊或異常生長,或者其他您尚未接受或正接受醫療治療、調查或與醫生諮詢的醫療狀況?(註:輕微疾病,例如感冒、流感、胃腸炎、呼吸道感染等,治療時間少於14天,以及不需要進一步調查或治療的例行醫療檢查,無需報告。)		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
4. In the last 5 years, have you ever had an application for life, disability, critical illness, or medical insurance postponed, declined, withdrawn, or accepted subject to special terms (i.e., a term that charged you an additional premium compared to the standard rate of premium advertised by the insurer in the brochure or a term that applied exclusions in addition to those incorporated in the general terms and conditions of the insurance policy)? 在過去的5年裡,您是否曾經有過保人壽、傷殘、危疾或醫療保險的申請被暫緩、拒絕、撤回或需接受附加特殊條款(例如,比保險公司宣傳冊上標準保費更高的額外費用,或是在保險合同的一般條款和條件之外增加一些不保事項條款)?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
5. Do you have two or more immediate family members (i.e., natural parents or siblings) who have been diagnosed with any form or type of cancer, heart disease, or stroke before the age of 50? 您是否有兩名或以上的直系親屬(包括親生父母、兄弟或姐妹),在50歲前已診斷有任何形式或類型的癌症、心臟病或中風?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							
6. Have you smoked cigarettes (including vapes and electronic cigarettes) or been a social smoker within the past 10 years? 在過去的10年,您是否有吸煙的習慣(包括電子煙)或曾經是社交煙民?		<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 沒有							

Premium Payment Method 繳付保費方法	
Payment Mode 付款期數	<input type="checkbox"/> Yearly 每年 <input type="checkbox"/> Monthly 每月
Payment Method 付款方法	<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Credit Card (Please complete the below "Credit Card Payment Authorization" section) 信用卡(請填寫以下「信用卡付款授權」部分)
If the Cardholder is not the applicant, please fill in the following information. 若信用卡持有人並非申請人,請填寫以下資料。	
Relationship with the applicant 與申請人關係:	Reason for paying premium and insurance levy on behalf of the applicant 代申請人支付保費及保費徵費的原因
<input type="checkbox"/> spouse 配偶 <input type="checkbox"/> parents 父母 <input type="checkbox"/> children 子女	_____
<input type="checkbox"/> I hereby confirm to pay the premium and insurance levy in respect of this Application. 本人同意及承擔此申請的全數應繳保費及保費徵費金額。	
Credit Card Payment Authorisation 信用卡付款授權	
<input type="checkbox"/> Visa 卡	<input type="checkbox"/> Master Card 萬事達卡
Cardholder's Name 持卡人姓名	
Credit Card Account No. 信用卡戶口號碼	Credit Card Expiry Date (MM/YY) 信用卡到期日(月/年)
<input type="checkbox"/> I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to charge my above credit card account for the premium and insurance levy (including renewal premium) until further notice. 本人茲授權保持保險(香港)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及保費徵費(包括續保保費),直至另行通知。	
X Cardholder's Signature 持卡人簽署	_____ Date 日期 (DD/MM/YYYY)

Target Drugs Protection 標靶藥保障

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司(「本公司」)及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用) 假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker / Technical Representative

代理人 / 經紀 / 業務代表 _____

Date (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中英文版本如有差異，以英文版本為準。

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the “Company”) PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the “Company”) as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. 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 completed proposal) 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 with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)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(包括此投保書副本作紀錄)，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。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽bolttechinsurance.hk網站。

Product Suitability Assessment Form 產品合適性評估表

Please provide the personal information in this Suitability Assessment Form in order for us to analyse your medical, financial, and coverage needs to make suitable medical coverage recommendations for you. By providing the information below, you understand and agree that the information provided in this form will be handled in accordance with the Personal Information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited.

請根據此產品合適性評估表提供個人資料以助我們分析您在醫療、財務及保障上的需要，以便提供合適的醫療保障建議。客戶在填寫此分析表時，即表示您明白及同意有關資料將根據保特保險(香港)有限公司之個人資料收集聲明予以處理。

Applicant's name: 申請人姓名：	Proposed insured's name: 準受保人姓名：	Proposed Insured's Age: 準受保人年齡：	Proposed insured's Sex: 準受保人性別：	Proposed insured's relationship to applicant: 準受保人與申請人關係：

Step 1: Customer's medical insurance needs and objectives:

第一步：客戶醫療保險需求及目標：

- 1) Are you able to pay medical insurance premium every year to enjoy the benefits and services as stated in the medical insurance policy for future illnesses or injuries?
您確定每年都能支付醫療保險保費，以享用醫療保險保單中所指定的保障項目和服務來保障未來可能出現之疾病或傷患嗎？
 a) Yes 確定
 b) No 不確定
- 2) What is your annual budget for medical insurance protection?
您的每年醫療保障費用預算為？
HK\$ 港幣 _____
- 3) Do you have any existing personal medical insurance(s)?
您有現有的個人醫療保險嗎？
 a) Yes 有 _____
(If yes, please indicate no. of in-force policy)
如有，請寫出生效之保單數目：
i) Medical expense reimbursement insurance 醫療費用實報實銷保險 _____
ii) Daily cash for hospitalization insurance 每日住院現金保險 _____
iii) Critical illness insurance 危疾保險 _____
iv) Personal accident insurance 個人意外保險 _____
 b) No 沒有
- 4) Why do you want to purchase a new medical insurance?
您為什麼想購買一份新的醫療保險？
 a) For insurance protection of the increasing medical treatment costs 為日益增加的醫療費用提供保險保障
 b) For income protection during sickness 用於疾病期間的收入保障
 c) My existing medical insurance cover is insufficient 我的現有醫療保險保障不足
 d) To enjoy tax allowance of VHIS compliant product ("Voluntary Health Insurance Scheme") 我希望享受「自願醫保」所提供的免稅額
 e) Others, please specify 其他，請註明： _____
- 5) What are your preferred benefits and coverages for your newly applied medical insurance?
在您新投保的醫療保險中，您首要考慮的保障項目和保險範圍是什麼？
 a) Basic hospitalization and surgical benefits 基本住院及手術保障之項目
 b) Comprehensive medical insurance protection 全面的醫療保險保障
 c) Income protection during sickness 疾病期間的收入保障
 d) Annual deductible or co-insurance options to lower the annual premium 每年以自付費或共付保險形式投保之選項，以降低每年的保費

Step 2: Insurance intermediary product recommendation after product suitability assessment**第二步：產品合適性評估後，保險中介人之產品建議**

Insurance intermediary product recommendations: 保險中介人之產品建議：

Step 3: Customer selected product after product suitability assessment**第三步：產品合適性評估後客戶選擇之產品**

I / we confirm that I have gone through the above product suitability assessment and confirm the below medical insurance product is selected by my / our own decision.

本人/我們確認本人/我們已進行上述之產品合適性評估並確認以下之醫療保險產品選擇是本人/我們自己所決定的。

Plan name 計劃名稱: _____

Annual Deductible option (if applicable) 每年自付費選擇(如有): HK\$ _____

Optional benefit (if applicable) 自選保障(如有): _____

客戶聲明 Customer Declaration:

- 1) I / We have read and understood the product brochure, information sheet and policy provision of the medical insurance product I / we selected. 本人/我們已細閱及明瞭本人/我們所選擇之醫療保險產品的產品小冊子、資訊單張及保單條款之內容。
- 2) I / We confirm the medical insurance product I / we selected (in respect of any type of indemnity, non-indemnity, or combo product) is suitable for my / our insurance needs and my / our objectives for purchasing a medical insurance product (including but not limited to (i) income protection during hospital confinement; (ii) preparation for the hospitalization and medical treatment expenses due to illness or injury), and I / we can afford to pay the required premium. 本人/我們確認本人/我們所選擇之醫療保險產品(包括任何種類之賠償、非賠償、或組合產品)符合本人/我們的保險需要及購買醫療保險產品的目標(包括但不限於(i)住院期間的收入保障;(ii)為疾病或受傷之住院及其醫療費用作準備),及本人/我們有能力支付其所需的保費。
- 3) I / We confirm the medical insurance product I/we selected is my / our own decision with no forced pressure from any third parties. 本人/我們確認本人/我們所選擇之醫療保險產品是在沒有受第三者壓力下由本人/我們自行決定的。
- 4) I / We understand the information contained in this form was used to analyse my / our medical insurance needs and provided as reference only for my choice of medical insurance product and premium amount. I / We also understand and agree that the information contained in this form will be handled in accordance with the Personal information Collection Statement ("PICS") of Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格內所提供之資料乃用作分析本人/我們的醫療保險需求,並為本人/我們在選擇保險計劃及保費金額時作參考。本人/我們亦明白此表格內之資料會根據保特保險(香港)有限公司的收集個人資料聲明予以處理。
- 5) We understand that the analysis and choices made in this form were based upon the information provided and it does not create any liability to Bolttech Insurance (Hong Kong) Company Limited. 本人/我們明白此表格之分析及選擇乃基於本人/我們所提供之資料而作出的,當中並不構成保特保險(香港)有限公司之任何責任。
- 6) I / We understand that I / We are required to inform Bolttech Insurance (Hong Kong) Company Limited if there are any substantial changes to the information provided in this form prior to the insurance policy being issued. 本人/我們明白,如本人/我們就此表格內的資料有任何重大更改,本人/我們需在保單生效前通知保特保險(香港)有限公司。

I / We, as the Applicant, confirm that I / we have read and understood all the contents in this form and provided all the correct information for the above on behalf of the proposed insured / existing insured listed in this application. 本人/我們作為申請人確認已細閱及明瞭此表格之內容,並代表此計劃之準受保人/現有受保人就以上問題提供正確無誤之資料。

Applicant's name
申請人姓名

Applicant's Signature
申請人簽署

Date (DD / MM / YYYY)
日期(日/月/年)

Proposed insured's name
(if different from the Applicant)
準受保人姓名(如跟申請人不同)

Proposed insured's Signature
準受保人簽署

Date (DD / MM / YYYY)
日期(日/月/年)

Name of Agent / Broker
經紀姓名

Agent's / Broker's Code
經紀編號

Agent's / Broker's signature
經紀簽署