

Target Drugs Protection

Whereas the Policyholder by an Application which shall be the basis of this contract has applied to Bolttech Insurance (Hong Kong) Company Limited (hereafter called the Company) for the insurance contained in this Policy.

In consideration of the Application and the Premium, the Company will be subject to the terms, conditions, limitations, exclusions and definitions contained in this Policy, pay the Policyholder Target Drugs Benefit for designated Disease as stated and defined in this Policy.

The Application, all Schedules and endorsements (if any) attached hereto and issued by the Company from time to time shall, unless superseded or cancelled by the Company, form an integral part of this Policy and shall have the same force and effect as if expressly set out in the body of this Policy and any reference to this Policy shall include such Application, Schedules and endorsements as the same are or may be renewed or amended from time to time.

ONLINE SECURITY

The Company is always concerned about security. It is important that you should be alert to any emails asking for your personal information; here we provide some information to help you to protect yourself:-

“Phishing attack” is an online fraud technique which involves sending official-looking email messages with return addresses, links and branding that all appear to come from legitimate banks, insurance companies, retailers, credit card companies, etc. Such emails typically contain a hyperlink to a spoof website and mislead account holders to enter customer names and security details on the pretence that security details must be updated or changed. Once you give them your information it can be used on legitimate sites to take your personal information.

To protect yourself, you should be aware of the following:

- The Company will not send you emails asking you to update, verify or confirm your personal security details e.g. PIN, bank account number, ID Card number and passport number.
- You should pay close attention to the URL (website address) of the site you are visiting to make sure it is actually the site you believe it to be.

Should you have further enquiries, or you would like to report on suspected phishing cases relating to the Company, please refer to the Company website bolttechinsurance.hk or call our Customer Service Hotline at (852) 3123 3344.

IMPORTANT NOTICE

Please examine this Policy carefully. If there are any errors or if it does not meet your requirements, please contact the Company or your Insurance Broker / Agent immediately.

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Appendix 1 : List of Covered Target Drugs

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1. DEFINITIONS

Acquired Immune Deficiency Syndrome or AIDS – shall have the meaning ascribed to such term by the World Health Organization from time to time.

Application – shall mean any statement, representation or document in any form provided to the Company by the Policyholder pursuant to which this Policy is issued.

Cancer - shall mean a malignant tumour characterized by uncontrolled growth of malignant cells and the invasion of tissue. Cancer includes leukaemia (other than chronic lymphocytic leukaemia of RAI stage 0) but does not include non-invasive cancers in situ or any non-melanoma skin cancer of AJCC stage I or below. A diagnosis of Cancer must be supported by histopathological, cytopathological patterns, radiological tests, blood tests and other laboratory tests results.

Company – Bolttech Insurance (Hong Kong) Company Limited

Commencement Date – the date of premium commencing, the date used for determining the issue age of the Insured Person, and the date on which coverage under this Policy becomes effective as shown on the Policy Schedule.

Congenital Conditions – shall mean medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Policyholder or the Insured Person.

Covered Cancer – shall mean the First Symptoms that occur no earlier than 90 days after the Policy Date and are subsequently confirmed by a Medical Practitioner as meeting the definition of Cancer. The Company will not accept a diagnosis based on history, physical, clinical, cytological or radiological findings only.

Covered Target Drugs – shall mean the target drugs which are registered under the Drug Office of Department of Health of Hong Kong and included expressly in the "Appendix 1: List of Covered Target Drugs" for the purpose of claiming the Target Drugs Benefit of the Policy.

Disease – shall mean the Disease(s) covered under this Policy as shown and defined as Covered Cancer.

Family Member – shall mean in respect to a person, his / her spouse or child(ren).

First Confirmed Diagnosis – shall mean the first time that a diagnosis of a Covered Cancer is made by a Medical Practitioner and confirmed by histopathological and / or cytopathological patterns and / or radiological tests, blood tests and / or other laboratory tests results. Date of diagnosis of a Covered Cancer suffered by the Insured Person will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Insured Person. A diagnosis of a Covered Cancer based on history, physical and radiological findings only will not meet the standards of diagnosis required by this Policy.

First Symptoms – Any condition or illness or any of its direct causes in respect of an Insured Person, where the Insured Person and / or the Policyholder was aware or should reasonably have been aware of signs or symptoms of the condition or illness, or where any laboratory test or investigation showed the likely presence of the condition or illness.

Grace Period – the Grace Period of any premium due and not received by the Company as set out in Clause 3.2.

HIV Infection – shall mean the infection deemed to have occurred where blood or other relevant test(s) indicate, in the opinion of the Company, the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus.

Hong Kong – the Hong Kong Special Administrative Region of the People's Republic of China.

Independent Person – a person other than (a) the Policyholder or the Insured Person; (b) the Family Member of the Policyholder or the Insured Person; (c) a business partner of the Policyholder or the Insured Person; (d) the employer or employee of the Policyholder or the Insured Person; (e) an insurance agent of the Company; or (f) an insurance representative of the Policyholder or the Insured Person, unless approved in advance by the Company in writing.

Insured Person – the person as shown on the Policy Schedule as the “Insured Person”.

Medical Practitioner – shall mean an Independent Person who is licensed and registered under the Medical Registration Ordinance of Hong Kong and legally authorized to practice western medical and surgical services in accordance with the laws of Hong Kong and who is acceptable to the Company.

Medically Necessary – shall mean a medical recommendation by Medical Practitioner as part of his/her diagnosis and/or treatment of a Covered Cancer. The medical recommendation must meet each of the following criteria:

- (a) The Insured Person's medical condition will be adversely affected if the medical recommendation is not followed;
- (b) The recommendation is widely accepted within the medical profession in Hong Kong as being effective, appropriate and essential to diagnose, relieve or cure the Insured Person's Covered Cancer based on recognised western medical standards of the specialty involved;
- (c) The recommended medical management and/or treatment is not experimental in nature; and
- (d) The recommended diagnosis and/or treatment is not preventative, investigational or screening in nature, is not opted or selected by the Insured alone, nor is for the personal convenience or comfort of the Insured or any medical service provider.

Overall Limit – shall mean the amount shown on the Policy Schedule or an endorsement to the Policy as the “Overall Limit”. It is the maximum total amount for the Covered Target Drugs during the Reimbursement Period that the Company will pay under Clause 4 Benefit Provisions.

Period of Insurance – shall mean the period of time during which this Policy is in force, which is specified as “Period of Insurance” in the Policy Schedule.

Policy – shall mean the terms and conditions of “**Target Drugs Protection**” mentioned herein.

Policyholder – shall mean the person designated as the “Policyholder” in the Policy Schedule.

Policy Schedule – shall mean the policy schedule attached to this Policy which may be amended by way of endorsement issued by the Company from time to time, which contains the policy number of this Policy, details of the Insured Person, coverage of this Policy and other particulars for identification purposes.

Pre-existing Conditions – shall mean (1) any physical, medical or mental condition or (2) any Diseases, illness or injury:

- (a) that existed whether it was known or unknown to the Policyholder or the Insured Person; or
- (b) that was investigated, diagnosed, or treated by a Medical Practitioner; or
- (c) for which Medical Practitioner was consulted; or
- (d) the signs or symptoms of which commenced,

before the date when the coverage under this Policy first commence since the Application of this Policy.

Reasonable and Customary – shall refer to a fee or expense which:

- (a) is actually charged for Medically Necessary treatment, supplies or medical services;
- (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred;
- (c) does not include charges that would not have been made if no insurance existed.

The Company may adjust benefit(s) payable under this Policy for fees or expenses that the Company judge not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognized medical association in the location where the fee or expense is incurred.

Reimbursement Period – shall mean a period of consecutive Seven Hundred and Thirty (730) days commencing on the date of First Confirmed Diagnosis. It is the overall cover period for the Covered Target Drugs that the Company will pay under Clause 4 Benefit Provisions. After the Reimbursement Period ends, the Policy will be terminated.

2. GENERAL PROVISIONS

2.1 Contract

This Policy is issued in consideration of the Application and payment of premiums as set out in the Policy Schedule. The Application for this Policy, any medical evidence, written statements and declarations furnished as evidence of insurability, and the Policy documents (including but not limited to the Policy Schedule and the document referred hereto) constitute the entire contract.

All statements made by or for the Insured Person and/or the Policyholder shall be considered representations and not warranties.

2.2 Alterations

No alterations in the terms and conditions and provisions of this Policy shall be valid unless it is in a written endorsement to this Policy signed by an officer so authorized by the Company. No agent or other persons shall have the authority to change or waive any provision of this Policy.

2.3 Incorrect Disclosure or Non-Disclosure

Incorrect disclosure or non-disclosure of any material facts which, in the Company's opinion, may affect the Company's risk assessment, including but not limited to, age, gender and other material facts declared during the relevant Application, may render this Policy void from the first Commencement Date, unless the Company confirms otherwise in writing. The Company's liability shall be limited to the amount of premiums paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.

2.4 Policyholder

The Policyholder is the person designated in the Policy Schedule. Only the Policyholder can exercise all rights, privileges and options provided and receive the benefits under this Policy while the Insured Person is alive and this Policy is in force.

2.5 Change of Policyholder

While the Insured Person is alive and this Policy is in force, subject to the approval of the Company at its discretion, the Policyholder may transfer the ownership of this Policy by completing the prescribed form and sending it to the Company. The Company shall consider application of transfer of ownership at the time of Policy renewal without any administration charge on the Policyholder or transferee. The change of ownership shall not be effective until the Company has approved the change and notified in writing to the Policyholder and transferee. From the effective date of the change of ownership, the transferee shall be treated as the Policyholder, and the absolute owner of this Policy and be responsible for the payment of the premiums, insurance levies, including any outstanding premiums and insurance levies.

The Company shall not reject any application by the Policyholder for the transfer of ownership to:

- (a) the Insured Person if he has reached the age of eighteen (18) years;
- (b) the parent or the guardian of the Insured Person if he is a minor; or
- (c) any person whose familial relationship with the Insured Person is accepted by the Company according to its prevailing underwriting practices which are readily accessible by the Policyholder.

2.6 Change of Place of Residence

If the Insured Person changes his/her place of residence, the Policyholder should inform the Company as soon as practicable.

If the change of place of residence of the Insured Person is to one which is classified by the Company as not insurable pursuant to the Company's then underwriting rules, the Company shall not be liable to cover any loss or expenses incurred after the change and the Company shall have the absolute right to terminate or refuse to renew (as the case may be) this Policy from next premium due date according to the Company's discretion.

2.7 Renewal

This Policy will be effective for a period of one (1) year. Before the end of Period of Insurance, the Company may send to the Policyholder a renewal notice with the renewal terms subject to the Insured Person's attained age not exceeding eighty (80). Upon the expiry of the Policy, this Policy may be renewed by the Policyholder for another Period of Insurance at such rate or on such terms as the Company may determine depending on the benefits and the scope of coverage at the time of each renewal. Unless as otherwise stated in this Policy, the Company reserves the right not to renew the Policy and the right to revise the benefits, premiums, terms and conditions, and to make changes to this Policy upon renewal at its sole discretion.

This Policy will not be renewable on the expiry of the Period of Insurance if the Insured Person has attained the age of eighty (80) years.

2.8 Freedom from Restriction

Unless otherwise specified, this Policy contains no restrictions upon the Insured Person in respect of travel or residence.

2.9 Currency of Payment

All amounts payable either to or by the Company shall be made in Hong Kong Dollars at the Company's sole discretion.

2.10 Interpretation

Throughout this Policy, where the context so admits, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case include the plural and vice-versa. Should any conflict arise in respect of the interpretation of any provisions in this Policy and any other material otherwise produced by the Company, then the provisions of this Policy shall prevail.

2.11 Notice from the Company

Any notice to be given under this Policy will be sent to the Policyholder's latest address as notified to the Company, and will be deemed to have been received by the Policyholder forty-eight (48) hours after posting.

2.12 Governing Law

This Policy shall be governed by and construed in accordance with the laws of Hong Kong.

2.13 Contracts (Rights of Third Parties) Ordinance

The Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) does not apply to this Policy, and only the Company and the Policyholder or their authorized representatives can enforce the terms of this Policy.

2.14 Sanction Exclusion

Notwithstanding anything to the contrary in the Policy the following shall apply:

If, by virtue of any law or regulation which is applicable to the Company at the inception of this Policy or becomes applicable at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America, United Kingdom or the People's Republic of China/Hong Kong SAR, that the Company shall provide no coverage or benefit or have no liability whatsoever to the Insured, to the extent that it would be in breach of such law or regulation.

3. PREMIUMS PROVISIONS**3.1 Payment of Premiums**

Premiums must be paid during the lifetime of the Insured Person according to what is specified in the Policy Schedule. They must be paid on a monthly or yearly basis or in such other frequency as the Company permits. Premiums once paid are fully earned. Premium due dates and renewal dates are determined from the Commencement Date as shown in the Policy Schedule.

3.2 Grace Period

The Company shall allow a Grace Period of thirty (30) days after the premium due date for payment of each premium, during which the Policy shall continue to be in effect. If any premium is still unpaid at the expiration of the Grace Period, this Policy shall lapse as from the due date for payment of such premium.

3.3 Deduction of Unpaid Premium

Upon the payment of any benefit(s) while this Policy is in force, in the event the premiums being paid by instalments other than yearly, the Company shall deduct from any amount payable under this Policy the amount of unpaid premiums (if any) for the whole of the then Period of Insurance, together with any outstanding premium paid and insurance levy paid related to this Policy which may be owing under the Policy.

4. BENEFIT PROVISIONS

While the coverage of this Policy is in effect and subject to the terms, conditions, exclusions, limitations and restriction contained in this Policy (including any attached endorsements), the Company shall, upon receipt of due proof and the Company's approval, pay the benefit(s) in accordance with the Benefit Provisions.

The Company shall pay the Target Drugs Benefit for Covered Cancer only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs after the first ninety (90) days from the date when the coverage under this Policy first commence since the Application of this Policy.

If the Insured Person is covered by more than one (1) Policies 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.

4.1 Target Drugs Benefit

While this Policy is in force, the Company shall reimburse the Policyholder the Reasonable and Customary charges of Covered Target Drugs for Medically Necessary treatments incurred in Hong Kong during a consecutive seven hundred and thirty (730) days Reimbursement Period commencing from the date of First Confirmed Diagnosis of the Covered Cancer subject to the Overall Limit as stated in the Policy Schedule or an endorsement to the Policy and subject to the following:

- (a) The Covered Target Drugs are for the purpose of Medically Necessary treatment for a Covered Cancer as prescribed by the Insured Person's attending Medical Practitioner and performed on the Insured.
- (b) The Insured Person's attending Medical Practitioner is a locally registered Medical Practitioner in Hong Kong.
- (c) The prescribed target drugs are purchased through the clinic, the hospital, or the related cancer treatment centre in Hong Kong.

For the avoidance of doubt, the Company shall not reimburse any prescribed target drugs purchased through local or overseas pharmacies or prescribed by a doctor or surgeon who is not a locally licensed and registered Medical Practitioner in Hong Kong under the Medical Registration Ordinance.

This 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.

5. EXCLUSIONS

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

- 5.1. the First Symptoms appear 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;
- 5.2. the Insured Person's Diseases, illness or injury is a Pre-existing Condition or results from the complications of a Pre-existing Condition;
- 5.3. birth defects, genetic disorders, Congenital Conditions or inherited disorders of the Insured Person;
- 5.4. 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;
- 5.5. attempted suicide or self-inflicted injuries while sane or insane, or under any condition caused by chronic alcoholism or drug addiction;
- 5.6. the Insured Person's participation in any criminal offence or illegal acts;

- 5.7. 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.

6. CLAIMS PROVISIONS

6.1 Notice of Claim

Written notice of any claim for all Benefits must be given to the Company within thirty (30) days (and in any case no later than six (6) months) from the date of the First Confirmed Diagnosis of such respective Covered Cancer or from the date of first incurring the costs of Covered Target Drugs. Any claims for all Benefits received after the said six (6)-month period shall not be accepted unless the Company in its sole discretion decides otherwise.

6.2 Proof of Loss

Upon receipt of a notice of claim, the Company shall provide the claimant with such forms as it requires for the filing of proof of loss.

Written proof of loss satisfactory to the Company must be given to the Company within ninety (90) days after the time the proof is required or as soon thereafter as is reasonably possible, and in no event, except in the absence of legal capacity, no later than six (6) months from the time the proof is required.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant.

The Insured Person shall, at the Company's request and expense, submit to a medical examination by a designated Medical Practitioner in Hong Kong, when and so often as the Company may reasonably require.

6.3 Proof of Occurrence

Proof of occurrence of any insured event must be supported by:

- (a) a Medical Practitioner;
- (b) confirmatory investigations including but not limited to clinical, radiological, histological and laboratory evidence; and
- (c) if the Insured event requires a surgical procedure to be performed the procedure must be the usual treatment for the condition and be Medically Necessary.

The Company must be satisfied with the proof of the occurrence of any insured event. The Company reserves the right to require the Insured Person to undergo an examination or other reasonable tests to confirm the occurrence of an insured event.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant.

The Insured Person shall, at the Company's request and expense, submit to a medical examination by a designated Medical Practitioner in Hong Kong, when and so often as the Company may reasonably require.

6.4 Abandoned Claims

If the Company declines any claim under this Policy and the Policyholder does not initiate any legal action in respect of such claim within twelve (12) calendar months from the date of such decline, the claim for all purposes shall be deemed abandoned and shall not thereafter be recoverable.

6.5 Legal Action

No suit or action against the Company, whether at law or in equity, shall be brought on a claim sooner than three (3) months after the date on which proof of loss satisfactory to the Company is given, nor later than three (3) years after the date on which proof of loss is required.

If a claim is, in any respect, false, fraudulent, intentionally exaggerated or if fraudulent means or devices or documentation has been used to obtain benefit under this Policy, the Company shall have the right to terminate this Policy immediately without refunding paid premiums and paid insurance levies. The Company shall also have the right to recover any benefit which have already paid to a claim which is not eligible.

7. TERMINATION PROVISIONS

This Policy shall be terminated on the earliest of the following:

- 7.1. The death of the Insured Person;
- 7.2. At mid-night (Hong Kong time) on the last day of the Period of Insurance in which the Insured Person has attained the age of eighty (80) during that Period of Insurance;
- 7.3. When the Policyholder decides to cancel this Policy in accordance with Clause 8 by giving requisite written notice to the Company;
- 7.4. The termination of this Policy according to Clause 2.6;
- 7.5. Policy is lapsed when the Company or the Policyholder decides not to renew the Policy in accordance with Clause 2.6 or Clause 2.7;
- 7.6. The date of termination of this Policy due to default in payment of any premium determined in accordance with Clause 3.2; or
- 7.7. The Target Drugs Benefit payable reaches one hundred percent (100%) of the Overall Limit; or
- 7.8. The Seven Hundred and Thirty (730) days Reimbursement Period ends.

8. CANCELLATION

While the Insured Person is alive and the Policy is in force, the Policyholder may cancel this Policy at any time by giving notice to the Company by a letter sent by registered post addressed to the Company, specifying the effective date of cancellation of this Policy; and provided that no claims have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the annual premium and insurance levy paid by him corresponding to the unexpired portion of the Period of Insurance less an administration charge of ten percent (10%) of the annual premium in respect of this Policy.

If the premium is paid by installment, no unearned premium and insurance levy paid for Period of Insurance of this Policy shall be refunded. An administration charge of ten percent (10%) of the annualized premium shall be charged to the Policyholder.

No unearned premium and insurance levy shall be refunded in case of claims incurred during the Period of Insurance.

The Company shall refund the insurance levy paid by the Policyholder in accordance with the applicable laws and regulations, if any.

Appendix 1: List of Covered Target Drugs

	Molecule 成分	Drug Name 藥物名稱
1	ABEMACICLIB	VERZENIO
2	AFATINIB	GIOTRIF
3	ALECTINIB	ALECENSA
4	ATEZOLIZUMAB	TECENTRIQ
5	AVELUMAB	BAVENCIO
6	AXITINIB	INLYTA
7	BEVACIZUMAB	AVASTIN
8	BLINATUMOMAB	BLINCYTO
9	BRENTUXIMAB VEDOTIN	ADCETRIS
10	BRIGATINIB	ALUNBRIG
11	CABOZANTINIB	CABOMETYX
12	CERITINIB	ZYKADIA
13	CETUXIMAB	ERBITUX
14	COBIMETINIB	COTELLIC
15	CRIZOTINIB	XALKORI
16	DABRAFENIB	TAFINLAR
17	DACOMITINIB	VIZIMPRO
18	DARATUMUMAB	DARZALEX
19	DASATINIB	SPRYCEL
20	DURVALUMAB	IMFINZI
21	ENTRECTINIB	ROZLYTREK
22	ERLOTINIB	TARCEVA
23	ERLOTINIB	ERLOTINIB
24	EVEROLIMUS	AFINITOR
25	GEFITINIB	IRESSA
26	GEMTUZUMAB OZOGAMICIN	MYLOTARG
27	IBRUTINIB	IMBRUVICA
28	IMATINIB	GLIVEC
29	IMATINIB	IMAKREBIN
30	INOTUZUMAB OZOGAMICIN	BESPONSA
31	IPILIMUMAB	YERVOY
32	LAPATINIB	TYKERB
33	LENVATINIB	LENVIMA
34	LORLATINIB	LORVIQUA
35	MIDOSTAURIN	RYDAPT
36	NILOTINIB	TASIGNA
37	NIVOLUMAB	OPDIVO
38	OBINUTUZUMAB	GAZYVA
39	OSIMERTINIB	TAGRISSE
40	PALBOCICLIB	IBRANCE
41	PANITUMUMAB	VECTIBIX

42	PAZOPANIB	VOTRIENT
43	PEMBROLIZUMAB	KEYTRUDA
44	PERTUZUMAB	PERJETA
45	PONATINIB	ICLUSIG
46	RAMUCIRUMAB	CYRAMZA
47	REGORAFENIB	STIVARGA
48	RIBOCICLIB	KISQALI
49	RITUXIMAB	MABTHERA
50	RITUXIMAB	MABTHERA SC
51	RITUXIMAB	RIXATHON
52	RUXOLITINIB	JAKAVI
53	SORAFENIB	NEXAVAR
54	SUNITINIB	SUTENT
55	TEMSIROLIMUS	TORISEL
56	TRAMETINIB	MEKINIST
57	TRASTUZUMAB	HERCEPTIN
58	TRASTUZUMAB	KANJINTI
59	TRASTUZUMAB EMTANSINE	KADCYLA
60	VANDETANIB	CAPRELSA
61	VEMURAFENIB	ZELBORAF

Appendix 2 - Personal Information Collection Statement (“PICS”)

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 3123 3344.



English

標靶藥保障

鑑於保單持有人透過申請書（作為本合約的基礎）向保特保險（香港）有限公司（以下稱為本公司）申請本保單所載的保險。

當收妥申請書及保費後，本公司將於本保單所載條款、細則、限制、不承保事項及釋義的規限下，就本保單承保之標靶藥保障向保單持有人作出賠償。

本保單隨附並由本公司不時簽發的申請書、所有項目表及批單（如有），除非由本公司取代或取消，否則應構成本保單不可或缺的一部分，並猶如明確載列於本保單正文般具有相同效力及作用，凡提及本保單，均包括該申請書、項目表及批單（經不時或可能不時重續或修訂）。

網上保安

本公司對保安時刻予以重視。閣下應謹記，對任何要求提供個人資料的電郵必須提高警覺；以下載列部分有助閣下保障自己的資料：-

「網上電郵詐騙」是互聯網的欺詐伎倆，方法是假冒正當機構，如銀行、保險公司、零售商、信用卡公司等發出虛假電郵，其中附有偽冒的回郵地址、連結及公司商標。這些電郵一般內附超連結接駁至偽冒網站，並假借為戶口持有人更新或更改安全性內容，從而要求客戶輸入姓名及安全性資料。一旦閣下提供有關資料，此等資料隨即可能被用於正當機構的網站，以提取閣下的個人資料。

為保障自己，閣下應知悉下列情況：

- 本公司不會發送電郵要求閣下更新、核對或確認閣下的安全性資料，例如個人識別編碼 (PIN)、銀行戶口號碼、身份證號碼及護照號碼。
- 請密切留意閣下所登入的網站地址 (URL)，以確保需要瀏覽的網站之正確地址。

如有其他查詢或閣下有意舉報與本公司有關的可疑網上電郵詐騙案件，請參閱本公司網站 bolttechinsurance.hk 或致電客戶服務熱線 (852) 3123 3344。

請特別注意

請保單持有人詳細查閱此保單之內容，如有任何疑問，請從速與本公司或閣下之保險經紀 / 代理人聯絡。

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附錄一：標靶藥列表

附錄二：收集個人資料聲明

1. 定義

愛滋病或 AIDS – 指具有世界衛生組織不時賦予該詞的涵義。

申請書 – 指保單持有人向本公司提交的任何申述、陳述或以任何形式提交之文件，其中包含本公司發出本保單所依據的資料。

癌症 – 指惡性腫瘤具有惡性細胞不受控地生長，並侵略其他細胞組織。癌症包括白血病（慢性淋巴性白血病 RAI 零期除外），但不包括非侵入性原位癌，或任何 AJCC 癌症分期第 I 期或以下的非黑色素瘤皮膚癌。癌症之診斷必須獲得組織病理學，細胞病理學模式，放射性測試，血液測試及其他化驗結果的支持。

公司 – 保特保險 (香港) 有限公司。

保單生效日 – 指保單資料頁中所示保費開始之日，用於釐定受保人的受保年齡之日，以及此保單下的保障生效之日。

先天性疾病 – 指出生時既已存在（無論保單持有人或受保人已知或未知）的身體異常。

受保癌症 – 指首次徵狀出現在保單簽發日後不早於 90 日，並且隨後由醫生確認為符合相關定義的癌症。我們將不會接受僅基於病歷、身體上、臨床，細胞學或放射學檢查結果的診斷。

受保標靶藥 – 指就對標靶藥保障提出索償的標靶藥，並必須為香港衛生署藥物辦公室之註冊藥物及為「附錄一：標靶藥列表」內所列之標靶藥。

疾病 – 指本保單在受保癌症所示及界定的疾病。

家庭成員 – 指有關人士之配偶或子女。

首次確認診斷 – 指根據組織病變及／或細胞病理形式，及／或放射性檢驗、血液檢驗，及／或其他化驗結果，首次被醫生確定患有受保癌症的診斷。是次受保人所患受保癌症診斷日期將根據首次從受保人體內取出而其後確認該診斷的組織樣本、培養物、血液樣本或任何其他化驗檢查的日期而定。只根據病歷、身體上及放射性結果作出對受保癌症之診斷，並不能符合本保單要求之診斷準則。

首次徵狀 – 指任何受保人的狀況或疾病或其任何直接致病因素，而受保人及／或保單持有人已知道或按理應知其徵狀或病徵；或任何化驗室的檢驗或調查顯示該狀況或疾病可能存在。

寬限期 – 指第 3.2 條所載，本公司尚未收到的任何到期應付之保費的寬限期。

HIV 感染 – 指對本公司而言，在血液或其他檢測顯示已存在人類免疫力缺乏病毒或該病毒的抗原或抗體，視為已發生的感染。

香港 – 指中華人民共和國香港特別行政區。

獨立人士 – 指非以下列舉之外的人士：(a) 保單持有人或受保人；(b) 保單持有人或受保人的家庭成員；(c) 保單持有人或受保人的業務合夥人；(d) 保單持有人或受保人的僱主或僱員；(e) 本公司的保險代理人；或 (f) 保單持有人或受保人的保險代表，獲本公司事先書面批准者除外。

受保人 – 指保單資料頁中列明為「受保人」的人士。

醫生 – 指根據香港《醫生註冊條例》註冊及獲發牌照的獨立人士並根據香港法例已獲得授權提供相關疾病確診、西醫醫療、及外科服務，且為本公司所認可之獨立人士。

醫療需要 – 指由醫生為其診斷及／或治療受保癌症的一部分而作出的醫療建議。該醫療建議必須符合以下每個準則：

- (a) 如果沒有跟隨醫療建議，受保人的醫療狀況將會受到不利影響；
- (b) 建議獲香港醫學界廣泛接受，且根據所涉專科的認可西醫醫療標準，對診斷、緩解或治愈受保人的受保癌症屬有效、適當及必需；
- (c) 建議的醫療管理及／或治療並非實驗性質；及
- (d) 建議的診斷及／或治療不屬預防、調查或篩查性質，不是由受保人單獨選擇，也不是為了受保人或任何醫療服務提供者的個人方便或舒適而進行。

保障限額 – 指保單資料頁或保單修訂上指明為「保障限額」之金額。此保障限額為本公司在索償期內根據保障條款第 4 條支付受保標靶藥之總金額上限。

保障期 – 指本保單的有效期間，即保單資料頁中「保障期」所訂明的期間。

保單 – 指本文提及的「**標靶藥保障**」的條款與細則。

保單持有人 – 指保單資料頁中指定為「保單持有人」的人士。

保單資料頁 – 指本保單隨附的保單資料頁（經本公司不時透過簽發批單進行修訂），當中包含本保單的保單編號、受保人詳情、本保單的保障範圍及用於身份識別的其他詳情。

受保前已存在之傷病 – 指本保單的首次生效日之前的 (1) 任何身體、醫療或精神狀況；或 (2) 任何疾病或損傷：

- (a) 已存在而不論保單持有人或受保人已知或未知；或
- (b) 曾接受醫生檢查、診斷或治療；或
- (c) 曾向醫生諮詢；或
- (d) 已出現有關徵狀。

合理及慣常 – 指符合以下條件的費用或開支：

- (a) 屬醫療需要之治療、物資或醫療服務的實際收費；
- (b) 不超過在收取費用當地提供類似治療、物資或醫療服務收取的一般或合理平均收費水準；及
- (c) 不包括因為有保險才衍生的收費。

在比較產生該筆費用或支出之所在地的政府、相關當局或認可之醫學會使用的費用表後，若本公司判定該筆費用或支出為不合理及慣常，本公司可能會調整本保單下的應付保障。

索償期 – 指由首次確診診斷日起計連續 730 日期間。本公司將在此索償期內根據保障條款第 4 條支付受保標靶藥的費用。在索償期完結後，此保單將即時終止。

2. 一般條款

2.1 保單合約

本保單乃根據所呈交之申請書，並在收受保單資料頁所列保費後簽發。整份合約是由有關之申請書、所呈報之健康狀況資料、證明適宜受保之一切書面陳述及聲明、及此份保單文件（包括但不限於保單資料頁及本保單所指的各表格）所構成。

受保人及／或保單持有人或彼等的代表為其作出的所有陳述，皆被視為一種申述，而並非一項保證。

2.2 保單條款修訂

所有保單條款的修訂均須列明於本公司所發出關於本保單之批單並由本公司授權人簽署同意，方能生效。保險營業員或任何其他人士均無權修改或豁免本保單之任何條款。

2.3 錯誤披露或未披露資料

對本公司而言，錯誤披露或未披露任何重要事實，可能會影響風險評估，其中包括但不限於以下各項：年齡、性別，以及有關申請書上須申報的其他重要事實。除非本公司以書面形式確認，否則錯誤披露或未披露這些重要事實可能會導致本保單自保單首個生效日起失效。本公司之賠償責任僅限於不附帶利息之總已繳保費及保費徵費，而一切已賠償保障亦將被扣除。

2.4 保單持有人

保單持有人為保單資料頁中指定的人士。在受保人在世及本保單有效時，僅保單持有人可行使本保單下的所有權利、特權及選項及收取本保單下的賠償額。

2.5 變更保單持有人

在受保人在世及本保單有效時，保單持有人可透過填妥指定的表格並將其交給本公司，並須經本公司酌情批准下轉讓本保單的所有權。本公司須在保單續期時審議所有權的轉讓申請，而不向保單持有人或受讓人收取任何管理費。所有權的變更在本公司批准該變更並書面通知保單持有人及受讓人後方始生效。自所有權變更生效日起，受讓人須被視為保單持有人及本保單的絕對擁有人，並負責支付保費、保險徵費，包括任何結欠的保費及保險徵費。

本公司不得拒絕保單持有人將所有權轉讓予以下人士的申請：

- (a) 如受保人已年滿十八 (18) 歲；
- (b) 如受保人未成年，轉讓予受保人的父或母或監護人；或
- (c) 與受保人的親屬關係為本公司根據保單持有人隨時可獲取的現行承保慣例所接受的任何人士。

2.6 變更居住地

若受保人變更其居住地，保單持有人應在合理可行的情況下盡快知會本公司。

若受保人的居住地變更為被本公司根據當時的承保規則分類為不可受保的居住地，本公司將不負責承擔變更後發生的任何損失或支出，且本公司有絕對權利於下個到期付款日起終止或拒絕續保（視乎情況而定）本保單。

2.7 續保

本保單的保障期為一 (1) 年。在保障期屆滿前，若受保人仍未滿八十 (80) 歲，本公司可能向保單持有人發送續保通知書以及續保條款。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及於續保時修改保障、保費、條款及細則，以及對本保單作出更改的權利。

如果受保人已年滿八十 (80) 歲，則本保單在保險期屆滿之後將不獲續保。

2.8 不受限制

除特別聲明外，本保單並無規限受保人之旅遊或居所。

2.9 付款貨幣

本公司全權決定以港元收取或繳付所有款項。

2.10 合約詮釋

本保單內容用詞如有性別或單雙數之分，均應視為概括性之描述，並無區別。

若保單條款與本公司其他文件及紀錄在詮釋上出現差異而引致爭議，則以本保單條款為準。

2.11 本公司發出之通訊

根據本保單發送之任何通知將遞送至保單持有人知會本公司之最新地址，而郵遞後四十八（48）小時，將被視為已由保單持有人收取。

2.12 準據法

本保單及其詮釋以香港特別行政區之法律為準據法。

2.13 《合約（第三者權利）條例》

合約（第三者權利）條例（香港法例第 623 章）不適用於本保單。只有本公司及保單持有人（或各自的授權代表）能強制執行本保單之條款。

2.14 制裁除外條款

儘管本保單中有相反規定，以下規定仍適用：

根據本保單成立之初適用於本公司或之後任何時間適用的任何法律或法規，如果向被保人提供保障是或將是不合法，因其違反聯合國決議的任何制裁、禁令或限制，或歐盟、美國、英國或中華人民共和國／香港特別行政區的貿易或經濟制裁、法律或法規，則在可能違反此等法律或法規的情形下，本公司不得向被保人提供任何承保範圍或權益，亦不承擔任何責任。

3. 保費條文

3.1 保費繳付方法

保費須於受保人在生期間按保單資料頁內所列明之金額繳付。保費必須按月、按年或按本公司另外規定分期繳付。保費一經支付即全為本公司所有，且不獲退還。保費到期日及保單續保日均自保單資料頁內列載之保單生效日起計算。

3.2 寬限期

在本保單仍然生效時，任何到期繳付之保費均可獲本公司三十（30）天寬限期。若在寬限期後仍未繳付保費，則本保單自該保費的到期付款日起失效。

3.3 在賠償內扣除待繳保費

若本保單並非以年繳方式而是分期繳付保費，本公司將在保單有效期內支付本保單下之賠償時，從賠償金額扣除該保障期全期未繳保費（如有）及保費徵費之欠款。

4. 保障條款

在本保單的保障有效期間，受限於本保單（包括任何附於本保單的批單）的條款、條件、不保事項、範圍及限制，本公司在接獲有關索償的充份證據及經本公司批核後，將根據保障條款支付賠償。

只有受保人在本保單的首次生效日起首九十（90）天後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，本公司須就「附錄一：標靶藥列表」所述及界定為符合治療受保癌症的受保標靶藥支付標靶藥保障。

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。

4.1 標靶藥保障

在本保單生效期內，本公司將由受保癌症之首次確認診斷日起計連續 730 日索償期內及以保單資料頁或批單上列明之保障限額為限，向保單持有人支付受保人在香港境內接受切合醫療需要之受保癌症治療而產生之合理及慣常受保標靶藥收費，並受限於以下條款：

- (a) 該受保標靶藥由主診醫生處方予受保人作為有醫療需要的相關受保癌症治療之用。
- (b) 受保人之主診醫生為香港本地註冊之醫生。
- (c) 該標靶藥在香港境內之診所、醫院、或相關癌症治療中心購買。

為免存疑，本公司不會支付任何於本地或海外藥房購買或由非根據香港《醫生註冊條例》註冊及獲發牌照的醫生處方之標靶藥。

此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。

5. 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：

- 5.1. 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；
- 5.2. 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。
- 5.3. 受保人的出生缺陷、遺傳異常、先天性疾病或遺傳疾病；
- 5.4. 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；
- 5.5. 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；
- 5.6. 受保人參與任何刑事犯罪或違法行為；
- 5.7. 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。

6. 索償條款

6.1 索償通知

任何保障的索償應在受保人首次確認診斷患上相關受保癌症或受保標靶藥費用首產生日起計的三十（30）天（在任何情況下不遲於六（6）個月）內，以書面形式通知本公司有關索償。除非本公司另作決定，任何於上述六（6）個月期限外之標靶藥保障將不會受理。

6.2 索償證明

本公司在接獲上述通知書後，會將索償表格交予索償人，以作填寫索償之用。

索償證明文件須在本公司要求提供有關文件的九十（90）天內或其後盡速送交本公司。除因缺乏行為能力致延遲，但無論如何，其延遲不得超過六（6）個月。

索償人應負責一切取得本公司所要求之證書、資料及證明文件之費用。

本公司有權要求受保人不時於本公司所指定在香港的醫生進行身體檢驗，檢驗費用則由本公司負責。

6.3 疾病證明

受保人之被保項目證明必須包括下列人士認可或文件證明：

- (a) 醫生；
- (b) 相關的檢驗報告，包括但不限於臨床、放射、細胞組織及化驗報告；及
- (c) 如被保項目需要外科手術治療，該治療必須為該狀況的通常治療方法並為醫療需要。

本公司必須認可所有被保項目證明文件，並且保留要求受保人進行體格檢驗或合適化驗之權利以確認被保項目證明。

索償人應負責取得本公司所要求之所有證書、資料及證明文件及相關之費用。

本公司有權合理要求受保人不時於本公司所指定在香港的醫生處進行身體檢驗，檢驗費用則由本公司負責。

6.4 放棄索償

倘本公司拒絕任何本保單之索償申請，而保單持有人不於本公司拒償起十二（12）個月內進行任何法律索償行動，該等索償將視作放棄論，其後不可再作申索。

6.5 法律訴訟

針對本公司的索償（無論法律或衡平法上）訴訟或行動不得早於發出本公司信納的損失證據之日後三（3）個月及不得遲於要求提供損失證據之日後三（3）年而提出。

若索償在任何方面具有虛假、欺詐、蓄意誇大成分或為了獲取本保單下的賠償而使用欺詐手段或設備或文件，本公司保留立即終止本保單並且不退回已付之保費及保費徵費的權利。本公司亦有權收回已就不合資格的索償支付款項的任何賠償。

7. 終止條款

本保單將在下列其中一個日期終止，以較早者為準：

- 7.1. 受保人身故日；
- 7.2. 當受保人於保障期內已屆八十（80）歲，保障將於該保障期最後一日午夜（香港時間）終止；
- 7.3. 當保單持有人根據第 8 條決定取消本保單並以書面通知本公司時；
- 7.4. 當此保單根據條款第 2.6 條被終止時；
- 7.5. 當本公司或保單持有人根據條款第 2.6 或 2.7 條決定不續保時；
- 7.6. 因未能繳交保費而導致本保單終止，而終止日根據第 3.2 條釐定；
- 7.7. 已付及／或應付之標靶藥保障賠償總額達至保障限額的百分之一百（100%）；或
- 7.8. 為期 730 日的索償期已完結。

8. 取消

在受保人在世及本保單有效時，保單持有人可隨時透過向本公司寄出掛號信的方式發出通知取消本保單，通知須註明本保單取消的生效日期；及在本保單下並無已付或應付的賠償的前提下，其有權獲得與保障期未到期部分相應比例的已付年度保費及保費徵費，減去本保單年度保費之百分之十（10%）行政費之後的退款。

若保費分期支付，則不會退還本保單下就保障期支付的未期滿保費及保費徵費。保單持有人將被收取相當於年度化保費之百分之十（10%）的行政費。

若保障期內產生賠償，未期滿保費及保費徵費概不退還。

本公司須退還保單持有人根據適用法律及規例支付的保險徵費（如有）。

附錄一：受保標靶藥列表

	Molecule 成分	Drug Name 藥物名稱
1	ABEMACICLIB	VERZENIO
2	AFATINIB	GIOTRIF
3	ALECTINIB	ALECENSA
4	ATEZOLIZUMAB	TECENTRIQ
5	AVELUMAB	BAVENCIO
6	AXITINIB	INLYTA
7	BEVACIZUMAB	AVASTIN
8	BLINATUMOMAB	BLINCYTO
9	BRENTUXIMAB VEDOTIN	ADCETRIS
10	BRIGATINIB	ALUNBRIG
11	CABOZANTINIB	CABOMETYX
12	CERITINIB	ZYKADIA
13	CETUXIMAB	ERBITUX
14	COBIMETINIB	COTELLIC
15	CRIZOTINIB	XALKORI
16	DABRAFENIB	TAFINLAR
17	DACOMITINIB	VIZIMPRO
18	DARATUMUMAB	DARZALEX
19	DASATINIB	SPRYCEL
20	DURVALUMAB	IMFINZI
21	ENTRECTINIB	ROZLYTREK
22	ERLOTINIB	TARCEVA
23	ERLOTINIB	ERLOTINIB
24	EVEROLIMUS	AFINITOR
25	GEFITINIB	IRESSA
26	GEMTUZUMAB OZOGAMICIN	MYLOTARG
27	IBRUTINIB	IMBRUVICA
28	IMATINIB	GLIVEC
29	IMATINIB	IMAKREBIN
30	INOTUZUMAB OZOGAMICIN	BESPONSA
31	IPILIMUMAB	YERVOY
32	LAPATINIB	TYKERB
33	LENVATINIB	LENVIMA
34	LORLATINIB	LORVIQUA
35	MIDOSTAURIN	RYDAPT
36	NILOTINIB	TASIGNA
37	NIVOLUMAB	OPDIVO
38	OBINUTUZUMAB	GAZYVA
39	OSIMERTINIB	TAGRISSE
40	PALBOCICLIB	IBRANCE
41	PANITUMUMAB	VECTIBIX
42	PAZOPANIB	VOTRIENT

43	PEMBROLIZUMAB	KEYTRUDA
44	PERTUZUMAB	PERJETA
45	PONATINIB	ICLUSIG
46	RAMUCIRUMAB	CYRAMZA
47	REGORAFENIB	STIVARGA
48	RIBOCICLIB	KISQALI
49	RITUXIMAB	MABTHERA
50	RITUXIMAB	MABTHERA SC
51	RITUXIMAB	RIXATHON
52	RUXOLITINIB	JAKAVI
53	SORAFENIB	NEXAVAR
54	SUNITINIB	SUTENT
55	TEMSIROLIMUS	TORISEL
56	TRAMETINIB	MEKINIST
57	TRASTUZUMAB	HERCEPTIN
58	TRASTUZUMAB	KANJINTI
59	TRASTUZUMAB EMTANSINE	KADCYLA
60	VANDETANIB	CAPRELSA
61	VEMURAFENIB	ZELBORAF

附錄二：收集個人資料聲明

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 3123 3344 索取收集個人資料聲明副本。



中文