



2015年對於保險業來說，是充滿挑戰的一年。就成立獨立保險業監管局及保單持有人保障基金的事宜上，保聯會繼續與財經事務及庫務局和保監保持緊密聯繫，務求達致共識，找出兼顧業界和投保人權益的可行方案。

除此之外，另一個非常值得關注的議題是政府推出的「自願醫保計劃」，保聯一向全力支持政府推行醫療改革，以強化私營醫療系統的角色，令公私營醫療服務得以雙軌平衡發展、整個體制可長遠持續運作。我們亦特別成立了專責小組，向食物及衛生局(「食衛局」)提供專業意見和市場數據及資料，期望當局能夠最終制訂實際可行，並能惠及市民的醫保方案。

根據市場數據顯示，團體及個人醫療保險計劃為全港約380萬名市民提供不同類型的醫療保險保障。過去四年，受保人數目平均每年增加180,000，足見香港市民認同醫療保險的價值。另外，根據香港保險業聯會醫療保險協會2012的統計數字，醫療保險賠償的住院及手術個案中，88%受保人是在私家醫院接受治療，由此可見絕大部分備有醫療保險的市民，都選擇在私營機構求醫，而非坊間部分人以為投保人仍然依賴公營系統的服務。

當局今次推出的自願醫保計劃，有不少可取之處，業界亦支持部分理念，例如保證續保、不設「終身可獲保障總額上限」、承保日間非住院服務、承保先進診斷成像檢測及癌症、治療保費透明度與及符合標準保單條款及條件。但此計劃亦有不足之處，最大的問題是消費者的選擇權受到嚴重局限，根據2013年一百八十萬份醫療保單中，有一百萬份是每年保費三千元以下的平價醫保。若日後市民只能購買政府規定的標準化單一產品，每年平均保費至少高達三千六百元，投保人被迫買貴保險，無法負擔者惟有返回公營醫療體系，與政府吸引市民投保使用私營醫療服務的原意背道而馳。



「自願醫保」計劃是一個非常重要的民生議題，因此自計劃的諮詢文件推出後，我們一直忙於與不同持分者會面，闡述業界的關注、表達我們的憂慮，並建議實際可行的解決方案。我們曾會晤的單位包括至少十個政黨、十多位立法會議員、香港總商會和香港醫學會等等。

保險業界深信消費者有權按照自己的需要、負擔能力和喜好選擇保險產品。故此，為了改善上述問題的方案及確保醫保計劃實際可行，保聯提出『自願醫保2』提交予食衛局考慮。『自願醫保2』包含了優化方案並保留了上文提及的重要元素，這不但能帶給消費者更多選擇，亦可確保計劃得以為繼。我們深信，『自願醫保2』是個多贏方案，能惠及各方，在保險界的支持下，可以順利推行。香港保險業聯會和醫療保險界都已作好準備，十分樂意與當局磋商市場協議的內容，並訂定計劃實施的日子。在保障市民權益的同時，能夠顧及保險業界和中介人的福祉。

最後，保聯定必竭盡所能，繼續與業內各界緊密合作，致力向政府爭取業界合理權益及地位。令保險業界能繼續成功向前發展，創造更美好的明天！

潘榮輝先生

香港保險業聯會主席



誠信守法 專業典範

近年，保險業的監管機構推出連串的規管改革，強化業界的運作及提升中介人的專業操守，以促進保險業的長遠發展。因此，保險業界在應對激烈市場競爭的同時，亦要面對改革帶來的挑戰。在不斷變遷的環境下，中介人除了提升專業知識外，同樣重要的是要堅守誠信，以客戶、僱主及行業的利益為依歸，審慎行事，並留心工作上可能出現的誠信陷阱，迎難而上，以面對不同的挑戰。而廉政公署作為保險業及中介人的緊密夥伴，會為業界提供防貪服務以克服種種誠信挑戰。

認清誠信陷阱

廉政公署過往曾處理多宗有關保險業的貪污個案，其中害群之馬的手法各有不同。以下處境闡述一些容易被忽略的貪污罪行，中介人必須提高警覺，辨識和避免類似的違法行為：

個案一

保險代理新丁阿Ben的業績未如理想，影響所屬團隊的整體表現。上司提議將自己洽談好的幾份保單轉給阿Ben，以助對方達標。不過，上司同時要求阿Ben將所得的佣金交回自己。

法例重點：

根據《防止賄賂條例》第9條，代理人若沒有主事人的許可，因職務關係索取或收受個人利益（包括金錢、禮物、貸款、服務及免卻付款等），即屬違法，而提供利益者亦同樣有罪。上司私自將自己洽談好的保單轉給阿Ben，並要求對方交還佣金，他倆均會觸犯貪污罪行。另外，阿Ben和上司亦可能因使用載有虛假資料（例如：虛構阿Ben為負責代理）的保單詐騙公司佣金，而觸犯《防止賄賂條例》第9(3)條及詐騙罪。

個案二

保險代理Paul的客戶陳先生聲稱自己之前在內地遇到意外，曾留醫多時。陳先生提供由內地醫院發出的病歷證明、醫療報告及收據，請Paul安排向保險公司索償。由於部份文件的資料缺漏，Paul向陳先生了解意外的詳情，惟對方支吾以對。言談間，陳先生暗示只要Paul願意運用其專業經驗及公司內部人脈關係，助他取得賠償後，Paul必定會得到好處。

法例重點：

上述處境中陳先生的表現可疑，似有詐騙保險賠償之嫌。根據《防止賄賂條例》，任何人同意、承諾或答應給予利益，即屬提供利益。陳先生向Paul表示只要他提供特別協助，事成後便會得到好處，已觸犯行賄罪。為免被誤會有份參與非法勾當，Paul應提高警覺，按公司的規定匯報／處理事件。在情況許可下，Paul應即時明確拒絕陳先生的建議，並向廉政公署舉報事件。

保險中介人若能堅守法規及誠信操守，定能在競爭激烈的營商環境中，得到客戶的信任。廉政公署為保險業提供多元化的防貪服務，包括編製防貪資料、協助保險公司制定誠信守則、提供免費防貪顧問服務及培訓課程等。如保險公司或團隊有興趣安排以上服務或課程，歡迎致電2587 9812或電郵至hkcd@crd.icac.org.hk與廉政公署香港道德發展中心聯絡。

于慧芬

廉政公署香港道德發展中心總幹事



各界同合作 保險新里程

消費者委員會(「消委會」)自成立以來致力推廣創造公平公正的市場以保障消費者，但單憑消委會一己之力並不足以提升消費者權益，實有賴各方通力合作，才能創造良好的營商和消費環境，保險業在箇中的角色十分重要。

剛過去的二零一四年對保險業的長遠發展影響深遠，當中以立法會通過《2014年保險公司(修訂)條例草案》(《條例草案》)成立保險業監管局及政府就《自願醫保計劃》作出公眾諮詢尤為重要，讓保險業步入新的里程碑。

面對新的法例和制度，行業往往有一些擔心，例如法例或措施會窒礙行業的發展空間等。消委會希望藉此機會，分享我們的看法。

消委會多年來支持成立獨立的監管機構以改善行業自我規管的情況，隨著《條例草案》的通過，醞釀多年的保險業監管局(「保監局」)最終得到落實。消委會認為保監局的成立不但能加強行業規範，為保單持有人提供更佳的保障；透過引入發牌制度，直接規管保險中介人的操守，更能提升公眾對業界專業水平的信心，並促進行業的長遠穩健發展。業界亦正好藉此機會進一步提升整個行業的專業水平，增強消費者的信心，令保險業和消費者同時獲益，締造雙贏局面。

消委會亦關注政府提出的《自願醫保計劃》。有關計劃一旦落實，更多的消費者將會投入醫療保險市場。而作為保險業的前線人員，保險中介人的角色日益重要，消委會認為保險中介人應持續提升其專業水平，優化對投保人的服務。根據消委會的投訴統計數據，每年有關保險業的投訴約三百至四百宗，當中，與醫療相關的約佔整體保險投訴的百分之二十，為各類保險產品之最；以投訴內容分類，則以索償及保費爭議最多，其次為銷售手法及服務水平。

此後，消委會亦十分關注保費水平的問題。根據政府在醫保計劃諮詢文件提供的數據，現時，本地個人醫保及整體醫保市場的平均非索償比率分別是百分之三十六及百分之二十九，遠較外國普遍約百分之十為高。就鼓勵消費者投保及進一步完善對消費者的保障，消委會認為業界應適時審視非索償比率過高和價格的透明度。

保險業的持續發展有賴多方合作，展望將來，消委會期盼與貴會建立更緊密的合作關係，同為消費者權益出一分力。

黃鳳嫻

消費者委員會總幹事



The Currently Proposed “Voluntary Health Insurance Scheme” will Jeopardize Our Consumer Rights in Hong Kong

The Hong Kong Government had conducted many rounds of Healthcare Reform public consultations since 1990’s, including 1993 “Towards Better Health”, 1999 “Improving Hong Kong’s Health Care System - Why & for Whom?”, 2000 “Lifelong Investment in Health”, 2008 “Your Health, Your Life” and 2010 “My Health, My Choice”. This round of Consultation Document is named “Voluntary Health Insurance Scheme” (“VHIS”).

According to OECD, the size of global middle class will increase from 1.8 billion in 2000 to 3.2 billion by 2020, and 4.9 billion by 2030. Almost all of this growth will take place in Asia. It is disappointed that the VHIS Consultation Document is unable to look after the consumer rights of the majority of middle class in HK to choose their appropriate hospital insurances.

This Document is only talking about “Hospital” Insurance and not really “Health” Insurance (as the name suggested) which should include inpatient & outpatient medical insurances, preventive & rehabilitation medical healthcare. The limit of benefits under the VHIS is far too low to be acceptable by most of the middle class in HK. The premium cost suggested in the paper is outdated. It is only up to year 2012. After a compound rate of medical inflation from 2012, the projected premium cost will be much more expensive than the average premium of HK\$3,600. The Document projects that assuming the Legislative Council will pass VHIS in 2016, it will attract about 223,000 people initially and in the long run about half a million of people. The consequence of this VHIS is after the launch of this VHIS, middle class consumers who do not want to buy this VHIS, will have no or limited choices to buy their own higher limit hospital insurance. By then, all private hospital insurances allowed in the HK market will have to comply with the minimum requirements. Most of the middle class will face the problem of not affording to buy nor able to find their own suitable hospital insurances. Consumers will face issues of UNAFFORDABILITY, UNAVAILABILITY & UNACCESSIBILITY.

The following are areas where revision required in this Consultation Document:

A. Insufficient Limit of Benefit in the Standard Plan (VHIS)

The current proposed maximum benefits per surgery for hospital surgery inclusive of doctor’s fee, operating theatre, anaesthetist fee of HK\$58,000 is highly insufficient to cover most of our hospital operations in today’s hospital cost. Unless the limit per surgery is high enough to cover most the hospital operation, it is unlikely that middle class will join VHIS.

B. The 12 Minimum Requirements

Some minimum requirements are good practices and recommended to carry out as the best Codes of Practice in all medical insurance (not just hospital insurance). However, to impose all these minimum requirements without variation will stifle the hospital insurance market, will jeopardize our consumer rights of choice and eventually will drive most of the middle class back to the Public Health System.

1. Guaranteed renewal	Yes, support
2. No “lifetime benefit limit”	Yes, support
3. Coverage of pre-existing conditions	No, strong objection. Consumer rights of choice and cost implication. See details below
4. Guaranteed acceptance with premium loading capped at 200% of standard premium for all ages within the first year of the VHIS launch, and those aged 40 or below starting from the second year of implementation of VHIS	No, strong objection to impose citizens with age over 40 in buying VHIS in the 1st year of launch
5. Portable insurance policy	<ul style="list-style-type: none"> - Only applicable within VHIS Standard Plan. - Major concern to apply to market outside VHIS due to cost implication to consumers



6. Coverage of hospitalization and prescribed ambulatory procedures	Yes, support
7. Coverage of prescribed advanced diagnostic imaging tests and non-surgical cancer treatments	Yes, support
8. Minimum benefit limits	Yes, support
9. Cost-sharing (deductible and /or co-insurance) restrictions	<ul style="list-style-type: none"> - Only applicable to VHIS Standard Plan. - No, should have free market and consumers choices outside the VHIS Standard Plan
10. Budget Certainty	<ul style="list-style-type: none"> - Yes, support. - Should include regulation of Healthcare Service Provider on DRG & standardized codes
11. Standardized policy terms and conditions	Yes, support
12. Premium transparency	Yes, support

C. Coverage of pre-existing conditions

This requirement is only desirable in the compulsory insurance environment but unnecessary in voluntary insurance environment.

- i. Some really high risk conditions should be funded by the Government Public Health System instead of the private insurance pool, e.g. rare congenital diseases e.g. metabolic diseases involving experimental drug, HIV, mental disease, and Notifiable Infectious Diseases like plague, SARS. Such requirement is applicable only within the VHIS Standard Plan, because there is a High Risk Pool (“HRP”) fully funded by the Government out of the HK\$4.3 billion for any policyholders with pre-existing illness beyond 200% premium loading. It will be too costly for consumers to share the premium cost to support exceptional high risks outside the VHIS Standard Plan.
- ii. The fundamental basic of insurance is the numbering exercise of pooling all the claim cost to be shared by the policyholders within any insuring pool. The HRP fund is only subsidizing the high risks (over 200% premium loading) within the VHIS only. Most of the middle class will not be interested to buy VHIS and will arrange their own choice of higher limit of hospital insurance. Since in future any hospital insurance above the limit of the Standard Plan will have to cover all pre-existing illness with no exclusion, (but they are not funded by the Government HRP), the consequence is that it will drive up premium cost of private insurance pools. It will be too expensive to be shared by private insurance policyholders outside the VHIS. There is a myth that the Government proposal should look after the poor and needy, while the middle class have resources to look after themselves. This does not reflect reality, because most middle class people depend on their salaries and will lose the large portion of their income after retirement or when they become sick and cannot continue working. As middle class people do not normally qualify for Comprehensive Social Security Assistance, they could, under the current proposal, be left out and have to fend for themselves with no support, no money and no health coverage when they fall into hard times. We find that this is very UNFAIR to most of the middle class who are mostly tax payers throughout their working lives. This will become an issue of UNAFFORDABILITY to most of our middle class.
- iii. It is expected that after the launch of VHIS, not many insurance companies will offer competitive hospital plans in the market. Insurance companies are not charitable organizations and they will not subsidize policyholders to cover all the high risks. Alternatively, some insurance companies may choose to stay away from offering compliant hospital insurances. Hence it will become other issues of UNAVAILABILITY & UNACCESSIBILITY.

D. Guaranteed acceptance with premium loading capped at 200% of standard premium for all ages within the first year of the VHIS launch, and those aged 40 or below starting from the second year of implementation of VHIS

Guaranteed acceptance under this VHIS Standard Plan is desirable. But citizens over age 40 should not be forced to buy such VHIS within the 1st year after its implementation. Due to ageing population in HK, many people are still under employ after age 60. Majority of the people who are enjoying group medical insurance under employ will not take up this low benefit limit VHIS until they retire. On the other hand, younger generation is more mindful of their financial situation for housing and family responsibility rather than to buy such VHIS. The cost of VHIS is also not cost effective enough to induce people to buy it. In the 2010 Healthcare Consultation, the Government proposed to allow people up to age 60 to buy this VHIS in the 1st year with guaranteed acceptance. It is very reasonable to reduce the maximum entrance age to age 40.

E. Cost-sharing (deductible and /or co-insurance) restrictions

- i. This is only applicable within VHIS Standard Plan, but not benefiting consumer outside the Standard Plan. Currently in the private high end insurance market, consumers can opt for a self-chosen deductible for return of premium discount. e.g. some hospital insurance can enjoy over 50% premium discount if consumers opt for an annual deductible of HK\$40,000. Consumers need to have rights of self-chosen annual deductible. The benefit of deductible is not only for consumers' premium discount; it will also reduce the administrative work of tiny hospital claims to insurers. Deductible should be allowed in the Flexi Plan.
- ii. After the implementation of VHIS, there will be no exclusion of pre-existing conditions. What insurance companies can do is either barring proposers with many pre-existing conditions from joining or to impose very high premium for policyholders.

F. Budget Certainty

Consumers will welcome budget certainty. The Government should also regulate healthcare service providers including individual doctors by introducing diagnosis-related group ("DRG") package fee and codified information for all surgical procedures as it was proposed in the 2010 Healthcare Consultation Document. Consumers expect to have DRG based package pricing for common procedures, so that there are listed DRG package pricing to facilitate certainty of hospital charges. If the Government considers that it will take a relative longer time to develop an operative system to track the cost of common procedures, they should at least include the tracking of codified information in VHIS by report from each healthcare service provider on each surgical procedure:

- ✓ Disease Code
- ✓ Treatment Code
- ✓ Drug Code

The movement towards greater standardization of coding and charging is common practice in many developed healthcare systems, including Australia, France, Germany, Ireland, Japan, Netherlands, Switzerland, UK and the USA. Even Singapore and Taiwan have adopted such model. Only if the society is able to track the aggregate data, regulate insurance companies and healthcare service providers (including individual doctors), we cannot have budget certainty. In the absence of pricing transparency, medical inflation will become more acute given the short supply of private hospitals and doctors in HK.

G. Existing hospital insurance pools will become "DEAD POOLS"

Any existing insurance plans currently selling in the market will become "DEAD POOLS" on the implementation of VHIS. None of the current available hospital insurances are covering all pre-existing conditions; hence they will become non-compliant products and will not be allowed to sell. The existing "dead" pools will be ageing and will only have more and more claims within these pools without healthy new blood joining. The Government is going to penalize good citizens who have planned their own private medical insurance long time ago. It is expected that the future renewal insurance premium will be too expensive to be affordable.

H. "Pool" or "Community" Rating

The Document should impose "pool" or "community" rating in the minimum requirements for individual medical insurance so that it is level premium for all individuals under the same age (except premium loading for covering any pre-existing illness). Without "pool" or "community" rating, individual can be heavily penalized with sharp hike of renewal premium immediately after any major claim payment, because insurance companies can price out any individual when this individual's health situation is deteriorating, although it is still under guaranteed renewal.



I. Tax incentive

The current proposal of about HK\$450 per person per annum is not an incentive at all to induce people to join VHIS. We propose that the tax relief amount is equivalent to the premium paid per annum up to say HK\$20,000. All hospital insurance plans (not just the compliant products) are eligible for such tax relief. This will induce more people to buy their own private hospital insurance instead of going to the Public Health System.

J. Regulators

Setting up another regulatory regime to regulate all individual medical insurances is only appropriate when the society has mandatory medical insurance. It is better to pass on such responsibility of regulation to the Insurance Authority ("IA") or IIA in future. This will save the huge administrative cost and bureaucracy of having two separate agencies governing the insurance providers. Since the prudential regulation always remains with the IA, consumers will have concern when the Health Insurance Regulator is agreeing to launch any new health insurance product in the market without knowing that this particular insurer is already having financial problem. At the end of day, when this medical regulatory agency becomes another statutory body, middle class do not want to foot the bill of running this agency by tax payers' money or by the industry, in which case the cost will only pass back to consumers.

K. Claims Dispute Resolution Mechanism

It is unnecessary to set up another Claims Dispute Resolution Mechanism ("CDRM"). The market has in place very good dispute resolution system under the Insurance Claims Complaints Bureau ("ICCB"). Any individual claim under the amount of HK\$800,000 is adjudicated by the councilors of the ICCB and their decision is binding to all insurer members. Individuals do not need to incur extra legal fee to seek mediation nor arbitration as proposed by the Document.

L. Lack of consumer choice in the VHIS environment

Customers demand enough choices of their own insurance plans. Currently, policyholders take out different forms of private health insurance plans to suit their needs. The lack of choice is even more acute for the unhealthy individuals. Under the VHIS environment, they will have no option but to join the HRP and pay 3 times premium or remain in the Public Health System. Whereas currently they can choose to buy a policy without loading but excluding a particular illness for which they could seek treatment in the Public System. They can go to private hospital for majority of the illnesses and the cost is covered by insurance except for those conditions being excluded. The Government should explore whether it could address the issue of mandating the acceptance of pre-conditions to a certain extent, without sacrificing consumer choice.

Conclusion

- The success of VHIS depends very much on the transparency of aggregate big data from both healthcare service providers (including individual doctors) on fees charged by doctors and hospitals and insurers on claims and premiums. Withholding the implementation of Diagnostic-relate Groups (DRG)/packaged pricing would go against the objective of empowering consumers to make an informed choice and keeping provision of healthcare more affordable.
- Medical insurers should continue to improving their existing products and provide best practices by standardizing and refining policy terms, applying less exclusion, expanding coverage to clinical ambulatory procedures and rehabilitation, enhancing transparency of premium rate and the claims process in line with consumer expectation.
- We want to see more free competition among medical insurers to continuously improving and expanding product offerings to meet the changing needs and affordability of consumers.
- The Government should make sure that there are sufficient private hospital beds to meet the surging market demand when the VHIS is implemented.
- Given the fundamental weaknesses of the VHIS, a full range of private health insurance products not meeting all the minimum requirements should be allowed to exist along side with VHIS.
- The Government is invited to revise VHIS as proposed above. Otherwise, majority of the middle class people will be forced to stay away from private insurance due to the issues of UNAFFORDABILITY, UNAVAILABILITY & UNACCESSIBILITY. In this situation, Public Health System will become our only preferred choice, thereby adding further burden on the Public Health System. The original intention of setting up this VHIS to divert some people to Private Healthcare Services and so releasing resources from Public Health System will be defeated by some major issues discussed in this Consultation Document.

Mrs Agnes Koon

Chairman of Insurance Training Board, Vocational Training Council
Chief Executive of KSY Speciality Limited



按照香港政府的計劃，一個獨立的保險業監管局(「保監局」)將於2015年成立，屆時本港的保險業將面對一個嶄新的規管架構，其最大特色是行業自我監管的成份將被極小化。

據業內消息指出，新的規管架構涉及幾個尚未解決的問題，需由政府與幾個業界組織繼續進行磋商以求解決，問題之一是政府擬把保險公司那些因進行保險銷售或提供保險意見而與客戶有直接互動關係的受薪職員納入保監局的監管範圍，其具體內容可能是：保險公司的受薪職員必須具備起碼的資歷，並每年成功參與保監局規定的持續進修計劃。將受此措施影響的從業員包括負責執行客戶服務、電話銷售、銷售和分銷、市場營銷、核保或理賠等功能的受薪職員。

「監管受薪職員」規定的出台，明顯是要在制度上加強對保險消費者的保障，因此估計將廣受大眾市民支持的。新規定雖會增加保險公司的經營成本，但它非常有利於給保險公司的職員營造良好的學習業務、終身進修的氣氛，最終的得益者將是保險公司本身。

相信業界會對此項革新給出正面的支持，而政府會於敲定新規定的最終版本之時，充分考慮業界所提出的憂慮和意見，並就該項規定可能帶來的益處及引致的成本作出適當的平衡。



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保險從業員－勵志篇

經常與行家或朋友談及保險從業員和公司的社會價值。我個人認為，保險為社會、家庭及個人帶來防範風險機制，此為最基本的社會貢獻。此外，保險可防範未然，要求客戶思維和安排具有前瞻性。再者，在遵守或執行保險有關條例的過程中，公司、家庭及個人都刻意或不知不覺地提升自我行為標準。不少公司甚至將保險制度訂為管治文化的重要因素。

我從業的公司專門從事信用保險和國家風險保險，此乃一類較為專門特殊性的保險。客戶購置此類保險，一般主要是要保護其在當地或海外的資產，包括應收帳款、預付款、投資、營運、在運貨物等。然而，許多公司經過多年的實踐，已經把信用保險作為制度之一。公司各有關部門，已不再簡單地滿足於通過保險公司獲取交易對手的信用狀況，而是自行設立內部調查審批機制，以此配合外置的保險安排。這種結果顯然地帶來公司管治的昇華。

客戶購買信用保險還有兩個目的，其一利用保險作為一個安排貿易融資的工具，其二幫助市場開拓和銷售增長。銀行和其他金融機構對資產質素都需要作出評估。因此，有高質素的保險公司承保，可大大提高銀行融資的可行性。透過有經驗的專業保險中介人安排，客戶獲取貿易融資的成功率甚高。對於第二點，有信用保險的配合，供應商可以更加靈活、進取和持久擴展市場。買方亦藉此可以加強供應鏈管理。買賣雙方都可以優化交易對手網絡，從而帶來顯著業務增長。

回看我們的社會價值，一個保險從業員，一間保險經紀公司，一張保險單，可以小見大，不亦樂乎。我相信從事其他險種的同仁，一定看到許多我看不到的社會貢獻。呈此拙文，為勵志篇。

同業加油！

鄧志端 Jordan Z. Deng

國際風險顧問有限公司亞洲區董事總經理

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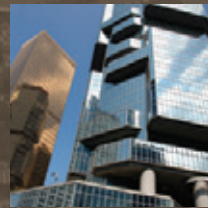
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