

香港保險業聯會致
立法會交通運輸業保險事宜聯合小組委員會
2021年5月4日會議文件

保險詐騙手法種類繁多，就汽車保險而論，簡單例子包括：司機／乘客為騙取保險賠償金而虛構意外事故、假裝受傷、誇大因意外造成或本身已有的傷患¹，經長期醫療診治和適當護理後，依然聲稱其傷勢沒有起色，繼而申索更多的賠償金等等。

汽車保險詐騙往往涉及多個單位，例如：司機、乘客、車房多方合謀捏造索償個案。至於較複雜的案件，不法份子（可包括醫療和法律服務提供者、索償代理、保險中介人，甚至犯罪集團等第三者）會以過度治療、過度誇大索償、延長病假、提出虛假申索²及/或包攬訴訟³等手法，欺詐／濫用交通意外傷亡援助計劃／保險。

作為承保人，保險公司當然有責任履行保單上條款作出賠償，然而，「賠」得其所方能保障傷者，以及所有投保人的權益，故此，保險業界希望與各持分者攜手協作，以務實的態度改善現況。

香港保險業聯會作為香港保險公司的代表機構，嘗試從的士保險的意外發生及跟進角度，探討各持分者面對的問題，並提出可行的改善方案。

持分者	潛在／實質問題	可行解決方案
意外發生		
保險業界／ 警方	<ul style="list-style-type: none"> 查現時警方在交通意外發生後，都會向保險公司提供相關資料，惟由於五個總區的交通部處理手法不一，個別總區會於14日內連同車輛資料、司機姓名及地址先行給予保險公司，4個月內提供其他相關資料，但有些總區所需時間較長（例如 	<ul style="list-style-type: none"> 短期措施：參照現時處理時間較短的總區交通部的處理方法，加快提供第三者的資料，讓保險公司可以及早介入處理索償個案、提供調解機制、向第三者及早提供適切的治療及支援，此舉亦可以減低索償代理有機可乘的機會。相關資料包括：車輛車牌、車輛類別、投保公司、保單編號、司機姓名、司機地址、傷者姓名、傷者電話及地址予保險公司（見附件1）

¹ WONG KWONG SAN v. LEE CHOI WAN (HCPI 700/2010)，原告人索償 HK\$8,126,814，最後法庭裁決為 HK\$150,627。 https://legalref.judiciary.hk/lrs/common/ju/ju_frame.jsp?DIS=110749&currpage=T
WONG YUI LUN v. LEE WAI MING (HCPI 398/2018)，原告人索償 HK\$ 13,798,768.48，最後法庭裁決為 HK\$ 822,321。 https://legalref.judiciary.hk/lrs/common/ju/ju_frame.jsp?DIS=132621&currpage=T

² 刑事案件 2014 年第 46 號 https://legalref.judiciary.hk/lrs/common/ju/ju_frame.jsp?DIS=94576&currpage=T

³ 若沒有利害關係的一方作出干預，藉懲惡進行訴訟以瓜分保險賠償款項，該行為即為包攬訴訟，並在香港屬犯罪，可處以罰款及監禁最長 7 年。

	<p>9 至 11 個月)。</p> <p>➤ 關於車禍的檢控一般在事發 6 個月至 1 年才可完成。以一般簡易的案件為例，香港周邊地區(包括內地及新加坡)的處理時間是在事發後即時或幾日的時間內決定案件責任。縮短處理時間，有效令保險公司及早介入理賠，同時減低索償代理加入的可能性。</p>	<p>➤ 長遠而言，請香港警務處考慮參考周邊地區定責的做法，加快案件定責處理時間。</p>
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傷者申請社會福利賠償

<p>社會福利署</p>	<p>➤ 由於人身索償及財物索償分別有三年及六年的追溯期，因此，近日越來越多索賠者把醫療費用及其他索償單據儲存下來，直至限期前一刻才把所有單據等資料交給律師進行民事索償。</p> <p>➤ 違規的法律服務代表，一般會在申請「交通意外傷亡援助計劃」的社會福利署範圍內遊走，招攬司機／傷者進行索償。</p>	<p>➤ 短期措施：據了解，社會福利署約見「交通意外傷亡援助計劃」申請者時，會要求申請人聲明會否就同一宗交通意外向其他方面索取損害賠償或其他賠償⁴。倘申請者表示會向保險公司索償，社會福利署會發通知書予該保險公司。有見及此，建議社會福利署在通知保險公司的函件上，一併提供傷者姓名、電話及地址，讓保險公司及早介入處理索償個案、提供調解機制、向傷者及早提供適切的治療及支援，避免索償代理／律師行職員藉口替傷者追討賠償，實則瓜分賠償金，從中取益。(見附件 2)</p> <p>➤ 中期措施：署方可考慮採取實質行動杜絕招攬行為：</p> <ul style="list-style-type: none"> ◆ 在社會福利署範圍設立限制非當事人進入的區域，例如：走廊及電梯大堂劃為「禁止逗留區」 ◆ 張貼告示或海報，禁止進行兜售推銷活動，以提醒市民慎防索償代理或律師行職員的推銷 ◆ 安排保安員駐守及加強巡邏社會
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⁴ 根據申請人須知摘要，如就同一宗意外獲得其他賠償，申請人須退還所獲得的交通意外傷亡援助金或賠償，兩者中以金額較少者為準。

	<ul style="list-style-type: none"> ➤ 不法分子濫用交通意外傷亡援助計劃。 	<p>福利署外的公眾地方，如發現索償代理或其他人士派發相關傳單，保安員可請他們離開</p> <ul style="list-style-type: none"> ➤ 長遠措施：檢討援助計劃的適用範圍及審批程序，杜絕不法分子濫用援助計劃和索償。
索償進入司法程序		
律政司	<ul style="list-style-type: none"> ➤ 香港現時並無具體法例／條文針對保險詐騙，難以收阻嚇騙徒之效，亦令檢控成功率偏低。 	<ul style="list-style-type: none"> ➤ 我們明白修訂法例需時，但千里之行，始於足下。長遠而言，我們希望當局：參考英國《2015年保險法令》(Insurance Act 2015)載列在處理投保人作出失實陳述、隱瞞資料及詐騙的情況時，保險公司就該等行為所能採取的補救措施，包括取消保單及沒收投保人已繳付的保費。 ➤ 根據海外經驗，若當地已訂有特定的保險詐騙罪行，並確立清晰定義及罰則，檢控會較為容易⁵。
律政司／ 警方	<ul style="list-style-type: none"> ➤ 包攬訴訟之違法行為日趨普遍。 ➤ 由2015年至2019年第三季只有兩宗檢控涉及包攬訴訟⁶的個案。 ➤ 由於檢控有難度，令不少存在灰色地帶的情況，成為漏網之魚⁷。 	<ul style="list-style-type: none"> ➤ 早前從媒體上得悉警方於3月4日拘捕六名疑犯，涉嫌蓄意策劃交通意外，企圖騙取社會福利署的交通意外傷亡援助金。全賴警方果斷執法，成功瓦解捏造車禍騙取社福賠償的集團，亦防止肇事者進而詐騙保險賠償，令更多人因而蒙受損失。 ➤ 其實，打擊包攬訴訟之違法行為，同樣需要加強執法及檢控，以儆效尤。我們希望警方能加快偵緝包攬訴訟之行為，而律政司亦加強檢控相關罪行，定能立竿見影，對不法之徒起阻嚇之效。 ➤ 相關案例亦能提醒公眾參與包攬訴

⁵ Insurance Information Institute (2020) Background on Insurance fraud. Available at: <https://www.iii.org/article/background-on-insurance-fraud> [Accessed April 2021]

⁶ 根據2000年2月26日在立法會會議上易志明議員的提問和運輸及房屋局局長陳帆的書面答覆。
<https://www.thb.gov.hk/tc/legislative/transport/replies/land/2020/20200226b.htm>

⁷ 最近案例 So Kam v Guildford Limited and Cheng Yiu Fai (DCPI1921/2016)中顯示，律師行願意先支付傷者訴訟支出繼續無機會勝訴的案件，試圖賺取律師費。上述案件屬冰山一角，部份代表傷者的律師行，專業操守成疑。

		<p>訟的惡果，日後如遇到不法之徒企圖介入，應直接聯繫保險公司以應對交通意外相關的理賠。</p>
法律援助署	<ul style="list-style-type: none"> ➤ 法援署一直致力協助有法律服務需要的人，維持社會公平原則性，每年受助的個案、受惠的市民不計其數。 ➤ 法援署現行已有一套監管機制，控制律師行處理個案的數量和質量，亦有收集相關數據作分析檢討。但制度雖在，仍難避免有人乘虛而入，產生以下情況： <ul style="list-style-type: none"> ◆ 案件仍集中由某幾間律師行處理，延誤案件的進程⁸； ◆ 利用傷者“零成本”的優勢，不斷無理推進案件，費用與賠償不成正比。賺取不必要法律程序的律師費用及專家費用⁹； ◆ 索償代理／某些律師濫用賠償機制，即使原告人的傷勢非常輕微，但仍鼓勵／繼續展開訴訟，從而產生高昂的 	<ul style="list-style-type: none"> ➤ 我們嘗試從持分者的角度，提出一些建議，希望能更有效地處理紛爭、縮短和解時間、將資源集中到有需要爭議的案件上、減少不必要支出、令賠償費用能用得其所。 ➤ 短期措施： <ul style="list-style-type: none"> ◆ 透過管理案件數目，控制律師行的處理量，保持質量； ◆ 管理律師行處理案件的手法，減少不必要的工序； ◆ 參考新加坡的模式：受助人如欲由自定委派律師處理其個案，事主必須提供充分理由，法律援助局才會同意其要求。此舉可減低索償代理利用傷者謀取利益的機會； ◆ 對於被取消法援的案件，署方可有考慮收集原因及分析，甚或接管案件，與保險公司洽談和解方案。因現時案件會在無人接管的情況下，保險公司需花更多時間去處理，延誤傷者取回賠償金的進度。 ➤ 中期措施： <ul style="list-style-type: none"> ◆ 在資源容許下，由法律援助署直接處理個案； ◆ 如傷勢非常輕微或責任並無爭

⁸ 據行業經驗分享得知，某幾間律師行處理的個案量特別大，出現質量參差的情況，更大問題是導致案件嚴重拖延。個別案件在沒有特別原因下，會在追溯期 3 年最後一日才展開，而展開後亦會等待 1 年（限期上限）才真正開始商討和解。在這段漫長的等候時間中，傷者／死者家屬因為沒有足夠資料聯絡保險公司，而保險公司亦未能直接聯絡傷者／死者家屬，以至雙方平白浪費不少解決問題的光陰。

⁹ 即使傷者審訊敗訴，雖然得不到賠償，但也毋須付出任何金錢代價；反觀代表傷者的法援律師，卻依然可以收取律師費用。曾有案例，原告人敗訴後立即投訴原告律師行處理手法，但結果是原告人難以申訴；亦有案例是原告人敗訴後自行上訴，投訴原告人律師的做法。

就算保險公司勝訴，卻無法索回已支付的法律費用；又假如傷者繼續上訴，保險公司便需要投放更多時間／資源應付理據不足的上訴。

縱觀上述而言，不論事態如何發展，唯一得利的，仍是那些操守甚有問題的律師行，但現時卻苦無應對的良策。

	法律成本 ¹⁰ ，從中得益。	議，可考慮用便捷方法直接與保險公司處理。
復康與跟進		
運輸署／ 保險業界／ 醫管局	<ul style="list-style-type: none"> ➢ 傷者缺乏復康支援 ➢ 以賠償為中心的文化 	<ul style="list-style-type: none"> ➢ 引入復康計劃，幫助傷者盡早康復 ➢ 參考 MORE 工傷復康計劃（見附件 3）。 ➢ 讓傷者把握復康的黃金時機，及早處理傷患，以祈恢復受傷前狀態。
保險公司／ 保監局／ 執法機構／ 司法機構	詐騙保險賠償的情況嚴重，估計保險公司每賠付\$100，就有\$10-\$15 成為騙徒的囊中物（見附件 4 及 5）。	<ul style="list-style-type: none"> ➢ 保險公司參與「預防保險詐騙偵測系統」，透過人工智能數據分析，查找詐騙個案。 ➢ 保監局支持偵測系統，推動所有保險公司參與，確保數據分析的準確性，同時可以對不法之徒起阻嚇作用 ➢ 警方以減罪角度看待保險詐騙，加強執法。 ➢ 執法／司法機構多了解保險業的運作，以及騙徒的手法。 ➢ 參考新加坡的做法，警方有專門負責保險詐騙的部門¹¹，並會委派代表加入新加坡產險公會的保險詐騙委員會，定期與業界進行交流。
評估及監察		
運輸署／ 車主／車行	<ul style="list-style-type: none"> ➢ 車主／車行／保險業界欠缺相關數據作參考 ➢ 欠缺有系統的的士司機管理制度，對於實際駕駛租用車輛的司機資料、其駕駛紀錄等資料不詳 	<ul style="list-style-type: none"> ➢ 提供更多與的士相關的數據，例如：死亡／受傷數據、司機年齡、司機健康申報、車輛管理及維修。 ➢ 於的士上安裝行車紀錄儀，並按需要提供意外發生現場的錄影副本 ➢ 建立實際駕駛租用的士司機資料庫，詳載實際租車日期及時間，讓車行／車主／保險公司可了解意外發生的資料
律政司／	➢ 一般市民／車主／車行	➢ 提供包攬訴訟舉報與檢控數字

¹⁰ 汽車保險索償的法律費用比率為 7（損失）：2（原告成本）：1（保險公司法律費用）。該比率乃參考汽車保險市場邊際成本估計報告意外年度 2014-2016 年第三者人身傷亡損失為基準。

¹¹ “The Insurance & Specialised Fraud Branch (ISFB) investigates into fraud involving fraudulent insurance claims and factoring financing, and unlicensed money-changing and remittance businesses.” ([Specialist Staff Departments - police.gov.sg](#))

警方	／保險業界欠缺相關數據作參考	
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上述建議屬提綱挈領，由於牽涉範圍眾多，實需與各持分者深入探討實行方案及緩急先後，香港保險業聯會期望能透過立法會成立的交通運輸業保險事宜聯合小組委員會，與各持分者坦誠討論，在互諒互助的基礎上，找出徹底改善現況的有效方案。

香港保險業聯會

2021年5月3日

PARTICULARS OF PARTIES INVOLVED IN TRAFFIC ACCIDENT

交通意外牽涉各方人士資料

Report No.

Traffic Accident with Person Injured

檔案編號: T NTN 2001

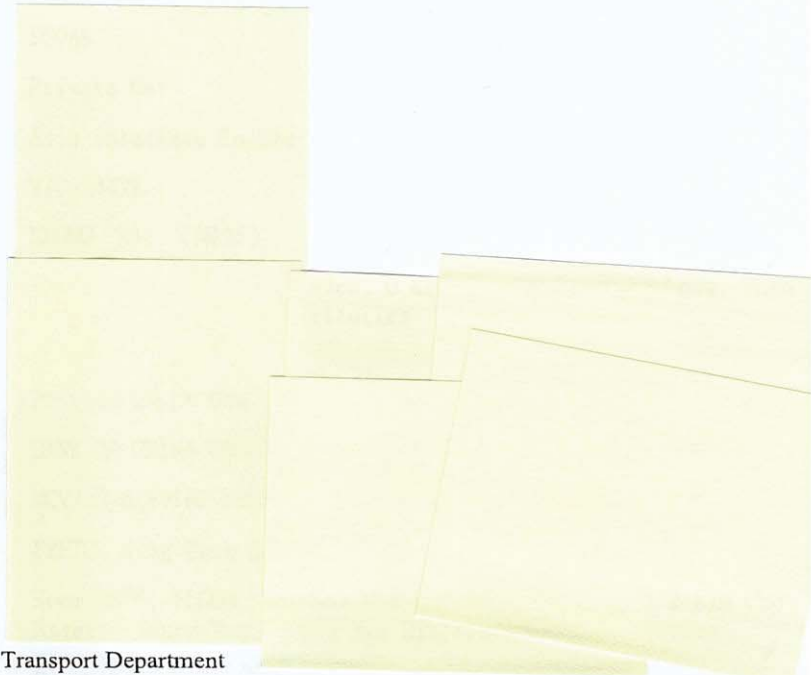
Under the provisions of the Personal Data Privacy Ordinance, the following classes of data may be released without the data subject's consent to a party of an accident, legal representative or insurer.

依據個人資料（私隱）條例，本署可以在未得資料當事人同意下仍可向與意外有關的任何一方，其代表律師或承保人披露以下的資料。

I. Particulars of Vehicle(s) involved.

車輛資料

No.	Vehicle (車輛)
1	Vehicle Reg. No. (車輛車牌)
	Vehicle Class (車輛類別)
	Insurer (投保公司)
	Policy No. (保單編號)
	Name of Driver (司機姓名)
	Address (地址)
2	Vehicle Reg. No. (車輛車牌)
	Vehicle Class (車輛類別)
	Insurer (投保公司)
	Policy No. (保單編號)
	Name of Driver (司機姓名)
	Address (地址)



For ownership of vehicle(s), please enquire with the Transport Department

如需要車輛登記車主的資料，請聯絡運輸署

II. Injured person(s) 傷者

No. Name (姓名)

1





RECEIVED - 7 APR 2021

Our Ref. : _____

Tel. No. : 2892 4608

Fax No. : 2893 8690

/TRAFFIC ACCIDENT VICTIMS ASSISTANCE SECTION

SOCIAL WELFARE DEPARTMENT
UNIT A-D, 8/F, CHINA OVERSEAS BLG.,
139, HENNESSY ROAD, WANCHAI, HK

Date: 26/08/2021

Insurance Company Limited

Dear Sir/Madam,

Traffic Accident Victims Assistance (TAVA)

Name of Victim : _____

Name of TAVA applicant : *Mr/Ms _____

(if not the same person)

Date of Traffic Accident : _____ Vehicle No. : _____ Your Policy No. : _____

Police RN No. : _____

We have paid from the Traffic Accident Victims Assistance Fund (hereunder 'the Fund') a sum of money in respect of the injuries sustained by the above-named victim in the above traffic accident.

Section 10 of the Traffic Accident Victims (Assistance Fund) Ordinance, Cap 229 stipulates that where as a result of any traffic accident, damages or compensation are paid in respect of any person to whom or for whose benefit money from the Fund has been paid, the person receiving the damages or compensation shall repay to the Fund the money paid from the Fund out of the damages or compensation received. In addition, a beneficiary of the Fund is required under Section 9 of the Ordinance to notify any person against whom he / she makes a claim of the amount of money he /she has received from the Fund, and the person being notified has a statutory obligation to notify the Director of Social Welfare of any payment to be made at least 72 hours before the day on which payment is made.

In case any claim is made to your company in respect of the above traffic accident, please notify us in writing of any payment to be made to the claimant by your company.

Thank you very much for your cooperation.

Yours sincerely,

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for Director of Social Welfare

Prospective study (2012-2017) of Occupational Low Back Pain (OLBP) rehabilitation outcomes in the Multidisciplinary Orthopaedics Rehabilitation Empowerment (MORE) programme



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INTRODUCTION

Failing to diagnose Occupational low back pain (OLBP) frequently results in disabilities, work absenteeism and psycho-social problem, and are difficult to manage. Though private resources from worker's compensation system are available, many injured workers prefer to be managed in an impartial public system causing jeopardy of optimal utilization of clinical resources. MORE program is a clinical pathway designed to align resources from worker compensation and public system through case management approach to accelerate the work rehabilitation process.

Hypothesis:

- The MORE program will produce significantly better health outcomes in terms of reduced pain and improved functional status in work-injured patients compared to usual care, and
- The MORE program will result in significantly shorter sick leave duration and earlier return-to-work outcomes in work-injured patients compared to usual care.

METHODS

This prospective cohort study evaluated the effectiveness of MORE programme since its implementation in 2012. Inclusion criteria were (i) Chinese adult, age between 18 to 60; (ii) suffering from injuries during work; (iii) injury has already been reported to the Labor Department under the Workmen's Compensation Ordinance, and (iv) being diagnosed with lower back musculoskeletal injuries within 3 months.

Exclusion criteria were (a) suffer from paraplegia or tetraplegia or head injury, (b) demonstrate severe communication barrier, (c) being pregnant, or (d) being injured for more than 3 months according to the severity of the injuries. All eligible injured workers were examined by an Orthopaedic Surgeon who had higher training in occupational medicine.

390 OLBP subjects were recruited (2012-2017) from SOPC waiting list into the MORE program. Their time to return-to-work (RTW) from date of injury, sick leave duration and time to medical assessment board (MAB) were analyzed in comparison to a historical control group (N=151).

RESULTS

Patients in the MORE program had significantly shorter duration for return to work (MORE: 8.5 months, Control: 15.9 months, p<0.01), and a higher percentage of successful return to work cases (N=220, 56.3%) compared to the Control group (N=55, 36.4%). The MORE group also had much shorter waiting time MAB referral (11.8 days) compared to Control group (21.9 days, p<0.01).

CONCLUSION

The implementation MORE improves the outcome of injured workers with higher rate of return to work and reduced rate of chronic disability across the 5 years since launching. This study demonstrated that alignment of clinical resources from worker compensation system and public system helps to improve work injuries rehabilitation.

Table 1. Demographical characteristics of patients in MORE and Control groups (N=541)

	MORE (N = 390)	Control (N=151)	p value
Gender: Counts (%)			
Male	246 (63.1)	101 (66.9)	0.43 ^a
Female	144 (36.9)	50 (33.1)	
Age (years)	44.1±10.62	41.87±10.95	0.03 ^b
Mean±SD (range)	(20-68)	(18-65)	
Age group: Counts (%)			
≤25	16 (4.1)	10 (6.6)	0.17 ^a
26-35	79 (20.2)	34 (22.5)	
36-45	107 (27.4)	51 (33.8)	
46-55	125 (32.0)	38 (25.2)	
56-65	64 (16.4)	18 (11.9)	
Educational level			
Illiterate	0	-	-
Primary	56 (14.6)	-	-
Secondary	317 (82.6)	-	-
Tertiary	11 (2.9)	-	-
Employment status			
Permanent	363 (94.5)	-	-
Part-time	13 (3.4)	-	-
Temporary	8 (2.1)	-	-
Occupation			
Managers	3 (0.9)	0	0.02 ^a
Professionals	9 (2.6)	6 (4.0)	
Technicians and associate professionals	14 (4.1)	6 (4.0)	
Clerical support workers	5 (1.5)	1 (0.7)	
Services and sales workers	90 (26.5)	35 (23.3)	
Skilled agricultural, forestry and fishery workers	2 (0.6)	0	
Craft and related trades workers	151 (44.4)	55 (36.7)	
Plant and machine operators, and assemblers	5 (1.5)	6 (4.0)	
Elementary occupations	61 (17.9)	37 (24.7)	
Unknown	0	4 (2.7)	
BMI			
Underweight	34 (8.7)	-	-
Normal	182 (46.7)	-	-
Overweight	93 (23.8)	-	-
Obese	81 (20.8)	-	-
Injured regions			
Back only	285 (73.1)	-	-
Back with others	40 (10.3)	-	-
Other than Back	65 (16.7)	-	-

^a Pearson's Chi-square Test

^b Student's T-test

Table 2. Number of physiotherapy and occupational therapy sessions taken by MORE and Control patients

	Number of sessions		p value
	MORE (Mean±SD)	Control (Mean±SD)	
Physiotherapy sessions			
Public	18.4±15.0	25.0±17.3	<0.01 ^a
Private	13.1±6.4	-	-
Public and Private	31.6±17.8	-	-
Occupation therapy sessions			
Public	14.9±16.6	19.4±20.5	0.06 ^a

^a Significant at p <0.01

Table 3. Summary of return-to-work outcome variables of the two groups

	MORE (Public)	Control	p value
1. RTW for at least 1 month or more; Counts (%)	N=390	N=151	
Successful (Yes)	220 (56.3)	55 (36.4)	<0.01
Not yet successful (No)	170 (43.7)	96 (63.6)	
Time from IOD to RTW in months: Mean±SD (Range)	8.54±6.42 (0.30-35.12)	15.90±11.06 (1.97-45.73)	<0.01 ^a
Median	6.62	13.54	
2. Number of months to wait for referral to MAB	N = 204	N = 78	
Mean±SD (Range)	11.79±5.69 (4.11, 35.98)	21.85±8.35 (5.88, 45.73)	<0.01 ^a
Median	10.25	21.93	
3. Time to be discharged from MORE Clinic	N = 168	N = 75	
Months: Mean±SD (Range)	11.48±5.21 (4.99, 28.55)	21.97±9.39 (5.88, 50.30)	<0.01 ^a
Median	10.41	21.09	
4. Total number of sick leave days	N = 252	N = 150	
Mean±SD (Range)	228.2±193.2 (0, 1209)	507.7±302.0 (8, 1446)	0.02 ^a
Median	182.5	446.00	
5. Total number of sick leave days issued by HA	N = 79	-	
Mean±SD (Range)	371.4±273.5 (30, 1030)	-	
Median	283.00	-	

^a Significant at p <0.01

Table 4. Waiting time for MRI scans, MAB referral and MAB completion in MORE and Control groups

	MORE (Public)	Control	P value
Waiting time in days (Mean±SD)			
Date of injury to date of MRI	104.7±88.5	367.0±285.5	<0.01 ^a
MRI to MAB referral	61.3±66.7	196.2±141.5	<0.01 ^a
MAB referral to MAB settlement	193.4±129.7	310.1±229.5	<0.01 ^a

IOD - Injury on duty

MAB - Medical Assessment Board

^a Significant at p <0.01

Table 5. Questionnaires with data collected at initial stage and 2 years after intake

Questionnaire	Score	(Mean±SD)		P value
		Initial	After 2 years	
NPS	6.2±1.7 (N=74)	4.8±1.9 (N=74)		<0.01
RMDQ	14.2±5.1 (N=64)	9.9±5.3 (N=64)		<0.01
CODI	41.7±17.7 (N=67)	30.8±16.5 (N=67)		<0.01

Table 6. Questionnaires with data collected at baseline seen at MORE clinic

Questionnaire	Mean±SD (Range, N)
Orebro (Initial)	122.3±29.9 (0, 178; 370)
NGRCS (2 years post intake)	3.24±4.19 (-8, 9; 76)

Insurance



Everyone

is a Victim

保險詐騙 禍害無邊

What happened elsewhere?

「騙」佈全球？

Insurance fraud is a worldwide problem. In some developed markets, approximately 10%-15% of the claims paid out is fraudulent.

保險詐騙屬環球問題，在部分已發展的保險市場，約10% – 15%的保險賠償金歸騙徒所得。

“The Association of British Insurers estimates that fraud adds, on average, an extra £50 to the annual insurance bill for every UK policyholder.”

「英國保險商協會估計，因為保險詐騙，當地的保單持有人平均每年需要額外多付£50保費。」

“In 2014, the UK insurance industry detected 67,000 cases of motor insurance fraud with a combined value of £837 million.”

「2014年，英國保險業共偵測到67,000宗汽車保險詐騙個案，涉及金額達£8.37億。」

“South Korea's authorities detected insurance fraud cases worth US\$314 million during the first half of 2016, up 12.1%, compared to the corresponding period last year.”

- Korean Life Insurance Association

「2016年上半年，南韓當局偵測到的保險詐騙個案，涉及金額共3.14億美元，較去年同期上升12.1%。」

-韓國壽險協會

Insurance Fraud Cases in Hong Kong 香港的詐騙保險個案

“The ICAC has arrested 22 people and shut down a syndicate believed to be behind an HK\$18 million insurance scam involving staged labour injuries and traffic accidents in Hong Kong and the Mainland.”

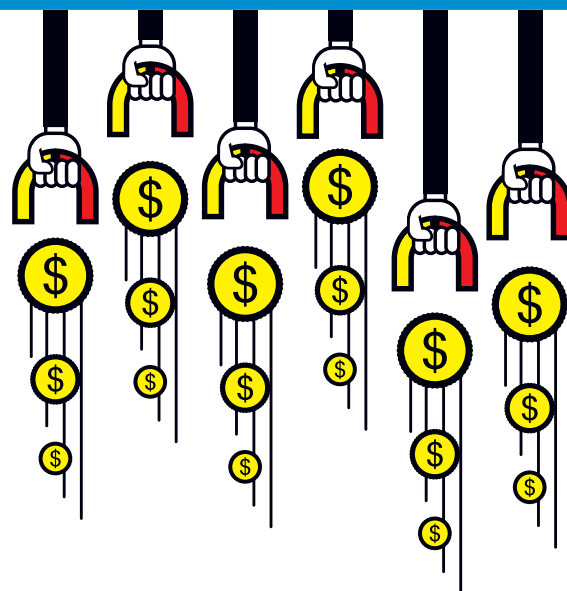
- HK Government Archive

“Four doctors are among a group of 31 suspects arrested for alleged traffic-accident scams that have cheated insurers out of HK\$3 million, police say.”

- South China Morning Post

“A Hong Kong mother tried to defraud an insurance company HK\$2 million as she failed to disclose to the insurers that her baby was covered by a second policy and gave false information to the insurers when filling out the claims questionnaire.”

- Mayor Brown



Country 國家	Motor 汽車保險	Overall 所有保險
US 美國	11%-15%	8%-15%
UK 英國	8%	10%
Canada 加拿大	9%-18%	-
Australia 澳洲	10%	10%

「廉政公署早前拘捕22人，並瓦解一個犯罪集團，該集團相信與一宗涉及1,800萬港元、在中港兩地發生的有組織工傷及交通意外保險索償詐騙案有關。」

-香港政府新聞網

「被捕的31名疑犯包括4名醫生，涉嫌合謀騙取300萬港元交通意外保險索償。」

-南華早報

「一名港人母親未有向保險公司透露其嬰孩同時受保於兩份保單，並在填寫索償表格時提交虛假資料，企圖藉此向保險公司詐取200萬港元賠償。」

-美亞博律師事務所

Why does Hong Kong need an insurance claims database?

香港為何需要設立保險索償資料庫？

- ▶ To detect, combat and prevent insurance fraud, which is a serious criminal offence
- ▶ To stop honest policyholders from being penalized by paying higher premiums to cover the cost of fraud
- ▶ To deter fraudsters from committing fraud because they will be detected
- ▶ Hong Kong as an international financial hub needs to be in par with other major markets e.g. US, UK, Canada, Australia, China, Singapore, Malaysia, where a claims database already exists
- ▶ 偵測、打擊及預防保險詐騙等嚴重刑事罪行
- ▶ 保障誠實的保單持有人，令他們毋須因保險詐騙而付出更多保費
- ▶ 令詐騙個案無所遁形，阻嚇騙徒以身試法
- ▶ 其他主要市場如美國、英國、加拿大、澳洲、中國、新加坡、馬來西亞早已設立索償資料庫；作為國際金融中心，香港不可落後於其他地區

Areas with insurance claims database

已設立保險索償資料庫的地區

(non-exhaustive)
(未能盡錄)



How do Hong Kong insurance companies detect fraud now?

香港保險公司現時如何偵測詐騙？



People
人力



73% of insurers purely rely on claims handlers and their experience to detect and manage fraud
保險公司單純倚賴理賠專家的經驗去偵測及處理詐騙



Only **9%** of insurers have dedicated fraud investigation units (SIUs)
僅 9% 的保險公司設有詐騙調查專案組



Process
過程

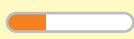


Scope of fraud is generally ill-defined
保險詐騙的定義模糊

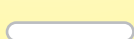
100% of insurers begin fraud detection at claims submission and is managed as an end-to-end process
保險公司在客戶提交索償時才展開偵測詐騙程序



Technology
科技



30% of insurers have semi-automated fraud detection capabilities with red flags built into system
保險公司採用半自動化系統，偵測到可疑個案時，會發出警示



0 insurers utilize predictive analytics to detect domestic fraud
間保險公司就詐騙進行預測性分析／偵測



A Centralized Insurance Claims Database will help... 成立中央保險索償資料庫有助……

To Consumers:

- An official deterrence mechanism to potential fraudsters
- Savings from fraud claims can lead to lower insurance premiums

To Insurers:

- A point of reference for claims assessors to take appropriate action
- An official platform for claims assessors to investigate claims compliantly
- A powerful tool to detect network or organized fraud involving multiple insurers, which is undetected today

To Hong Kong:

- An effective tool to combat criminal act and decrease crime rate
- Strengthen Hong Kong's image as an international financial hub and ensure it is on par with other developed markets

對消費者來說：

- 透過正式途徑偵測詐騙，能有效阻嚇騙徒犯案
- 減省被騙徒騙取的賠償，讓保費有下調空間

對保險公司來說：

- 提供參考指標，協助理賠人員採取適當的行動
- 在受規範的平台上，讓業界有系統地就索償進行調查
- 透過高效能的系統，洞悉現時未被識破的有組織詐騙個案

對香港來說：

- 有效地打擊非法活動，減低犯罪率
- 鞏固香港作為國際金融中心的形象，確保香港與其他先進市場睇齊



香港保險業聯會
The Hong Kong Federation of Insurers



附件 5

- “A report by New Zealand’s Insurance Fraud Bureau (IFB), estimated fraud at around 10% of the entire country’s gross written premium. In 2020, this meant that fraud cost policyholders and insurers around \$739 million, or roughly \$398 per household, per year.”
(<https://www.insurancebusinessmag.com/nz/news/breaking-news/insurance-fraud-is-far-from-a-victimless-crime-247654.aspx>)
- “Insurance fraud is a major problem in the United States. About 10% of all property and casualty claims are fraudulent, according to the Insurance Information Institute. Fraudulent claims cost an estimated \$32 billion a year. These costs are borne by insurers, insurance buyers, and the general public.”
(<https://www.thebalancesmb.com/insurance-fraud-not-a-victimless-crime-462438>)
- Insurers in Europe have experienced fraud on an increasing scale in their claims processing over recent years. Insurance Europe, the European (re)insurance federation, estimates that the total from all cases of fraud – both detected and undetected – amounts to 10 percent of overall claims expenditure in Europe.
The German Insurance Association GDV estimates that one in ten claims reported can be put down to insurance fraud, generating overall losses of EUR 4 billion.
(<https://www.mckinsey.com/industries/financial-services/our-insights/claims-management-taking-a-determined-stand-against-insurance-fraud>)