

# Complaint Form

**Before you lodge a complaint with the Voluntary Health Insurance Scheme (“VHIS”) Office, please read the Notes attached to this Form which explain the roles and responsibilities of VHIS Office and the procedures in handling a complaint against an insurance company regarding compliance of the VHIS Rules.**

**To lodge a complaint with VHIS Office, please complete this Form and return it together with photocopies of all relevant supporting documents to us by:**

Post: Voluntary Health Insurance Scheme Office  
Unit 2902, Millennium City 6, 392 Kwun Tong Road, Kowloon, Hong Kong  
Fax: (852) 2529 8982  
Email: vhis\_enquiry@healthbureau.gov.hk

## 1. Complainant's details

Name:	(Mr/ Mrs/ Ms/ Miss*)
Contact no.:	
Correspondence address:	
Email:	(Correspondence will be sent to the email address provided)

## 2. Insurance company(ies) / company(ies) / person(s) that you wish to complain against

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## 3. Complaint details

### (A) Basic information

Name of insurance plan(s):	
VHIS product certification no.:	
Policy number:	
Policy effective date:	
Name of policy holder:	
Name of insured person:	

*\*please delete where appropriate*

- (B) Your complaint allegation(s) and details of the relevant events/ incidents giving rise to your complaint** *(Please elaborate your allegations, and describe precisely the details of your complaint, e.g., date, time, place, parties involved, etc.)*

*If you need more space, please continue on a separate piece of paper and attach it to this Form.*

- (C) Have you lodged a complaint with the insurance company named in Part 2 above?**

No ☐ Yes ☐ Insurance company's complaint reference no. (if any) : \_\_\_\_\_

Date of making the complaint: \_\_\_\_\_

*(please enclose the copy of your complaint letter and the reply from the insurance company, if any)*

- (D) Have you lodged a complaint with other organisations e.g., Insurance Authority, The Insurance Complaints Bureau, Consumer Council, etc.?**

No ☐ Yes ☐ Name of organisation: \_\_\_\_\_

Date of making the complaint: \_\_\_\_\_

Reference no. (if any) : \_\_\_\_\_

**(E) List of documents in support of your complaint enclosed with this Form (if any)**

*(Please enclose photocopies of all relevant documents)*

1.	
2.	
3.	
4.	

*If you need more space, please continue on a separate piece of paper and attach it to this Form.*

**4. Personal Information Collection Statement and consent to disclose personal data and information**

I would like to lodge the complaint with VHIS Office. I acknowledge and agree that –

- (a) VHIS Office may use and rely on the information and materials that have been or will be supplied to VHIS Office by me in relation to the complaint;
- (b) All information and (where applicable) personal data relating to me (such as my name and insurance policy number, etc.) provided to VHIS Office will be used for the purposes related to the handling of the complaint, the discharge of functions of VHIS Office, and where required or permitted by law. I also confirm that I have obtained the consent of the Insured (if different from me) in disclosing his or her personal data to VHIS Office for the above-mentioned purposes;
- (c) All personal data will be kept confidential but, subject to the provisions of any applicable laws, and only in connection with the purposes set out in (b) above, may be disclosed or transferred to third parties, including but not limited to the insurance company(ies)/ insurance intermediary(ies) who is/ are involved in the complaint and the Insurance Authority. I consent to the transfer of my data in the manner aforesaid. I also confirm that I have obtained the consent of the Insured (if different from me) in respect of the transfer of his or her personal data in the manner aforesaid;
- (d) I have a right to request access to and correction of the personal data provided in accordance with sections 18 and 22 and principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. My right of access includes the right to obtain a copy of my personal data which I have provided by means of this form. A fee may be imposed for complying with a data access request. Where applicable, should I wish to request access to or correction of my personal data held by VHIS Office, I may do so by filling in a “Data Access Request Form”<sup>1</sup> and sending it to VHIS Office; and

<sup>1</sup> It refers to the [Data Access Request Form](https://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf)

[https://www.pcpd.org.hk/english/resources\\_centre/publications/forms/files/Dforme.pdf](https://www.pcpd.org.hk/english/resources_centre/publications/forms/files/Dforme.pdf) as prescribed by the Privacy Commissioner for Personal Data.

- (e) It is voluntary for me to supply the relevant information and (where applicable) my personal data to VHIS Office. However, if I do not provide the requisite information and personal data, or the information or (where applicable) personal data provided by me are not true, accurate or complete, the processing of my complaint may be affected.

### **Appointment of representative**

**If you wish to appoint a representative to handle your complaint on your behalf, please complete the following:**

I authorise \_\_\_\_\_(Name) to handle my complaint on my behalf, including submitting information and enquiring about the progress of my complaint (which may include sensitive information and, where applicable, personal data relating to me).

Representative's contact no.: \_\_\_\_\_

Representative's correspondence/ email address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of the authorised representative

\_\_\_\_\_  
Signature of the Complainant

\_\_\_\_\_  
Name of the Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Complainant

\_\_\_\_\_  
Name of the Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the authorised  
representative  
(where applicable)

\_\_\_\_\_  
Name of the authorised  
representative  
(where applicable)

\_\_\_\_\_  
Date

## Notes for Lodging a Complaint with VHIS Office

### Roles and Responsibilities of VHIS Office

The Voluntary Health Insurance Scheme (“VHIS”) Office of the Health Bureau is responsible for administering the Scheme, enforcing the Scheme Rules, handling enquiries about the Scheme, and handling complaints against the insurance companies participating in the Scheme (“VHIS Providers”) in relation to compliance of the rules of the Scheme.

The rules of VHIS are applicable to all insurance plans certified by the Health Bureau to be compliant with such rules (“Certified Plans”) and the insurance policies issued in respect of Certified Plans. If a complaint is related to insurance plans other than Certified Plans, VHIS Office will refer it to other authorities or organisations including Insurance Authority as necessary.

### Channels for Lodging Your Complaints

If you have any complaint about your insurance policy, you are advised to first approach the relevant insurance company for assistance. This would give the company a chance to look into the matter with a view to handling your complaint at an early stage.

Depending on the nature of your complaint and the insurance policy concerned, you may seek assistance from the following organisations –

Nature of Complaints	Organisations for Lodging Complaints
Complaints related to Certified Plans against VHIS Providers	<b>VHIS Office</b> Email: <a href="mailto:vhis_enquiry@healthbureau.gov.hk">vhis_enquiry@healthbureau.gov.hk</a> Tel: (852) 2529 8900 Fax: (852) 2529 8982 Address: Unit 2902, Millennium City 6, 392 Kwun Tong Road, Kowloon, Hong Kong
Complaints related to other insurance plans, conduct of insurance agents and conduct of insurance brokers	<b>Insurance Authority</b> Email: <a href="mailto:complaints@ia.org.hk">complaints@ia.org.hk</a> Tel: (852) 3899 9983 Fax: (852) 3753 3812 Address: 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong
Claim-related complaints and non-claim related monetary disputes	<b>The Insurance Complaints Bureau</b> Email: <a href="mailto:icb.enquiry@icb.org.hk">icb.enquiry@icb.org.hk</a> Tel: (852) 2520 2728 Fax: (852) 2520 1967 Address: 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong

## **How to Lodge a Complaint with VHIS Office**

In order to allow VHIS Office to handle your complaint promptly and effectively, and avoid any misunderstanding, you should put your complaint in writing to us by using our Complaint Form. The Complaint Form is available for downloading on [vhis.gov.hk](http://vhis.gov.hk).

After completing the Complaint Form, please send it to us by post, fax or email –

### **Voluntary Health Insurance Scheme Office**

Address: Unit 2902, Millennium City 6, 392 Kwun Tong Road, Kowloon, Hong Kong

Fax: (852) 2529 8982

Email: [vhis\\_enquiry@healthbureau.gov.hk](mailto:vhis_enquiry@healthbureau.gov.hk)

All complaints will be treated in strict confidence, subject to the use and transfer of the information therein, including your and the Insured's personal information and data, in the manner as set out in the Complaint Form by VHIS Office.

Upon receipt of your complaint, we will issue an acknowledgement to you within 10 calendar days. We will carefully examine the information provided by you and take appropriate follow up actions if the matter is under our purview.

As mentioned above, in signing the Complaint Form, your prior consent shall be given in relation to the use and transfer of any personal information about you and the Insured (if different from you). In most cases, we would refer your complaint to your insurance company or other appropriate party(ies) for investigation. We will monitor the status of your complaint to ensure that the complaint is handled properly by the insurance company.

## **Persistent Complainant**

If a complainant persists in pursuing his/ her complaint for a long period of time but fails to provide the necessary information or evidence in the relation to the complaint, VHIS Office may refrain from entering into any further discussion or correspondence with the complainant about his/ her complaint.

## **Termination of Discussion**

In the event a complainant uses foul or abusive language towards VHIS Office staff, the complainant will be informed once that, if the use of such language continues, the discussion will be terminated.