



Liberty International Insurance Ltd
利寶國際保險有限公司

13/F Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong
Tel : (852) 2892 3888
Fax: (852) 2572 8071
www.libertyinsurance.com.hk

To : Liberty International Insurance Ltd.

Policyholder : _____ Policy No. : _____

Cardholder : _____ Cert. No. : _____

I hereby declare that my *Panel Medical Card / Membership Card is no longer in my possession and should be considered as void.

It is understood and agreed that an administration fee of **HK\$30.00 (Panel Medical Card) / (Membership Card)** for issuance of the replacement card will be charged and payment payable to "Liberty International Insurance Ltd." is enclosed herewith.

I further agree that should I recover the reported lost card, it will be returned to your company immediately.

Date : _____

Signature of Employee

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