

Two years' jail for deceiving \$436,000 medical insurance claims

7 July 2014

A policyholder, charged by the ICAC, was today (Monday) sentenced to two years' imprisonment at the District Court for having deceived medical insurance compensation totalling over \$436,000 from eight authorised insurers by falsely representing that he had been hospitalised at a hospital in the Mainland during various periods due to four accidents.

Simon Lee Kwok-fung, 58, a building attendant, earlier pleaded guilty to 15 counts of fraud, contrary to Section 16A of the Theft Ordinance, while the prosecution offered no evidence to six similar offences against him.

In sentencing, Judge Mr Sham Siu-man reprimanded the defendant for using fraudulent means to deceive over \$436,000 from eight authorised insurers on 15 occasions in more than 20 months.

The judge added that the starting point of three years in jail was reduced to two years after taking into account his guilty plea and various mitigating factors.

The case arose from a corruption complaint. Subsequent ICAC enquiries revealed the above offences.

The court heard that at the material time, the defendant had taken out a number of medical insurance policies from eight authorised insurers in Hong Kong.

Apart from two insurance policies taken out through an agent of one of the eight authorised insurers, the other insurance policies were taken out through telemarketing.

Pursuant to those policies, the defendant was entitled to claim hospital cash benefit and medical expenses if he had been hospitalised as a result of accidental injuries or sickness.

The court heard that between March 25, 2011 and December 24, 2012, the defendant filed claims with the eight authorised insurers for hospital cash benefit and medical expenses purportedly incurred from four accidents that took place in the Mainland.

With invoices, receipts and medical reports allegedly issued by the Shenzhen Luogang Hospital in the Mainland, the defendant claimed that he had been injured in the four accidents and hospitalised for a total of 73 days between March 6, 2011 and December 21, 2012.

In the belief that the claim forms and related supporting documents were genuine, the eight insurers released payments totalling over \$436,000 to the defendant.

However, immigration records revealed that the defendant stayed in Hong Kong for a total of 58 days during the purported hospitalisation periods, the court was told.

The eight authorised insurers had rendered full assistance to the ICAC during its investigation.

The prosecution was today represented by Public Prosecutor Joycelyn Ng, assisted by ICAC officers Ellen Tong and Freddy Yip.

投保人詐騙四十三萬六千元醫保賠償判囚兩年

2014年7月7日

一名投保人向八間獲受權保險公司虛假地表示，因四次遇到意外而在內地一間醫院分別多次留醫，詐騙有關保險公司醫療保險賠償共逾四十三萬六千元，被廉政公署拘控。被告今日(星期一)在區域法院被判入獄兩年。

李國鳳，五十八歲，大廈管理員，早前承認十五項欺詐罪名，違反《盜竊罪條例》第16A條。被告餘下六項相類罪名獲控方不提證供起訴。

法官沈小民判刑時斥責被告以欺詐手段，於二十多個月內十五次向八間獲受權保險公司詐騙逾四十三萬六千元。

法官又表示，量刑起點為監禁三年，但考慮到被告認罪及其求情理由，故將刑期減至兩年。

廉署早前接獲貪污投訴，調查後揭發上述罪行。

案情透露，被告於案發時先後向八間香港獲受權保險公司購買多份醫療保險。

除了其中兩份保單是向其中一間獲受權保險公司的經紀購買外，其餘所有保單均透過電話投保。

根據有關保單，被告如因意外事故或患病住院，可索償住院現金及醫療費用。

案情透露，被告於二〇一一年三月二十五日至二〇一二年十二月二十四日期間，就四宗看似在內地發生的意外而招致的費用，向該八間獲受權保險公司申領住院現金及醫療費用。

被告以懷疑由深圳羅崗醫院發出的發票、收據及醫療報告，聲稱自己於該四宗意外中受傷，並於二〇一一年三月六日至二〇一二年十二月二十一日期間，留醫共七十三日。

該八間獲受權保險公司相信有關申請表格及證明文件為真確，遂向被告發放共逾四十三萬六千元。

不過，根據出入境紀錄，被告於有關報稱住院期間，共有五十八日住在香港。

該八間獲受權保險公司在廉署調查案件期間提供全面協助。

案件今日由檢控官吳靄林代表出庭，並由廉署人員湯月華及葉永富協助。

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