NOW HEALTH INTERNATIONAL | API 亚太财险 Asia-Pacific P&C

全球保团体医疗保险 连续转移表格(团体员工) WorldCare continuous transfer form Group Employees

供公司使用 —— 保险中介详情及印章 For company use – intermediary details and stamp

保险中介公司： Intermediary company:	传真号码： Fax number:
	电邮地址： Email address:
联络姓名： Contact name:	官方印章： Official stamp:
电话号码： Telephone number:	

如果投保人正在申请我们的团体医疗保险计划，而该计划的保障方式又与投保人现有的保单相似，则我们可为投保人提供连续转移条款服务，这意味著我们将无需要求投保人提供有关其员工的既往病史详情，即可使原有的保障得到延续。等待期适用于任何新的保障。对于任何投保人之前保单所承保的保障，如果不在我们的团体医疗保险计划的承保范围之内，保单转移后将不承保此类保障。投保人现有保单的批单也将继续适用于投保人的新团体保险计划。

请使用正楷字体填写本表格。被保险人需要附上现有保障一览表和保险凭证的副本，其中需列出任何批单的详情与现有保单的生效日期。

如未告知所有的重要事实，可能会导致本公司解除保险合同及/或日后的理赔申请不被受理。重要事实指可能会影响本公司是否同意承保或提高保险费率的事实。如被保险人不确定某事实是否属重要，被保险人应披露该事实。请保留一份被保险人向本公司提供有关本申请的所有数据的记录。

如在被保险人的投保单填妥后及在本公司的书面接受日期、支付保费日期或被保险人或连带被保险人的生效日期/批单签发日(以最迟者为准)前，发生任何会影响被保险人在本投保单所提供数据的事情(如被保险人的健康状况或连带被保险人的健康状况发生变化)，被保险人须书面告知本公司该等变化。

保险人有权拒绝或接受被保险人的投保申请，或在订立特殊条款的前提下接受被保险人的投保单。

请透过您的保险中介向时康管理顾问(上海)有限公司寄送您填妥的申请表格，然后连同政府颁发的身份证/护照复印件转交：亚太财产保险有限公司，中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103B室-1105室，邮编：200080。您亦可将其扫描及电邮至ChinaSales@now-health.com或传真至+(86) 400 077 7900。

If the applicant applying for one of the insurer's group policies with benefits similar to those of it's current policy, the insurer may be able to offer the applicant a continuous transfer, which means that the insurer will not ask for full details about the applicant's employees medical history and cover can continue. For any new benefits the waiting period will apply. Any benefits covered under the applicant's previous policy but not covered under the insurer's group policy will not be eligible for cover following the transfer. Any endorsements that applied to the applicant's existing policy will continue to apply to the applicant's new group policy.

Please complete this form in BLOCK CAPITALS. The insured person should attach a copy of his/her existing certificate of insurance, detailing any endorsements and the start date of the existing policy.

Failure to disclose all material facts may lead to cancellation of the insurance policy by the insurer and/or non-acceptance of future claims. A material fact is one which is likely to influence the insurer to accept the application or to increase the premium rate. If the insured person is unsure whether a fact is material, the insured person should disclose it. Please keep a record of all information the insured person supplies to the insurer in connection with this application.

If, after completing the application form and before the latest of either the insurer's written acceptance, payment of premium or the insured person's/dependant's start date/entry date, anything occurs which affects the information the insured person provided in this form, such as a change in the insured person's state of health or the state of health of any of the insured person's dependants, the insured person must tell the insurer in writing about the change.

We reserve the right to decline or accept **Your** application or to accept **Your** application form with special terms.

Please send the completed application form along with a copy of Your government issued identity document to the insurer via the applicant's intermediary to Asia-Pacific Property & Casualty Insurance Co., Ltd., c/o: Now Health International (Shanghai) Limited, Room 1103B–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China. The applicant can also scan and email it to ChinaSales@now-health.com or fax it to +(86) 400 077 7900.

第一部分：购买过的医疗保险 Section 1: Previous Medical Insurance

保险单编号： Policy no.:	保障终止时间(日/月/年)： Date cover expires/expired (dd/mm/yyyy): / /
保险人(公司)的名称： Name of insurer:	
投保人打算继续维持现有保险吗？ Do you intend to continue with the existing insurance?	是 Yes ☐ 否 No ☐

第二部分：团体员工 Section 2: Group members

2.1 被保险人姓名 Name of Insured Person

名： First name(s):	姓： Family name:
我们应如何称呼您？ What does the applicant like to be called?	

(如您的全名为 John Andrew Smith，您可能希望我们称您为 John 或 Smith 先生或 Andy。保险人将在所有通讯中以这种方式称呼您。)
(If the applicant's full name is John Andrew Smith, the applicant might like to be called John or Mr Smith or Andy. The insurer will address all correspondence to the applicant in this way.)

2.2 被保险人详情
Insured Person details

公司名称：
Company name:

团体保险计划编号：
Group policy number:

地址：
Address:

电邮地址：
Email address:

首选电话号码(包括国家代码)：
Preferred telephone number (including country code):

该号码为被保险人的
Is this the insured person's

手机电话 Mobile ☐ 家庭电话 Home ☐ 办公电话 Work ☐

如果您需要开通短信通知服务，请告诉我们您的手机号码：
If the insured person would like SMS notifications, please tell us his/her mobile number:

性别：
Gender:

男性 Male ☐ 女性 Female ☐

出生日期(日/月/年)：
Date of birth (dd/mm/yyyy): / /

居住国家：
Country of Residence:

国籍(护照签发国家)：
Nationality (Country of passport issuance):

身份证/护照号码：
ID/Passport number:

员工类别：
Employee category:

身高(厘米/英尺)：
Height (cm/ft):

体重(公斤/磅)：
Weight (kg/lbs):

职业：
Occupation:

行业：
Occupation industry:

您或本投保单的任何预定成员，或其家庭成员或紧密联系人有否涉及政治风险？
(如是，请提供进一步的细节)
Are **You** or any intended member of this policy, or any family member or close associate a politically exposed person?
(If yes please provide further details)

是 Yes ☐ 否 No ☐

2.3 连带被保险人详情
Dependant details

配偶详情
Spouse details

名：
First name(s):

姓：
Family name:

我们应如何称呼他/她？
What does he/she like to be called?

性别：
Gender:

男性 Male ☐ 女性 Female ☐

出生日期(日/月/年)：
Date of birth (dd/mm/yyyy): / /

居住国家：
Country of Residence:

国籍(护照签发国家)：
Nationality (Country of passport issuance):

身份证/护照号码：
ID/Passport number:

身高(厘米/英尺)：
Height (cm/ft):

体重(公斤/磅)：
Weight (kg/lbs):

职业：
Occupation:

行业：
Occupation industry:

您或本投保单的任何预定成员，或其家庭成员或紧密联系人有否涉及政治风险？
(如是，请提供进一步的细节)
Are **You** or any intended member of this policy, or any family member or close associate a politically exposed person?
(If yes please provide further details)

是 Yes ☐ 否 No ☐

连带被保险人详情 Dependant details	连带被保险人 1 Dependant 1	连带被保险人 2 Dependant 2	连带被保险人 3 Dependant 3	连带被保险人 4 Dependant 4
名： First name(s):				
姓： Family name:				
我们应如何称呼他/她们？ What does he/she like to be called?				
身份证/护照号码： ID/Passport number:				

性别： Gender:	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐	男性 Male ☐ 女性 Female ☐
出生日期(日/月/年)： Date of birth (dd/mm/yyyy):	/ /	/ /	/ /	/ /
居住国家： Country of Residence:				
国籍： Nationality:				
身高(厘米/英尺)： Height (cm/ft):				
体重(公斤/磅)： Weight (kg/lbs):				
与投保人的关系： Relationship to policyholder:				
职业(16 岁以上者)： Occupation (ages 16+):				

2.4 健康声明 Health declaration

如被保险人有超过五位连带被保险人，请使用另一张纸，并将其随附于本申请表格。
If the insured person has more than five dependants, please use a separate sheet of paper and attach it to this application.
被保险人无需披露有关普通感冒、疫苗接种或花粉过敏的事宜。
The insured person does not need to disclose matters related to common colds, vaccinations or hayfever.

	投保人/主被保险人 Policyholder/ Direct Insured	连带被保险人（配偶） Dependant (Spouse)	连带被保险人 1 Dependant 1	连带被保险人 2 Dependant 2	连带被保险人 3 Dependant 3	连带被保险人 4 Dependant 4
2.4.1 在近五年来您是否曾经接受任何外科手术或在医院、诊所、疗养院、护理院或其他医疗机构看病或接受治疗而因此停止工作超过一周，及/或接受超过 10 天的治疗？ Has the applicant in the last five years ever undergone any surgical procedure, been a patient or been treated in a hospital, clinic, sanatorium, nursing home or other medical institution where the applicant was off work for more than one week, and/or received more than 10 days' treatment?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
2.4.2 您曾否因任何类型的疾病，身体缺陷、先天性或有体征或有症状或遗传性的疾病、残疾、反复发作的疾病、当前怀孕、终止妊娠、严重受伤或医疗状况而被确诊或因而住院或曾接受过治疗、测试或检查？ Have You ever been diagnosed with, hospitalised for, received Treatment, tests or investigations for any type of disease, physical impairment, congenital or had signs or symptoms of or hereditary disorder, disability, recurrent illness, currently pregnant, termination of pregnancy, major injury or Medical Condition?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐
2.4.3 您目前是否正在接受任何类型的药物(除口服避孕药外)或接受或计划接受任何治疗或测试，或预先安排任何日间留院或住院治疗？ Is the applicant currently taking any kind of medication (other than oral contraceptives), or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalisation scheduled?	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐	是 Yes ☐ 否 No ☐

附加资料
Additional information

如您在第2.4.1题至2.4.3题中的任何一条问题的回答为「是」，请在以下方框内提供详情 。
请提供最详尽细节，包括诊断日期及性质、症状出现频率及严重程度、最近发作日期以及任何过往、目前或已知的日后治疗的详情 。

If **You** answered 'Yes' to any of questions 2.4.1 to 2.4.3, please provide details in the box below.
Please provide as much detail as possible, including the date and nature of diagnosis, frequency and severity of symptoms, date of last episode as well as details of any past, current or known future Treatment.

会员姓名 **Member name**				
诊断 (如果没有提供，请描述症状的确切性质) **Diagnosis** (If none made please describe the exact nature of symptoms suffered)				
就诊日期 **Date of consultation**				
接受治疗 **Treatment received**				
最近治疗日期/症状 **Date of last treatment/ symptoms**				
任何潜在的原因 **Any underlying cause**				
身体上的具体位置，包括左侧或右侧 **Specific location on body including left or right**				
结果 (例如：正在进行治疗，完全康复，可能会复发)或需要随访子宫颈抹片检查的频率(每年一次或每6个月一次) **Outcome** (e.g. on-going complete recovery, likely to recur) or for pap smear, frequency (annually, 6-monthly)				

2.5 医生的联络资料 Doctor's contact details

请提供您现时平常就诊的医生或对您的病历最熟悉的医生的详情 。
Please give details of your current usual doctor or the one who is most familiar with your medical history.

医生详情
Medical practitioner's details

姓名： Name:	电话号码： Telephone number:
地址： Address:	
最近就诊的日期及原因： Date of last attendance and reason:	

第三部分：重要备注
Section 3: Important notes

注意：

- 请注意您的保险计划不承保投保前疾病及其相关疾病(不包括事先得到保险人书面同意承保的投保前疾病)

  投保前疾病的定义为任何疾病或损伤在保单起始日期或者保单加入日期前：

  1. 曾接受过治疗 、测试或检查；或曾被确切诊断；或曾接受过住院治疗；或者
  2. 曾出现过症状，无论是否有过确切诊断

- 在上述详情维持不变的条件下，报价将在 30 天内有效，且报价按照亚太财产保险有限公司的全球保个人与家庭医疗保险计划/全球保团体医疗保险计划的条款 、条件及责任免除发出 。
- 所报保费是根据每人于报价日期的年龄计算 。如在您于亚太财产保险有限公司的个人与家庭医疗保险计划的实际生效日期前，任何人士的年龄出现增长，保费可能会因此而改变 。在本保险公司收到本投保单及正确保费，且您接受本保险公司的全部条款及条件后，保险方可生效 。
- 所报保费是根据您的的身体质量指数在正常限度内厘定 。

资料保障

在审核您的投保申请以及与被保险人往来(如已向其出具保险计划)的过程中，保险人将收集到部分与被保险人相关的信息 。该信息将被用于确认您的保障范围 、管理已签发的保险计划以及处理赔案 。被保险人的信息可能因为上述目的而被转交至核保人 、医生 、医疗援助公司及理赔管理人 。

任何协助管理您的保险计划的第三方亦需承担相同的保密责任 。
除上述者外，被保险人的姓名及联系数据将不会向其他组织披露 。

Remark:

- Pre-Existing Medical Conditions

  Your policy does not cover you for treatment of Pre-Existing Medical Conditions and Related Conditions unless accepted by the insurer in writing. A Pre-Existing Medical Condition means any disease, injury or illness for which:

  1. You have received treatment, tests or investigations for, been diagnosed with or been hospitalised for; or
  2. You have suffered from or experienced symptoms; whether the medical condition has been diagnosed or not, at any time before your start date/ entry date into the plan.

- Quotations are valid for 30 days subject to the above details remaining the same and are issued in accordance with Asia-Pacific Property & Casualty Insurance Co., Ltd. medical insurance policy terms, conditions and exclusions.
- The premiums quoted have been calculated based on each person's age at the date of the quotation. Premiums may be subject to change if the age of any person increases prior to the actual start date of the applicant's Asia-Pacific Property & Casualty Insurance Co., Ltd. medical insurance policy. Cover cannot start until the applicant has accepted all of the insurer's terms and conditions following the receipt of this application form and the insurer has received the correct premium.
- The premiums quoted have been based on the applicant's body mass index being within normal limits.

Data protection

The insurer will collect certain information about the insured member in the course of considering the applicant's application and if a policy is issued to the insured member, conducting the insurer's relationship with the members. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured members' information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes.

The same duty of confidentiality is required of any third parties to whom the administration of your policy may be subcontracted. The insured members' name and contact details will not be disclosed to other organisations (except as stated above).

第四部分：声明及授权
Section 4: Declaration and authorisation

本人特此代表本投保单中列明的所有人士就上文指明的亚太财产保险有限公司全球保团体医疗保险计划申请保险。

本人已收取并阅读本团体保险计划的保障一览表、条款及条件、定义、保障和除外事项。本人确认投保单、保险凭证、保障一览表、全球保会员手册以及附有本团体保险计划条款和条件的保险条款，将构成我们双方之间的合同以及本团体保险计划协议的所有部分。本人知道投保范围将根据协议提供。

- 本人声明所填投保单各项及告知事项均属事实，就本投保单的各名人士作出的披露乃属完整，即便所提供的若干资料并非本人亲笔书写。本人明白，本人或连带被保险人为欺诈或企图欺诈亚太财产保险有限公司而向亚太财产保险有限公司提供错误、不完整或有误导性的事实或数据属违法。惩罚包括监禁、罚款、拒绝承保、取消赔偿及法定损害赔偿。
- 本人明白本人须在书面接受日期、支付保费日期或生效日期/批单签发日(以最迟者为准)前，通知亚太财产保险有限公司关于本投保单内所载事实的任何变动，包括本投保单内列名的任何人士的健康状况的变化。
- 就本投保申请而言，本人授权曾经对本投保单内列名的任何人士进行过治疗或作出过咨询的任何医生，向亚太财产保险有限公司提供其可能需要的、与本计划下索赔相关的任何治疗资料。本人已与本人的伴侣及有足够能力的成年连带被保险人讨论本授权书的条款，且本人已获取该等人士的同意以根据本授权书提供其医疗资料。
- 本人声明，本人已阅读并明白全球保团体医疗保险条款的以下章节：
  - 取消和终止权利
  - 有关团体保单的法律及司法管辖区
  - 团体保单用字及我们的服务
  - 赔偿安排
  - 责任免除
  - 时康管理顾问(上海)有限公司代表亚太财产保险有限公司安排及管理团体保单及支付索赔
- 本人明白，如亚太财产保险有限公司因任何原因无法收取本人的保费，且本人未在亚太财产保险有限公司提出使用其他支付方法的要求后的七天内，向亚太财产保险有限公司提供其它支付方法，因而令本人的团体保险计划失效，亚太财产保险有限公司对此不承担责任亦因此无需支付理赔申请。
- 本人同意如本人或本人的任何连带被保险人在指定医疗网络内接受治疗，包括但不止于门诊直付，预先审核住院等等，而最后该治疗或医疗状况所涉及的费用，根据保险计划的条款及条件被确定为不予偿付的，本人同意负责向亚太财产保险有限公司偿还其已垫付的所有上述费用。
- 本人明白并确认，如本人未偿还亚太财产保险有限公司基于诚信而垫付的不在保障范围之内的治疗费用，则本人其它的有效理赔申请可被欠付亚太财产保险有限公司的款项所抵消及/或本人的团体保险计划可能被终止直至欠付款项被全数结清。
- 本人承认，如亚太财产保险有限公司确定该项理赔申请为欺诈，本人的团体保险计划可能被终止，且该终止将立即生效。
- 本人已阅读以上所有资料保障。
- 本人同意上述声明并明白保险乃根据亚太财产保险有限公司全球保团体医疗保险的条款及条件提供。
- 本人同意如果投保单的中英文内容存在不一致时，以中文文本的内容为准。
- 本人明白，如果本人能够向其他保险保单索赔任何治疗费用或其他保障，亚太财产保险有限公司仅负责理赔总额中相应比例的部分。
- 本人和本保单其他的被保险人同意贵司在管理我们保单时，需要收集我们的个人信息和使用它们。其涵盖范围可能需要分享我们的个人信息与时康管理顾问公司，保险人，医疗机构和其他各方以方便其履行对我们的服务。据本人所知，我们的个人资料将被安全地保存，并在严格保密处理。
- 本人已经收到并仔细阅读保险条款，尤其是对责任免除、投保人义务、被保险人义务、赔偿限额、免赔额、自付比例等保险人用黑体字特别标明提醒本人特别注意的内容，保险人已经进行说明和解释，本人能够理解并知晓法律后果，对保险条款包括保险人用黑体字特别注明部分的内容没有异，本人已经充分理解和清楚保险条款的全部内容。上述所填写内容均属事实，同意以此投保单作为订立保险合同的依据。

I hereby apply for cover on behalf of all the persons named in this application form for a Asia-Pacific Property & Casualty Insurance Co., Ltd. group WorldCare policy as specified above.

I have received and read the benefit schedule, terms and conditions, definitions, benefits and exclusions of this group policy. I understand that the application form, certificate of insurance, benefit schedule and WorldCare Member's handbook and the policy wording incorporating the group policy terms and conditions make up the contract between the insured member and the insurers and all form part of the group policy agreement. I am aware that cover shall be provided in accordance with the agreement.

- **I declare that the information given in this application is true and that disclosure in respect of each person included in this application is complete, even if some of the information provided is not in my own handwriting. I understand it is unlawful for me or my dependants to knowingly provide false, incomplete or misleading facts or information to Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purpose of defrauding or attempting to defraud Asia-Pacific Property & Casualty Insurance Co., Ltd. Penalties may include imprisonment, fines, denial of coverage, rescission of benefits and legal damages.**
- **I understand that I must notify Asia-Pacific Property & Casualty Insurance Co., Ltd. of any changes in the facts contained in this application form, such as a change in the state of health of any person named in it, before the latest of either written acceptance, payment of premium or the start date/entry date.**
- **For the purpose of this application I authorise any doctor who has ever treated or advised any of the persons named in this application to provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with any information they may require in connection with treatment related to any claim under this group policy. I have discussed the terms of this authorisation with my partner and competent adultdependants, and I have obtained their consent to the release of their healthcare information pursuant to this authorisation.**
- **I declare that I have been made aware of the importance of and read and understood the following from the policy wording:**
  - **cancellation and termination rights**
  - **law and jurisdiction of the group policy**
  - **language of the group policy and our service**
  - **compensation arrangements**
  - **exclusions**
  - **Now Health International (Shanghai) Limited is acting on behalf of Asia-Pacific Property & Casualty Insurance Co., Ltd. for the purposes of preparing and administering group policies, and paying claims.**
- **I understand that Asia-Pacific Property & Casualty Insurance Co., Ltd. cannot be liable and therefore will not pay claims if my group policy is lapsed should Asia-Pacific Property & Casualty Insurance Co., Ltd. be unable to collect my premium for whatever reason and I do not provide Asia-Pacific Property & Casualty Insurance Co., Ltd. with an alternate method of payment within seven days of Asia-Pacific Property & Casualty Insurance Co., Ltd. requests for alternative methods of payment.**
- **I agree that where medical treatment is received within the provider network, including but not limited to out-patient direct billing, pre-authorised in patient, etc. by me or any of my dependants and, if the insurer determine in the course of treatment or when receiving the final invoice and medical records that the medical condition is excluded from the terms and conditions of the policy, I agree that I am liable to Asia-Pacific Property & Casualty Insurance Co., Ltd. for all claims settled for such medical treatment in connection with any non-covered claim.**
- **I understand and confirm that where I have not repaid funds disbursed in good faith by Asia-Pacific Property & Casualty Insurance Co., Ltd. in respect of non-covered medical treatment, valid claims may be offset against outstanding funds due to Asia-Pacific Property & Casualty Insurance Co., Ltd. and/or my group policy may be suspended until the outstanding amounts have been settled in full.**
- **I acknowledge that if it is determined by Asia-Pacific Property & Casualty Insurance Co., Ltd. that a claim was fraudulent my group policy may be terminated with immediate effect.**
- **I have read the Data Protection section.**
- **I agree to the declaration above and understand that cover is provided in accordance with the terms and conditions of the Asia-Pacific Property & Casualty Insurance Co., Ltd. group policy.**
- **I agree that if there is any inconsistency between the Chinese and English version of the insurance application form, the Chinese version will prevail.**
- **I understand that if any persons named in this application is able to claim any costs from another insurance policy for the cost of any treatment or benefits, Asia-Pacific Property & Casualty Insurance Co., Ltd. will only be liable for a proportional share of the total costs.**
- **I and those covered under this policy consent to the collection and use of our personal information in the administration of our policy. This may include sharing our personal information with Now Health offices, our insurer, medical providers and other parties to the extent needed to fulfill our policy.**
  I understand that our data will be kept securely and handled in strict confidence.
- **I have received and carefully read the insurance policy, especially for the insurance exclusions, the policyholder and the insured's obligations, maximum claim amount, co-insurance, deductible, excesses etc. which the sections have been bolded by the insurer to alert the policyholder to be careful in the content. The insurer has already explained and clarified the terms and conditions of the insurance policy. I am fully aware and understand the legal consequence. I have no disagreement to the particular sections including the policy wordings that are bolded. I fully understood and I am aware the content of all the policy wordings. All the above sections signed are truth and facts and I agree to use this application form as the base for our insurance contract.**

签署(被保险人)：
Signature (Insured person):

日期(日/月/年)：
Date (dd/mm/yyyy):

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保险合同由亚太财产保险有限公司签发，并委托时康管理顾问(上海)有限公司进行保单管理。
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Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd.
Registered Office: 29-30F., Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited.
Room 1103B–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.