

**ZURICH®**

Zurich HassleFree+ Health Insurance Plan

Please read this policy carefully upon receipt and promptly request for any necessary amendments.

This policy together with the enclosed *schedule* and any endorsements subsequently issued should be read as if they are one document and form the contract between *you* and *us*, and no variations shall be admitted except those acknowledged in writing by *us*. The enrollment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written are the basis of this contract.

We agree, in consideration of *your* payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached *schedule*, we will insure *the insured person(s)* under those sections shown in the *schedule* during any *period of insurance* to pay the benefits defined to the *insured person* who sustain(ed) *sickness or injury* or incurs charges within the scope of coverage provided hereinafter upon recommendation of a *medical practitioner*.

This policy is an annual medical policy which will be renewed subject to subsequent premium payments and *our* acceptance. *You* are required to settle the annual premium for the concurrent policy year.

Should *you* change any information given on *your* enrollment form (regardless verbally or in written format), please inform *us* of the changes immediately as the changes may affect the *insured person's* insurance cover.

This policy is a legal document and should be kept in a safe place.

PART 1 – DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help you identify these words in this policy we have printed them in italics throughout. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Accident/ Accidental	A sudden and unforeseen event that happens unexpectedly and causes <i>injury</i> to the <i>insured person</i> during the <i>period of insurance</i> .
Age/ Aged	Age at last birthday.
Anaesthetist	A <i>medical practitioner</i> other than the <i>insured person</i> or <i>immediate family member</i> , who can legally practise anaesthesiology and to render medical and surgical services in accordance with the equivalent specialty law in the geographical area of his/her practice.
Cancer	<p>A malignant tumour characterized by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary or palliative care must have been initiated. The cancer must be positively <i>diagnosed</i> with histopathological confirmation. Cancer includes Leukaemia, but the following are excluded:</p> <ol style="list-style-type: none"> All cancers which are histologically classified as any of the following: <ol style="list-style-type: none"> pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera; non-invasive; having either borderline malignancy; or having low malignant potential. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia, cervix intra-epithelial neoplasia CIN-1, CIN-2 & CIN-3) or which are histologically described as pre-malignant conditions or non-invasive cancers; Tumours of the ovary classified as T1aNOM0, T1bNOM0 or FIGO 1A, FIGO 1B; Duke's A colo-rectal cancer; Prostate cancers which are histologically described as TNM Classification T1 (including T1a, T1b or T1c) or another equivalent or lesser classification; Chronic lymphocytic leukaemia less than RAI Stage 3; Papillary micro-carcinoma of the thyroid; Non-invasive papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification; All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5 mm in thickness as determined by a histological examination using the Breslow method; and All tumours in the presence of Human Immunodeficiency Virus (HIV) infection.
Confined/ Confinement(s)	The <i>insured person</i> is admitted to a <i>hospital</i> as a result of <i>sickness or injury</i> with <i>medical necessity</i> upon the recommendation of a <i>medical practitioner</i> and continuously stays in the <i>hospital</i> prior to his/her discharge from the <i>hospital</i> . <i>Hospital</i> confinement will be evidenced by a daily room and board charge by the <i>hospital</i> .
Day Patient	A patient who is admitted to a day patient unit of a <i>hospital</i> for the purpose of undergoing a surgical procedure, but does not require an overnight stay.
Deductible	The deductible amount as stated in the <i>schedule</i> which is the portion of expenses for which the <i>insured person</i> is liable for disability under this policy. We are only liable to pay the remaining balance of the medical expense of a covered <i>disability</i> if such expense exceeds the deductible amount, up to the Maximum Benefits as shown under the selected plan in PART 2 - TABLE OF BENEFITS.
Disability/ Disabilities	A <i>sickness or injury</i> . All injuries sustained in any one (1) <i>accident</i> shall be considered one (1) disability. All <i>sickness</i> existing simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one (1) disability as well. If a disability is due to causes which are the same or related to the causes of a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a separate disability except that after ninety (90) days following the latest discharge from <i>hospital</i> or prior curative treatment/surgical operation or the last consultation or the latest date receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.

Emergency

A sudden, serious and unforeseen *injury* or *sickness* that requires immediate medical treatment, which without treatment commencing within forty-eight (48) hours of the emergency event could result in death or permanent impairment of an *insured person's* health.

Hong Kong

Hong Kong Special Administrative Region of the People's Republic of China.

Hospital

An institution which

- is licensed in accordance with the applicable laws of the jurisdiction in which it is located;
- is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and *treatment* of injured or sick person;
- has staff of one (1) or more *medical practitioner* available at all times;
- has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the *medical practitioner* in charge;
- maintains well-equipped inpatient facilities; and
- maintains a daily medical record for each of its patients.

Hospital does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the elderly or alcoholics or drug addicts or for treatment of mental disorders, or a nursing home, or similar establishment.

Immediate Family Members

The *insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.

Injury

Bodily injury sustained in an *accident* solely and independently of all other cause.

Insured Person

The person(s) named in the *schedule* or subsequently endorsed heron as insured person(s).

Intensive Care Unit

A part of a *hospital* which is designated as an intensive care unit by the *hospital* providing one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The part or unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and *medical practitioners*, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.

Medically Necessary/ Medical necessity

The necessity to have a treatment or medical service of the *injury* or *sickness* involved which are widely accepted by *medical practitioners* as effective, appropriate and essential based upon recognized standards of the health care specialty involved and which are:

- consistent with the diagnosis and is the customary medical treatment for the condition; and
- in accordance with standards of good and prudent medical practice; and
- not furnished primarily for the convenience of medical practitioner or any other medical service providers; and
- furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's disability* and are performed in the least costly setting required for treatment of a covered disability; and
- is not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment, medication or surgery.

Note: (i)–(iv) apply to all circumstances, whereas (v) applies to *day patient* case or *hospital confinement* only.

For the avoidance of doubt, experimental, screening and preventive services or supplies are not considered as "Medically Necessary/Medical necessity".

Medical Practitioner

A person other than the *insured person* or *immediate family member* or *domestic partner*, qualified by degree in western medicine and legally authorized in the geographical area of his/her practice to render medical and surgical services.

Outpatient

An *insured person* who receives medical services and medicines in connection with treatment for a covered *injury* or *sickness* given in the clinic or office of a registered *medical practitioner* or a *specialist*, outpatient department or emergency treatment room of a *hospital*.

Period of Insurance

The period of time as stated in the *schedule* during which this policy is effective and we have accepted *your* premium.

Policy Effective Date

The *effective date* of the policy as stated in the *schedule*, or the renewal date as stated in the latest renewal notice, whichever is the later, provided the premium has been paid.

Policy Inception Date

It shall mean:

- the first effective date of this policy as stated in the *schedule* upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or
- policy reinstatement date, whichever is the later.

Pre-existing Condition

Any *injury*, *sickness* or condition and/or directly related conditions for which the *insured person* showed *symptoms* or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which the *insured person* was aware of or could reasonably be expected to be aware of prior to the *policy inception date* or *upgrade effective date*, whichever is later.

Qualified Nurse

A qualified nurse other than the *insured person*, or *immediate family member*, who is legally authorized to render nursing services by the government of the geographical area of his/her practice.

Reasonable and Customary Charges

In relation to a fee, a charge or an expense, means any fee or expense which:

- is charged for treatment, supplies or medical services that are *medically necessary* and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a *medical practitioner*;
- does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- does not include charges that would not have been made if no insurance existed.

We reserve the right to determine whether any particular *hospital/medical charge* is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. We also reserve the right to adjust any or all benefits payable in relation to any *hospital/medical charges* which is not a reasonable and customary charge based on the above mentioned reference.

Relevant Documents

Relevant documents include *schedule*, enrollment form, declaration, riders, endorsements, attachments and amendments (regardless verbally or in written format).

Schedule

The schedule attached to and incorporated in this policy of insurance.

Symptom

A sign or an indication of disorder or disease experienced by an individual.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state during the *period of insurance*.

Terrorism

An act of terrorism refers to any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), carry out any act, preparation or threat of action which is intended to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation for political, religious, ideological, or similar purposes. An act of terrorism must be confirmed and announced to the public by the relevant government. However, any event arising from war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, insurrection, military force or coup, or any act with the use of nuclear engineering shall be excluded from this definition.

Upgrade

An increase in the level of benefit and/or plan level.

Upgrade Effective Date

00:00 *Hong Kong* Time on the date we agree to provide an *upgrade* of your policy and such date is shown on your policy *schedule* or endorsement recording that *upgrade*.

Waiting Period

thirty (30) days from the *policy inception date*, or *upgrade effective date* or effective date of any additional benefit(s) which is subsequently added (applicable to the *upgraded* portion or additional benefit(s) only), whichever is the later. During such period, no benefit will be payable for any cause, other than in respect of an *accident*.

War

A contest by force between two (2) or more nations, carried on for any purpose; or an armed conflict of sovereign powers, in either case whether such contest or armed conflict is declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of pacific relations and ii) a general contention by force, both authorized by the respective sovereigns of such nations.

We, Us or Our

Zurich Insurance Company Ltd.

You or Your or Yours

The person shown in the *schedule* as "The Insured" who is the applicant and/or the policyholder of this policy.

Part 3 – BENEFITS

Section 1 – Medical Expenses

If the *insured person* is confined in a *hospital* on the recommendation of an attending *medical practitioner* due to *sickness* or *injury* occurring during the *period of insurance* which is *medically necessary*, upon receipt of proof of any *reasonable and customary charges* incurred as listed below which are acceptable to *us* and subject to the terms and conditions of this policy, we will pay up to the Maximum Benefits per *disability* as shown in the *schedule*. In no event shall the maximum amount payable under Section 1 for any one (1) *disability* exceed the Maximum Benefit as stated under the plan selected in PART 2 – TABLE OF BENEFITS.

1.1 Room and Board

We will pay for the actual *reasonable and customary charges* for room and board incurred for the period during which the *insured person* is confined in a *hospital*.

1.2 Room and Board for Intensive Care Unit

We will pay for the actual *reasonable and customary charges* for room and board incurred for the period during which the *insured person* is confined in the *intensive care unit*. This Section 1.2 is payable in lieu of Section 1.1 under this policy for any one (1) day of *confinement*.

1.3 In-hospital Doctor's Call Fees

Where the *insured person* is confined in a *hospital*, we will pay the attending *medical practitioner's* actual *reasonable and customary charges* for treatment during such *confinement*. In the event that the *insured person* is confined in the *hospital* for surgical operation or treatment of more than one (1) *disability*.

1.4 Hospital Special Services Charges

Where the *insured person* is confined in a *hospital*, we will pay the actual *reasonable and customary charges* charged by the *hospital* in respect of:

- western medication prescribed by the attending *medical practitioner* and consumed during the *confinement* as well as medicines prescribed on the date of discharge for treatment of the same *disability* up to a period of seven (7) days, but excluding medicines for treatment of chronic illnesses, for prophylactic purposes, for recurrent courses after the immediate course of treatment upon discharge and for long term treatment; or
- dressings, ordinary splints and plaster casts but excluding special braces and appliances equipment; or
- implants which is *medically necessary*; or
- physical therapy done during the *confinement* as recommended by the attending *medical practitioner*; or
- oxygen and its administration; or
- x-rays, electrocardiograms and other laboratory examinations and tests and diagnostic procedures, the immediate purpose of which is the cure of *disability* as a result of *medical necessity*; or
- intravenous infusions; or
- blood transfusion, blood or plasma and their administration; or
- ambulance service to or from the *hospital*.

This Section 1.4 is not applicable to instruments and other hardware used in an operation including but not limited to anaesthesia machine, gastroscope, colonoscope, lithotripter, x-knife, cyberknife and gamma knife.

1.5 Surgical Charges

Where the *insured person* is confined in a *hospital*, we will pay the actual *reasonable and customary charges* for surgical operation charged by a *medical practitioner*.

If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, the maximum number of surgical operations we will pay for each and every same *confinement* shall be three (3) only.

If any alternative procedures including X-ray, radium or any other radioactive substances are used for treatment in place of any cutting operation, we will, subject to the terms and conditions of this policy, pay the actual *reasonable and customary charges* for such treatment up to the maximum amount payable for the replaced cutting operation.

1.6 Anaesthetist's Fee

Provided that we agree to pay the benefit under Section 1.5 – Surgical Charges, we will pay the actual *reasonable and customary charges* for anaesthetic fees charged by an *anaesthetist* other than the *medical practitioner* who operates on the *insured person* during the same surgical operation.

1.7 Operating Theatre Charges

Provided that we agree to pay the benefit under Section 1.5 – Surgical Charges, we will pay the actual *reasonable and customary charges* for the use of the operating theatre or treatment room and the consumables or equipments used for the surgical operation(s) in the operating theatre or treatment room charged by the *hospital*.

1.8 Cancer Treatment and Kidney Dialysis Benefit

We will pay the actual *reasonable and customary charges* incurred for the following special treatment and any medical expenses arising directly therefrom, recommended in writing by the *insured person's* attending *medical practitioner* regardless of whether the special treatment is performed during *confinement* or on *outpatient* or *day patient* basis, upon the first diagnosis of any kind of *cancer* or chronic and irreversible kidney failure, including any and all complications arising therefrom or closely related thereto:

- Chemotherapy;
- Radiotherapy;
- Cyberknife and/or gamma knife for cancer treatment;
- Renal Dialysis (haemodialysis or peritoneal dialysis); or
- Targeted Cancer Therapy.

For the claim under this Section 1.8, we require a definitive diagnosis made in writing by the *insured person's* treating specialist based upon such specific evidence, radiological, clinical, histological and/or laboratory evidence of any kind of *cancer* or chronic and irreversible kidney failure which are acceptable to *us*.

The *insured person* will not be entitled to this benefit if the *insured person* suffers from *cancer* within ninety (90) days from the *policy inception date*, or the *upgrade effective date*, whichever is the later.

1.9 Day Patient / Outpatient Surgery

This is an extension of the cover under Sections 1.4 to 1.7 of PART 2 – TABLE OF BENEFITS. We will pay the actual *reasonable and customary charges* for the following items which is actually undertaken on *outpatient* or *day patient* basis by a *medical practitioner*:

- Pathological study provided it is (a) directly associated with the surgical operation performed; and (b) performed on the same date as the surgical operation; and/or
- Surgical charges payable under Section 1.5 – Surgical Charges; and/or *Anaesthetist's* fee payable under Section 1.6 – *Anaesthetist's* Fee; and/or
- Operating theatre or treatment room and the consumables or equipments used for the surgical operation payable under Section 1.7 – Operating Theatre Charges.

PART 2 – TABLE OF BENEFITS

Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.

Maximum Benefit per Insured Person per disability (HKD)			
	Essential Plan	Advanced Plan	Deluxe Plan
Maximum limit per <i>disability</i> (HKD)	18,000	28,000	48,000
Benefits			
Section 1: Medical Expenses		Up to the maximum limit per <i>disability</i>	
1.1 Room and Board	Covered		
1.2 Room and Board for <i>Intensive Care Unit</i>	Covered		
1.3 In-hospital Doctor's Call Fees	Covered		
1.4 <i>Hospital</i> Special Services Charges	Covered		
1.5 Surgical Charges	Covered		
1.6 <i>Anaesthetist's Fee</i>	Covered		
1.7 Operating Theatre Charges	Covered		
1.8 <i>Cancer</i> Treatment and Kidney Dialysis Benefit	Covered		
1.9 Day Patient or Outpatient Surgery	Covered		
Section 2: No Claim Renewal Bonus			
(increase maximum limit in each renewal and up to max. 5 consecutive years)	2,000 per year	3,000 per year	5,000 per year
Section 3: Voluntary Deductible (Optional)		As stated on the <i>schedule</i>	
Section 4: ZURICH EMERGENCY ASSISTANCE			
1. Home Nursing Care Referral (Applicable in <i>Hong Kong</i>)	Included		
2. Telephone Medical Advice (Applicable outside <i>Hong Kong</i>)	Included		
3. Medical Service Provider Referral (Applicable outside <i>Hong Kong</i>)	Included		
4. Arrangement of Hospital Admission Deposit (Applicable outside <i>Hong Kong</i>)	39,000		

Section 2 – No Claim Renewal Bonus

No claim renewal bonus is calculated as follows at the time of renewal of any *period of insurance* of this policy:

- If no claim has been made by the *insured person* within the policy year prior to the concurrent anniversary of the *policy effective date*, the maximum limit per *disability* under Section 1 – Medical Expenses will be increased by the No Claim Renewal Bonus as listed below. The No Claim Renewal Bonus will be continuously increased by the designated amount for each subsequent policy anniversary if no claim has been made in each of the subsequent policy year, subject to the Maximum Accumulated No Claim Renewal Bonus.
- If a claim has been made by the *insured person* within the policy year prior to the concurrent anniversary of the *policy effective date*, the No Claim Renewal Bonus will be totally removed upon anniversary of the *policy effective date*.

	Essential Plan	Advanced Plan	Deluxe Plan
No Claim Renewal Bonus (HKD/year)	2,000	3,000	5,000
Maximum Accumulated No Claim Renewal Bonus (HKD)	10,000	15,000	25,000

Section 3 – Voluntary Deductible

A discount on the policy premium payable is offered to the *insured person* who voluntarily accepts a *deductible*. The amount of *deductible* selected is set out in the *schedule*.

Section 4 – ZURICH EMERGENCY ASSISTANCE

Zurich Emergency Assistance will provide the following services in the event that the *insured person* sustains *sickness or injury* during the *period of insurance* whilst the *insured person* is travelling outside of *Hong Kong* for a period not exceeding ninety (90) days:

1. Home Nursing Care Referral (Applicable in *Hong Kong*)

Upon the request of the *insured person*, the service provider of Zurich Emergency Assistance shall arrange to send a baby sitter, domestic helper or *qualified nurse* to the *insured person's* residence in *Hong Kong* to provide care services to the *insured person's* child(ren) or *immediate family member(s)*. The cost of this service shall be borne solely by the *insured person*.

2. Telephone Medical Advice (Applicable outside *Hong Kong*)

Medical advice to assist in stabilizing the *insured person's* medical condition can be provided over the telephone whilst the *insured person* travels outside of *Hong Kong*. Such advice shall not be construed as a diagnosis.

3. Medical Service Provider Referral (Applicable outside *Hong Kong*)

Details of medical service providers' including name, address, telephone number of *medical practitioners*, *hospitals*, clinics can be provided upon *insured person's* request. Any medical services used and expenses incurred, if any, shall be borne solely by the *insured person*.

4. Arrangement of Hospital Admission Deposit (Applicable outside *Hong Kong*)

If the *insured person*, whilst travelling outside of *Hong Kong*, is admitted to a *hospital* which requires *hospital admission deposit*, an *hospital admission deposit* up to a maximum of HKD39,000 can be provided subject to prior approval by *us*. This deposit shall be fully refunded to *us* and any medical services used and expenses incurred, if any, shall be borne solely by the *insured person*.

Zurich Emergency Assistance is rendered by a service provider which is nominated by Zurich Insurance Company Ltd. Please call our 24-hour emergency hotline in *Hong Kong* at +852 2886 3977 for assistance.

PART 4 – EXCLUSIONS

This policy will not cover any claim arising directly or indirectly from:

- any *pre-existing condition*; or related conditions
- any treatment or expenses incurred within the *waiting period*;
- any treatment including services and supplies which are not *medically necessary* and are not consistent with customary medical treatment or diagnosis;
- any condition resulting from childbirth, miscarriage, abortion, pregnancy, including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, contraceptive or contraceptive devices, infertility or any other method of inducing pregnancy, sterilization of either sex; venereal diseases;
- cosmetic surgery or plastic surgery for purposes of beautification except as necessitated by an *accident*; elective treatment; treatment for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions;
- any dental surgery of any nature whatsoever except for necessary procedure on the damage to sound and natural teeth as a result of an *accident* occurring during the *period of insurance* and benefit is payable purely for emergency condition and to alleviate the pain and in a legally registered dental clinic or *hospital* but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
- hospital confinement* for the purpose of convalescence, custodial, rest care, palliative care, sanatoria care or rehabilitation; or medical expenses incurred not in accordance with the diagnosis and treatment of the condition for which the *confinement* is required;
- acquisition of the organ to be used for organ transplantation and all costs related to organ donation as the donor;
- congenital abnormalities existing at the time of birth or neo-natal abnormalities developing before the *insured person* attains the *age* of eight (8), including but not limited to hernias of all types (except when caused by a trauma after commencement of this policy), epilepsy, strabismus, hydrocephalus, undescended testicle, hypospadias and Meckel's diverticulum;
- disease or *sickness* arising from asbestos;
- any treatment provided outside of *Hong Kong* unless as the result of an *emergency*;
- medical treatment and/or surgery, including but limited to colonoscopy and gastroscopy, for cancer/ tumour/ polyp/ mass of any kind; anal fistulae; cholangitis; cholecystitis; calculi/stone of any kind until the *insured person* has been continuously covered by this policy for not less than one hundred and twenty (120) consecutive days immediately preceding such surgery or treatment;
- medical treatment and/or surgery for cataracts; glaucoma; retinal disorder; endometriosis; diseased tonsils; haemorrhoid(s); thyroid disorder; circumcision until the *insured person* has been continuously covered by this policy for not less than one hundred and twenty (120) consecutive days immediately preceding such surgery or treatment;
- vaccination or inoculations, general check-up, screening and preventive care; expenses relating to sleep test for sleep apnoea; routine eye test, refractive errors of the eyes or their corrective measures;
- procurement or use of appliances, equipment (unless specified otherwise in this policy), including but not limited to hearing aids, brace, crutch, spectacle or any other similar kind;
- medical treatment and/or surgery for spinal and/or joint disease, including but not limited to cervical spondylosis, osteoarthritis, degenerative disc disease; until the *insured person* has been continuously covered by this policy for not less than one hundred and twenty (120)

consecutive days immediately preceding such surgery or treatment, except as a result of an accident occurring during the period of insurance;

- suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not limited to psychoses, neuroses, depression of any kind, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioral disorders; or under the influence of alcohol or drugs other than as prescribed by *medical practitioner*;
- participation in any illegal activity, including but not limited to robbery, drug abuse or assault;
- air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier; riding or driving in any kind of motor racing, or engaging in a sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport, trekking at an altitude greater than 5,000 meters above sea level or diving to a depth greater than 40 meters below sea level;
- any *disabilities* for which compensation is payable under any law, regulation or for which benefits are payable under any other insurance policies underwritten by any other insurer(s) except to the extent that such claim is not fully reimbursed under or pursuant to such law, regulation or other policies;
- HIV (Human Immunodeficiency Virus) and/or HIV-related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named.
- war, invasion, act of foreign enemy, hostilities (whether *war* has been declared or not), *civil war*, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of *terrorism*; and/or
- ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material.

PART 5 – GENERAL PROVISIONS

1. Entire Contract

This policy including all the *relevant documents* will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by our authorized officer and evidenced by endorsement of such amendment. For avoidance of doubt, the *relevant documents* will form part of the renewed policy contract and information contained are deemed to remain true and valid as at the time of renewal unless otherwise instructed by *you*.

2. Age Limit and Eligibility

Unless otherwise specified, the *age* of the *insured person* must be between fifteen (15) days and fifty-five (55) years old (both inclusive) at the *policy inception date* and this policy is renewable up to the *age* of one hundred (100) years old. All benefits under this policy shall terminate on the anniversary of the *policy effective date* following the *insured person's* 101st birthday. The *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* identity card with a residential address in *Hong Kong* and lives in such address permanently. *Insured person* under age of eighteen (18) years old shall hold a valid *Hong Kong* birth certificate or proof of dependent visa.

An *insured person* is not allowed to be covered under more than one (1) Zurich HassleFree+ Health Insurance Plan issued by *us*. If the *insured person* covers under more than one (1) such policy:

- the *insured person* will be deemed to be insured only under the policy which provides the highest amount of benefit; or
- if the benefit amount is the same under each policy, the *insured person* will be deemed to be insured only under the policy which was issued first by *us*.

In any case, we will refund the premium paid from the *policy inception date*, without interest, to *you* under the policy or policies that are not giving cover. Such policy/policies are deemed to be void from inception and we will have no liability whatsoever to *you* in respect of any such policy.

3. Status Change

You or the *insured person* must take full responsibility to inform *us* forthwith of any change in respect of the information provided in the enrollment form for this policy (regardless verbally or in written format), or upon renewal, otherwise we reserve the right to refuse or invalidate all claims under this policy.

4. Notice of Claims

Written notice must be given to *us* within thirty (30) days upon the first treatment of any *disability* likely to give rise to a claim under this policy. All certificates, information and evidences required by *us* shall be furnished at the expense of *you* or the *insured person* or the personal representative of *yours* or the *insured person's* and shall be in such form and of such nature as we may prescribe. We shall be entitled to call for examination(s) by a medical referee at *our* expense. If *you* or the *insured person* do(es) not comply with this condition, we shall have the sole discretion to decide not to pay any benefits under this policy.

5. Proof of Loss

Written proof of loss must be furnished to *us* within thirty (30) days from the completion and/or termination of the treatment for which the claim is being made. Failure to furnish such proof as required by *us* within the prescribed time shall not invalidate any claims if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is required. All certificates, information and evidence in such form and of such nature and within such time as we may reasonably require shall be furnished without expense to *us*.

If the supporting documents of a claim are in a language other than Chinese or English, the *insured person* must undertake to obtain certified translation of the documents in Chinese or English at the expense of *you* or the *insured person*.

6. Claims Admittance

In no case shall we be liable in respect of any claim after the expiry of twelve (12) months from the occurrence of the *injury* or *sickness* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration or *alternative dispute resolution*.

7. Medical Examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* if we deem necessary and in the event of death of the *insured person* to have a post-mortem examination at *our* expense.

8. Payment of Claims

All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to *you* after the receipt of due proof. In the event of death of the *insured person*, the benefit will be paid to the estate of *insured person*.

9. Misrepresentation or Non-disclosure

If *you* or the *insured person*, or anyone acting for *you* or the *insured person* make(s) a statement in the enrollment form and declaration or in connection with any claim knowing that the statement to be false, or fail to disclose *pre-existing conditions* or fail to act in utmost good faith, we will not be liable for the claim and all cover under this policy shall cease immediately. We will not be liable to refund any premium paid.

10. Premium Charge

- (i) This policy is an annual policy. You may pay the premium to us on an annual or a monthly basis. All premiums after the first premium are payable to us on or before the due date. You are required to settle the annual premium for the concurrent policy year.
- (ii) We reserve the right to revise or adjust the premium under the following circumstances:
 - (a) In accordance with our applicable premium rate at the time of policy renewal by giving thirty (30) days' prior written notice to you;
 - (b) The premium rate should be adjusted automatically as the *insured person* according to the attained age of the *insured person* at the time of renewal.

11. Grace Period

We will allow you thirty-one (31) days for the payment of each premium after the first premium. During that time we will keep this policy in force. If after that time the premium remains unpaid, this policy will be deemed to have lapsed from the date that the unpaid premium was due.

12. Reinstatement

If we terminate this policy due to non-payment of premium, we may allow this policy to be reinstated if you provide us with a satisfactory written application for reinstatement including proof of insurability and subject to our approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this policy which occurs while this policy has lapsed. Any *pre-existing conditions* shall include all such conditions existing prior to the reinstatement date. The reinstated policy shall only provide coverage to the *insured person* due to accident after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than thirty (30) days after the date of reinstatement.

13. Cancellation

- (i) We have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing by registered post to your last known address. Under no circumstances we will be obligated to reveal our reasons for cancellation or surrender. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy. The payment or acceptance of any premium subsequent to such termination shall not create any liability on us but we shall refund any such premium received by us.
- (ii) You have the right to cancel this policy by giving thirty (30) days' advance notice in writing to us. In such event, we will refund the unearned premium actually paid by you provided that no claim has been made during the period starting from the *policy effective date* to the date on which the cancellation takes effect ("Policy Period"), the earned premium shall be calculated in accordance with the table below but in no event shall the earned premium be less than our customary minimum premiums. If this policy is pay on monthly payment basis, we have the right to charge you the remaining balance of the annual premium for the current policy year in accordance with the charges indicated below.
In both cases above, if there is a claim or service used during the current policy period, there will be no refund of premium on the unexpired period and you are liable to settle the annual premium of the policy year.

Policy Period	Percentage of Premium Earned by Us
2 months (our customary minimum premiums)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

Notwithstanding the above, you have the right to cancel this policy by giving notice in writing with signature and return the policy to us within fourteen (14) days from the delivery of this policy document if you are not satisfied with this policy and you have not made any claim during this *period of insurance*. We will refund to you all the premiums you have paid without interest.

14. Termination of Policy

This policy shall automatically terminate on the earliest of:

- (i) the *insured person* is no longer eligible for the benefits under this policy in view of Clause 2 – Age Limit and Eligibility of this Part;
- (ii) cover under this policy ceases pursuant to the Clause 9 – Misrepresentation or Non-disclosure of this Part;
- (iii) you fail to pay after expiry of the 31-day grace period in accordance with Clause 11 – Grace Period of this Part; or
- (iv) either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 13 – Cancellation of this Part.

15. Renewal

The policy shall remain in force for a maximum of one (1) year from the *policy effective date* and this policy will be automatically renewed at the *our discretion*. Yet we reserve the right, as permitted under this policy, to alter the terms and conditions, including but not limited to the premiums or exclusions of this policy at the time of renewal of any *period of insurance* of this policy by giving thirty (30) days' written notice to you, on the condition that the sum insured is not adjusted as permitted under this policy. We will not be obligated to reveal our reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to you before the *policy effective date* of any *period of insurance*.

16. Change of Benefits

You may apply for change of benefits or *upgrade* by giving thirty (30) days' notice in writing before the anniversary of the *policy effective date*. A health declaration with details on any *injury, sickness, symptoms* or conditions which are then known to exist by you or the *insured person* or any treatment or medication the *insured person* is having or will be having shall be submitted to us. Such application shall be subject to our approval and we reserve our right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions (applicable to the *upgrade* portion only) of this policy. Any change accepted by us shall be effective on the commencement of the next renewed *period of insurance*.

If such *insured person* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a medical practitioner or took prescribed drugs or medicine prior to the said written notice is received by us, the limit of benefits payable in respect of such disability(ies) shall not exceed the limit of benefits before or after the change in benefit level whichever is lower.

17. Misstatement of Age or Sex

If the *insured person's* age or sex has been misstated, the premium difference would be returned or charged according to the correct age or sex. In the event the *insured person's* age has been misstated and if, according to the correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then our liability, under all circumstances, shall be limited to the refund of the premiums paid for such period covered by this policy.

18. Other Insurance

If an *insured person* is entitled to a compensation or reimbursement of all or part of the expenses covered under this policy under any other insurance policy(ies) or from any other source(s) (such as government scheme), we will only be liable for the remaining balance of your expenses after deducting the amount recoverable from such other policies or sources. In all situations, the total amount recoverable from all relevant policies or sources shall not exceed the actual medical expense paid by the *insured person*.

19. Zurich Emergency Assistance

The service provider of Zurich Emergency Assistance is an independent service provider providing services to the *insured person* upon the *insured person's* request. We or any of our affiliates, agents, or employees of any of them has no responsibility or liability of any act, default, negligence, error or omission of the relevant service provider of Zurich Emergency Assistance or any of its employees, agents or representatives.

20. Clerical Error

Our clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

21. Legal Action

No legal action shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of claims has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within one (1) years from the expiration of the time within which proof of claims is required.

22. Subrogation

We have the right to proceed at our own expense in the name of the *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy, and the *insured person* shall concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which we are entitled by virtue of our right hereunder.

23. Alternative Dispute Resolution

In the event of a dispute arising out of the policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of Hong Kong and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the Hong Kong International Arbitration Centre ("HKIAC") under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be Hong Kong law and the seat of arbitration shall be Hong Kong. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English.

It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of the policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under the policy and the *insured person* does not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of our disclaimer, the *insured person's* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under the policy.

24. Rights of Third Parties

Other than the policyholder or the *insured/insured persons*, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

25. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

26. Statement of Purpose for Collection of Personal Data

All personal data collected and held by us will be used in accordance with our privacy policy, as notified to the *insured person* from time to time and available at this website: <https://www.zurich.com.hk/en/services/privacy>

The *insured person* shall, and shall procure all other *insured person* covered under the policy to, authorize us to use and transfer data (within or outside Hong Kong), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of Hong Kong, for the obligatory purposes as set out in our privacy policy as applicable from time to time.

When information about a third party is provided by the *insured person* to us, the *insured person* warrant that proper consents from the relevant data subjects have been obtained before the personal data are provided to us, enabling us to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

27. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws and regulations of Hong Kong. Subject to the Alternative Dispute Resolution clause herein, the parties agree to submit to the exclusive jurisdiction of the Hong Kong courts.

PART 6 – CLAIMS PROCEDURE

- Step 1: Download "Zurich HK" mobile app with the QR Code below and report the claim to us in thirty (30) days after the incident.
- Step 2: Click "Claim" > "Individual Medical Insurance" > "Hospital Cash/Surgical Cash" to start the claim application.



There are two versions of this policy, one in English and one in Chinese. If there is any discrepancy between the English and the Chinese versions, the English version shall prevail.

蘇黎世「非煩保+」醫療保險計劃

請細閱本保單，如有任何修正請求，並請盡快提出。

本保單連同「附表」及嗣後發出的任何附帶批單應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非獲「本公司」書面同意，否則合約內容不得更改。而「閣下」的投保表格及聲明，不論以口述(若是由「本公司」或「本公司」授權之代理錄音)或書面形式提供，均會構成本合約的依據。

「本公司」現與「閣下」協議，鑒於「閣下」支付保費及信賴各陳述、保證或聲明，以及遵從本保單及隨附之「附表」的條款與規章，「本公司」將於「保險期」內以「附表」所載之保障項目承保「受保人」，如「受保人」因「疾病」或「損傷」而招致在下文所訂承保範圍內由「醫生」建議之費用，「本公司」將支付指定的保障。

此乃全年醫療保險保單，將於「本公司」接受及收訖「閣下」繳交隨後的保費後而續保。「閣下」必須繳付同年度之全年保費。

「閣下」於投保表格內填報的資料如有任何更改(不論以口述或書面形式)，請盡早通知「本公司」，以免影響「受保人」於本保單的保障內容。

此乃一份有法律效力的文件，敬請妥為保存。

第一部份 - 定義

本保單內某些詞彙具有指定含意，釋義已分別列明如下。為方便「閣下」識別有關詞彙，特將此等詞彙全部加上引號。本保單內內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

「意外」	於「保險期」內，任何不可預見或預料並導致「受保人」蒙受身體「損傷」之突發事件。
「年齡」	上次生日的年齡。
「麻醉科醫生」	指於其執業的地區以適用的專科登記法律合法地獲准授權從事麻醉科和提供醫療及外科手術的「醫生」，惟「受保人」本人或其「直系親屬」除外。
「癌症」	指惡性腫瘤。其特徵為惡性細胞漸進地不受控制地生長及擴散，侵入及破壞正常及周邊組織。主要的介入性治療或大型手術被認為是「醫療必需」的，或已經進行舒緩治療。 癌症必須由組織病理學報告「確診」腫瘤呈陽性。本項癌症包括白血病，但以下所列並不在保障範圍之內： (i) 組織病理學中以下癌症分類： (a) 癌前病變，比如血小板增生症以及真性紅細胞增多症； (b) 非侵入性腫瘤； (c) 交界性腫瘤；或 (d) 低惡性腫瘤。 (ii) 分類為T1aN0M0、T1bN0M0或FIGO1A、FIGO1B的卵巢腫瘤； (iii) Duke's A大腸癌； (iv) 在組織學上TNM分級標準級別為T1a、T1b、T1c或其他分級標相當或較低的級別之前列腺癌； (v) RAI 級別3以下的慢性淋巴性白血病； (vi) 微小甲狀腺乳頭狀癌； (vii) 非侵入性膀胱乳頭狀癌，組織學上被界定為TaN0M0或更低的分級； (viii) 所有皮膚癌，除非能夠證實腫瘤已經轉移或是利用Breslow組織學檢驗方法證明最高厚度超過1.5毫米之惡性黑色素瘤；及 (ix) 與人體免疫力缺乏病毒同時存在的所有腫瘤。
「住院」	「受保人」必須因為「疾病」或「損傷」而遵照「醫生」建議及基於「醫療必需」下入住「醫院」及「受保人」在出院前，必須一直逗留在「醫院」內。「受保人」須出示「醫院」發出的每日房間及膳食費用單據，以作證明。
「日症病人」	在「醫院」的日症手術部門進行手術，但不需要過夜的病人。
「自負額」	「自負額」指「受保人」就「附表」訂明每宗「傷疾」所必需承擔之自負金額。「本公司」將支付扣除「附表」列明的自負額後的受保「損傷」或「疾病」的「住院」及手術保障費用。若「受保人」的受保「損傷」或「疾病」已從其他保險公司取得賠償，自負額將扣減已從其他保單取得的賠償金額，並「本公司」應支付同一「損傷」或「疾病」扣除適用自負額後未獲賠償的合資格醫療費用。
「傷疾」	一宗「疾病」或「損傷」。由同一次「意外」所引致之所有「損傷」都被視為同一「傷疾」。所有因為相同原因或相關原因引致的同時存在的「疾病」及所有由此發生的併發症均會被視為同一次傷疾。若傷疾是與先前傷疾的相同原因或相關原因引致，包括所有由此發生的併發症均會被視為先前傷疾的延續而不是另一傷疾，除非最近的出院日期，或最後一次治療性手術，或最後一次到「醫生」診所接受診斷或治療，或領取藥物之日期，或接受特別餐單（以較遲為準）之日期已相隔最少九十天且無需再就該傷疾接受治療，其後的傷疾將被視為另一傷疾。
「緊急」	指48小時內不就突發的、嚴重的、不可預見的「損傷」或「疾病」進行即時的「治療」，會引致「受保人」死亡或對「受保人」健康造成永久損害。
「香港」	中華人民共和國香港特別行政區。
「醫院」	符合下列條件的機構： (i) 根據所在國家或司法管轄區規定領取牌照之持牌醫院； (ii) 主要業務為收取報酬的情況下為受傷或患病人士提供診斷、醫療護理及外科手術設備服務； (iii) 有一名或以上的「醫生」時刻駐院； (iv) 在負責「醫生」監督下，駐有註冊護士每天二十四小時提供看護服務； (v) 具有完善的住院病人設備；及 (vi) 保存所有病人的每日醫療記錄。 醫院並不包括主要業務為診所、照料類別的診所、自然療法治療、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構，或護理院，或類似的機構。
「直系親屬」	「受保人」的配偶、父母、配偶父母、祖/外祖父母、兒女、兄弟姊妹、孫兒女或合法監護人。

「損傷」	純粹因「意外」而非任何其他事故所蒙受之身體損傷。
「受保人」	「附表」或批註內註明為受保人之人士。
「深切治療部」	在「醫院」內特定以提供護士病人一對一護理，向病人提供專門的復甦、觀察及治療的單位。此單位必須二十四小時駐有經驗護士、護理人員及「醫生」，同時備有復甦工具、觀察儀器，以容許持續地評估病人的重要身體機能，例如心跳、血壓、血液化驗等。
「醫療必需」	為「損傷」或「疾病」必需或有需要之照顧、「治療」或醫療服務，並此等「治療」在專業認可的醫學標準中普遍接受為有效、適當及不可或缺的，並以下列各項作為提供有關服務之必要性： (i) 因應有關診斷或「治療」而所需；及 (ii) 符合良好及謹慎的醫務標準；及 (iii) 非純為「醫生」或任何其他醫療服務供應商之方便；及 (iv) 以「合理及慣常收費」的標準為受保「損傷」或「疾病」進行的「治療」收費；及 (v) 於沒有醫療「治療」包括藥物或接受任何手術下，使用醫療服務的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理「治療」。 註：(i)至(iv)項適用於所有情況，惟第(v)項只適用於「日症病人」或「住院」情況。為免生疑，任何實驗、診斷檢查及預防性服務將不被視為「醫療必需」。
「醫生」	擁有西方醫學學位及已獲准在其執業的地區合法提供醫療及外科服務的人士，惟「受保人」或「直系親屬」除外。
「門診」	「受保人」因本保單承保的「疾病」或「損傷」在註冊「醫生」或專科醫生的診所或辦事處、或「醫院」門診部或急症室接受醫療服務或藥物治療。
「保險期」	「附表」內所訂明之保險有效期間，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。
「保單生效日」	在收受保費的前提下，列明於「附表」上之生效日期或列印在最近期的續保通知書上的續保日，以較後者為準。
「首個保單生效日」	是指： (i) 申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外；或 (ii) 保單復效日，以較遲者為準。
「投保前已存在之傷疾」	在「首個保單生效日」、復效日或「提升保障生效日」(以較遲者為準)之前已存在之任何「損傷」、「疾病」或病況及或「受保人」已呈現病徵或已接受「醫生」診療、確診、治療或醫療意見，或已服用處方藥物一段時間而「受保人」僅悉或理應知道之相關情況。
「合資格護士」	合資格護士指合法批准及獲准資格在其執業地區合法提供護理服務的人士，惟「受保人」或「直系親屬」除外。
「合理及慣常收費」	就任何費用、收費或開支而言，指符合以下規定的費用或開支： (i) 受傷或患病人士在「醫生」按照良好醫療守則的護理標準下所提供「醫療必需」的照顧、監管或指示而收取的治療、用品或醫療服務費用； (ii) 不超過當地同類治療、用品或醫療服務的正常收費水平；及 (iii) 並不包括如非有投購保險便不會招致的費用。 「本公司」保留權利釐定個別「醫院」/醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何「醫院」/醫療費用並非合理及慣常收費，「本公司」保留權利調整任何或所有應付賠償的金額。
「有關文件」	有關文件包括「附表」、投保表格、聲明、附加契約、批單、附件及修訂本(不論以口述或書面形式)。
「附表」	隨附本保單並構成保單一部份之附表。
「病徵」	指個別人士於失調或病症前經歷的症候及跡象。
「疾病」	在「保險期」內健康出現不正常之病理癥狀。
「恐怖活動」	任何個人或團體，不論獨自行動或代表任何組織或與任何組織有關連，為達到政治、宗教、信念或類似目的，作出任何意圖影響任何國家、政治部門，或由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇的行動。任何恐怖活動必須經有關政府確認及公開宣佈。惟本定義並不包括「戰爭」、侵略、外敵行動、敵對局面(不論當正式宣戰與否)、內戰、叛亂、暴動、軍事力量或改變，或任何使用核子技術的行為。
「提升」	指提升保障及或計劃級別。
「提升保障生效日」	指「本公司」同意「閣下」保單「提升」保障當日之「香港」時間00:00時，而「本公司」發予「閣下」訂明「提升」保障詳情之保單「附表」或批單所註明的日期。
「等候期」	指在「首個保單生效日」或「提升保障生效日」或任何新增保障的有效日(僅適用於提升保障或新增的保障)或復效日(以較遲者為準)起的三十日內。在該段時期內，「本公司」不會就任何原因提供保障，「意外」則除外。
「戰爭」	兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而：(i)終止和平關係及(ii)陷入武裝敵對的局面。
「本公司」	蘇黎世保險有限公司。
「閣下」	本保單於「附表」內註明為保單之申請人及保單持有人。

第二部份 - 保障表

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

每名「受保人」就每宗「傷疾」之最高賠償額（港元）			
	精選計劃	特級計劃	尊貴計劃
每宗「傷疾」之最高賠償額（港元）	18,000	28,000	48,000
保障			
第一節－醫療費用		以每宗傷疾之最高賠償額為上限	
1.1 房租及膳食費	受保		
1.2 深切治療部房租及膳食費	受保		
1.3 「醫生」巡房費	受保		
1.4 「醫院」雜費	受保		
1.5 手術費	受保		
1.6 「麻醉科醫生」費	受保		
1.7 手術室費	受保		
1.8 癌症及腎透析治療保障	受保		
1.9 「日症病人」或「門診」手術	受保		
第二節－無索償續保紅利			
以每宗傷疾之最高賠償額為上限			
(最高賠償額於每年續保時遞增，最長可累積連續五年)	2,000每年	3,000每年	5,000 每年
第三節－自願性「自負額」（選擇性保障）			
如「附表」內註明			
第四節－蘇黎世緊急支援			
1. 轉介家庭護士（適用於「香港」境內）	已包括		
2. 電話醫療顧問（適用於「香港」境外）	已包括		
3. 轉介醫療服務供應商（適用於「香港」境外）	已包括		
4. 海外入院保證金（適用於「香港」境外）	最高 39,000		

第三部份 - 保障

第一節－醫療費用

若「受保人」在「保險期」內，因「疾病」或「損傷」，由主診「醫生」建議有「醫療必需」地在「醫院」「住院」，「本公司」將會按「附表」所示之每宗「傷疾」的最高限額支付有關之保障，惟必須向「本公司」提交下列項目「合理及慣常收費」及「本公司」認為可接納的證明及受本保單之條款所限制。在任何情況下，「本公司」就每宗「傷疾」在第一節之最高賠償額將不會超過訂明於第二部份 - 保障表內所選擇的計劃之最高賠償限額。

第1.1節 - 房租及膳食費

「本公司」會支付「受保人」在「醫院」「住院」期間實際收取的房租及膳食「合理及慣常收費」。

第1.2節 - 深切治療部房租及膳食費

若「受保人」在「受保人」「住院」期間「入住」「醫院」的「深切治療部」，「本公司」會賠償在「深切治療部」實際收取的房租及膳食「合理及慣常收費」。
當此項保障予以賠償後，將取代本保單第1.1節之「住院」房租及膳食費用賠償。

第1.3節 - 「醫生」巡房費

若「受保人」在「醫院」「住院」，「本公司」將會就主診「醫生」因應「住院」期內之治療所收取之巡房費，支付實際收取的「合理及慣常收費」。
若「受保人」因多於一宗「傷疾」而在「醫院」「住院」並進行手術或治療，在同一次「住院」內之所有「傷疾」將被視為同一宗「傷疾」。

第1.4節 - 「醫院」雜費

若「受保人」在「醫院」「住院」，「本公司」將會就「醫院」所收取之下列費用，支付實際收取的「合理及慣常收費」：

- 由主診「醫生」處方，並在「住院」期間服用之西藥，並就同一宗「傷疾」所處方及在治療完成後七日內服用的西藥，惟不包括治療慢性病、預防性質、為出院後即時療程之後的復發性療程、長期治療之藥物；或
 - 包敷物料、普通夾板及石膏費，惟不包括特別支架、器具及設備費；或
 - 有「醫療必需」的植入物；或
 - 由主診「醫生」建議並在「住院」期間進行之物理治療；或
 - 氧氣及施用費；或
 - X-光片、心電圖及其他化驗室檢查及測試費用及診斷過程，其即時目的為有「醫療必需」的「傷疾」治療；或
 - 靜脈注射費；或
 - 輸血、血或血漿及施用費；或
 - 來往「醫院」的救護車服務費。
- 本1.3節不適用於手術時使用之儀器或其他器材，包括但不限於麻醉機、胃鏡、腸鏡、碎石機、X光刀、數碼導航刀及伽瑪刀。

第1.5節 - 手術費

若「受保人」在「醫院」「住院」，「本公司」將會就「醫生」所收取之手術費用，支付實際收取的「合理及慣常收費」。
若於同一次「住院」中，因同一宗「傷疾」或多於一宗「傷疾」進行兩項或以上的手術，「本公司」就同一次「住院」中，就最多三次手術作出賠償。
若切割手術可以其他形式取代，包括X光、鐳射或任何其他放射性物質治療，「本公司」將根據保單條款與規章賠償其實際收取的「合理及慣常收費」，最高賠償額為該項被取代之切割手術的費用。

第1.6節 - 「麻醉科醫生」費

在「本公司」已同意就第1.5節 - 手術費作出賠償之前提下，「本公司」會就有關手術由「麻醉科醫生」（如「麻醉科醫生」；同為「受保人」進行手術之「醫生」，則不包括在內）所收取之費用，支付實際收取的「合理及慣常收費」。

第1.7節 - 手術室費

在「本公司」已同意就第1.5節 - 手術費作出賠償之前提下，「本公司」會就有關手術由「醫院」所收取之使用手術室或治療室及手術時使用的物料或儀器費用，支付實際收取的「合理及慣常收費」。

第1.8節 - 「癌症」及腎透析治療保障

「本公司」將會就首次確診之「癌症」或慢性及不可逆轉之腎衰竭引起(包括任何及所有因其引起或有緊密關係的併發症)由「受保人」之主診註冊「醫生」書面建議，不論在「住院」或以「門診」或「日症病人」方式進行下列特別治療，支付有關之實際收取的「合理及慣常收費」及其直接引致之醫療費用：

- 化療；
- 電療；
- 癌症治療之數碼導航刀及/或伽瑪刀；
- 腎透析(血液透析治療或腹膜透析治療)；或
- 癌症標靶治療。

就本節索償而言，「本公司」需要審核由「受保人」之主診專科醫生通過所指定的跡象證明，按放射結果、臨床病歷、細胞組織分析或試驗分析對癌症或慢性及不可逆轉之腎衰竭所作出的明確診斷患上癌症或慢性及不可逆轉之腎衰竭並以書面形式確認，所有上述之證明均需要被「本公司」接受方可成立。

若「受保人」在「首個保單生效日」或「提升保障生效日」(以較遲者為準)九十日之內確診「癌症」，則「受保人」將不受本節保障。

第1.9節 - 「日症病人」或「門診」手術

這是第二部份 - 保障表第1.4節及第1.7節的延伸保障。「本公司」將會就註冊「醫生」因應「受保人」以「門診」或「日症病人」方式實際所收取之手術費用，支付實際收取的「合理及慣常收費」：

- 病理學報告，但必須(a) 直接跟該次手術有關；及(b)跟該次手術同日進行；及/或
- 在第1.5 節 - 手術費用列明下之手術費；及/或
- 在第1.6 節 - 「麻醉科醫生」費用之「麻醉科醫生」費；及/或
- 在第1.7 節 - 「手術室費」於手術時使用手術室或治療室及物料或儀器費用。

第二節 - 無索償續保紅利

在任何「保險期」內續保保單時，無索償續保紅利將計算如下：

- 如「受保人」於「保單生效日」之周年日前的一個保單年度內並無任何索償紀錄，其於第一節 - 醫療費用的每宗「傷疾」之最高賠償額將根據以下列表內列明之每年無索償續保紅利於續保後遞增。無索償續保紅利將就無任何索償紀錄下持續於每個保單年度續保後增加，至以下列表之最高可累積續保紅利為上限。
- 如「受保人」於任何「保單生效日」之周年日前曾提出任何索償，其無索償續保紅利將會於「保單生效日」之周年日後被完全移除。

	精選計劃	特級計劃	尊貴計劃
無索償續保紅利 (港元 / 每年)	2,000	3,000	5,000
最高可累積續保紅利 (港元)	10,000	15,000	25,000

第三節 - 自願性「自負額」

如「受保人」自願接受索償附加「自負額」，其保單保費會獲得優惠。有關之「自負額」已列明於「附表」之內。

第四節 - 蘇黎世緊急支援

蘇黎世緊急支援將會在「保險期」內，於「受保人」離開「香港」外遊不超過九十日之情況下，因「疾病」或「損傷」提供以下服務：

1. 轉介家庭護士 (適用於「香港」境內)

若「受保人」提出要求，蘇黎世緊急支援的服務供應商可安排保姆、傭人或合資格護士到「受保人」在「香港」之住處為「受保人」的孩子或直系親屬提供照顧服務，惟所有費用一律由「受保人」獨自支付。

2. 電話醫療顧問 (適用於「香港」境外)

於「受保人」離開「香港」外遊期間提供電話醫療顧問服務，以維持其身體狀況平穩。這類顧問服務並非診斷。

3. 轉介醫療服務供應商 (適用於「香港」境外)

若「受保人」提出要求，可提供醫療服務供應商的資料，包括「醫生」、「醫院」及診所之名稱、地址、電話，惟所有診症及相關費用一律由「受保人」獨自支付。

4. 海外入院保證金 (適用於「香港」境外)

若「受保人」於離開「香港」外遊期間需要入住「醫院」時繳付入院保證金，「受保人」將會獲得最高39,000 港元之入院保證金，惟事前須先獲得「本公司」同意。有關入院保證金必須全數退還予「本公司」。其他所有診症及相關費用一律由「受保人」獨自支付。

蘇黎世緊急支援是由蘇黎世保險有限公司指定的服務供應商提供。如欲尋求協助，請致電「本公司」二十四小時緊急支援熱線+852 2886 3977。

第四部份 - 一般不承保事項

本保單將不會承保因下列事故直接或間接引致之索償：

- 任何「投保前已存在之傷疾」或與此有關的「疾病」狀況；
- 任何在「等候期」內所致之治療或費用，或因「意外」「損傷」導致除外；
- 任何非「醫療必需」所引致的「治療」或服務開支；
- 任何因分娩、流產、墮胎、妊娠引致的狀況，包括但不限於妊娠測試、產前、產後護理及其他與妊娠、避孕、避孕儀器、不育或其他引致懷孕或絕育手術的方法有關之併發症；性病；以美容為目的之美容手術或整容手術，惟因「意外」導致而需要治療除外；選擇性的治療；所有目的為增加或減少體重之治療（無論是否病態或有並存病況）；
- 任何性質之牙科療程或手術，惟因天然牙齒在「保險期」內因「意外」受損而需要治療則除外；保障只適用於緊急情況並用以減輕痛苦及必須在合法之牙科診所或「醫院」內進行治療，惟在任何情況下均不保障修復或補救程序、任何貴金屬的應用、矯齒治療、補牙、假牙及假體服務(例如齒橋及假齒冠及其修補及相關費用)；
- 於「醫院」「住院」的目的為療養、監護、休養、舒緩護理、衛生護理或復康；或與引致該次「住院」之診斷或治療無關之任何醫療費用；
- 獲取器官以作器官移植或由捐贈者（非「受保人」）所致之任何費用，亦包括任何以捐贈者身份所致之費用；
- 在出生時已存在之先天性缺陷或在「受保人」八歲前出現之新生兒之不正常狀況，包括但不限於所有性質之疝氣(在本保單起保後因創傷引起則除外)、腦癱症、斜視、腦積水、睾丸發育不健全、尿道下裂及梅克爾憩室；
- 石棉導致的「疾病」；
- 除非純粹因「意外」引起或屬於「緊急」情況，任何於「香港」境外所接受之「治療」；
- 任何癌症/腫瘤/息肉/囊腫的治療及/或手術 (包括但不限於腸鏡及胃鏡)：肝癌；膽管炎、膽囊炎、任何性質之結石，除非「受保人」於該等手術或治療前已連續受保於本保單超過一百二十日；
- 任何白內障、青光眼或視網膜疾病、子宮內膜異位、扁桃腺病、痔瘡、甲狀腺失調、包皮環切術的治療及/或手術，除非「受保人」於該等手術或治療前已連續受保於本保單超過一百二十日；
- 疫苗或預防接種、一般身體檢查、篩檢及預防性檢查；睡眠窒息症之睡眠測試之有關費用；例行眼部測試、眼部屈光不正或矯正視力措施；
- 購置或使用器具或設備（除非訂明於本保單內），包括但不限於助聽器、支架、拐杖、眼鏡或其他類似項目；
- 任何骨髓炎或關節疾病包括但不限於頸椎病、骨關節炎、椎間盤退化症的治療及/或手術，除非「受保人」於該等手術或治療前已連續受保於本保單超過一百二十日；惟在「保險期」內因「意外」引致的治療則除外；

17. 自殺、企圖自殺、蓄意自我傷害、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症；受酒精或非由「醫生」處方之藥物之影響；
18. 參與任何違法行為，包括但不限於搶劫、濫用藥物或傷人；
19. 飛行，除非以付費乘客身份搭乘由持牌航空公司營運之正式持牌空中運載工具；以乘客或司機身份參與任何形式的賽車，又或參加職業體育活動或「受保人」可能或可以賺取收入或報酬的體育活動；在海拔五千米以上進行高山遠足，或在四十米水深以下潛水；
20. 任何受法律、條例或受保於其他保險公司所簽發之保單所保障而獲得補償之「傷疾」索償，除非「受保人」並不能就該等法律、條例或其他保單獲得全數賠償；
21. 人類免疫力缺乏病毒及/或人類免疫力缺乏病毒有關「疾病」，包括愛滋病及/或其任何突變、衍生或變異所引致或因此而命名；
22. 「戰爭」、侵略、外敵入侵、敵對局面(不論正式宣戰與否)、「內戰」、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂或以任何形式參與「恐怖活動」；及/或
23. 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生的電離子輻射或放射性污染。

第五部份 - 一般條款

1. 整體協議

本保單，包括所有「有關文件」，乃立約各方之間之整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」授權人員的批准並簽發批單作實，方始生效。為免生疑，「有關文件」亦會組成續保合約的部份並且所有資料會於續保時被視為真確及有效，除非收到「閣下」在續約時另有通知。

2. 「年齡」及資格限制

除非另有說明，就本保單在「首個保單生效日」時，「受保人」「年齡」必須介乎十五日至五十五歲(包括十五日至五十五歲)及可續保至一百歲。本保單所有保障將於「受保人」一百零一歲生日後緊隨的「保單生效日」的週年日結束。「受保人」必須為「香港」市民或居民及持有有效之「香港」身份證明文件，且有永久住址及以「香港」為經常居住地。十八歲以下之「受保人」應持有有效之「香港」出世紙或家屬簽證。「受保人」不能在「本公司」內享有多於一份蘇黎世「非煩保+」醫療保險計劃，若「受保人」受保於多於一份該等保障：
(i) 「受保人」將被視為只享有提供較高保障額的一份蘇黎世「非煩保+」醫療保險計劃；或
(ii) 若多於一份的蘇黎世「非煩保+」醫療保險計劃均提供同樣的保障額，則「受保人」只被視為享有由「本公司」較早生效的一份保障計劃。
在以上情況下，「本公司」會將不再有效的保單之保費從有關保單生效日起退回，並不附帶任何利息。有關保單將在「首個保單生效日」起被視為從未生效，而「本公司」將不就有關保單對「閣下」有任何責任。

3. 現況改變

若「閣下」或「受保人」就申請表上所提供之資料(不論口頭或書面上提供)或續保時出現任何改變均須負上通知「本公司」之之全部責任，否則「本公司」有權拒絕所有賠償或使其失效。

4. 索償通知

若「受保人」因任何「傷疾」而接受治療及可能對本保單作出索償，須於首次接受治療三十日內書面通知「本公司」，而任何「確診」為「危疾」的則須於首次確診後九十日內書面通知「本公司」，「閣下」或「受保人」或「閣下」或「受保人」之代理人需自費提交「本公司」所需之證書、資料及證據，及任何「本公司」所定之形式及性質的各種證明。「本公司」有權自費要求聘用醫療公證人進行身體檢查。如「閣下」或「受保人」不遵守本條款，「本公司」有權決定不支付本保單的任何保障。

5. 損失證明

必須在有關索償的治療完成及/或終止後三十天內向「本公司」提交書面損失證明，包括收據和項目明細表單及診斷資料正本，連同由「本公司」提供並由「閣下」填妥的索償表格，方可辦理索償。倘能合理解釋不能於限期內將有關證明文件送交「本公司」提供的緣由，並已盡可能於期限後立即送出有關文件，且不超過一百八十日之限，則不會被視為放棄申請賠償的權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交，「本公司」概不會負責任何費用。
若所提交的證明文件並非中文或英文。「閣下」或「受保人」必須自費取得經核證的中文或英文證明文件譯本。

6. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於任何「傷疾」出現後滿十二個月方提出之有關索償支付賠償。

7. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。如「受保人」身故，「本公司」有權自費進行驗屍。

8. 支付索償

本保單之所有索償將以港元支付及將在收到所有必須之證明後支付予「閣下」。若「閣下」已身故，索償則會支付予「閣下」之遺產承繼人。

9. 虛報或漏報資料

若「閣下」或「受保人」或任何代表「閣下」或「受保人」之人士在投保表格或就任何索償知情地作出任何虛假聲明、或未如實地申報任何「投保前已存在之傷疾」或未能進行最高誠信，「本公司」概不就任何索償承擔理賠責任，本保單規定之所有保障亦即時停止生效。「本公司」亦不會就已付保費作出任何退款。

10. 保費

- (i) 本保單為年度之醫療保單。「閣下」可以以年繳或月繳方式付款予「本公司」。在首期保費支付後，所有往後的保費必須在到期日或之前支付。「閣下」必須繳付同年度之全年保費。
- (ii) 「本公司」保留權利，在以下情況更改或調整保費：
 - (a) 根據「本公司」在保費到期日當時適用之保費率，在更改保費前三十日向「閣下」提供書面通知。
 - (b) 續保保費將按「受保人」續保時所屬的「年齡」組別而自動調整。

11. 寬限期

在首期保費後，「本公司」將於每次保費到期後給予「閣下」三十一日寬限期。在寬限期内，本保單仍維持生效，如於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費之日起被視為逾時失效。

12. 重訂保單

若「閣下」因欠繳保費而導致保單終止，惟事後「閣下」向「本公司」提交令「本公司」滿意之重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後開始蒙受之「意外」及重訂日後起計三十日後開始呈現病徵之「疾病」。

13. 取消保單

- (i) 「閣下」有權以三十日書面通知「閣下」取消保單或任何章節或部份，通知書將以掛號郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關取消之原因。保障取消時，若在有關於取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。
- (ii) 「閣下」可於三十日前向「本公司」提出書面通知以取消此保單，如在該「保單生效

日」至取消保單生效日(保障期)期間無索償紀錄，「閣下」已繳交之全年但未到期之保費將根據下列適用之比率計算扣減並退還，但在任何情況下不可低於「本公司」慣常收取之最低保費。如保單以月繳方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩餘之全年保費。於任何情況下，如該保單年度已獲得本保單賠償或接受服務，有關之未到期的保費將不獲退還及「閣下」必須繳交該保單全年之保費：

保障期	「本公司」應收取保費比率
兩個月(即慣常收取最低保費)	40%
三個月	50%
四個月	60%
五個月	70%
六個月	75%
超過六個月	100%

儘管有上述規定，如本保單未符合「閣下」需要及在該「保險期」內無索償紀錄，「閣下」有權在保單交付「閣下」後十四日內以「閣下」簽署之書面通知「本公司」取消保單並向「本公司」交還保單。「本公司」將會把「閣下」已付之保費無息全數退還。

14. 保單終止

- 本保單之保障將會在遇到下列較早發生的一項時自動終止：
- (i) 「受保人」根據本部份第 2 項 - 「年齡」及資格限制所述之情況，不再符合資格獲得本保單的保障；
 - (ii) 本保單的保障會根據本部份第 9 項 - 虛報或漏報資料所述之情況終止；
 - (iii) 「閣下」未能根據本部份第 11 項 - 寬限期所述之情況，在三十一日寬限期内付款；
 - (iv) 任何一方根據本部份第 13 項 - 取消保單所述之情況，以三十日內書面通知取消本保單；

15. 續訂保單

從「保單生效日」起計，本保單會維持最長一年生效期及由「本公司」酌情每年自動續保，惟「本公司」保留權利在每個「保險期」之續保時間前三十日向「閣下」提供書面通知以更改條款，包括但不限於保費或不承保事項，前題是不修改本保單中之最高賠償額。「本公司」沒有責任透露有關更改之原因。儘管如此，「閣下」可於本保單任何一個「保險期」之「保單生效日」前表示不接納更改，最後可以不實行續保。

16. 更改保障

「閣下」可於「保單生效日」的週年日前三十日或之前提交書面申請更改或「提升」保障。申請必須連同健康聲明，詳列「受保人」於申請更改保障時已知或已有之「損傷」、「疾病」、病徵或身體狀況，或「受保人」正在或將會接受之治療或藥物。申請必須經「本公司」批核，「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項(只適用於「提升」部份保障為準)。任何「本公司」接受之更改皆會在下一個保單續期日生效。
若「本公司」收到書面申請前「受保人」已出現病徵或正在接受「醫生」之諮詢、診症、治療或醫療意見、或正接受處方藥物，就有關「傷疾」之保障上限，將以更改保障申請前或後之較低保障為準。

17. 虛報「年齡」或性別

如「受保人」虛報「年齡」或性別，「本公司」會按其正確「年齡」或性別應付之保費退回或收回保費差額。倘「受保人」投保時虛報「年齡」而根據當時的正確「年齡」，本保單之保障應不能生效或應該在收取該次或每次保費前終止，「本公司」於任何情況下只會退回保費而不負責任何承保責任。

18. 其他保障

如「受保人」就受保於本保單內的保障範圍，能夠從其他保單或途徑(例如政府計劃)獲得部份或全部索償，「本公司」只會負責已扣除從有關之其他保單或途徑獲得之賠償之費用餘額。在任何情況下，從所有保單或途徑所得之賠償，將不應超過「受保人」實際支出之醫療費用。

19. 蘇黎世緊急支援

受委任提供服務之蘇黎世緊急支援的機構乃是一間獨立服務供應商，在「受保人」要求下為「受保人」提供服務。「本公司」、「本公司」的附屬機構、代理或旗下的員工不會就蘇黎世緊急支援的有關服務供應商、該機構之員工、代理或代表的任何行為、違責、疏忽錯誤或延遲負責。

20. 筆誤

「本公司」的筆誤不會令生效之保單因而失效，或令失效之保單因而生效。

21. 法律訴訟

當書面索償證明文件根據本保單規定送交「本公司」後，六十日內不得進行法律訴訟以求賠償。此外，「閣下」及「受保人」亦不得在「本公司」要求其提供索償證明之指定時限期屆滿一年後提出訴訟。

22. 代位權

「本公司」有權自費以「受保人」名義對任何有可能導致本保單索償的承保事件的第三者進行追討，「受保人」需同意執行並允許「本公司」因執行任何權利及補救，或從他人獲取援助或賠償的目的下所作出的合理要求的行為或事情。

23. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。如爭議各方未能於90日內透過調解解決爭議，爭議各方均應將有關爭議提交予香港國際仲裁中心，按照提交仲裁通知時有效的《香港國際仲裁中心機構仲裁規則》仲裁解決。本仲裁條款適用的法律為「香港」法律，而仲裁地應為「香港」。仲裁員人數為一名，而仲裁程序應以英語進行。
現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「受保人」追索本保單之任何責任，而並未能於「本公司」所發出之通知12個月內按以上規定展開仲裁，「受保人」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

24. 第三者權利

除「閣下」或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更(包括任何解除責任或責任妥協)或終止均不須第三者同意。

25. 違反保單條款

如違反本保單任何條款，所有就本保單提出之索償均告無效。

26. 收集個人資料的目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有個人資料，「閣下」亦可透過此網址查閱有關私隱政策<https://www.zurich.com.hk/zh-hk/services/privacy>
「閣下」及/或「受保人」會，及會促使保單內其他「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途、使用及轉發(至「香港」境內或境外)包括屬敏感性如「香港」法例第486章《個人資料(私隱)條例》中所定義之個人資料。
如「受保人」向「本公司」提供任何第三者資料，受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

27. 管轄法律

本保單受「香港」法律管轄及按其詮釋。而受本保單中之替代性爭議解決方案條文所限下，爭議各方同意受「香港」法院的專有司法裁判權。

第六部份 - 索償程序

步驟 1：透過以下QR編碼下載「Zurich HK」手機應用程式，以在事發後三十天 向「本公司」申請索償。

步驟 2：按「索償」>「個人醫療保險」>「住院現金保障/i-世代手術現金索償」開始索償。



(此保單分別有英文及中文版本，如中文與英文版本有異，均以英文為準)

- 完 -

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
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蘇黎世保險有限公司 (於瑞士註冊成立之有限公司)

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The trademarks depicted are registered in the name of
Zurich Insurance Company Ltd in many jurisdictions worldwide
在此展示的商標於全球多個司法轄區以蘇黎世保險有限公司的名義註冊。



Statement of purpose for collection of personal data

All personal data collected and held by Zurich Insurance Company Ltd ("Zurich") will be used in accordance with Zurich's privacy policy, as notified to the insured person from time to time and available at this website:
www.zurich.com.hk/eng/cs_nonlifepolicyservices_privacy.htm.

The policyholder shall, and shall procure the insured / insured members to, authorise Zurich to use and transfer data (within or outside Hong Kong), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of Hong Kong, for the obligatory purposes as set out in Zurich's privacy policy as applicable from time to time.

When information about a third party is provided by the policyholder / insured / insured member to Zurich, the policyholder / insured / insured member warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to Zurich, enabling Zurich to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

Rights of third parties

Other than the policyholder or the insured / insured persons, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

Note: In case of any discrepancy or inconsistency between the above 2 clauses with any existing clauses in the policy, the above 2 clauses shall prevail and replace the wording of such existing clauses to the extent of the discrepancy or inconsistency. The above wording will automatically apply to your policy (in the case of a new policy) or renewal policy (in the case of policy renewal) on the policy effective or renewal effective date (as the case may be). Unless as otherwise specified, other terms and conditions of the policy will not be affected

個人資料收集目的

蘇黎世保險有限公司（「本公司」）將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：www.zurich.com.hk/chi/cs_nonlifepolicyservices_privacy.htm。

「閣下」會，及會促使「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第486章《個人資料（私隱）條例》中所定義之個人資料。

如「閣下」/「受保人」向「本公司」提供任何第三者資料，「閣下」/「受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

第三者權益

除保單持有人或受保人，或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更（包括任何解除責任或責任妥協）或終止均不須第三者同意。

註：如以上條款與保單任何現有條款產生差異或矛盾，將以以上條款為準並以其取代保單現有條款相關之差異或矛盾部分。以上條款將於閣下保單生效（如現為新保單）或續保生效（如現為保單續保）時自動生效。除非另作註明，保單內的其他條款及細則將不受影響。