

Hong Kong Police Protection Plan Insurance Policy



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

This policy together with the enclosed *schedule* and any *relevant documents* subsequently issued should be read as if they are one (1) document and form the contract between you and us, and no variations shall be admitted except those acknowledged in writing by us. The Hong Kong Police Protection Plan enrollment form for the Hong Kong Police Force 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 you have made 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* and to pay the benefits defined to the *insured person* who sustain(ed) *injury* or *sickness* or incurs charges within the scope of coverage provided hereinafter upon recommendation of a *medical practitioner*.

This policy is an annual personal *accident* and/or 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 when there is a claim made or service used.

Should you wish to 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 this policy. 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 during the *period of insurance* and causes *injury* to the *insured person*.

Age/Aged

Age at last birthday.

Anaesthetist

A *medical practitioner* other than you, the *insured person* or *immediate family members*, legally registered under the Specialist Register of Anaesthesiology of the Medical Council of Hong Kong or the equivalent. In the event of emergency treatment or surgical operation received outside Hong Kong, it shall mean a *medical practitioner* who can legally practice anaesthesiology and to render medical and surgical services in accordance with the equivalent specialty law in the geographical area of his/her practice.

Civil War

An internecine war or a war carried on between or among opposing citizens of the same country or nation.

Confined/Confinement(s)

The *insured person* is admitted to a *hospital* as a result of *sickness* or *injury* with *medical necessity* upon the recommendation of a *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge by the *hospital*.

Day Patient

A patient who is admitted to a day patient unit of a *hospital* for the purpose of undergoing a surgical procedure, but does not require an overnight stay.

Disability/Disabilities

A *sickness* or *injury*. All injuries sustained in any one (1) *accident* shall be considered one (1) disability. All *sickness* 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 *hospital* 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.

Excluded Occupations

The job title or job duty in the nature of blaster, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland China), test pilot, circus trainer, aerial worker, caisson worker, lift technician, building wrecker, driller-underground, wild animal trainer, secret service agent, container crane operator, construction site worker, dynamite/explosive operator, and government/state disciplinary forces (save and except the police force member).

Fractured Leg or Patella With Established Non-union

The complete breakage into two pieces of the patella or leg bone. The fractured leg or patella does not mend properly and function normally and remains separated. These conditions will last for the remainder of the *insured person's* life.

Hong Kong

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

Hospital

An institution which

- (i) is licensed in accordance with the applicable laws of the jurisdiction in which it is located,
- (ii) 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,
- (iii) has staff of one (1) or more *medical practitioner* available at all times,
- (iv) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the *medical practitioner* in charge,
- (v) maintains well-equipped inpatient facilities, and
- (vi) 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

Your or 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 causes.

Insured Person

The names listed under the "Insured Name" in the *schedule* who are the insured persons of this policy.

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.

Loss of Hearing

The *permanent* and irrecoverable loss of hearing which the loss of hearing level is up to 80 dB HL or above.

Loss of Limb

Loss by physical separation at or above the wrist or ankle joint.

Loss of Sight

The entire and *permanent* irrecoverable loss of sight.

Loss of Speech

The *disability* in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

Loss of Use

Total functional disablement and is treated like the total *loss of limb* or organ.

Medically Necessary/Medical Necessity

The necessity to have a medical service which is

- (i) consistent with the diagnosis and is the customary medical treatment for the condition; and
- (ii) in accordance with standards of good and prudent medical practice; and
- (iii) not furnished primarily for the convenience of *medical practitioner* or any other medical service providers; and
- (iv) 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
- (v) not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy in the event of a *confinement*.

Medical Practitioner

A person other than you, the *insured person* or *immediate family member*, who is a registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of Hong Kong. In the event of treatment or surgical operation received outside Hong Kong, it shall mean a person other than you, the *insured person*, or *immediate family member*, who is qualified by degree in western medicine, 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 *sickness* or *injury* given in the clinic or office of a *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.

Permanent

Lasting not less than twelve (12) consecutive months from the date of an *accident* and at the expiry of that period being beyond hope of improvement.

Police Force member

A person who is employed by the Hong Kong Government to work in the Hong Kong Police Force who is also an *insured person* under this policy.

Policy Effective Date

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

Policy Inception Date

It shall mean:-

- (i) 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
- (ii) 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 the date of reinstatement or *upgrade effective date*, whichever is later, unless such conditions that have been fully disclosed on the enrollment form and accepted by us in writing and the policy document does not expressly exclude treatment relating to such pre-existing condition.

Public Common Carrier

Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire.

Public Hospital

A *hospital* which is listed within the *hospital* clusters in Hong Kong as defined by the Hospital Authority of Hong Kong.

Reasonable and Customary Charges

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

- (i) 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*;
- (ii) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (iii) 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 (in verbal or in written format).

Schedule

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

Sickness

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

Specialist

A *medical practitioner* other than you, the *insured person*, or *immediate family members*, who is legally registered in the Specialist Register of the Medical Council of Hong Kong. In the event of treatment or surgical operation received outside Hong Kong, it shall mean a *medical practitioner* who can legally practise specialist care in accordance with the equivalent specialty law in the geographical area of his/her practice to render medical and surgical services.

Total Disablement

When as the result of an *injury* and commencing within twelve (12) consecutive months from the date of an *accident* in which the *insured person* is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which the *insured person* is reasonably qualified by reason of the *insured person's* education, training or experience, or if the *insured person* has no business or occupation from attending to any duties which would normally be carried out by the *insured person* in his/her daily life.

Part 2 – Table of Benefits

Section	Coverage	Sum Insured Per Insured Person (HK\$)				
		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
1.	Personal Accident Cover					
1.1	Accidental Death and Permanent Disablement	500,000	1,000,000	1,500,000	2,000,000	3,000,000

Section	Coverage	Maximum Benefit per Insured Person per Disability (HK\$)		
		Plan A	Plan B	Plan C
2.	Medical Cover			
2.1	Hospitalization and Surgical Expenses Cover (a) Daily Room and Board (max. 45 days) (b) Room and Board for Intensive Care Unit (max. 7 days) (c) In-hospital Doctor's Call Fees (max. 45 days) (d) Hospital Special Services Charges (e) Surgical Charges (f) Anaesthetist's Fee (g) Operating Theatre Charges	920 1,840 900 18,000 15,000 7,500 7,500	1,860 3,720 1,800 24,000 30,000 10,000 10,000	2,580 5,160 2,500 35,000 40,000 12,500 12,500
2.2	Hospital Cash for Confinement in Public Hospital (a) Daily Hospital Cash Benefit (for Confinement in Public Hospital and max. 365 days) (b) Additional Hospital Cash for Confinement in Intensive Care Unit (for Confinement in Public Hospital and max. 30 days)	500 500	980 980	1,300 1,300
3.	Supplementary Major Medical (SMM) Cover Reimbursement % of the remaining balance	50,000 80%	100,000 80%	150,000 80%

Part 3 – Benefits

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

Section 1 – Personal Accident Cover

Section 1.1 Accidental Death and Permanent Disablement

This section is only applicable if it is shown as being operative in the *schedule*.

If during the *period of insurance*, an *insured person* sustains *injury* as a result of a covered *accident* and shall within twelve (12) consecutive months result in death or disablement as defined under one (1) of the Events in the Compensation Table, we shall pay to the *insured person* the sum insured as stated in the *schedule* and in accordance with the Percentage of Sum Insured for the relevant Event as listed in the Compensation Table below.

Compensation Table

Event	Percentage of Sum Insured
1. Accidental Death	100%
2. Permanent total disablement	100%
3. Permanent and incurable paralysis of all limbs	100%
4. Permanent total loss of sight of both eyes	100%
5. Permanent total loss of sight of one eye	100%
6. Loss of or the permanent total loss of use of two limbs	100%
7. Loss of or the permanent total loss of use of one limb	100%
8. Loss of speech and hearing	100%
9. Permanent and incurable insanity	100%
10. Permanent total loss of hearing in (a) both ears (b) one ear	75% 15%
11. Loss of speech	50%
12. Permanent total loss of the lens of one eye	50%
13. Loss of or the permanent total loss of use of four fingers and thumb of (a) right hand (b) left hand	70% 50%
14. Loss of or the permanent total loss of use of four fingers of (a) right hand (b) left hand	40% 30%
15. Loss of or the permanent total loss of use of one thumb (a) Both right joints (b) One right joint (c) Both left joints (d) One left joint	30% 15% 20% 10%
16. Loss of or the permanent total loss of use of fingers (a) Three right joints (b) Two right joints (c) One right joint (d) Three left joints (e) Two left joints (f) One left joint	10% 7.5% 5% 7.5% 5% 2%

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), or last reinstatement date, 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 or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of peaceful relations and ii) a general contention by force, both authorized by the sovereign.

We, Us or Our

Zurich Insurance Company Ltd

You or Your or Yours

The *police force member* shown in the *schedule* who is the owner of this policy.

17. Loss of or the permanent total loss of use of toes (a) All toe - one foot (b) Great toe - both joints (c) Great toe - one joint	15% 5% 3%
18. Fractured leg or patella with established non-union	10%
19. Shortening of leg by at least 5cm	7.5%
20. Permanent disability not otherwise provided for under Events 10 to 19 inclusive, such Percentage of the Sum Insured as we shall in our absolute discretion determine and being in our opinion not inconsistent with the compensation provided under Events 10 to 19 inclusive.	

Compensation Conditions

- Benefit shall not be payable for more than one (1) of the Events 1 to 20 in respect of the same *accident*. Should more than one (1) of the Events sustain from the same *accident*, only the Event with the highest compensation will be payable under this Section.
- For any Event of which the compensation we have paid is less than 100% of the Percentage of Sum Insured, the Sum Insured as stated in the *schedule* shall be reduced by such amount of compensation paid from the date of the *accident* until the expiry of this policy. Any claims made thereafter shall be calculated with the original Sum Insured multiplied by the Percentage of the Sum Insured of the relevant Event, but in no event shall the aggregate compensation payable exceed 100% of the Sum Insured as stated in the *schedule*.
- For any partial disablement in relation to Events 2 – 19 inclusive or any other partial disablement not otherwise provided for under Events 2 – 19 inclusive which existed prior to an *injury* covered under the policy and which becomes totally disabled as a result of such *injury*, the Percentage of Sum Insured payable shall be determined by us having regard to the extent of disablement caused by the covered *injury*. However, no payment shall be made in respect of any disablement which was totally disabled prior to the *injury* covered under the policy.
- In the event that 100% of the Sum Insured is paid under this Section in respect of any one (1) *insured person*, this Section 1.1 and all extensions to this Section 1.1 shall then immediately cease to be in force with regard to such *insured person*. No premium for the unexpired period will be refunded.
- If the *insured person* is left-handed and has specifically mentioned such fact to us, the percentages set out for Events 13 to 16 for the various *disabilities* of right hand and left hand will be transposed.
- The sum insured for each insured child shall reduce to fifteen percent (15%) of the sum insured of his/her insured parent.

Disappearance due to Disappearance, Sinking or Wrecking of the Public Common Carrier

If the body of the *insured person* has not been found within one (1) year after the date of the disappearance due to disappearance, sinking or wrecking of the aircraft or other *public common carrier* either on the ground or at sea in which the *insured person* was travelling at the time of an *accident* and under such circumstances as would otherwise be covered hereunder, it will be presumed that the *insured person* suffered death resulting from *injury* caused by an *accident* covered by this policy at the time of such disappearance, sinking or wrecking. A claim concerning disappearance must be supported by a valid court order declaring such disappearance for over one (1) year.

Extensions to Section 1.1

(a) Police Force Member On Duty Accidental Death Cover

In the event that the *injury* was sustained while the *police force member* was on duty and shall within twelve (12) consecutive months result in death, we will additionally pay HK\$100,000 for the *Police Force Member On Duty Accidental Death Cover* to the estate of the *police force member*.

(b) Loyalty Bonus

Upon the first (1st) policy anniversary, the sum insured for Section 1.1 - *Accidental Death and Permanent Disablement* shall be increased by five percent (5%) as a loyalty bonus for each *insured person* under this policy. The loyalty bonus will be continuously increased by five percent (5%) for each subsequent policy anniversary and the maximum accumulation of the loyalty bonus is up to twenty-five percent (25%) for five (5) consecutive years. The actual amount of the loyalty bonus shall be based on the amount of sum insured for Section 1.1 - *Accidental Death and Permanent Disablement* on the preceding policy anniversary date, regardless of any changes of the sum insured subsequent to such policy anniversary date.

This loyalty bonus shall not be applicable to Extension to Section 1.1(a) - *Police Force Member On Duty Accidental Death Cover*.

Exclusion to Section 1:

This section will not cover:

1. any kind of disease; or any loss caused by an *injury* which is a consequence of any kind of disease or *sickness*.

Section 2 – Medical Cover

This section is only applicable if it is shown as being operative in the *schedule*.

If the *insured person* is *confined* in a *hospital* (unless otherwise specified under the Extension for Section 2.1(d) to (g) of this Part) 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 acceptable to us and subject to the terms and conditions of this policy, we will pay up to the benefit shown in the *schedule*. In no event shall the maximum amount payable for any one (1) *disability* exceed the benefit as stated under the plan selected in the *schedule*.

Section 2.1 – Hospitalization and Surgical Expenses Cover

The maximum amount we will pay for any one (1) day is the benefit shown under the selected plan in the *schedule*. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or treatment of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the maximum amount we will pay for any one (1) day for such same *confinement* is the benefit shown under the selected plan in the *schedule*.

(a) Daily 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* up to maximum of forty five (45) days per *disability*.

(b) 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* up to maximum of seven (7) days per *disability*. This Section 2.1(b) is payable in lieu of Section 2.1(a) under this policy for any one (1) day of *confinement*.

(c) 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*, up to maximum of forty five (45) days per *disability*.

The maximum amount we will pay for any one (1) day is the benefit shown under the selected plan in the *schedule*. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or treatment of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the maximum amount we will pay for any one (1) day for such same *confinement* is the benefit shown under the selected plan in the *schedule*.

(d) 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
- implant 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 2.1(d) 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.

(e) 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*. The maximum amount payable for any one (1) *disability* shall be the benefit shown under the selected plan in the *schedule*.

- (i) If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* through the same incision, only one (1) *disability* shall be reimbursed according to the benefit shown under the selected plan in the *schedule*.
- (ii) If two (2) or more surgical operations are performed in the same operation session for the same *disability* or different *disabilities* through different incisions, or if two (2) or more surgical operations are performed for different *disabilities* during the same *confinement* period, the reimbursements for all of the surgical operations are as follows:
 - (a) 100% of the Maximum Benefit for the first (1st) surgical operation performed;
 - (b) 50% of the Maximum Benefit for the second (2nd) surgical operation performed;
 - (c) 25% of the Maximum Benefit for the third (3rd) surgical operation performed.

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.

(f) Anaesthetist's Fee

Provided that we agree to pay the benefit under Section 2.1(e) - 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. The maximum amount payable for any one (1) *disability* shall be the benefit shown under the selected plan in the *schedule*.

If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, benefit entitlement shall be calculated in accordance with clause (i) and (ii) of Section 2.1(e) of Part 3 - Benefits above.

(g) Operating Theatre Charges

Provided that we agree to pay the benefit under Section 2.1(e) - 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*. The maximum amount payable for any one (1) *disability* shall be the benefit shown under the plan selected in the *schedule*. If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, benefit entitlement shall be calculated in accordance with clause (i) and (ii) of Section 2.1(e) of Part 3 - Benefits above.

Extension to Section 2.1(d) to (g) - Day Patient/Outpatient Surgery

This is an extension of the cover under Sections 2.1(d) to 2.1(g) of Part 3 - Benefits. We will pay the actual *reasonable and customary charges* for the following items provided that they are in connection with the surgical operation which is actually undertaken on *outpatient* or *day patient* basis:

- (i) Pathological study provided it is (a) directly associated with the surgical operation performed; and (b) performed on the same date as the surgical operation, up to the benefit payable under Section 2.1(d) - *Hospital Special Services Charges*. The maximum aggregate amount payable for any one (1) *disability* under Section 2.1(d) shall be the benefit shown in respect of Section 2.1(d) under the selected plan in the *schedule*; and/or
- (ii) Surgical charges up to the benefit payable under Section 2.1(e) - Surgical Charges. The maximum aggregate amount payable for any one (1) *disability* under Section 2.1(e) shall be the benefit shown in respect of Section 2.1(e) under the selected plan in the *schedule*; and/or
- (iii) *Anaesthetist's* fee up to the benefit payable under Section 2.1(f) - *Anaesthetist's* Fee. The maximum aggregate amount payable for any one (1) *disability* under Section 2.1(f) shall be the benefit shown in respect of Section 2.1(f) under the selected plan in the *schedule*; and/or
- (iv) Operating theatre or treatment room and the consumables or equipments used for the surgical operation, up to the benefit payable under Section 2.1(g) - Operating Theatre Charges. The maximum aggregate amount payable for any one (1) *disability* under Section 2.1(g) shall be the benefit shown in respect of Section 2.1(g) under the plan selected in the *schedule*.

Section 2.2 – Hospital Cash for Confinement in Public Hospital

(a) Daily Hospital Cash Benefit

If the *insured person* is *confined* in a *public hospital* during the *period of insurance* due to *sickness* or *injury*, we will pay the hospital cash for each and everyday of *confinement* up to a maximum of three hundred and sixty five (365) days per *disability*.

The maximum amount we will pay for any one (1) day is the benefit shown under the selected plan in the *schedule*. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or treatment of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the most we will pay for any one (1) day for such same *confinement* is the benefit shown under the selected plan in the *schedule* and is payable in lieu of all other benefits under Sections 2 and 3 of this policy for any one day of *confinement* except Section 2.2(b).

(b) Additional Hospital Cash for Confinement in Intensive Care Unit

If the *insured person* is *confined* in the *intensive care unit* of a *public hospital* during the *period of insurance* due to *sickness* or *injury*, we will pay the hospital cash for each and everyday of *intensive care unit confinement* up to a maximum of thirty (30) days per *disability* in addition to Section 2.2(a). However, benefit under this Section 2.2(b) shall not be payable for post-operative confinement in *intensive care unit* of less than twenty four (24) hours duration, nor *confinement* due to *sickness* caused by pathologically diagnosed cancer or leukaemia, including metastatic tumours.

The maximum amount we will pay for any one (1) day is the benefit shown under the selected plan in the *schedule*. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or treatment of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the most we will pay for any one (1) day for such same *confinement* is the benefit shown under the selected plan in the *schedule* and is payable in lieu of all other benefits under Sections 2 and 3 of this policy for any one day of *confinement* except Section 2.2(a).

Section 3 – Supplementary Major Medical (SMM) Cover

This benefit is only applicable if it is shown as being operative in the *schedule*.

This benefit will provide supplementary cover in respect of the following sections under this policy:

In respect to Section 2.1(a) – Daily Room and Board and Section 2.1(c) – In-hospital Doctor's Call Fees

If the *insured person* is *confined* in a *hospital* for more than forty five (45) days, we will pay the actual *reasonable and customary charges* for the room and board and in-hospital doctor's call fees subject to the daily limit set out in Sections 2.1(a) and 2.1(c) under the selected plan in the *schedule*.

In respect to Section 2.1(d) – Hospital Special Services Charges, Section 2.1(e) – Surgical Charges, Section 2.1(f) – Anaesthetist's Fee, Section 2.1(g) – Operating Theatre Charges

Where the amount of the actual *reasonable and customary charges* for the medical services incurred in respect of a *disability* exceeds the limit of the selected plan as shown in the *schedule*, we will pay up to eighty percent (80%) of the remaining balance of such actual *reasonable and customary charges* in excess of such limit.

The maximum amount we will pay in aggregate for any one (1) *disability* under this Section 3 is the benefit as shown under the selected plan in the *schedule*.

The plan level selected in respect of Section 3 cannot be different from the one in respect of Section 2.

Exclusions to Section 2 and 3

These sections will not cover any claim arising directly or indirectly from:

1. any *pre-existing condition* unless the *insured person* has been continuously insured under this policy for twelve (12) consecutive months;
2. any treatment or expenses incurred within the *waiting period*;
3. 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;
4. 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*; 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;
5. *hospital confinement* for the purpose of convalescence, custodial, rest care, palliative care, sanitarium care or rehabilitation; or medical expenses incurred not in accordance with the diagnosis and treatment of the condition for which the *confinement* is required;
6. 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;
7. procurement or use of appliances, equipment, including but not limited to hearing aids, brace, crutch, spectacle or any other similar kind;
8. 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;

9. 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; and/or
10. any expenses incurred outside of *Hong Kong* if the *insured person* stays outside of *Hong Kong* for more than ninety (90) consecutive days.

Part 4 – General Exclusions

We will not pay for any loss directly or indirectly, wholly or partly arising as a result of:

1. 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 (except while the *police force member* is carrying his/her job duties) or any kinds of participation in any act of terrorism;
2. participation in any illegal activity, including but not limited to robbery, drug abuse or assault;
3. armed force (except for the *police force member*), naval, military or air force service or operations or being a crew member or operator of any air carrier or flying service;
4. any activity or involvement of the *insured person* in the air unless such *insured person* is at the relevant time (i) travelling as a fare paying passenger on a regular scheduled flight or licensed chartered aircraft, or (ii) participating in such activity where the maneuver or navigation of such activity is responsible by another person who is adequately licensed for guiding such activity and the provider of such activity must be authorized by the relevant local authority;
5. 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 behavioural disorders; under the influence of alcohol or drugs other than as prescribed by *medical practitioner*, or Acute Mountain Sickness (except for Section 2 - Medical Cover and Section 3 - Supplementary Major Medical (SMM) Cover of Part 3 - Benefits);
6. 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; 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;
8. engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
9. testing of any kind of conveyance; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
10. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; and/or
11. radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.

Part 5 – General Provisions

1. Entire Contract

This policy including *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 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

The insurance under this policy shall cover (a) for adult – aged between eighteen (18) and sixty-five (65) years old at the *policy effective date* and this policy is renewable up to the age of sixty-nine (69), all benefits shall terminate on the next policy anniversary date following the *insured person's* 69th birthday; (b) for child – must be unmarried and unemployed, aged between fifteen (15) days and twenty-one (21) years old (both inclusive), and renewable up to age twenty-five (25) years old if the insured child remains a full time student; all benefits shall terminate on the next policy anniversary date following the 21st or 25th birthday of the insured child, if the aforesaid requirements are not met.

The *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* identity card with a permanent address and live in *Hong Kong* as a usual country of residence. *Insured person* under age of eighteen (18) years old shall hold a valid *Hong Kong* birth certificate or proof of dependent visa.

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. Occupation Restriction

No coverage hereunder whatsoever shall be provided to any person whose occupation falls within the *excluded occupations*, save for the *police force member* whose application for insurance is acceptable to *us*.

5. Notice of Claim

Written notice must be given to *us* within thirty (30) days upon the occurrence of any event likely to give rise to a claim under this policy. In the event of *accidental* death, immediate notice thereof must be given to *us*.

All other certificates, information and evidences required by *us* shall be furnished at the expenses of *you* or the *insured person's* or the personal representative of *you* or the *insured person* and shall be in such form and of such nature as *we* may prescribe. 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.

6. Proof of Loss

Written proof of loss, including receipts and itemized bills with the diagnosis in original in support of a claim, together with a fully completed claim form supplied by *us*, 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 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*.

7. 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 *disability* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration.

8. 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. The result of such examination shall be *our* property.

9. Payment of Claims

We will pay all benefits to *you* or the *insured person* named in the *schedule* for their respective rights and interests. All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to *you* or the *insured person* after the receipt of due proof upon *our* approval. In the event of *accidental* death of the *insured person* as shown in the *schedule*, *we* will pay all the pending benefits to the estate of the *insured person*. In the event that the *insured person* is aged seventeen (17) years or below, *we* will pay all benefits to his/her parent or legal guardian for their respective rights and interests. All indemnities provided in this policy will be paid immediately after the receipt of due proof upon *our* approval, unless the indemnity is in respect of *permanent total disablement*.

10. Misrepresentation or Non-disclosure

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

11. Premium Charge

This policy is an annual policy. *You* may pay the premium to *us* on an annual or monthly basis. All premiums after the first premium are payable to *us* on or before the due date. *You* are responsible for settlement of premium for the full policy year for this policy to have an effect. *We* reserve the right to revise or adjust the premium under the following circumstances:

- 11.1 In accordance with *our* applicable premium rate at the time of the premium due date by giving thirty (30) days' written notice to *you*;
- 11.2 The premium rate should be adjusted automatically as the *insured person* enters in the next age band at the time of renewal. The Age bands are classified as follows:

15 days - 5 years
6 years - 17 years
18 years - 39 years
40 years - 55 years
56 years - 65 years
66 years - 69 years*
* Renewal only

12. No Claim Discount

No claim discount on the renewal premium of any policy year of this policy may be available in respect of Section 2 and Section 3 of Part 2 – Table of Benefits and is calculated as follows:

- (i) If no claim has been made by the *insured person* under Section 2 of this policy within the policy year prior to the upcoming anniversary of the *policy effective date*, the no claim discount on the renewal premium of the policy year following such anniversary of the *policy effective date* will be increased by five percent (5%). The maximum percentage of the no claim discount is fifteen percent (15%).
- (ii) If a claim has been made by the *insured person* under Section 2 of this policy within the policy year prior to the upcoming anniversary of the *policy effective date*, the no claim discount on the renewal premium of the policy year following such anniversary of the *policy effective date* will be decreased by five percent (5%). The minimum percentage of the no claim discount is nil percent (0%).
- (iii) The no claim discount of any policy year shall be invariably deducted from the originally chargeable renewal premium of such policy year (without taking into account any no claim discount) and shall not be calculated on the basis of the renewal premiums paid for any of the previous policy years.

13. Grace Period

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

14. Reinstatement of Policy

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. 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.

15. Cancellation

- 15.1 *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. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation or surrender 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*.
- 15.2 *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* on pro-rata basis 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.

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.

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.

16. Termination of Policy

This policy shall automatically terminate on the earliest of:

- 16.1 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;
- 16.2 cover under this policy ceases pursuant to the Clause 10 – Misrepresentation or Non-disclosure of this Part; or
- 16.3 *you* fail to pay the premium due after expiry of the 31-day grace period in accordance with Clause 13 – Grace Period of this Part; or
- 16.4 either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 15 – Cancellation of this Part; or
- 16.5 *you* are no longer a *police force member* under the policy.

17. Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at *our* discretion. Yet *we* reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount 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*. *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*.

18. 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.

19. Misstatement of Facts

If the *insured person's age* or sex or occupation has been misstated inadvertently, the premium difference would be returned or charged according to the correct *age* or sex or occupation. In the event the *insured person's age* or sex or occupation has been misstated inadvertently and if, according to the correct *age* or sex or occupation, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, and provided that we have not made any claim payment under this policy, then our liability, under all circumstances, shall be limited to the refund of the relevant premiums.^z

20. Other Insurance

When a claim occurs, if there is any other policy covering any benefits insured by this policy (except as provided by Section 1.1 – *Accidental Death* and *Permanent Disablement* and Section 2.2 - *Hospital Cash for Confinement in Public Hospital*), we will be liable only for our proportionate share only.

21. Clerical Error

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

22. 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) year from the expiration of the time within which proof of claims is required.

23. 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.

24. 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.

To make a claim, call our claims hotline at +852 2903 9388. For our customer service, call our enquiry hotline at +852 2968 2288. Our office hours are Monday to Friday 9:00 a.m. to 5:30 p.m.

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 provisions contained in the English version shall prevail.

25. 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.

26. Compliance with Policy Provisions

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

27. 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.

28. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of the *Hong Kong* courts.

Claims Procedure

Step 1: Notify us within thirty (30) days of any occurrence likely to give rise to a claim.

Step 2: Fill in a claim form and supply the required documents as appropriate per listed below.

Accidental Death

- Death certificate
- Coroner's report/ post-mortem report
- (in the event of disappearance) Presumption of death as proclaimed by a court

Permanent Disablement

- Certificate issued by a *medical practitioner* certifying the degree or severity of *disability*
- Police report (if applicable)

Hospitalization and Surgical Benefits

- *Hospital statement* showing
 - name of the patient
 - period of *confinement*
 - itemised charges
- Receipts issued by all attending *medical practitioner/specialists/anaesthetists/surgeons/physical therapists* showing:
 - name of the patient
 - date of consultation
 - diagnosis and/or treatment given
 - amount charged

Hospital Cash for Confinement in Public Hospital

- *Public Hospital* discharge slip showing:
 - name of the patient
 - name of the *hospital*
 - period of *confinement*
 - diagnosis and/or treatment given



「警察安全保」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「有關文件」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」完成及向「本公司」提供的「警察安全保」保險計劃投保表格及聲明，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」同意於收受「閣下」支付之保費及信賴「閣下」所提供之各項陳述、保證或聲明，將根據本保單的條款與規章及隨附之「附表」，於「保險期」內以「附表」所載之保障項目承保「受保人」，及對已定義之保障項目，向「受保人」因「疾病」或「損傷」而在「醫生」建議下於下文所訂明之承保範圍內衍生之費用作出賠償。

此乃全年個人「意外」及/或醫療保險保單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。如於任何保單年度已獲得本保單賠償或接受服務，「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」

任何於「保險期」發生的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」

麻醉科醫生指「香港」醫務委員會以麻醉科專科登記或具其他同等資歷的「醫生」。惟「閣下」及「受保人」或「直系親屬」除外。如在「香港」以外地區接受緊急治療或手術，則指該註冊「醫生」已於其執業的地區以同等麻醉科專科登記法律合法地獲准授權提供醫療及外科手術的人士。

「內戰」

相同國家的公民或民族互相對抗而發生互相攻擊的戰爭。

「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。

「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90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。

「不承保職業」

是指職位或職責是爆破工人、騎師、偵探、特技人員、貨船裝卸工人、漁民、中港司機(跨越「香港」及中國大陸)、飛機駕駛測試員、馬戲訓練員、高空工作工人、沉箱工人、電梯技工、拆除建築物工人、地下鑽孔工人、野生動物訓練員、情報機構人員、貨櫃起重機操作員、地盤工人、炸藥/爆炸物操作員及政府/國家紀律部隊(「警務人員」除外)。

「折斷腿部或膝蓋而無法聯合」

腿骨或膝蓋骨完全斷為兩截，此「折斷」的腿或膝蓋於「受保人」之終生將一直「折斷」維持分離，不能徹底地復原及恢復正常功能。

「香港」

中華人民共和國香港特別行政區。

「醫院」

符合下列所有條件的機構：

- (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) 主要業務為接受患病、染恙或受傷人士「住院」及提供診斷、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24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、自然療法診所、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」

「閣下」或「受保人」的配偶、父母、配偶父母、祖父母、子女、兄弟姊妹、孫兒女或合法監護人。

「損傷」

「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。

「受保人」

名字列於「附表」中註明為本保單受保人(「Insured Name」)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24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。

「失聰」

「永久」及無法恢復之聽力，而喪失之聽力級別高達80分貝(dB HL)或以上。

「失肢」

手腕或足踝處或以上的肢體部份的完全分離。

「失明」

視力完全喪失及「永久」無法復原。

「喪失說話能力」

無法發出說話所需的四種語音中的三種，例如唇音、齒齶音、顎音及軟顎音，或聲帶完全喪失功能，或大腦控制說話的中樞受損，導致語言失能症。

「殘廢」

肢體或器官的「永久」完全喪失功能或「永久」完全分離。

「醫療必需」

以下列各項作為接受醫療服務的必要性：

- (i) 因應有關診斷及有關狀況的治療所需；及
- (ii) 符合良好及謹慎的行業標準；及
- (iii) 非純為「醫生」或任何其他醫療服務供應商之方便；及
- (iv) 以最適合的程度有效地為「受保人」之「傷疾」作出安全及足夠的治療及以最經濟之設備進行治療受保「傷疾」；及
- (v) 在「住院」的情況下，其主要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。

「醫生」

已根據《醫生註冊條例》「香港」法例第161章規定，註冊為醫生之人士，惟「閣下」、「受保人」或「直系親屬」除外。如於「香港」以外之地區接受治療或手術，則指擁有合格西醫學位，並已獲授權在其執業的地區合法提供醫療及外科手術服務的人士，惟「閣下」、「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「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，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。

「永久」

「意外」事故發生之日起計，損害情況持續至少12個月，並於此段時間終結時沒有好轉之跡象。

「警務人員」

獲「香港」政府受聘於香港警務處工作同時為「受保人」之人士。

「保單生效日」

在收受保費的前提下，列明於「附表」上之生效日期或最近的一個續保日，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。

「投保前已存在的傷疾」

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」診察、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病況，除非「受保人」已於投保表格全面披露此等病況並獲「本公司」書面接受，而保單文件無明文規定不承保之前已存在之病況的治療，則屬除外。

「公共交通工具」

任何由個別公司或個人持牌營運予乘客租用的機動客運交通工具。

「公立醫院」

列明在「香港」醫院管理局所定義之「醫院」聯網內之「醫院」。

「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) 並不包括如沒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」

隨附本保單名為「Schedule」並構成保單一部份之附表。

「疾病」

在「保險期」內健康出現不正常之病理症狀。

「專科醫生」

除「閣下」、「受保人」或「直系親屬」外，在「香港」醫務委員會以專科登記為「醫生」之人士。若於「香港」以外之地區接受治療或手術時，則指根據當地相關的專科醫務法律，該「醫生」已登記在當地合法從事專科治療或手術服務。

「完全傷殘」

「受保人」遭遇「意外」而蒙受「損傷」，並且於事發後連續12個月內完全不能從事任何根據「受保人」的學歷、專業訓練或經驗而可賺取薪金、酬勞或利益的工作。如「受保人」並無從事任何職業或工作，永久完全傷殘則指「受保人」喪失應付日常生活事務的能力。

「提升」

指提升保障及或計劃級別。

「提升生效日期」

指「本公司」同意「閣下」保單「提升」保障當日之「香港」時間00:00時，即「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。

第二部份 — 保障表

節數	保障項目	每「受保人」之賠償額(港元)				
		單位 1	單位 2	單位 3	單位 4	單位 5
1.	個人「意外」保障					
1.1	「意外」死亡及「永久」傷殘	500,000	1,000,000	1,500,000	2,000,000	3,000,000

節數	保障項目	每名「受保人」就每宗「傷疾」之最高賠償額(港元)		
		計劃 A	計劃 B	計劃 C
2.	醫療保障			
2.1	住院及手術費用保障 (a) 每天房租及膳食費 (最長45日) (b) 「深切治療部」之房租及膳食費 (最長七日) (c) 醫生巡房費 (最長 45日) (d) 「醫院」雜費 (e) 外科手術費 (f) 「麻醉科醫生」費 (g) 手術室費	920 1,840 900 18,000 15,000 7,500 7,500	1,860 3,720 1,800 24,000 30,000 10,000 10,000	2,580 5,160 2,500 35,000 40,000 12,500 12,500
2.2	「公立醫院」「住院」住院現金 (a) 每日「住院」現金保障 (「公立醫院」「住院」及最長365日) (b) 「深切治療部」之額外「住院」保障 (「公立醫院」「住院」及最長30日)	500 500	980 980	1,300 1,300
3.	附加醫療保障 餘下費用之賠償百分比	50,000 80%	100,000 80%	150,000 80%

第三部份 — 保障範圍

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

第一節 - 個人「意外」保障

第1.1節 「意外」死亡及「永久」傷殘

此節保障必須於「附表」內訂明為有效方為適用。

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並於連續12個月內導致以下賠償表內所載的任何一項保障項目定義之死亡或傷殘，「本公司」將以「附表」所列之賠償額及賠償表內有關之保障項目之賠償額百分比賠償予「受保人」。

賠償表

保障項目	賠償額百分比
1. 「意外」死亡	100%
2. 「永久」「完全傷殘」	100%
3. 四肢「永久」癱瘓及無法痊癒	100%
4. 雙眼「永久」完全「失明」	100%
5. 單眼「永久」完全「失明」	100%
6. 喪失任何雙肢 (「失肢」) 或任何雙肢「永久」完全「殘廢」	100%
7. 喪失任何單肢 (「失肢」) 或任何單肢「永久」完全「殘廢」	100%
8. 「喪失說話能力」及「失聰」	100%
9. 「永久」精神失常	100%
10. 「永久」完全「失聰」 (a) 雙耳 (b) 單耳	75% 15%
11. 完全「喪失說話能力」	50%
12. 單眼「永久」完全喪失眼角膜	50%
13. 喪失四指及姆指或任何四指及姆指「永久」完全「殘廢」 (a) 右手 (b) 左手	70% 50%
14. 喪失任何四指或任何四指「永久」完全「殘廢」 (a) 右手 (b) 左手	40% 30%
15. 喪失姆指或姆指「永久」完全「殘廢」 (a) 右雙指骨 (b) 右單指骨 (c) 左雙指骨 (d) 左單指骨	30% 15% 20% 10%
16. 喪失手指或任何手指「永久」完全「殘廢」 (a) 右三指骨 (b) 右雙指骨 (c) 右單指骨 (d) 左三指骨 (e) 左雙指骨 (f) 左單指骨	10% 7.5% 5% 7.5% 5% 2%
17. 喪失任何腳趾或任何腳趾「永久」完全「殘廢」 (a) 所有腳趾 - 一隻腳計算 (b) 腳姆趾 - 雙趾骨 (c) 腳姆趾 - 單趾骨	15% 5% 3%
18. 「折斷腿部或膝蓋而無法聯合」	10%
19. 腿部截短最少五厘米	7.5%
20. 倘「永久」傷殘狀況並未包括於上述保障項目10至19內，「本公司」有絕對決定權及其在而言符合上述保障項目10至19之賠償之情況下，釐定應予賠償之百分比。	

「等候期」

在「首個保單生效日」或「提升生效日期」或任何新增保障的有效日(僅適用於「提升」保障部份或新增的保障)或復效日(以較遲者為準)起的30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」

兩國或多國因任何事故交戰，或主權國家之間的武裝衝突，不論正式或未正式宣戰的公開軍事衝突，又或與國之間經國家正式授權而：(i) 終止和平關係；及(ii) 陷入武裝敵對局面。

「本公司」

蘇黎世保險有限公司。

「閣下」

於「附表」內註明為保單持有人("The Insured")之「警務人員」。

賠償條款

- 在同一宗「意外」事件中只會賠償以上保障項目1至20項的其中一項。假如在同一次「意外」事件中遭受多於一項保障項目，則只按其在本節中最高賠償額的一項賠償。
- 如「本公司」已賠償的保障項目少於賠償額百分比的百分之一百，則由「意外」發生當日起至本保單期滿為止，有關之已賠償金額會於「附表」訂明之賠償額中扣減。日後之賠償將根據原先的賠償額乘以賠償額百分比釐定，惟每位「受保人」可獲賠償之合共金額不可超過「附表」訂明之賠償額之百分之一百。
- 如「受保人」蒙受「損傷」前已出現有關保障項目2至19所述的或其他任何局部殘缺，而在「損傷」後變成完全殘缺，「本公司」會決定「最高賠償額」之百分比作為賠償該「損傷」所引致之殘缺部份。倘於「損傷」前已出現的任何完全殘缺，則有關之殘缺不獲保障。
- 如「受保人」已於本節中獲得百分之一百(100%)的賠償額後，本節1.1及第1.1節之附加保障便會即時失效，所有保障亦隨之終止。未到期的保費，將不獲退還。
- 如「受保人」慣用左手並已特此通知「本公司」，則賠償表內13至16項的各右手及左手傷殘賠償額的百分比將互相對調。
- 每名受保子女的賠償額為受保父或母的賠償額的百分之十五(15%)。

因「公共交通工具」失蹤、墜毀或沉沒導致失蹤

倘若「受保人」乘搭之飛機、陸上或海上之「公共交通工具」發生「意外」，並導致失蹤、墜毀或沉沒，而「受保人」之遺體於該次「意外」事件發生後一年內，仍無法尋及獲法院宣佈「受保人」假設失蹤的證明；「本公司」將視「受保人」由於此保單承保的「意外」事故蒙受「損傷」並導致死亡而作出賠償。如屬失蹤之索償，必須遞交有效的法院指令證明有關之失蹤已超過一年。

第1.1節之附加保障

(a) 「警務人員」當值「意外」死亡保障

倘「警務人員」在「保險期」內於工作當值期間蒙受「損傷」，並於連續12個月內直接引致身故，則「本公司」將根據「附表」內列明之「警務人員」當值「意外」保障賠償額，額外賠償予「警務人員」之遺產代理人。

(b) 增值保障

每名保單內之「受保人」的第一節 - 意外死亡及「永久」傷殘賠償額會於首個保單週年日增加百分之五(5%)作為增值保障，此增值保障會於之後的每個保單週年日按年遞增百分之五(5%)，最高可累積連續五年至百分之二十五(25%)。增值保障之實際金額是以最近一年的保單週年日保單內所承保的第1.1節 - 意外死亡及「永久」傷殘之基本賠償額作計算，不論於該保單週年日後賠償額曾作出任何更改。

增值保障並不適用於第1.1節之附加保障(a) - 「警務人員」當值「意外」死亡保障。

第1節之不承保事項

本節並不承保任何性質之「疾病」；任何因「疾病」而引發之「損傷」。

第2節 - 醫療保障

此節保障必須於「附表」內訂明為有效方為適用。

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」(除本部份第2.1(d)至(g)節之申延保障所註明外)，「本公司」將會按「附表」所示之最高限額支付有關之保障，惟必須向「本公司」提交「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」之最高賠償額將不會超過訂明於「附表」內所選擇之計劃之最高賠償限額。

第2.1節 「住院」及手術費用保障

「本公司」就每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。若「受保人」因多於一宗「傷疾」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」，而「本公司」就同一次「住院」之每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。

(a) 每天房租及膳食費

「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」，每宗「傷疾」之最高賠償日數為45日。

(b) 「深切治療部」之房租及膳食費

「本公司」會支付「受保人」在「深切治療部」「住院」期間實際收取的房租及膳食「合理及慣常收費」，每宗「傷疾」之最高賠償日數為七日。如任何一日之「住院」已獲得本節賠償，則本保單第2.1(a)節之保障將被取代。

(c) 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」，每宗「傷疾」之最高賠償日數為45日。

「本公司」就每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。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」，而「本公司」就同一次「住院」之每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。

(d) 「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之西藥，惟不包括治療慢性病、預防性藥、為出院後即時療程之後的複發性療程、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、心电图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2.1(d)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、數碼導航刀及伽馬刀。

(e) 外科手術費

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」。「本公司」就每一宗「傷疾」會支付之最高賠償額已列載於「附表」內所選擇之計劃內。

- 若因同一宗或不同「傷疾」而需於同一個切口進行兩項或以上的手術，「本公司」只會根據已列載於「附表」內所選擇之計劃內之最高賠償額賠償一項手術。
- 若因同一宗或不同「傷疾」而需於同一個手術過程中涉及不同切口以進行兩項或以上的手術，或於同一次「住院」中因不同「傷疾」進行兩次或更多次手術，所有手術之實際費用會按以下方法計算賠償：
 - 第一項手術可獲最高賠償額的百分之一百(100%)；
 - 第二項手術可獲最高賠償額的百分之五十(50%)；
 - 第三項手術可獲最高賠償額的百分之二十五(25%)。

「本公司」只會就每一次及同一次「住院」期間，最多賠償三次手術。

若任何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。

(f) 「麻醉科醫生」費

在「本公司」已同意就第2.1(e)節—手術費作出賠償之前提下，「本公司」會有關手術由「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」。「本公司」就每一宗「傷疾」所支付之最高賠償額已列載於「附表」內所選擇之計劃內。

若於同一次「住院」中，因同一宗或不同「傷疾」進行兩項或以上的手術，保障則根據上述第三部份—保障範圍內第2.1(e)節的條款(i)及(ii)計算。

(g) 手術室費

在「本公司」已同意就第2.1(e)節—手術費作出賠償之前提下，「本公司」會有關手術由「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」。「本公司」就每一宗「傷疾」所支付之最高賠償額已列載於「附表」內所選擇之計劃內。

若於同一次「住院」中，因同一宗或不同「傷疾」進行兩項或以上的手術，保障則根據上述第三部份—保障範圍內第2.1(e)節的條款(i)及(ii)計算。

第2.1(d)至(g)節之延伸保障 — 「日症病人」或「門診」手術

這是第三部份—保障範圍第2.1(d)節至第2.1(g)節的延伸保障。「本公司」將會因應「受保人」以「門診」或「日症病人」方式進行下列手術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，最高賠償額受第2.1(d)節—「醫院」雜費之最高限額所限。就同一宗「傷疾」而言，於本節及第2.1(d)節下作出的合共最高總賠償額，將會按「附表」內就第2.1(d)節所選擇之計劃之賠償額所限。
- 手術費，最高賠償額受第2.1(e)節—手術費用之最高限額所限。就同一宗「傷疾」而言，於本節及第2.1(e)節下作出的合共最高總賠償額，將會按「附表」內就第2.1(e)節所選擇之計劃賠償。
- 「麻醉科醫生」費，最高賠償額受第2.1(f)節—「麻醉科醫生」費用之最高限額所限。就同一宗「傷疾」而言，於本節及第2.1(f)節下作出的合共最高總賠償額，將會按「附表」內就第2.1(f)節所選擇之計劃賠償。
- 於手術時使用手術室或治療室及物料或儀器費用，最高賠償額受第2.1(g)節—「麻醉科醫生」費用之最高限額所限。就同一宗「傷疾」而言，於本節及第2.1(g)節下作出的合共最高總賠償額，將會按「附表」內就第2.1(g)節所選擇之計劃賠償。

第2.2節 「公立醫院」「住院」現金保障

(a) 每日住院現金保障

若「受保人」在「保險期」內，因「疾病」或「損傷」，於「公立醫院」之大房內「住院」，「本公司」將會就每日「住院」賠償住院現金，每宗「傷疾」之最高賠償日數為365日。「本公司」就每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。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」，而「本公司」就同一次「住院」之每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內，如任何一日之「住院」已獲得本節賠償，則本保單第2及第3節內之所有保障將被取代(第2.2(b)節除外)。

(b) 「深切治療部」之額外「住院」保障

若「受保人」在「保險期」內，因「疾病」或「損傷」，於「公立醫院」之「深切治療部」內「住院」，「本公司」將會就2.2(a)節—額外賠償每日於「深切治療部」之「住院」現金，每宗「傷疾」之最高賠償日數為30日。本節2.2(b)保障並不適用於手術後少於二十四小時之「深切治療部」「住院」，以及因癌症或血癌，包括擴散性腫瘤，所引起之「疾病」之「住院」。

「本公司」就每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內。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」，而「本公司」就同一次「住院」之每一日會支付之最高賠償額已列載於「附表」內所選擇之計劃內，如任何一日之「住院」已獲得本節賠償，則本保單第2及第3節內之所有保障將被取代(第2.2(a)節除外)。

第3節 — 附加醫療保障

本保障只在「附表」上訂明為有效時才適用。

本節就本保單內下列之項目提供附加醫療保障：

就第2.1(a)節—每天房租及膳食費及第2.1(c)節—醫生巡房費而言

若「受保人」在「醫院」「住院」超過45日，「本公司」會支付房租及膳食、及「醫生」巡房之實際收取的「合理及慣常收費」，惟需受「附表」第2.1(a)節及第2.1(c)節所選擇之計劃之每日保障額所限。

就第2.1(d)節—「醫院」雜費、第2.1(e)節—手術費、第2.1(f)節—「麻醉科醫生」費、第2.1(g)節—手術室費而言

若就同一宗「傷疾」，其實際收取的「合理及慣常收費」超出「附表」所選擇之計劃之最高保障額，「本公司」將會賠償此實際收取的「合理及慣常收費」超出最高保障額的餘額部分的百分之八十(80%)。

「本公司」就每一宗「傷疾」於本節會支付之最高總賠償額已列載於「附表」內所選擇之計劃內。

第3節所選擇的計劃級別必須與第2節所選擇的計劃級別相同。

第2節及第3節之不承保事項

此兩節並不承保任何直接或間接因以下事項引致的索償：

1. 任何「投保前已存在的傷疾」，除非該「受保人」已連續12個月受保於本保單；
2. 任何在「等候期」內招致之治療或費用；
3. 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)；
4. 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楚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)；
5. 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；
6. 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開費用；例行眼部測試、眼部屈光不正或矯正視力措施；
7. 購置或使用器具或設備，包括但不限於助聽器、支架、拐杖、眼鏡或其他類似項目；
8. 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命名；
9. 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；
10. 如「受保人」在「香港」以外地方逗留超過90天而在「香港」以外地方引致之任何開支。

第四部份 — 一般不承保事項

「本公司」不會賠償直接或間接、部份或全部因以下事項引致的損失：

1. 「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(除非是「警務人員」於執行工作期間)或以任何形式參與「恐怖活動」；及/或
2. 參與任何違法行為，包括但不限於搶劫、濫用藥物或傷人；
3. 從事或參與任何軍隊(「警務人員」除外)、海、陸、空軍服務或行動或飛行服務或出任為任何空中乘載工具的機務人員或操作員；
4. 「受保人」進行或涉及任何空中活動，除非當時「受保人」(i)是以付費乘客身份在持牌航空公司飛機或包機上，或(ii)所參予之活動是由另一位已持牌帶有關活動的人士負責操縱或航行而提供活動的舉辦者亦已獲當地有關當局授權；
5. 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，或急性的高山症(第2節—醫療保障及第3節—附加醫療保障除外)；
6. 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；
7. 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、睪丸發育不健全、尿道下裂及梅克爾憩室；
8. 任何形式的機動競賽，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；
9. 測試任何交通工具；參與離岸活動，如商業潛水；油田鑽探、採礦或空中攝影；
10. 任何核子燃料、核子燃燒後所產生的核子廢料所產生的電離子輻射或放射性污染；及/或
11. 任何核能裝置或元件所產生的放射性、有毒、爆炸性或其他危險物質。

第五部份 — 基本條款

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，除非收到「閣下」在續約時的通知，所有資料會於續保時被視為真確及有效。

2. 「年齡」及資格限制

本保單提供保障予：(a) 成年人 — 「受保人」在「保單生效日」的「年齡」必須介乎18至65歲，並可續保至「年齡」69歲，所有保障將於「受保人」69歲生日後的首個保單週年日終止；(b) 小童 - 必須為未婚及非在職，「年齡」由15日至21歲(全年均受保障)，若仍然

為全日制學生，可續保至「年齡」25歲，如未能符合上述之要求，所有保障將於「受保人」21歲或25歲生日後的首個保單週年日終止。

「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「香港」永久住址。「年齡」為18歲以下之「受保人」應持有有效之「香港」出世紙或家屬簽證。

3. 現況改變

「閣下」或「受保人」就申請表上(不論口頭或書面上)或續保時所提供予「本公司」之資料之任何變更，均須負全責通知「本公司」，否則「本公司」有權拒絕所有賠償或使其失效。

4. 職業限制

倘若任何人士的工作屬於「不承保職業」的範圍，「本公司」將不會提供保障，除非「受保人」是「警務人員」之一及得到「本公司」接受其投保申請，才可獲得保單的簽發。

5. 索償通知

如要申請索償，應於事發之日起30日內以書面通知「本公司」。倘因意外死亡之索償，必須立即通知「本公司」。「本公司」所需之任何證明書、資料及證據，須依據「本公司」所定之形式及性質提交，而所需費用概由「閣下」或「受保人」或「閣下」/「受保人」之個人代表負責。如「閣下」或「受保人」不遵守本條款，「本公司」將不會支付本保單的任何保障。

6. 損失證明

必須在有關索償的治療完成及/或終止後30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180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。

7. 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」於蒙受任何「損傷」後滿12個月方提出之有關索償支付賠償。

8. 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。「本公司」擁有該等調查結果之所有權。

9. 支付索償

「本公司」將按照「閣下」或「附表」註明之「受保人」各自之權利及權益向彼等支付賠償。本保單之所有索償將以港元支付及將在收到所有「本公司」承認之必須證明後支付予「閣下」或「受保人」。如「附表」註明之「受保人」「意外」死亡，「本公司」會將所有尚未支付之賠償額支付予「受保人」之遺產承繼人。倘「受保人」「年齡」為17歲或以下，「本公司」會將按照其父母或合法監護人的各自之權利及權益向彼等支付賠償。當「本公司」收妥「本公司」所需的證明文件後，將根據本保單立即作出合理賠償，惟「永久」[完全傷殘]之賠償除外。

10. 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」之人士在投保表格及聲明或就任何索償知情地作出任何虛假陳述，或未如實地申報任何「投保前已存在的傷殘」或未能進行最高誠信，「本公司」概不就任何索償進行理賠責任，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。

11. 保費

本保單為年度保單。「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」必須負責繳付同年度之全年保費，保單方惟有效。

「本公司」保留權利，在以下情況更改或調整保費：

11.1 根據保費到期日適用的保費率以作調整，「本公司」會於調整保費前30日內以書面通知「閣下」；

11.2 當「受保人」在保單續保時進入下一個「年齡」組別，保費將自動調整。「年齡」組別劃分為：

15日-5歲

6-17歲

18-39歲

40-55歲

56-65歲

66-69歲*

*只限續保

12. 無索償折扣

在任何保單年度續保保費時可能適用的無索償折扣將(適用於第二部份 — 保障表內之第2節及第3節)計算如下：

(i) 如「受保人」於「保單生效日」的周年日前的保單年度在本保單內第2節並無任何索償紀錄，緊隨該「保單生效日」的周年日的續保保費便可享有5%的無索償折扣，最高折扣累積可至15%。

(ii) 如「受保人」於「保單生效日」的周年日前的保單年度在本保單內第2節有任何索償紀錄，緊隨該「保單生效日」的周年日的無索償折扣會被扣減5%，或直至已沒有任何無索償折扣可被扣減。

(iii) 不論以往保單年度續保時已扣減無索償折扣後之保費多少，任何保單年度之無索償折扣均以原本保單應收取的保費來計算(即未有扣除任何無索償折扣之前之保費)。

13. 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」31日寬限期。在寬限期內，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期起被視為逾時失效。

14. 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30日後開始呈現病徵之「疾病」。

15. 取消保單

15.1 「本公司」有權以30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

有關終止之原因。保障終止時，若在有關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。

15.2 「閣下」可於30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」至取消保單生效日期間無索償紀錄保費會按比例退還。

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。

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14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。

16. 保障終止

本保單之保障將會在遇到下列較早發生之一項時自動終止：

16.1 「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；

16.2 本保單的保障會根據本部份第10項-虛報或漏報資料所述之情況終止；或

16.3 「閣下」未能根據本部份第13項-寬限期所述之情況，在31日寬限期內付款；或

16.4 任何一方根據本部份第15項-取消保單所述之情況，以30日內書面通知取消保單；或

16.5 「閣下」已非本保單受保之「警務人員」。

17. 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30日向「閣下」提供書面通知以更改條款，包括但不限於保費、保障、保障額或不承保事項。「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。

18. 更改保障

「閣下」可於「保單生效日」的週年日前30日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「閣下」或「受保人」已存在之「損傷」、「疾病」、病徵或身體狀況，及「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(以「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保「保險期」開始生效。

若「受保人」向「本公司」提供書面申請時已出現病徵或正在或將會接受「醫生」之諮詢、診症、治療或醫療意見、或正接受處方藥物，就有關傷殘之保障，將以更改保障申請前或後之較低保障為準。

19. 虛報事實

如「受保人」之「年齡」或性別或職業被不慎虛報，「本公司」會按其正確「年齡」或性別或職業應付之保費退回或收回保費差額。倘投保時「受保人」「年齡」或性別或職業被不慎虛報，而根據當時的正確「年齡」或性別或職業，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，如「本公司」並無就本保單作任何理賠，則「本公司」於任何情況下只會退回有關保費而不負責任何承保責任。

20. 其他保險

「閣下」提出索償時如有其他保單保障同類項目，「本公司」只負責按比例作出賠償(第1.1節-「意外」死亡及「永久」傷殘及第2.2節-「公立醫院」「住院」現金保障除外)。

21. 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。

22. 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。

23. 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。

24. 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。

25. 第三者權益

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。

26. 遵從保單條款

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。

27. 個人資料收集目的

「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。

28. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」之專有司法裁判權。

賠償程序

步驟 1: 於可能導致索償的事件發生後30天內以書面形式通知「本公司」。

步驟 2: 填寫賠償申報表及提交下列所需證明文件。

「意外」死亡

- 死亡證
- 法醫官報告 / 驗屍報告
- (如屬失蹤)法院宣佈「受保人」假設失蹤的證明

「永久」傷殘

- 「醫生」發出之有關傷殘程度證明
- 警方報告(如適用者)

「住院」及手術保障

- 載明下列資料的「醫院」結單：
 - 病人姓名
 - 「住院」期間及日數
 - 收費分類明細表
- 載明下列資料的所有主診「醫生」/「專科醫生」/「麻醉科醫生」/外科醫生/物理治療師收據：
 - 病人姓名
 - 診治日期
 - 提供的診斷及/或治療
 - 收費金額

於「公立醫院」「住院」的住院現金

- 載明下列資料的「公立醫院」結單：
 - 病人姓名
 - 「醫院」名稱
 - 「住院」期間及日數
 - 提供的診斷及/或治療

如需索償，請致電「本公司」賠償熱線：+852 2903 9388。聯絡客戶服務部，請致電「本公司」查詢熱線：+852 2968 2288。辦公時間為星期一至星期五上午九時至下午五時三十分。

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。

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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_nonlifepolicyervices_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。

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