

Zurich Insurance Company Ltd

(a company incorporated in Switzerland with limited liability)

ZURICH i-GEN SURGICAL CASH INSURANCE PLAN

蘇黎世「i-世代」手術現金保險計劃

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Zurich i-Gen Surgical Cash 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*, to pay the benefits defined to the *insured person* who sustain(s) *sickness* or *injury* or incurs charges within the scope of coverage provided hereinafter upon recommendation of a *medical practitioner*.

We will insure *the insured person* under those sections shown in the *schedule* during any *period of insurance* for which we have accepted *your* premium, provided that all of the terms and conditions of this policy are complied with. This policy is an annual medical policy which will be renewed subject to subsequent premium payments and *our* acceptance. *You* are responsible for the annual premium of any policy year when there is a claim made or service used.

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 bodily <i>injury</i> to the <i>insured person</i> during the <i>period of insurance</i> .
Age	Age at last birthday.
Civil War	An internecine <i>war</i> or a <i>war</i> carried on between or among opposing citizens of the same country or nation.
Congenital Abnormalities	Abnormalities existing at the time of birth or neo-natal abnormalities developing before the <i>insured person</i> attains the age of twelve (12).
Day Patient	A patient who is admitted to a <i>hospital</i> or day patient unit for the purpose of undergoing a <i>surgery</i> , but does not require an overnight stay.
Disability	All medical conditions resulting from <i>sickness</i> or <i>injury</i> arising from the same cause, including any and all complications arising therefrom or closely related thereto, except that if the <i>insured person</i> completely recovers from prior curative <i>surgery</i> and remains free from further investigation, monitoring and/or treatment (including drugs, medicines, injection, special diet or advice for the condition) of the disability for at least ninety (90) days following the latest discharge from <i>hospital</i> or the last consultation at the <i>medical practitioner's</i> office, whichever is the later, any subsequent disability from the same cause shall be considered as a new disability.
Hong Kong	The Hong Kong Special Administrative Region of the People's Republic of China.
Hospital	<p>An institution which</p> <ul style="list-style-type: none">(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 <i>treatment</i> of injured or sick person;(iii) has staff of one (1) or more physician available at all times;(iv) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the physician in charge;(v) maintains <i>inpatient</i> facilities; and(vi) maintains a daily medical record for each of its patients. <p>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 <i>treatment</i> of mental disorders, or a nursing home, or similar establishment.</p>
Immediate Family Members	<i>Insured person's</i> spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.
Inpatient	A patient in a <i>hospital</i> who occupies a bed and will be evidenced by a daily room and board charge issued by a <i>hospital</i> .
Injury	Bodily injury to the <i>insured person</i> caused solely by an <i>accident</i> and independently of all other causes.
Insured Person	The name listed under the "Insured Name" in the <i>schedule</i> who is being insured under this policy. The insured person is the proposer of this policy.
Medically Necessary	<p>Necessary for having or the necessity to have a medical service which is:</p> <ul style="list-style-type: none">(i) consistent with the diagnosis and 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 registered <i>medical practitioner</i> or any other medical service providers; and(iv) furnished at the most appropriate level sufficient to safely and adequately treat the <i>insured person's disability</i> and are performed in the least costly setting required for treatment of a covered <i>disability</i>; and(v) is not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment including medication or <i>surgery</i>.

Medical Practitioner	A person other than <i>you</i> or <i>immediate family member</i> , who is a registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of <i>Hong Kong</i> . In the event of treatment or <i>surgery</i> received outside of <i>Hong Kong</i> , it shall mean a person other than <i>you</i> or <i>immediate family member</i> , who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.
Minor Surgery	The surgical procedures as set out in the <i>Schedule of Minor Surgery</i> ; or <i>surgery</i> with equivalent gravity and severity to be considered as a minor surgery as determined by <i>us</i> .
Outpatient	The <i>insured person</i> is receiving medical care or treatment in an outpatient department or emergency treatment room of a <i>hospital</i> , medical centre or clinic of a <i>medical practitioner</i> .
Period of Insurance	The period of time as stated in the <i>schedule</i> during which this policy is effective and we have accepted <i>your</i> premium as stated in the <i>schedule</i> .
Policy Anniversary	The anniversary of the effective date as stated in the <i>schedule</i> .
Pre-existing Condition	Any <i>injury</i> , <i>sickness</i> or condition and/or directly related conditions for which the <i>insured person</i> showed symptoms or has received medical consultation, diagnosis, treatment or advice by a <i>medical practitioner</i> or took prescribed drugs or medicine for a period of time during which the <i>insured person</i> was aware of or could reasonably be expected to be aware of prior to the policy effective date or the date of reinstatement or <i>upgrade effective date</i> , whichever is later.
Relevant Documents	Relevant documents include <i>schedule</i> , enrollment form (regardless verbally or in written format), declaration, riders, endorsements, attachments and amendments.
Schedule	The schedule attached to and incorporated in this policy of insurance.
Schedule of Minor Surgery	The attachment to this policy entitled "Schedule of Minor Surgery". The "Schedule of Minor Surgery" may be revised or adjusted by <i>us</i> from time to time. Any such changes will take place upon the <i>policy anniversary</i> .
Sickness	A physical condition marked by a pathological deviation from the normal healthy state during the <i>period of insurance</i> .
Surgery	Surgery is performed by a <i>medical practitioner</i> for the purpose of structurally altering the human body by the incision or destruction of tissues to treat <i>sickness</i> or <i>injury</i> , unless otherwise as specified under Clause 2.1 of Part 3 – Surgical Cash Benefits in this policy.
Upgrade	An increase in the level of benefit and/or plan level.
Upgrade Effective Date	00:00 <i>Hong Kong</i> time on the date we agree to provide an <i>upgrade</i> of <i>your</i> policy and such date is shown on <i>your</i> policy <i>schedule</i> recording that <i>upgrade</i> .
Waiting Period	Waiting period shall have the following meaning: <ul style="list-style-type: none"> (i) Thirty (30) days from the effective date of this policy, or the <i>upgrade effective date</i>, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit will be payable for any <i>sickness</i> or condition sustained by the <i>insured person</i> with the signs or symptoms first manifested or occurred within such waiting period. For the avoidance of doubt, waiting period is not applicable to <i>injury</i>; and (ii) Thirty-six (36) months for surgical cash benefit for <i>pre-existing conditions</i> or <i>congenital abnormalities</i>, from the effective date of this policy, or <i>upgrade effective date</i> or effective date of any additional benefit(s) which is subsequently added (applicable to the <i>upgrade</i> portion or additional benefit(s) only), or last reinstatement date, whichever is the latest. During such period, no benefit will be payable in respect of <i>surgery</i> required as a result of any cause.
War	A contest by force between two (2) 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 <i>insured person</i> shown in the <i>schedule</i> who is the owner of this policy.

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)		
	Standard Plan	Enhanced Plan
Surgical Cash Benefit		
Maximum limit per disability*		
(1) for non-minor surgery	8,000	15,000
(2) for minor surgery	4,000	7,500
(3) for pre-existing conditions or congenital abnormalities	2,400	4,500
*the maximum benefit of any surgery performed outside of <i>Hong Kong</i> shall be fifty (50) percent of the maximum benefit payable.		
Overall maximum limit per policy year	24,000	45,000

PART 3 – SURGICAL CASH BENEFITS

If an *insured person*, while insured hereunder, when upon recommendation of a *medical practitioner*, undergoes *surgeries* covered by the policy undertaken either in a *hospital* confinement as a registered *inpatient* case, in a *day patient* or an *outpatient* setting as a result of *sickness* or *injury* covered by the policy and such *surgeries* are *medically necessary*, we will pay the surgical cash benefit; but in no event shall the benefit payable for any one (1) *disability* exceed the benefit as stated under the plan selected in Part 2 – Table of Benefits.

If more than one (1) *surgery* is required for the same *disability*, only one (1) *surgery* with the highest compensation of surgical cash benefit will be paid. In the event that you have been paid for a *surgery* with a lower sum insured for the same *disability*, we shall pay for the remaining balance after deducting the surgical cash benefit that we have already paid.

The maximum benefit payable in any one *period of insurance* shall not exceed the “overall maximum limit per policy year” as stated under the plan selected in Part 2 – Table of Benefits under this policy.

1. Surgical cash benefit for non-minor surgery

We will pay a lump sum surgical cash benefit for non-minor surgery up to the benefit limit as stated under item (1) of the plan selected in Part 2 – Table of Benefits for surgery performed by a *medical practitioner* due to *disability* covered by the policy.

- 1.1 All surgeries which undertook in a *hospital* confinement as a registered *inpatient* case, required upon recommendation of *medical practitioner* as a result of *sickness* or *injury*, to be considered as non-minor surgery, except those as stated under the *Schedule of Minor Surgery* are to be considered as *minor surgery*.

2. Surgical cash benefit for minor surgery

We will pay a lump sum surgical cash benefit for minor surgery up to the benefit limit as stated under item (2) of the plan selected in Part 2 – Table of Benefits for minor surgery performed by a *medical practitioner* due to *disability* covered by the policy.

- 2.1 All types of endoscopies with or without biopsy and/or polypectomy, required upon recommendation of *medical practitioner* as a result of *sickness* or *injury*, are to be considered as *minor surgery*; whereas no benefit shall be considered under this policy for the below endoscopies with or without biopsy, unless carried out under general anaesthetic:
- capsule endoscopy
 - nasal sinus endoscopy
 - pharyngoscopy
 - laryngoscopy
 - colposcopy
 - hysteroscopy
- 2.2 All surgeries which undertook at *outpatient* or *day patient* setting, required upon recommendation of *medical practitioner* as a result of *sickness* or *injury*, are to be considered as *minor surgery*.

3. Surgical cash benefit for pre-existing conditions or congenital abnormalities

We will pay a lump sum surgical cash benefit for surgery due to *pre-existing conditions* or *congenital abnormalities* up to the benefit limit as stated under item (3) of the plan selected in Part 2 – Table of Benefits for surgeries due to *disability* covered by the policy.

PART 4 - EXCLUSIONS

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

1. Air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier;

2. Alcohol, drug and substance abuse

Sickness or *injury* or directly or indirectly arising from abuse of alcohol, drugs or other addictive substances and any costs associated from such dependency or abuse;

3. Any treatment or expenses incurred within the waiting period;

4. Chemical and nuclear contamination

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;

5. Congenital abnormalities during the waiting period;

6. Criminal actions

Participating in any illegal activity, including but not limited to robbery, drug abuse or assault;

7. Professional sport

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;

8. Pre-existing condition during the waiting period;

9. Psychiatric condition

Any functional disorder or psychiatric condition of the mind, including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioral disorders;

10. Self-infliction

Suicide, attempted suicide, intentional self-injury, insanity;

11. Specific procedures

- childbirth, miscarriage, abortion, pregnancy and other complications arising from pregnancy, contraceptive or contraceptive devices, fertility, infertility, inability to conceive treatment or make sexual dysfunction (and the consequences of male sexual dysfunction) and surgeries for sterilization or the reversal of sterilization of either sex;
- cosmetic surgery (including any surgeries necessary as a result of cosmetic treatment and any treatment necessary as a result of *accident*); treatment for superficial varicose veins, spider veins;
- dental surgery of any nature;
- developmental delays or learning and/or language disabilities;
- 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;
- procedures relating to venereal diseases or sexually transmitted disease;
- procedures which solely involve needle injections or needle procedures;
- refractive errors of the eyes;
- supportive treatment of renal failure, including dialysis;
- surgery relating to the symptoms of weight increase; treatment for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions; or
- the insertion of hormonal implants;

12. Treatment by any person other than a registered medical practitioner;

13. War and kindred risk

War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion.

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 the *insured person*.

2. Age Limit and Eligibility

The entry age of the *insured person* must be between eighteen (18) years old and thirty-five (35) years old at the effective date of this policy and this policy is renewable up to the age of fifty-five (55) years old and all benefits under this policy shall terminate on the next *policy anniversary* following the *insured person's* 55th birthday. 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 an usual country of residence.

You are not allowed to be covered under more than one (1) Surgical Cash Medical Insurance Policy issued by us. If you carry more than one (1) such policy:

(i) you will be deemed to be insured only under the policy which provides the highest amount of benefit; or

(ii) if the benefit amount is the same under each policy, you 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 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), otherwise we reserve the right to refuse or invalidate all claims under this policy.

4. Notice of Claims

On the happening of any event which may give rise to a claim under this policy, the *insured person* shall give notice with all available particulars to us as soon as possible and in any case within thirty (30) days from the date of *surgery*, and failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible to give such notice. Admission of any claim will be subject to the proof as required to be provided by the *insured person*.

5. Proof of Loss

You must furnish us affirmative proof of loss, including receipts with the diagnosis in original in support of a claim, together with a fully completed claim form supplied by us within thirty (30) days after termination of *treatment* for the *sickness or injury* for which the claim is being made.

We will not be liable in any event until satisfactory proof is furnished to us. Claimant will furnish such information, assistance, documents, medical evidence and reports signed by the registered *medical practitioner* and in such form and of such nature as we may prescribe at claimant's own expense.

We shall have the right at our expense to examine the *insured person*, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy.

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

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 whenever required.

8. Payment of Claims

All payment of claims in this policy are payable to the *insured person* after the receipt of due proof, and in the event of the *insured person's* death after *surgery* to the *insured person's* estate.

9. Misrepresentation or Non-disclosure

If you or anyone acting for you 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 surgical cash 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 when there is a claim made or service used in such policy year.

(ii) Premium is charged base on the age at entry of the *insured person* upon application but we reserve the right to revise or adjust the premium table according to our applicable premium rate at the time of the premium due date by giving thirty (30) days' written notice to you.

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. The reinstated policy shall only provide coverage to the *insured person* due to *injury* 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 by us and Renewal of the Policy

The policy shall remain in force for a maximum of one (1) year from the effective date of the insurance and shall be subject to renewal yet we reserve the right to alter the terms and conditions, including but not limited to the premiums or benefits 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 the *insured person* before the commencement date of any *period of insurance*.

Notwithstanding the above, we may cancel or refuse to renew or vary the policy at any time notwithstanding any other provisions of this policy if:

(1) the *insured person* has

(a) not acted in the utmost good faith and has misled us or any other insurer by hiding facts fraudulently or otherwise, or

(b) breached the terms of this policy, or

(c) ceased to live in *Hong Kong* as the usual country of residence; or

(2) any premium has not been paid prior to end of the grace period as specified in Clause 11 under Part 5 – General Provisions; or

(3) we decide to terminate this policy.

On cancellation, we shall give the *insured person* a written notice stating when, not less than thirty (30) days after the date of such notice, such cancellation shall become effective. The mailing of the notice as aforesaid shall be sufficient proof of notice. The time of surrender or the effective date and hour of cancellation stated in the notice shall be considered the end of this policy. Under no circumstances we will be obligated to reveal our reasons for cancellation. Whenever this policy is so canceled, the unearned portion of the premium at the time of cancellation or surrender shall be refunded provided that no claim has been made during the relevant *period of insurance* of this policy.

14. Cancellation by the Insured Person

You have the right to cancel this policy by giving thirty (30) days' notice in writing to us. If no claim has been made during the current policy period, the earned premium shall be computed in accordance with the charges indicated below, but in no event less than our customary minimum premiums. If this policy is pay on monthly payment mode, 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.

Covered Period	Charges of Premium
2 months (<i>our</i> 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 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 all the premiums *you* have paid to *you* without interest.

15. Termination of Coverage

Coverage under this policy shall automatically terminate on the earliest of the dates specified below:

- (i) the *insured person* no longer fulfill the eligibility as stated under Clause 2 – Age Limit and Eligibility under Part 5 – General Provisions;
- (ii) subject to the above Clause 9 – Misrepresentation or Non-disclosure under Part 5 – General Provisions;
- (iii) the premium due date in accordance with Clause 11 – Grace Period under Part 5 – General Provisions;
- (iv) under the circumstance mentioned in Clause 13 – Cancellation by *us* and Renewal of the Policy under Part 5 – General Provisions;
- (v) under the circumstance mentioned in Clause 14 – Cancellation by the *Insured Person* under Part 5 – General Provisions.

16. Change of Benefits

You may apply for change of benefits or *upgrade* by giving thirty (30) days' notice in writing before the *policy anniversary*. A health declaration with details on any *injury, sickness, symptoms* or conditions which are then known to exist by 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.

17. Misstatement of Age or Sex

If the *insured person's age* or sex has been misstated, any 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 during the period that the *insured person* is not eligible for coverage shall be limited to the refund of the premiums paid for such period covered by this policy.

18. Clerical Error

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

19. 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 two (2) years from the expiration of the time within which proof of claims is required.

20. 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.

21. Alternative Dispute Resolution

In the event of a dispute arising out of this 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. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of *Hong Kong* as amended from time to time. The arbitration shall be conducted in *Hong Kong* by a sole arbitrator to be agreed by the parties. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under this policy and *you* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of the *our* disclaimer, *your* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this Policy.

22. Compliance with Policy Provisions

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

23. 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.

PART 6 – CLAIMS PROCEDURE

Step 1: Notify *us* in writing within thirty (30) days upon first treatment of *disability*;

Step 2: Fill in a claim form and supply the following original documents as appropriate.

1. For surgery performed in a hospital

Hospital statement showing

- name of the patient;
- period of confinement;
- diagnosis; and
- detailed description of the *surgery* done

2. For surgery performed in an outpatient or day patient setting

Attending *medical practitioner's* receipt showing:

- name of the patient;
- date of consultation;
- diagnosis; and
- detailed description of the *surgery* done

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 version, the provisions contained in the English version shall prevail.

- End -

蘇黎世「i-世代」手術現金保險計劃

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

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，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，如任何「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。

「本公司」將於收訖「閣下」所繳的保費後，在「保險期」內為「受保人」提供「附表」內訂明各節的保障，惟「閣下」必須履行本保單所列出的所有條款與條件。此乃全年醫療保險保險單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。如已獲得本保單賠償或接受服務，「閣下」必須繳交保單全年之保費。

「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。為方便識別有關詞彙，特將此等詞彙全部加上引號。本保單內容用詞如有性別或單雙之分，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。
「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或「戰爭」。
「先天性異常」	於出生時存在的異常，或「受保人」十二歲前由初生兒發展成的異常。
「日間病人」	因進行「手術」而需要到「醫院」或日間護理中心，但不需要過夜的病人。
「傷疾」	因同一「疾病」或「損傷」引致之所有醫療狀況，包括任何及所有因此而引起之併發症或密切有關之症狀，除非「受保人」因該傷疾已於最近一次治療性手術後完全康復，並在最後一次的出院日期或最後一次到「醫生」診所接受診療之日期的九十天(以較遲者為準)內，已不需因該傷疾進行檢查、觀察及/或接受任何治療(包括藥物、注射、特殊治療或病情諮詢)，該傷疾隨後之治療則會被視為另一次「傷疾」。
「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；及 (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；及 (iii) 有一名或以上的持牌「醫生」時刻駐院；及 (iv) 駐有合資格護士或註冊護士每天二十四小時提供看護服務；及 (v) 具有完善的「住院病人」設備；及 (vi) 保存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」	「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。
「住院病人」	於「醫院」佔用床的病人，並須出示「醫院」發出的每日房間及膳食費用單據以作證明。
「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」	「附表」訂明為受保人並受本保單保障的人士。受保人亦即本保單的投保人。
「醫療必需」	指接受醫療服務的必要性，並依下列條件考量： (i) 因應有關診斷及有關狀況的一般治療所需；及 (ii) 符合良好及謹慎的行醫標準；及 (iii) 非純為註冊「醫生」或任何其他醫療服務供應商提供方便；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) 於沒有醫療治療的情況下(包括藥物或接受任何手術)，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。
「醫生」	已根據《醫生註冊條例》(香港法例第161章)規定，註冊為醫生之人仕，惟「閣下」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，並已獲准在其執業的地區合法授權提供醫療及外科「手術」服務的人士，惟「閣下」或「直系親屬」除外。
「小型手術」	列於「小型手術表」上的手術程序，或由「本公司」界定為跟已列出的小型「手術」有同等複雜性及嚴重性的「手術」。
「門診」	「受保人」在「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治療。

「保險期」	「附表」內所訂明之保險有效期，而「本公司」已接納該保險期間之保費。
「保單週年日期」	列明於「附表」之生效日期的週年日。
「投保前已存在之傷疾」	在本保單生效日、復效日或「提升保障生效日」(三者取其較遲)之前已存在的任何「損傷」、「疾病」或病況，及/或「受保人」已呈現病徵或已接受診療、診斷、治療或醫療意見，或已服用處方藥物一段時間而其知悉或理應知道的相關病況。
「有關文件」	有關文件包括「附表」、投保表格(不論以口述或書面形式)、聲明、附加契約、批單、附件及修訂本。
「附表」	隨附本保單並構成保單一部份之附表。
「小型手術表」	附帶在本保單上，標示為小型手術表的一份文件。「本公司」將不時更新小型手術表，如有任何更新，將在「保單週年日期」起作出改動。
「疾病」	在「保險期」內健康出現不正常之病理變異。
「手術」	除非另外註明在第三部份 – 手術現金保障的第2.1項內，手術是由「醫生」以切割或切除組織的方法改變人體結構，以達致治療「疾病」或「損傷」。
「提升保障」	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「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。
「等候期」	等候期是指： (i) 本保單之生效日期、或任何附帶批單或其後增加的「提升保障生效日」(只限增加保障部份)，或保單復效日開始計算的三十日內，以較遲者為準，「本公司」不會就「受保人」在此期間首次出現病徵之「疾病」作出任何賠償。為避免疑慮，等候期不適用於「損傷」；及 (ii) 就「投保前已存在之傷疾」或「先天性異常」而言，等候期為本保單之生效日期、或任何附帶批單或其後增加的「提升保障生效日」(只限增加保障部份)，或保單復效日開始計算的三十六個月內，以較遲者為準。在此時期內，「本公司」不會就「投保前已存在之傷疾」或「先天性異常」所引起的「手術」提供任何保障。
「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)陷入武裝敵對局面。
「本公司」	蘇黎世保險有限公司。
「閣下」	「附表」上註明為「受保人」的本保單持有人之人士。

第二部份 – 保障表

以下各項計劃及保障必須於「附表」內訂明為有效的計劃及保障，方為適用。

每名「受保人」每宗「傷疾」之最高保障額 (港元)		
	標準計劃	優越計劃
手術現金保障		
每宗「傷疾」之最高保障額*		
(1) 非「小型手術」	8,000	15,000
(2) 「小型手術」	4,000	7,500
(3) 「投保前已存在之傷疾」或「先天性異常」	2,400	4,500
*於「香港」境外進行「手術」的最高保障額為上述之五十個百分點。		
每保單年度的最高保障額	24,000	45,000

第三部份-手術現金保障

若「受保人」在此保障下，因「疾病」或「損傷」的原故，由「醫生」建議登記為「住院病人」身份住院、在「日間病人」或「門診」規格下由「醫生」進行之具有「醫療必需」的「手術」，「本公司」會提供手術現金保障予「受保人」；惟在任何情況下，就任何一宗「傷疾」的保障額，將不會高於第二部份- 保障表內列明所選擇的計劃的最高保障額。

若「受保人」需要就一宗「傷疾」進行多於一次「手術」，則「本公司」只會就當中享有最高保障額的一項「手術」提供一次手術現金保障。若「受保人」已就同一宗「傷疾」的較低保障額的「手術」獲得手術現金保障後，則「本公司」將會在扣減已付保障額，向「受保人」提供手術現金保障的差額。

在每一「保險期」年度內所付的最高保障額，將不高於第二部份 – 保障表內所定的**每保單年度的最高保障額**。

1. 非「小型手術」的手術現金保障

「本公司」會按第二部份 – 保障表內所選擇的計劃項目(1)的保障額，就「醫生」因受保的「傷疾」進行非「小型手術」提供一筆過的手術現金。

- 1.1 除了列明在「小型手術表」上在「醫院」規格下以登記「住院病人」身份所進行的「小型手術」外，所有其他在「醫院」規格下由「醫生」就「疾病」或「損傷」所建議進行的「手術」，皆被視為非「小型手術」。

2. 「小型手術」的手術現金保障

「本公司」會按第二部份 – 保障表內所選擇的計劃項目(2)的保障額，就「醫生」因受保的「傷疾」進行「小型手術」提供一筆過的手術現金。

- 2.1 所有由「醫生」建議因「損傷」或「疾病」引致，而進行的內窺鏡(無論包括或不包括活組織切片檢驗及/或息肉切除術)都被視為「小型手術」。而下列的內窺鏡(無論包括或不包括活組織切片檢驗)，除非是在全身麻醉情況下進行，否則將不受保在此保單內：
- 膠囊內窺鏡
 - 鼻腔鼻竇內窺鏡
 - 咽喉鏡
 - 喉頭鏡
 - 陰道鏡
 - 子宮鏡
- 2.2 所有由「醫生」建議因「疾病」或「損傷」引致而在「門診」或「日間病人」規格下進行的「手術」，皆被視為「小型手術」。
3. 「投保前已存在之傷疾」或「先天性異常」的手術現金保障
「本公司」會按第二部份 – 保障表內所選擇的計劃項目(3)的保障額，就「醫生」因受保的「投保前已存在之傷疾」或「先天性異常」進行「手術」提供一筆過的手術現金。

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：

1. 飛行，除非以乘客身份乘搭由持牌商業航空公司營運的正式持牌航機；
2. 酗酒、濫藥或其他成癮的事物
由酗酒、濫藥或其他成癮的事物直接或間接地引起之「疾病」或「損傷」；
3. 任何於「等候期」內所引起的治療或費用；
4. 化學物及核子污染
任何核子燃料或核子武器物料燃燒後所產生的核子廢料所引致的電離子輻射或放射性污染；
5. 在「等候期」內的「先天性異常」
6. 犯罪行為
參予任何犯罪行為，包括但不限於搶劫、運毒或襲擊；
7. 職業運動
以職業形式參予任何形式的競賽或運動，或因「受保人」參與此等運動、競賽賺取報酬；
8. 在「等候期」內的「投保前已存在之傷疾」
9. 精神疾病
精神失常或神經系統失調，包括但不限於精神病、神經官能症、任何類別抑鬱症、焦慮症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症；
10. 自我傷害行為
自殺、企圖自殺、蓄意自我傷殘、精神錯亂；
11. 特定程序
- 任何因分娩、流產、墮胎、妊娠引致的懷孕狀況及其他有關併發症，避孕或避孕儀器，男女兩性的先天缺陷或不正常、生育、不育、未能懷孕治療或性功能障礙治療(包括男性性功能障礙影響)及兩性絕育「手術」或還原絕育的「手術」；
- 美容或整容「手術」(包括任何因美容治療引致的「手術」及任何因「意外」所致所引致的治療)；有關淺靜脈曲張、蜘蛛網狀靜脈的治療；
- 任何性質的牙科「手術」；
- 發育延遲或學習及/或語言「傷疾」；
- 人體免疫力衰竭病毒(HIV)及/或任何HIV有關「疾病」引起，包括愛滋病(AIDS)及/或不論如何引起或如何定名之變種、衍生或變故病體的治療；
- 任何關於性病或透過性接觸傳染的「疾病」；
- 任何純粹以針注射或用針的程序；
- 眼部屈光不正；
- 有關腎衰竭的支持性治療，包括透析治療；
- 有關體重增加的任何手術，肥胖的治療或所有以增加或減少體重為目的之治療，不論有沒有「疾病」或共存「疾病」的出現；或
- 植入荷爾蒙植入物的治療；
12. 並非由註冊「醫生」所進行的「手術」；
13. 「戰爭」或同類的危險
「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。

第五部份 – 基本條款

1. 整體協議
本保單，包括所有「有關文件」，乃立約各方之間的整體協議。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。為避免疑慮，「有關文件」亦會組成續保合約的部份，除非收到「受保人」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
除非另有訂明相反規定，於本保單生效日，「受保人」的「年齡」必須介乎十八至三十五歲，可續保至五十五歲，所有保障將於「受保人」五十五歲生日後的「保單週年日期」終止。「受保人」必須為「香港」市民，或居於「香港」而持有有效的「香港」身份證，並且有固定「香港」住址並以「香港」為慣常居住國家，即符合資格申請成為「受保人」。
「受保人」不能在「本公司」內享有多於一份手術現金保障計劃，若「受保人」享有多於一份該等保障：
(i) 「受保人」將被視為只享有提供較高保障額的一份手術現金保障計劃；或
(ii) 若多於一份的手術現金保障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. 現況轉變
如「閣下」在投保表格內所提供之資料有任何轉變，「閣下」必須通知「本公司」有關之變更(不論以口述或書面形式)，否則「本公司」有權拒絕所有賠償或使其失效。
4. 索償通知
在任何情況下就本保單有任何索償，「受保人」應盡快及在「手術」後三十天內，向「本公司」提交所有索償所需資料，若未能如期提交，可使索償無效，除非「受保人」能證明有關資料並未能合理地如期提交。「受保人」必須就所提交的索償，按照要求提供證明。
5. 損失證明
「受保人」必須在索償的「疾病」或「損傷」治療完畢後三十天內向「本公司」提交確實損失證明，包括收據和明細列項賬單及診斷資料正本，連同填妥的索償表格，方可辦理索償。
「本公司」必須接獲符合要求的證明，而索償人亦必需自費提供「本公司」指定形式及性質的資料、協助、文件、「醫生」簽發的醫療證明及報告，「本公司」方會履行責任作出賠償。
「本公司」有權在辦理本保單任何索償的過程中，按情況適當和需要自費檢驗「受保人」。

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」於蒙受任何「傷疾」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。

8. 支付索償

所有保單的賠償將在收妥所需證明文件後，付予「受保人」，若「受保人」在「手術」後身故，則會付予「受保人」之遺產承繼人。

9. 虛報資料或不披露

如「閣下」或任何代表「閣下」的人士於投保表格或就任何索償知情地作出任何虛假聲明，或未披露「投保前已存在之傷疾」或沒有如實申報，「本公司」概不就任何索償履行賠償責任，本保單規定之所有保障亦即時停止生效。「本公司」亦不會退回已繳保費。

10. 保費

(i) 本保單為一年期手術現金保險單，「閣下」可按年或按月繳付保費。「閣下」支付首期保費後，往後必須在保費到期日或之前付款。如已獲得本保單賠償或接受服務，「閣下」必須繳交保單全年之保費。

(ii) 保費按「受保人」於投保時之投保「年齡」收取但「本公司」會按保費到期日當時適用的保費表，保留在保費到期日變更或調整保費之權利。若有任保費改動，「本公司」亦將於保費到期日前三十天內向「閣下」發出書面通知。

11. 寬限期

「閣下」付訖首期保費後，「本公司」將於每次保費到期時給予「閣下」三十一天寬限期。在寬限期內，本保單仍維持有效，如「閣下」於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。

12. 重訂保單

如「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後向「本公司」提交令「本公司」滿意的重訂申請書，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」於重訂當日起計三十日後開始患上的「疾病」，惟「損傷」除外。

13. 「本公司」取消保單及續保保單

本保單在保險生效後，最長可生效一年，但可以續保。然而「本公司」保留在任何「保險期」續保時更改條款及條件的權利，包括但不限於保費、保障、或不承保事項，並給予「閣下」三十天的書面通知。「本公司」毋須披露有關修訂的原因。在任何一個「保險期」內，如「受保人」在生效日期前尚未接受此修訂，本保單最終將不能續保。

在不違反上述情況下，儘管本保單另有任何其他條款規定，如有下列情況，「本公司」亦可隨時取消或拒絕續保或更改本保單：

(1) 「受保人」：

(a) 沒有如實申報，以詐騙等手段隱瞞事實，以致誤導「本公司」或任何其他保險公司；或

(b) 違反本保單的條款；或

(c) 「香港」不再是慣常居住國家；或

(2) 根據第五部份 – 基本條款第11項，付訖保費的承保期已過，「受保人」並未在寬限期到期日支付保費；或

(3) 「本公司」決定終止此保單。

如取消保險，「本公司」將發出書面通知，保險將於通知發出日後三十日正式取消。上述郵寄通知書可充份證明「本公司」已發出通知，本保單於通知書註明的生效日期及時間正式終止。在任何情況下，「本公司」並沒有責任提供終止此保單之原因。本保單如上述終止，「本公司」將會退還當時尚未使用的保費但必須在該段保單生效期間內無索償紀錄。

14. 「受保人」取消保單

「閣下」有權以三十天書面通知「本公司」取消保單，如在該段保單生效期間內無索償紀錄，已繳交之全年保費將根據下列適用的比率計算扣減，但在任何情況下不可低於「本公司」慣常收取的最低保費。如保單以按月方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩下之全年保費。

保障期	收費比率
2 個月（即慣常收取的最低保費）	40%
3 個月	50%
4 個月	60%
5 個月	70%
6 個月	75%
超過 6 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」後起計的14天內以「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」已繳付的保費無息全數退還。

15. 保障終止

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) 根據第五部份 – 基本條款第2項 – 「年齡」及資格限制所述之情況；

(ii) 根據第五部份 – 基本條款第9項 – 虛報資料或不披露所述之情況；

(iii) 根據第五部份 – 基本條款第11項 – 寬限期中所述之保費到期日；

(iv) 根據第五部份 – 基本條款第13項 – 「本公司」取消保單及續保保單中所述之保費到期日；

(v) 根據第五部份 – 基本條款第14項 – 「受保人」取消保單所述之情況。

16. 更改保障

「閣下」可於「保單週年日期」前三十天以書面申請更改或「提升」保障。申請必須連同詳細之健康聲明，詳列任何「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」正在接受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。

17. 虛報「年齡」或性別

如「受保人」虛報其「年齡」或性別，「本公司」會按其正確「年齡」或性別應付之保費而退回或收取保費的差額。倘「受保人」投保時的正確「年齡」未符合保單的要求或已超出限制，「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. 筆誤

「本公司」的筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

19. 法律訴訟

依據本保單規定，當索償證明文件送交「本公司」後，六十日內不得進行法律訴訟以求賠償。此外，「受保人」亦不得在「本公司」要求其提供索償證明的指定限期屆滿兩年後提出訴訟。

20. 代位權

「本公司」有權自費以「受保人」名義對任何導致索償的承保事件的第三者進行追討。

21. 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。所有未能解決之爭議，一律按照「香港」法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在「香港」進行，並由爭議各方同意之單一仲裁人裁定。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，如本保險公司否認或否決「受保人」追索本保單之任何責任，而「受保人」並未能於本保險公司所發出之通知十二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。

22. 遵從保單條款

如違反本保單任何條款，所有就本保單提出的索償均告無效。

23. 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」的專有司法裁判權。

第六部份 – 賠償程序

步驟 1：在首次治療「傷疾」後三十天內，以書面通知「本公司」；

步驟 2：填寫賠償申報表及提交下列所需正本的證明文件。

1. 在「醫院」進行的「手術」

載明下列資料的「醫院」結單：

- 病人姓名
- 「住院」日期
- 診症；及
- 「手術」詳情

2. 在「門診」或「日間病人」的規格下進行的「手術」

載明下列資料的主診「醫生」收據：

- 病人姓名
- 診症日期
- 診症；及
- 「手術」詳情

（此保單分別有英文及中文版本，而中文版本乃是本保單之譯本，只供參考之用，如中文與英文有異，均以英文為準）

- 完 -

Schedule of Minor Surgery 「小型手術表」

We reserve the right from time to time to revise or adjust the *Schedule of Minor Surgery*. Any such changes will take place upon *policy anniversary*.
「本公司」會定期調整「小型手術表」內列出之「小型手術」並保留更新「小型手術表」之權利。任何調整將於本保單「保單週年日期」適用。

EYE AND OCULAR ADNEXA 眼睛	
Eyelid surgery	眼瞼手術
Removal of corneal foreign body	清除角膜異物
Repair of cornea	角膜修補術
All conjunctival or corneal operations except corneal grafting, severe corneal wound repair and keratoplasty	所有結膜或角膜手術，不包括角膜植入、嚴重角膜傷口修補及角膜造形術
Removal of style, chalazion or pterygium (one or both sides)	切除瞼腺炎、瞼板腺囊腫或翼狀胬肉(一側或兩側)
Probing with/without syringing of lacrimal canaliculi / nasolacrimal duct	用探針擴張淚小管 / 鼻淚管兼 / 不兼沖洗
NOSE / EAR / LUNG 鼻 / 耳 / 喉 / 肺	
Antral puncture and lavage	鼻竇穿刺及灌洗
Myringotomy (with/without insertion of tube)	耳鼓膜穿刺術(包括/不包括植管)
SKIN, SUBCUTANEOUS TISSUE AND BREAST 皮膚、皮下組織及乳房	
Excision of lesion of skin or subcutaneous tissue	皮膚病變組織或皮下組織切除
Suture or excision and suture of wound(s) on skin	皮膚上縫合或皮膚上組織切除及傷口縫合
Incision and/or drainage of lesion of skin including abscess	切口及/或引流皮膚病變組織包括膿腫
Removal of foreign body from skin and subcutaneous tissue	皮膚或皮下組織異物取出
Wedge excision or avulsion of nail including chemical ablation, unilateral or bilateral	單側或兩側嵌甲切除及/或撕脫包括化學消融
Curettage/cryotherapy/cauterisation/laser treatment of lesion of skin	皮膚或皮下病變組織切除/ 冷凍治療 / 電灼治療 / 激光治療
Biopsy of breast lump	乳房腫塊活細胞檢查
ENDOCRINE AND LYMPHATIC SYSTEM 內分泌及淋巴系統	
Biopsy of neck or lymph node	頸或淋巴活細胞檢查
Fine needle aspiration (FNA) cytology or lymph node needle biopsy	細針抽吸細胞術 / 淋巴結針管抽取活組織檢驗
Drainage of lesion or abscess of lymph node	淋巴結膿腫引流
MUSCULOSKELETAL SYSTEM 骨骼肌肉系統	
Biopsy of muscle or soft tissue	肌肉或軟組織活細胞檢查
Surgical toilet to deep wound under local anaesthetic	局部麻醉下為深傷口進行手術創口洗滌
Trigger finger or thumb release	板機指或姆指鬆解手術
Release of De Quervain's disease	迪克文氏腱鞘炎
FEMALE GENITAL SYSTEM 女性生殖系統	
Cervix cryosurgery/cauterization/laser/conization/knife-cone biopsy	子宮頸冷凍手術/燒灼術/雷射手術或錐形切除術/子宮頸錐狀切片
Excision of cervical lesions	子宮頸患處切除
GENERAL 一般	
Any surgeries undertook at outpatient or day patient setting	任何在門診或日症設備環境下進行之手術
Any endoscopy with/without biopsy & with/without polypectomy (except as stated under Provision 2.1 of PART 3-SURGICAL CASH BENEFITS)	任何內窺鏡包括/不包括活組織檢查及包括/不包括息肉切除(已列明在保單第三部份-手術保障之第 2.1 項除外)

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。