

**ZURICH®**

PAMultiple⁺ Personal Accident 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 *relevant documents* 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 Zurich PAMultiple⁺ Personal Accident Insurance Plan 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 *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* to pay the benefits defined to the *insured person* who sustain(ed) *injury* or incurs charges within the scope of coverage provided hereinafter upon recommendation of a *medical practitioner*.

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

Should *you* 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*.

Civil War

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

Confinement(s) / Confined

The *insured person* is admitted to a *hospital* as a result of *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*.

Fracture

The complete breakage of a bone.

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.

Head

The part from vertex to mandible of a person.

Hong Kong

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

Hospital

an establishment which meets all the following requirements:

- holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction); and
- operates primarily for the admission, care and treatment of sick, ailing or injured persons as in-patients; and
- provides 24-hour a day nursing service by registered or graduated nurses; and
- has a staff of one or more licensed *medical practitioner* available at all times; and
- provides organized facilities for diagnosis and major surgical facilities; and
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment or a place for alcoholics or drug addicts.

Immediate Family Member

Definition applicable for *insured person* attained age 18 or above upon policy anniversary: *Insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild or legal guardian.

Definition applicable for *insured person* below age 18 upon policy anniversary:

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

Injury / Injuries

Bodily injury, food and drink poisoning and/or gas poisoning to the *insured person* caused by an *accident* solely and independently of any other cause.

Insured Person

Definition applicable for *insured person* attained age 18 or above upon policy anniversary: The name listed under the "Insured Name" in the *schedule* who is the *insured person* and the policyholder of this policy.

Definition applicable for *insured person* below age 18 upon policy anniversary:

The name listed under the "Insured Name" in the *schedule* who is the *insured person* of this policy.

Loss of Hearing

Permanent irrecoverable loss of hearing where if:

- a dB = Hearing loss at 500 Hertz
 - b dB = Hearing loss at 1,000 Hertz
 - c dB = Hearing loss at 2,000 Hertz
 - d dB = Hearing loss at 4,000 Hertz
- 1/6 (a+2b+2c+d) is above 80dB

Loss of Limb

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

Loss of Sight of Eyes

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

Permanent total functional disablement or complete and *permanent* physical separation at the limb or organ.

Medical Necessity

The necessity to have a medical service which is

- consistent with the diagnosis and is the customary medical treatment for the condition; and
- in accordance with standards of good and prudent medical practice; and
- not furnished primarily for the convenience of *medical practitioner* or any other medical service providers; and
- furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's* disability and are performed in the least costly setting required for treatment of a covered disability; and
- 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.

Occupation Class

Occupations are grouped into different classes according to the risks associated with a particular occupation as specified in *our* Occupation Manual, which shall be final and conclusive. The general principle is, the higher the risk associated with a particular occupation, the higher the numbering of the class and higher premium rating chargeable.

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.

Physiotherapy Expenses

The expenses incurred for the exercises treatment for the weakness in the joints or muscles due to *injury* which is done by the registered physiotherapist (other than *you*, the *insured person* or *immediate family member*) but excluding chiropractic expenses.

Policy Effective Date

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

Policy Inception Date

It shall mean:

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

Pre-existing Condition

Any *injury*, *sickness* or condition and/or directly related conditions for which the *insured person* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which *you* or 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, except for such conditions that have been fully disclosed and accepted by *us* in writing, whereby 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.

Qualified Nurse

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

Recovery Equipment

Any medical equipment approved and recommended by a *medical practitioner* to be necessary for the medical recovery treatment of the *insured person*.

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.

School

Any educational institution, including but not limited to kindergarten, primary or secondary school, college or university for educating the *insured person*.

Second Degree Burns

Both the epidermis and the underlying dermis are damaged.

Temporary Total Disablement (TTD)

The entire prevention of the *insured person* from attending to his/her daily business or usual occupation and confining at a *hospital* or home.

Terrorism

An act of terrorism includes any act, preparation or threat of action including the intention to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) de jure or de facto committed for political, religious, ideological, or similar purposes, and which

- involves violence against one (1) or more persons;
- involves damage to property;
- endangers life other than that of the person committing the action;
- creates a risk to the health or safety of the public or a section of the public; or
- is designed to interfere with or disrupt an electronic system.

Third Degree Burns

The damage or destruction of the skin to its full depth and damage to the tissues beneath.

Total Disablement

When as the result of an *injury* and commencing within twelve (12) consecutive months from the date of an *accident* the *insured person* is totally 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 his/her education, training or experience, or if the *insured person* has no business or occupation, total disablement means the inability of the *insured person* to perform any activities which would normally be carried out in the *insured person's* daily life.

Upgrade or upgrading

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*.

War

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

We, Us or Our

Zurich Insurance Company Ltd.

Weekly Income Benefit Waiting Period

The period of three (3) days which commences immediately upon the first day of sick leave or *hospital confinement* as stated in the medical proof issued by a *hospital* or *medical practitioner* in respect of an *injury* causing a *TTD* and during this period no benefit shall be payable.

You or Your or Yourself

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

Part 2 – Table of Benefits**Junior Cover**

Coverage	Sum Insured Per <i>Insured Person</i> (HKD) Per Policy Year unless otherwise specified	
	Plan A	Plan B
Section 1 - Personal Accident		
- <i>Accidental</i> Death and <i>Permanent</i> Disablement (AD&PD)	150,000	300,000
- Extra Indemnity for <i>Accidents</i> During <i>School</i> Activities	100,000	100,000
Free Extensions		
- Burns	75,000	150,000
- Burial/ Cremation Costs	30,000	30,000
- Home Nursing Fee	200 per day (Maximum 31 days per accident)	200 per day (Maximum 31 days per accident)
- Broken Bones	10,000	10,000
- Home Renovation Expenses	25,000	25,000
Section 2 - Accidental Medical Expenses	10,000 per accident	20,000 per accident
Inclusive of Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses, Chiropractic Expenses and <i>Physiotherapy</i> Expenses	2,000 per policy year	2,000 per policy year
- Sub-limit for Chinese Medicine Bone-setting, Chinese Medicine Acupuncture Expenses and/or Chiropractic Expenses	150 per visit per day (Maximum 5 visits per accident)	150 per visit per day (Maximum 5 visits per accident)
- Sub-limit for <i>Physiotherapy</i> Expenses	500 per visit per day (Maximum 4 visits per accident)	500 per visit per day (Maximum 4 visits per accident)
Free Extensions		
- Extra Indemnity for Overseas <i>Accidental</i> Medical Expenses	10,000	10,000
- <i>Recovery Equipment</i>	200 per day (Maximum 10 days per accident)	200 per day (Maximum 10 days per accident)
- Parent Annual Leave Compensation	5,000 (1,000 per visit)	5,000 (1,000 per visit)
- Trauma Counseling Benefit	3,000	3,000
- Clothing and Personal Effects Damage Compensation		
Section 3 - Accidental Daily Hospital Cash		
- <i>Hospital</i> Cash Benefit	100 per day (Maximum 31 days per accident)	200 per day (Maximum 31 days per accident)
- <i>Hospital</i> Cash for Pet Attack or Child Abuse	200 per day (Maximum 31 days per accident)	300 per day (Maximum 31 days per accident)

Section 4 - Zurich Emergency Assistance

- Emergency Evacuation or Repatriation Service
- Repatriation of Mortal Remains
- *Hospital* Admission Guarantee
- Compassionate Visit
- 24-hour Telephone Hotline Information and Referral Services

Actual Cost

Actual Cost

39,000

One round-trip economy class airfare Included

Adult Cover

Coverage	Sum Insured Per <i>Insured Person</i> (HKD) Per Policy Year unless otherwise specified	
Section 1 - Personal Accident	As stated in the <i>schedule</i>	
- <i>Accidental</i> Death and <i>Permanent</i> Disablement (AD&PD)	200% of AD&PD or 100% of AD&PD with additional 1,000,000 (whichever is lower)	
- Extra Indemnity for <i>Accidents</i> on <i>Public Common Carrier</i> , or as a Victim of Robbery, or as a result of Natural Disaster or happen during Saturday, Sunday or General Holidays in <i>Hong Kong</i>		
Free Extensions		
- Burns	50% of AD&PD or 500,000 (whichever is lower)	
- Burial/Cremation Costs	30,000	
- Home Nursing Fee	200 per day (Maximum 31 days per accident)	
- Broken Bones	50,000	
- Home Renovation Expenses	25,000	
Section 2 - Accidental Medical Expenses	As stated in the <i>schedule</i>	
Inclusive of Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses, Chiropractic Expenses and <i>Physiotherapy</i> Expenses	2,000 per policy year	
- Sub-limit for Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses and/or Chiropractic Expenses	150 per visit per day (Maximum 5 visits per accident)	
- Sub-limit for <i>Physiotherapy</i> Expenses	500 per visit per day (Maximum 4 visits per accident)	
Free Extensions		
- <i>Recovery Equipment</i>	15,000	
- Spouse Annual Leave Compensation	200 per day (Maximum 10 days per accident)	
- Trauma Counseling Benefit	5,000 (1,000 per visit)	
- Clothing and Personal Effects Damage Compensation	3,000	
Section 3 - Accidental Daily Hospital Cash		
- <i>Hospital</i> Cash Benefit	200 per day (Maximum 31 days per accident)	
Section 4 - Zurich Emergency Assistance		
- Emergency Evacuation or Repatriation Service	Actual Cost	
- Repatriation of Mortal Remains	Actual Cost	
- <i>Hospital</i> Admission Guarantee	39,000	
- Compassionate Visit	One round-trip economy class airfare Included	
- 24-hour Telephone Hotline Information and Referral Services		
Section 5 - Weekly Income Benefit (Optional Benefit)	As stated in the <i>schedule</i> for the maximum benefit amount up to 104 weeks under this Section	

Elderly Cover

Coverage	Sum Insured Per <i>Insured Person</i> (HKD) Per Policy Year unless otherwise specified	
	Plan A	Plan B
Section 1 - Personal Accident		
- <i>Accidental</i> Death and <i>Permanent</i> Disablement (AD&PD)	250,000	500,000
Optional Extensions		
- Top-up <i>Accidental</i> Death and <i>Permanent</i> Disablement (AD&PD)	500,000 per unit (Occupation Classes 1 & 2 : Maximum at HKD2,000,000; Occupation Classes 3, 4 & 5 : Maximum at HKD500,000)	500,000 per unit
Free Extensions		
- Burns	150,000	200,000
- Burial/Cremation Costs	30,000	30,000
- Home Nursing Fee	200 per day	200 per day
	(Maximum 182 days per accident before age 81 at the time of policy effective date; or 31 days per accident thereafter)	
- Broken Bones	100,000 before age 81 at the time of policy effective date; or 50,000 thereafter	100,000 before age 81 at the time of policy effective date; or 50,000 thereafter
- Home Renovation Expenses	25,000	25,000
Section 2 - Accidental Medical Expenses	5,000 per accident (Maximum 20,000 per policy year before age 81 at the time of policy effective date; or 10,000 per policy year thereafter)	10,000 per accident (Maximum 40,000 per policy year before age 81 at the time of policy effective date; or 20,000 per policy year thereafter)
Inclusive of Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses, Chiropractic Expenses and <i>Physiotherapy</i> Expenses	2,000 per policy year before age 81 at the time of policy effective date, or 1,000 per policy year thereafter	2,000 per policy year before age 81 at the time of policy effective date, or 1,000 per policy year thereafter

- Sub-limit for Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses, and/or Chiropractic Expenses	150 per visit per day (Maximum 5 visits per accident)	150 per visit per day (Maximum 5 visits per accident)
- Sub-limit for <i>Physiotherapy Expenses</i>	500 per visit per day (Maximum 4 visits per accident)	500 per visit per day (Maximum 4 visits per accident)
Free Extensions		
- Extra Indemnity for Overseas Accidental Medical Expenses	5,000 per accident (Maximum 10,000 per policy year)	10,000 per accident (Maximum 20,000 per policy year)
- <i>Recovery Equipment</i>	20,000	20,000
- Trauma Counseling Benefit	5,000 (1,000 per visit)	5,000 (1,000 per visit)
- Clothing and Personal Effects Damage Compensation	3,000	3,000
Section 3 - Accidental Daily Hospital Cash		
- Public Hospital Cash Benefit	200 per day (Maximum 31 days per accident)	200 per day (Maximum 31 days per accident)
Section 4 - Zurich Emergency Assistance		
- Emergency Evacuation or Repatriation Service	Actual Cost	
- Repatriation of Mortal Remains	Actual Cost	
- Hospital Admission Guarantee	39,000	
- Compassionate Visit	One round-trip economy class airfare	
- 24-hour Telephone Hotline Information and Referral Services	Included	

Section 1 – Personal Accident

1.1 Accidental Death and Permanent Disablement

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall within twelve (12) consecutive months result in death or disablement as defined under one 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.

1.2 Extra Indemnity for Accidents During School Activities (Applicable to Junior Cover only)

In the event that the above *injury* sustained by the *insured person* is within *school* area, or in the course of any activities officially organized by *school*, including but not limited to sport activities, field trip, laboratorial activities, we will additionally indemnify 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.

Coverage shall commence when the *insured person* leaves his/her place of residence directly to the appointed meeting place via *public common carrier* or riding on the private vehicle which is driven by his/her parents, or two (2) hours before the appointed meeting time for the purpose of participating in the activities officially organized by *school*, whichever is later; and cease when the *insured person* arrives at his/her place of residence via *public common carrier* or riding on the private vehicle which is driven by his/her parents two (2) hours upon the completion of the activities organized by *school* or disperses from the group, whichever is earlier.

1.3 Extra Indemnity for Accidents on Public Common Carrier, or as a Victim of Robbery or as a result of Natural Disaster or happen during Saturday, Sunday or General Holidays in Hong Kong (Applicable to Adult Cover only)

In the event that the above *injury* was sustained under the following circumstances, we will additionally indemnify 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:

- 1.3.1 while the *insured person* is riding solely as a passenger (not as operator or crew member) in or on, boarding or alighting from any *public common carrier*; or
- 1.3.2 as a victim in a robbery or attempted robbery; or
- 1.3.3 is injured as a result of natural disaster; or
- 1.3.4 the *accident* happens during Saturday, Sunday or General Holidays in Hong Kong.

1.4 Optional Extension to Section 1 (Applicable to Elderly Cover only)

Top-up Accidental Death and Permanent Disablement

For any *insured person* who opt for top-up accidental death and *permanent* disablement benefit subject to applicable additional premium paid, if during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall within twelve (12) consecutive months result in death or disablement as defined under one of the Events in the Compensation Table, we shall pay to the *insured person* an additional sum as stated in the *schedule* and equivalent to the Percentage of Sum Insured for the Event stated in the Compensation Table below.

1.5 Compensation

1.5.1 Compensation Table

Events	Percentage of Sum Insured
1. Death	100%
2. <i>Permanent Total Disablement</i>	100%
3. <i>Permanent and Incurable Paralysis</i> of all Limbs	100%
4. <i>Permanent Total Loss of Sight</i> of both Eyes	100%
5. <i>Permanent Total Loss of Sight</i> of one Eye	100%
6. Loss of or the <i>Permanent Total Loss of Use</i> of two Limbs	100%
7. Loss of or the <i>Permanent Total Loss of Use</i> of one Limb	100%
8. <i>Loss of Speech and Hearing</i>	100%
9. <i>Permanent and Incurable Insanity</i>	100%
10. <i>Permanent Total Loss of Hearing</i> in	
(a) both Ears	75%
(b) one Ear	15%
11. <i>Loss of Speech</i>	50%
12. <i>Permanent Total Loss of the Lens</i> of one Eye	50%
13. Loss of or the <i>Permanent Total Loss of Use</i> of four Fingers and Thumb of	
(a) Right Hand	70%
(b) Left Hand	50%

14. Loss of or the <i>Permanent Total Loss of Use</i> of four Fingers of	
(a) Right Hand	40%
(b) Left Hand	30%
15. Loss of or the <i>Permanent Total Loss of Use</i> of one Thumb	
(a) both Right Joints	30%
(b) one Right Joint	15%
(c) both Left Joints	20%
(d) one Left Joint	10%
16. Loss of or the <i>Permanent Total Loss of Use</i> of Fingers	
(a) three Right Joints	15%
(b) two Right Joints	10%
(c) one Right Joint	7.5%
(d) three Left Joints	10%
(e) two Left Joints	7.5%
(f) one Left Joint	5%
17. Loss of or the <i>Permanent Total Loss of Use</i> of Toes	
(a) all - one Foot	20%
(b) great - both Joints	7.5%
(c) great - Joint	5%
18. <i>Fractured Leg or Patella</i> with Established Non-union	15%
19. Shortening of Leg by at least 5cm	10%
20. <i>Permanent</i> disability not otherwise provided for under Events 10 to 19 inclusive, such percentage of the sum insured as we shall in <i>our</i> absolute discretion determine and being in <i>our</i> opinion not inconsistent with the compensation provided under Events 10 to 19 inclusive.	

1.5.2 Compensation Conditions

- (a) 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.
- (b) 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*.
- (c) 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.
- (d) In the event that 100% of the Sum Insured is paid under this Section in respect of any one *insured person*, this policy shall then immediately cease to be in force with regard to such *insured person*. No premium for the unexpired period will be refunded.
- (e) 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.

1.6 Free Extensions to Section 1

1.6.1 Burns

In the event that the *insured person* suffers from *second or third degree burns* on the Area listed hereunder as a result of an *accident* and such condition is certified by a registered *medical practitioner*, we will pay up to the Sum Insured as stated in the *schedule* in accordance with the relevant Area listed in the following Compensation Table.

(a) Compensation Table

Second or Third Degree Burns		
Area	Damage as a Percentage of Total Surface Area	Percentage of Sum Insured
Head	a. Equal to or greater than 12% damage of total head surface area	100%
	b. Equal to or greater than 8% but less than 12% damage of total head surface area	75%
	c. Equal to or greater than 5% but less than 8% damage of total head surface area	50%
	d. Equal to or greater than 2% but less than 5% damage of total head surface area	25%
Body (Exclude Head)	a. Equal to or greater than 20% damage of total body surface area	100%
	b. Equal to or greater than 15% but less than 20% damage of total body surface area	75%
	c. Equal to or greater than 10% but less than 15% damage of total body surface area	50%

(b) Compensation Conditions

- (i) Benefit shall not be payable for more than one (1) of the above Areas in respect of the same *accident*. Should the *injury* occur to more than one (1) of the above Areas from the same *accident*, only the Area with the highest compensation will be payable under this Section.
- (ii) For any *second degree burns* or *third degree burns* resulting a damage on an Area listed in the Compensation Table above and existed prior to an *injury* covered under this policy, and which the same Area is damaged again due to *second degree burns* or *third degree burns* caused by such *injury*, the Percentage of Sum Insured payable shall be determined by *us* having regard to the extent of damage on the Area caused by the covered *injury*. In no event shall we pay for any damage on the Area sustained prior to the *injury*.
- (iii) For any Area 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 as the original Sum Insured multiplied by the Percentage of the Sum Insured of the relevant Area, but in no event shall the aggregate compensation payable exceed 100% of the Sum Insured as stated in the *schedule*.
- (iv) In the event that 100% of the Sum Insured is paid under this Section in respect of any one *insured person*, this Extension under Section 1 shall then immediately cease to be in force with regard to such *insured person*.

1.6.2 Burial/Cremation Costs

If the *insured person* dies during the *period of insurance* as a result of an *accident*, we will pay the actual expenses necessarily and reasonably incurred for burial or cremation of the *insured person* in Hong Kong.

We will pay up to the Sum Insured as stated in the Table of Benefits for the plan selected under this Section.

1.6.3 Home Nursing Fee

If the *insured person* suffers from *permanent total disablement* and needs to hire a *qualified nurse* to take care of the *insured person*, we will pay a daily allowance as stated in the Table of Benefits for the plan selected under this Section to the *insured person* for the services fee charged by a *qualified nurse* at the *insured person's* usual residence (not being in a nursing or convalescent home) immediately after his/her discharge from the *hospital*. Such service must be required and recommended in writing by the attending *medical practitioner*. The maximum benefit period for Junior and Adult Cover shall not exceed thirty-one (31) days, and for Elderly Cover shall not exceed one hundred and eighty-two (182) days (before the *insured person* attain age eighty-one (81) at the time of *policy effective date*), and thereafter, not exceed thirty-one (31) days.

1.6.4 Broken Bones

In the event that the *insured person* sustains *injury* and result in any *Fracture of Bones* on the Event listed in the Compensation Table below, and such condition must be certified by a *medical practitioner*, we will pay up to the Sum Insured as stated in the *schedule* in accordance with the relevant Event listed in the following Compensation Table.

(a) Compensation Table

Fracture of Bones Event	Percentage of Sum Insured
1. Pelvis	100%
2. Heel	50%
3. Skull, Collarbone, Upper Limb, Elbow, Wrist	40%
4. Lower Jaw	30%
5. Vertebrae, Shoulder Blade, Sternum, Hand, Foot	20%
6. Upper Jaw, Cheek Bone, Nose, Ribs, Coccyx, Toes, Fingers	15%

(b) Compensation Conditions

- Benefit shall not be payable for more than one (1) of the above Events in respect of the same *accident*. Should there be more than one (1) of the *Fracture of Bones* Events resulting 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 as 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*.
- In the event that 100% of the Sum Insured is paid under this Section in respect of any one *insured person*, this Extension under Section 1 shall then immediately cease to be in force with regard to such *insured person*.

1.6.5 Home Renovation Expenses

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* which results in *permanent total disablement* during the *period of insurance*, we shall reimburse the necessary expenses incurred in renovating his/her principal home and/or expenses incurred in purchasing medical equipment as fixtures at the principal home for the purpose of coping with the *permanent total disablement* up to the Sum Insured as stated in the Table of Benefits per policy period for each *insured person*.

Principal home shall mean the house or building located in *Hong Kong* and occupied as a private dwelling by the *insured person* as his/her permanent place of residence, or the regular and habitual place of residence in *Hong Kong* which he/she has occupied for at least six (6) months prior to the above *injury*, in the event that the *insured person* has more than one place of residence.

1.7 Special Provisions for Section 1

1.7.1 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 for the purpose of this policy 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.

1.7.2 Maximum Liability on Accidental Death and Permanent Disablement (Applicable to Adult Cover only)

Where any individual life is insured under multiple policies which contain *Accidental Death* and *Permanent Disablement* covers and are issued by us and/or our related companies, the maximum liability in respect of any one individual life under all *Accidental Death* and *Permanent Disablement* covers shall not exceed HKD10,000,000 in aggregate and each policy shall bear a proportionate share of the total loss.

Section 2 – Accidental Medical Expenses

In the event that the *insured person* sustains *injury* as a result of an *accident* during the *period of insurance*, we shall reimburse the *insured person* all actual medical expenses which have already been paid to a duly registered *medical practitioner*, *qualified nurse* and/or *hospital*. Such medical expenses include surgical expenses, X-ray expenses, *hospital* charges, nursing treatment expenses and/or ambulance hire expenses; but excluding the cost of dental treatment unless such cost is necessarily incurred due to the necessary dental treatment for the sound and natural teeth of the *insured person* and is caused by an *accident* (excluding denture and related expenses). In the event that the *insured person* is entitled to a refund of all or part of such expenses from any other source, we will only be liable for the shortfall of the reimbursement amount which is not recoverable from any other source.

Inclusive of Chinese Medicine Bone-setting Expenses, Chinese Medicine Acupuncture Expenses, Chiropractic Expenses and Physiotherapy Expenses

We shall also reimburse the *insured person* the actual medical expenses as a result of an *injury* resulting from an *accident* which requires treatment from Chinese medicine bonesetter, Chinese medicine acupuncturist, chiropractor and/or physiotherapist up to a maximum of HKD2,000 per policy year and subject to the following sub-limits:

- for Chinese medicine bone-setting expenses, Chinese medicine acupuncture expenses and/or chiropractic expenses - HKD150 per visit per day and five (5) visits per *accident*;
- for *physiotherapy* expenses - HKD500 per visit per day and four (4) visits per *accident*.

The maximum benefit under this section for Elderly Cover shall be limited to HKD1,000 per policy year after the *insured person* attains age eighty-one (81) at the time of *policy effective date*.

Any Chinese medicine expenses other than bone-setting and acupuncture are excluded under this policy.

In no event shall the total amount payable under this Section 2 – *Accidental Medical Expenses* exceed 100% of the Sum Insured stated in the *schedule*.

Free Extensions to Section 2

1. Extra Indemnity for Overseas Accidental Medical Expenses (Applicable to Junior Cover and Elderly Cover Only)

In the event that the *insured person* sustains *injury* while travelling outside *Hong Kong* for a period not exceeding thirty (30) days, the *Accidental Medical Expenses* under Section 2 of this policy shall be increased by the Sum Insured as stated in the Table of Benefits for the plan selected under this Section.

2. Recovery Equipment

In the event that we agree to pay the benefit of *Accidental Medical Expenses* under Section 2 of this policy to the *insured person*, we will also pay for the actual costs of the *recovery equipment* which is required and is recommended in writing by the attending *medical practitioner* or registered physiotherapist (other than you, the *insured person* or *immediate family member*). The maximum amount we will pay is HKD2,000 for any one article, pair or set and up to the Sum Insured as stated in the *schedule*.

3. Parent Annual Leave Compensation (Applicable to Junior Cover only)

In the event that the *insured person* is *confined* in a *hospital* as a result of an *accident*, we will pay HKD200 per day and up to a maximum benefit period of ten (10) days to the *insured person* so as to compensate either one (1) of the *insured person's* parents who has taken the annual leave from work to take care of the *insured person*. This benefit will be payable provided that we have agreed to pay the benefit of *Accidental Medical Expenses* under Section 2 of this policy for the same *accident* resulting in such *confinement*.

4. Spouse Annual Leave Compensation (Applicable to Adult Cover only)

In the event that the *insured person* is *confined* in a *hospital* as a result of an *accident*, we will pay HKD200 per day and up to a maximum benefit period of ten (10) days to the *insured person* so as to compensate the *insured person's* spouse who has taken the annual leave from work to take care of the *insured person*. This benefit will be payable provided that we have agreed to pay the benefit of *Accidental Medical Expenses* under Section 2 of this policy for the same *accident* resulting in such *confinement*.

4.1 Exclusions to Parent Annual Leave Compensation/ Spouse Annual Leave Compensation

This Benefit does not cover:

- 1.1 If the *insured person's* parent or spouse who applies for the claim is a housewife, retired, unemployed, self-employed, or is not under a contract of employment at the time when the *accident* occurs.
- 1.2 The first two (2) days of each and every claim.

5. Trauma Counseling Benefit

If during the *period of insurance*, an *insured person* is the victim of a traumatic event including, but not limited to, rape, armed hold-up, assault, natural disaster or acts of *terrorism*, we shall pay the cost of trauma counseling related to such traumatic event which is recommended by the *insured person's medical practitioner*, provided that such counseling benefit is approved by us with our prior written consent. The maximum limit we will pay for each *insured person* shall not exceed HKD1,000 per visit per day, and up to the Sum Insured as stated in the Table of Benefits in aggregate per policy period.

6. Clothing and Personal Effects Damage Compensation

We will pay to the *insured person* who sustains bodily *injury* and damage to the clothing as well as personal effects from the same *accident* (but only to the extent that they are not recoverable from any other source) to an amount not exceeding the Sum Insured as stated in the Table of Benefits in aggregate per policy period for each *insured person*. We may make payment at our option to reinstate or repair the personal effect as we may elect, subject to due allowance for wear and tear and depreciation. If any damaged article is proven to be beyond economical repair, the claim will be dealt with at replacement cost at market price. This benefit will be payable provided that we have agreed to pay the benefit of Section 2 – *Accidental Medical Expenses* for the same *accident* under this policy.

6.1 Exclusion to Clothing and Personal Effects Damage Compensation

This Benefit does not cover:

the following classes of property: business merchandise or sample, foodstuffs and/or medicine, tobacco, contact lenses, dentures and/or its appliances, dental accessories (such as but not limited to braces or retainers), animals, motor vehicles (including accessories), motorcycles, bicycles, boats, motors, or any other conveyances, household furniture, antiques, any kind of jewellery or accessories made of or contain of any kind of gold, platinum, diamond, jade or pearl, mobile phones (including PDA phones, smart phones or similar devices with telecommunications functions and other accessories).

Section 3 – Accidental Daily Hospital Cash

1. Hospital Cash (Applicable to Junior & Adult Cover) or Public Hospital Cash (Applicable to Elderly Cover) Benefit

In the event that the *insured person* who is covered under Junior or Adult Cover *confined* in a *hospital* or the *insured person* who is covered under Elderly Cover *confined* in a public *hospital* upon the recommendation of a *medical practitioner* for purpose other than rest or convalescence, and such *confinement* is caused by an *accident* in *Hong Kong* during the *period of insurance*, we will pay the benefit of *Accidental Daily Hospital Cash* in accordance with the Sum Insured as stated in the Table of Benefits for the plan selected under this Section and up to a maximum benefit period of thirty-one (31) days for the same *confinement*.

2. Hospital Cash for Pet Attack or Child Abuse (Applicable to Junior Cover only)

In the event that the *insured person* is *confined* in a public *hospital* upon the recommendation of a *medical practitioner* for purpose other than rest or convalescence due to the following events, we will pay the benefit of *Accidental Daily Hospital Cash* in accordance with the Sum Insured as stated in the Table of Benefits for the plan selected under this Section and up to a maximum benefit period of thirty-one (31) days for the same *confinement*:

- 2.1 the *insured person* is attacked by a pet (referred specifically to cat or dog only) and result in a visible wound *injury*. The claim must be substantiated by a police report or medical report; or
- 2.2 the *insured person* is abused by a person (other than the *immediate family member*, or *insured person's* relative(s), or any person under direct or indirect instigation or instruction by the *immediate family member* or *insured person's* relative(s) to do so). The claim must be substantiated by a police report together with a medical report.

Under Section 3, if two (2) or more *confinements* are due to the same or related *injury*, or any complications arising therefrom, such *confinements* shall be regarded as one (1) *confinement* if each of them is not separated by more than ninety (90) days from the paid or payable *confinement* which immediately precedes it.

Section 4 – Zurich Emergency Assistance

Zurich Emergency Assistance will arrange for the following benefits in the event that the *insured person* has suffered from *injury* whilst the *insured person* has been travelling outside *Hong Kong* not exceeding ninety (90) days:

1. Emergency Evacuation or Repatriation Service

The actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an emergency evacuation or repatriation of the *insured person*. The timing, means and final destination of evacuation will be decided by Zurich Emergency Assistance and will be based entirely upon the medical condition of the *insured person*.

2. Repatriation of Mortal Remains

The reasonable and unavoidable expenses for transporting the *insured person's* mortal remains from the place of death to *Hong Kong*, or the cost of local burial at the place of death as approved by Zurich Emergency Assistance.

3. Deposit Guarantee for Hospital Admission

Upon admission to a *hospital*, Zurich Emergency Assistance will provide an admission deposit up to a limit of HKD39,000 in respect of any one (1) *insured person*. Such deposit shall be fully refunded to us and is borne solely by the *insured person* unless otherwise covered under Section 2 of this policy.

4. Compassionate Visit

The cost of one (1) round-trip economy class travel ticket for one (1) *immediate family member* will be provided, if the *insured person* sustains serious *injury* and is *confined* in a *hospital* outside *Hong Kong* for over three (3) consecutive days and provided that prior approval has been granted by Zurich Emergency Assistance.

5. 24-hour Telephone Hotline Information and Referral Services

- 5.1 Pre-trip Information Assistance
- 5.2 Embassy Referral
- 5.3 Medical Service Provider Referral
- 5.4 Lost Passport Assistance
- 5.5 Lost Luggage Assistance
- 5.6 Interpreter Referral
- 5.7 Legal Referral
- 5.8 Overseas Telephone Medical Advice
- 5.9 Monitoring of Medical Condition When Hospitalized

In respect of service (5.9) above, hospitalization expenses or medical expenses charged to the *insured person* by a *hospital*, or *medical practitioners* other than the *medical practitioners* as appointed by our nominated service provider, or any other medical professions are to be borne by the *insured person* unless otherwise covered under Section 2 of this policy.

ZURICH EMERGENCY ASSISTANCE is rendered by a service provider nominated by Zurich Insurance Company Ltd.

Exclusions to Section 4

No service will be provided (including payment) under this Section:

1. when the *insured person* is located in areas which represent war risks or political conditions such as to make the provision of services under this Section impossible or reasonably impracticable;
2. for Emergency Evacuation or Repatriation Service or Repatriation of Mortal Remains or other costs not approved in advance and in writing and/or not arranged by Zurich Emergency Assistance. This exclusion shall not apply to emergency evacuation from remote or primitive areas where Zurich Emergency Assistance cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the *insured person's* prospect;
3. when the *insured person* is residing or travelling outside *Hong Kong* contrary to the advice of a *medical practitioner*;
4. when the *insured person* is residing or travelling outside *Hong Kong* for the purpose of obtaining medical treatment or for rest and recuperation following any prior *accident* (whether the *accident* is covered or not under this policy).

Section 5 – Weekly Income Benefit (Optional Benefit applicable to Adult Cover only)

When the *insured person* sustains *injury* and shall within twelve (12) months result in *TTD*, we will pay the Weekly Income Benefit as stated in the Table of Benefits to the *insured person* on a weekly basis subject to the *weekly income benefit waiting period*.

The Weekly Income Benefit is only available to the *insured person* if Section 1 of Part 2 – Table of Benefits is shown as being operative in the *schedule*.

Compensation

1. After expiration of the *weekly income benefit waiting period*, we will pay the Weekly Income Benefit for each and every full consecutive seven (7) days of sick leave stated in the medical proof issued by a *hospital* or a *medical practitioner* and up to a maximum benefit period of one hundred and four (104) weeks.
2. In the event that the *insured person* is self-employed, the Weekly Income Benefit will only be payable if the *insured person* is *confined* in a *hospital*.
3. Our maximum liability for Weekly Income Benefit is as follows:
 - 3.1 For *Occupation Classes* 1 and 2 – seventy-five percent (75%) of the basic weekly salary or up to HKD20,000, whichever is the lesser.
 - 3.2 For *Occupation Classes* 3, 4 and 5 – seventy-five percent (75%) of the basic weekly salary or up to HKD10,000, whichever is the lesser.
4. Current employment and/or income proof (including but not limited to employment letter, bank statement and any other evidence of income acceptable to us) is required as a supporting document upon submission of claims. If the *insured person* has no daily business or usual occupation or is not actively at work at the time of *injury*, the Weekly Income Benefit payable will be limited to fifty percent (50%) of the Sum Insured as stated in the *schedule*, or up to HKD1,500 per week, whichever is lower. We shall not be liable to pay for any weekly benefit in excess of the maximum liability as stated under item (3) of this Section.
5. In the event that more than one (1) form of medical proofs are submitted for the claim of Weekly Income Benefit in the same benefit period as a result of multiple *injuries*, we shall be liable for one *injury* only and only for as long as the benefit period in relation to such one *injury* lasts pursuant to this policy.
6. The Weekly Income Benefit shall cease to be payable upon the date of:
 - 6.1 the death of the *insured person*; or
 - 6.2 cessation of the disablement; or
 - 6.3 the *insured person* fails to submit medical proof to evidence the continuation of *TTD*; or
 - 6.4 the completion of the maximum benefit period of one hundred and four (104) weeks; whichever first occurs.

Part 3 – General Exclusions

This policy does not cover death, disablement, *injury* or loss directly or indirectly caused by, resulting from or in connection with any of the following:

1. any *pre-existing condition*;
2. any kind of disease or sickness; or any loss caused by an *injury* which is a consequence of any kind of disease;
3. any cosmetic surgery, procurement or use of special braces, appliances or equipment except for it is reasonably caused by an *accident*;
4. the *insured person's* participation in any illegal or unlawful acts;
5. riding or driving in any kind of motor racing, or engaging in a sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport;
6. being a crew member or an operator of any air carrier;
7. 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;
8. suicide, attempted suicide or intentional self-injury, insanity, mental disorder of any kind, psychosis, stress or depression, any condition under the influence of alcohol or drugs (other than those prescribed by a qualified *medical practitioner*), childbirth, pregnancy, miscarriage or Acute Mountain Sickness;
9. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), *civil war*, rebellion, revolution, insurrection, or military or usurped power, or direct participation in strike, riot or civil commotion; and/or
10. any expenses, consequential loss, legal liability or loss of or damage to any property directly or indirectly arising from:

- 10.1 ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- 10.2 the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.

Part 4 – 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 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

Unless specifically mentioned to the contrary, the insurance afforded under this policy shall only apply to the *insured person* who is aged between six (6) months and seventeen (17) years or unmarried full-time student aged between eighteen (18) and twenty-three (23) years under Junior Cover; the *insured person* who is aged between eighteen (18) years (if not classified as a Junior as defined above) and seventy (70) years under Adult Cover; the *insured person* who is aged between seventy-one (71) and eighty (80) years and lifetime renewable under Elderly Cover.

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 in *Hong Kong*. *Insured person* under age of eighteen (18) 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. Change of Occupation

- 4.1 When there is a change of the job duties in the occupation of the *insured person* stated at the time of application ("Occupation") or a change of Occupation or the *insured person* engages in additional occupation or retires, you shall notify us in writing immediately of the change.
- 4.2 If you notify us of the aforesaid change, we have the right to adjust the premiums or benefits payable under this policy and/or change the terms and conditions of this policy at our absolute discretion.

5. Transfer of Cover

When the *insured person* reaches the age of twenty-four (24) years upon policy renewal, the cover will be automatically switched from Junior Cover (any plan level) to Adult Cover, regardless of the *insured person* being a full-time student, the Sum Insured will be the minimum benefits for *Occupation Class* 1. The *insured person* is required to declare the current occupation to us upon such transfer and acceptance will be subject to our approval. If no declaration was received, no coverage during occupational risk hereunder whatsoever shall be provided if the *insured person's* occupation falls outside *Occupation Class* 1. When the *insured person* reaches the age of seventy-one (71) years upon policy renewal, the cover will be automatically switched from Adult Cover to Plan A of Elderly Cover. We reserve the right of approval upon the request of upgrading the plan level by the *insured person*.

6. Notification 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.

7. Proof of Loss

Written proof of loss must be furnished to us within thirty (30) days from our receipt of the claim form provided by us. 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 otherwise 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.

8. Claims Admittance

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

9. 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.

10. 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 if the indemnity is in respect of *permanent total disablement*.

11. 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.

12. 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:

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

13. No Claim Discount

No claim discount on the renewal premium of any policy year of this policy may be available and is calculated as follows:

- 13.1 If no claim has been made by the *insured person* within the policy year prior to its 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%).

- 13.2 If a claim has been made by the *insured person* within the policy year prior to its 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%).
- 13.3 The no claim discount of any policy year shall be the specified percentage of 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, where other discounts may have applied.

14. 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.

15. 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. Benefits will not, however, be payable for any event likely to give rise to a claim under this policy which occurs while this policy has lapsed. Any *pre-existing conditions* shall include all such conditions existing prior to the reinstatement date.

16. Cancellation

- 16.1 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*.
- 16.2 *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* provided that no claim has been made during the period starting from the *policy effective date* to the date on which the cancellation takes effect ("Policy Period"), the earned premium shall be calculated in accordance with the table below but in no event shall the earned premium be less than *our* customary minimum premiums. If this policy is paid on a monthly basis, we have the right to charge *you* the remaining balance of the annual premium for the current policy year in accordance with the charges indicated below.

In both cases above, if there is a claim or service used during the current policy period, there will be no refund of premium on the unexpired period and *you* are liable to settle the annual premium of the policy year.

Policy Period	Percentage of Premium Earned by Us
2 months (<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 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.

17. Termination of Coverage

This policy shall automatically terminate on the earliest of:

- 17.1 cover under this policy ceases pursuant to the Clause 11 – Misrepresentation or Non-disclosure of this Part;
- 17.2 *you* fail to pay after expiry of the 31-day grace period in accordance with Clause 14 – Grace Period of this Part; or
- 17.3 either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 16 – Cancellation of this Part; or
- 17.4 upon payment of the benefits to the *insured person* under the circumstances mentioned under "1.5.2 – Compensation Conditions Clause (d)" of Section 1 – "Accidental Death and Permanent Disablement" under Part 2.

18. Renewal

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

19. 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.

20. 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.

21. 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 – Personal Accident (excluding Free Extension Benefits 1.6.2 and 1.6.5), Free Extension Benefits 3 and 4 under Section 2 – Accidental Medical Expenses and Section 3 – Accidental Daily Hospital Cash), we will be liable only for *our* proportionate share only.

22. Zurich Emergency Assistance

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

23. Clerical Error

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

24. 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.

25. Subrogation

We have the right to proceed at *our* own expense in *your* name or in the name of an *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy.

26. 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 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 this policy.

27. Compliance with Policy Provisions

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

28. Governing Law

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.

29. 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 *you* from time to time.

30. Rights of Third Parties

Other than *you* 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.

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.

Accidental Death/ Burial or Cremation Costs

- Death certificate
- Coroner's Report/ Post-mortem Report
- (in the event of disappearance) Presumption of death as proclaimed by a court
- Documents in support of the burial/ cremation costs

Permanent Disablement/ Burns/ Broken Bones

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

Accidental Medical Expenses

- Diagnosis and treatment, including *insured person's* name, diagnosis and date of diagnosis, certified by a *medical practitioner*, and receipt
- Original receipt with itemized list/ receipts issued by clinic or *hospital*

Accidental Daily Hospital Cash

- Discharge summary issued by *hospital* or public *hospital*
- Police report (if applicable)

Home Nursing Fees

- Written requirement of the attending *medical practitioner*
- Original receipt of *qualified nurse* for services which shows
 - name of the patient
 - period of services
 - amount charged (per day/ total)

Parent/ Spouse Annual Leave Pension

- Written original leave certificate issued by the employer of the *insured person's* parent/ spouse

Recovery Equipment

- Written requirement of the attending *medical practitioner*
- Original receipt of all items purchased which shows
 - date of purchase
 - model and type
 - amount charged

What To Do When You Need Help

If an *accident* occurs or other emergency exists, call Zurich Emergency Assistance hotline on *Hong Kong* +852 2886 3977 and quote *your* name and the policy number printed in the *schedule*. An experienced assistance coordinator will handle with *your* enquiry.

To make a claim, call Zurich claims hotline on +852 2903 9388. For *our* customer service, call *our* enquiry hotline on +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 English version shall prevail.



ZURICH
蘇黎世

「樂在人生⁺」個人意外保險計劃

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

此乃全年個人意外保險保單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。「閣下」必須繳付同年度之全年保費。

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

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。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

「意外」

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。

「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「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。

「折斷」

指骨頭完全破裂。

「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」之餘生將一直「折斷」維持分離，不能徹底地復原及恢復正常功能。

「頭部」

人的頭頂至下頷骨的部位。

「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：

- 持牌醫院(如所在國家或司法管轄區規定領有牌照)；
- 主要業務為接受患病、染恙或受傷人士住院及提供醫療護理服務；
- 駐有註冊護士或合格護士每天24小時提供看護服務；
- 有一名或以上持牌「醫生」時刻駐院；
- 提供有組織的設施為住院病人進行醫學診斷及大型外科手術；及
- 主要業務並非診所、護理院、療養院、復康院或同類機構，亦非戒酒所或戒毒所。

「直系親屬」

定義適用於保單週年日滿18歲或以上的「受保人」：
「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。

定義適用於保單週年日18歲以下的「受保人」：
「閣下」或「受保人」的配偶、父母、配偶父母、祖/外祖父母、兒女、兄弟姊妹、孫兒女或合法監護人。

「損傷」

「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷、飲食中毒及/或氣體中毒。

「受保人」

定義適用於保單週年日滿18歲或以上的「受保人」：
名字列於「附表」中註明("Insured Name")為本保單之受保人並為本保單持有人之人士。
定義適用於保單週年日18歲以下的「受保人」：
名字列於「附表」中註明("Insured Name")為本保單受保人之人士。

「失聰」

「永久」及無法恢復之聽力，如：

- a 分貝 = 500赫茲失聰
- b 分貝 = 1,000赫茲失聰
- c 分貝 = 2,000赫茲失聰
- d 分貝 = 4,000赫茲失聰

即1/6 (a + 2b + 2c + d)高於80分貝。

「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：

- 因應有關診斷及有關狀況的治療所需的常規醫治；及
- 符合良好及謹慎的行醫標準；及
- 非純為「醫生」或任何其他醫療服務供應商之方便；及
- 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治療受傷疾；及
- 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。

「職業類別」

於「本公司」之職業手冊內，各類職業會按其危險程度而分類，並此分類將被視為最終結論。一般來說，承受較高風險之職業會被分類為較高級別及收取較高之保費率。

「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。

「物理治療費」

由註冊物理治療師(「閣下」、「受保人」或「直系親屬」除外)以運動治療因「損傷」而引至之關節或肌肉虛弱所需費用，惟脊椎治療費除外。

「保單生效日」

在收受保費的前提下，列明於「附表」上之生效日期或列印在最近期的續保通知書上的續保日，以較後者為準。

「首個保單生效日」

是指：

- (i) 申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外；或
- (ii) 保單復效日，以較遲者為準。

「投保前已存在的傷疾」

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「閣下」或「受保人」已呈現病徵或已接受「醫生」診療、確診、治療或醫療意見，或已服用處方藥物一段時間而其懂悉或理應知道之相關病況，除非「受保人」已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。

「合資格護士」

合資格護士指合法批准持牌及獲准資格在其執業地區提供護理服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

「復康器材」

任何經由「醫生」同意及推薦予「受保人」用作康復治療必需品的醫療器材。

「有關文件」

有關文件包括「附表」、投保表格、聲明、附加契約、批單、附件及修訂本(不論以口述或書面形式)。

「附表」

隨附本保單並構成保單一部份之附表。

「學校」

任何提供教育予「受保人」的教育機構，包括但不限於幼稚園、小學或中學、專科學校或大學。

「二級燒傷」

表皮層和真皮層均一同燒傷。

「暫時性完全傷殘」

「受保人」完全不能進行日常職務或慣常工作及因此而必須於家中休息或於「醫院」留醫。

「恐怖活動」

恐怖活動包括任何人或團體為達到政治、宗教、思想或同類目的作出的行動、策劃或威脅活動，包括意圖影響任何國家法律上或實際上的政府或其政治部門，及/或威脅任何國家的公眾或部份公眾，不論是獨自行動又或代表或聯同任何組織或法律上或實際上的政府亦然，並且：

- 涉及以暴力對待一人或多人；
- 涉及財物損毀；
- 危害生命但不包括執行行動的人；
- 對公眾或部份公眾的健康或安全造成風險；或
- 設計去干擾或破壞某電子系統。

「三級燒傷」

整個皮膚層包括表皮層、真皮層及皮下組織均一同燒傷及受到破壞。

「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或利益的工作。如「受保人」並無從事任何職業或工作，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。

「提升保障生效日」

指「本公司」同意「閣下」保單「提升」保障當日之「香港」時間00:00時，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。

「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終止和平關係並陷入武裝敵對的局面。

「本公司」

蘇黎世保險有限公司。

「每週入息保障等候期」

因「損傷」導致「暫時性完全傷殘」，而由「醫院」或「醫生」所發的病假證明書或醫院留院證明書中所列的首三天及於此段期間不會獲任何賠償。

「閣下」

本保單於「附表」內註明為保單之申請人及保單持有人。

第二部份 — 保障表

幼青保障

保障項目	每「受保人」每保單年度之賠償額(港元) 除非另外註明	
	計劃 A	計劃 B
第一節 - 個人「意外」 - 「意外」死亡及「永久」傷殘 - 參加「學校」活動期間發生「意外」之額外賠償 免費附加保障 - 燒傷 - 殮葬費用 - 家庭看護津貼 - 骨折 - 家居裝置費用	150,000 100,000 75,000 30,000 每日 200 (每次「意外」最長為31日) 10,000 25,000	300,000 100,000 150,000 30,000 每日 200 (每次「意外」最長為31日) 10,000 25,000
第二節 - 「意外」醫療費用 包括中醫(骨傷)費、中醫(針灸)費、脊椎治療費及「物理治療費」 - 中醫(骨傷)費、中醫(針灸)費及/或脊椎治療費的個別限額 - 「物理治療費」的個別限額 免費附加保障 - 海外「意外」醫療費用之額外賠償 - 「復康器材」 - 父母休假日津貼 - 創傷輔導服務保障 - 衣服及個人物品損毀賠償	每次「意外」10,000 每保單年度 2,000 每日每次最高150 (每次「意外」最多5次) 每日每次最高500 (每次「意外」最多4次) 每次「意外」10,000 10,000 每日 200 (每次「意外」最長為10日) 5,000 (每次1,000) 3,000	每次「意外」20,000 每保單年度 2,000 每日每次最高150 (每次「意外」最多5次) 每日每次最高500 (每次「意外」最多4次) 每次「意外」20,000 10,000 每日 200 (每次「意外」最長為10日) 5,000 (每次1,000) 3,000
第三節 - 「意外」住院現金 - 住院現金保障 - 寵物襲擊或虐兒之住院現金	每日 100 (每次「意外」最長為31日) 每日 200 (每次「意外」最長為31日)	每日 200 (每次「意外」最長為31日) 每日 300 (每次「意外」最長為31日)
第四節 - 蘇黎世緊急支援 - 緊急醫療運送或運返 - 遺體運返 - 入院保證金 - 近親探望 - 24小時熱線電話諮詢及轉介服務	實際費用 實際費用 39,000 一張來回經濟客位機票 適用	

成年保障

保障項目	每「受保人」每保單年度之賠償額(港元) 除非另外註明
第一節 - 個人「意外」 - 「意外」死亡及「永久」傷殘 - 乘搭「公共交通工具」、遇劫或遭遇天災或於星期六、日或「香港」公眾假期期間遇上「意外」之額外賠償 免費附加保障 - 燒傷 - 殮葬費用 - 家庭看護津貼 - 骨折 - 家居裝置費用	已列於「附表」內 「意外」死亡及「永久」傷殘的百份之二百或「意外」死亡及「永久」傷殘的百份之一百再加額外1,000,000 (以較低者為準) 「意外」死亡及「永久」傷殘的百份之五十或500,000 (以較低者為準) 30,000 每日 200 (每次「意外」最長為31日) 50,000 25,000

第二節 - 「意外」醫療費用 包括中醫(骨傷)費、中醫(針灸)費、脊椎治療費及「物理治療費」 - 中醫(骨傷)費、中醫(針灸)費及/或脊椎治療費的個別限額 - 「物理治療費」的個別限額 免費附加保障 - 「復康器材」 - 配偶休假日津貼 - 創傷輔導服務保障 - 衣服及個人物品損毀賠償	已列於「附表」內 每保單年度 2,000 每日每次最高 150 (每次「意外」最多5次) 每日每次最高 500 (每次「意外」最多4次) 15,000 每日 200 (每次「意外」最長為10日) 5,000 (每次1,000) 3,000
第三節 - 「意外」住院現金 - 住院現金保障	每日 200 (每次「意外」最長為31日)
第四節 - 蘇黎世緊急支援 - 緊急醫療運送或運返 - 遺體運返 - 入院保證金 - 近親探望 - 24小時熱線電話諮詢及轉介服務	實際費用 實際費用 39,000 一張來回經濟客位機票 適用
第五節 - 每週入息保障(自願性附加保障)	本節最高至104週之總賠償額已列於「附表」內

長者保障

保障項目	每「受保人」每保單年度之賠償額(港元) 除非另外註明	
	計劃 A	計劃 B
第一節 - 個人「意外」 - 「意外」死亡及「永久」傷殘 選擇性附加保障 - 額外「意外」死亡及「永久」傷殘 免費附加保障 - 燒傷 - 殮葬費用 - 家庭看護津貼 - 骨折 - 家居裝置費用	250,000 每500,000為一單位 (「職業類別」1及2: 最高至2,000,000; 「職業類別」3、4及5: 最高至500,000) 150,000 30,000 每日 200 (「保單生效日」時未滿81歲, 每次「意外」最長為182日; 81歲或以後, 則每次「意外」最長為31日) 100,000 (「保單生效日」時未滿81歲, 每保單年度100,000; 81歲或以後, 則每保單年度50,000) 25,000	500,000 每500,000為一單位 (「職業類別」1及2: 最高至2,000,000; 「職業類別」3、4及5: 最高至500,000) 200,000 30,000 每日 200 (「保單生效日」時未滿81歲, 每次「意外」最長為182日; 81歲或以後, 則每保單年度最高20,000) 100,000 (「保單生效日」時未滿81歲, 每保單年度100,000; 81歲或以後, 則每保單年度50,000) 25,000
第二節 - 「意外」醫療費用 包括中醫(骨傷)費、中醫(針灸)費、脊椎治療費及「物理治療費」 - 中醫(骨傷)費、中醫(針灸)費及/或脊椎治療費的個別限額 - 「物理治療費」的個別限額 免費附加保障 - 海外「意外」醫療費用之額外賠償	每次「意外」5,000 (「保單生效日」時未滿81歲, 每保單年度最高 20,000; 81歲或以後, 則每保單年度最高10,000) 每保單年度 2,000 (「保單生效日」時未滿81歲, 每保單年度 2,000; 81歲或以後, 則每保單年度 1,000) 每日每次最高150 (每次「意外」最多5次) 每日每次最高500 (每次「意外」最多4次) 每次「意外」5,000 (每保單年度最高10,000) 20,000 5,000 (每次1,000) 3,000	每次「意外」10,000 (「保單生效日」時未滿81歲, 每保單年度最高 40,000; 81歲或以後, 則每保單年度最高20,000) 每保單年度 2,000 (「保單生效日」時未滿81歲, 每保單年度 2,000; 81歲或以後, 則每保單年度 1,000) 每日每次最高150 (每次「意外」最多5次) 每日每次最高500 (每次「意外」最多4次) 每次「意外」10,000 (每保單年度最高 20,000) 20,000 5,000 (每次1,000) 3,000
第三節 - 「意外」住院現金 - 公立「醫院」住院現金保障	每日 200 (每次「意外」最長為31日)	每日 200 (每次「意外」最長為31日)
第四節 - 蘇黎世緊急支援 - 緊急醫療運送或運返 - 遺體運返 - 入院保證金 - 近親探望 - 24小時熱線電話諮詢及轉介服務	實際費用 實際費用 39,000 一張來回經濟客位機票 適用	

第一節 - 個人「意外」

1.1 「意外」死亡及「永久」傷殘

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」。

1.2 參加「學校」活動期間發生「意外」之額外賠償(只適用於幼青保障)

如「受保人」在「學校」範圍內，或於參加任何由「學校」正式舉辦的活動時蒙受「損傷」，包括但不限於體育活動、實地考察旅行、實驗室活動，「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額外賠償予「受保人」。

保障將由「受保人」直接從住所乘搭「公共交通工具」或乘坐由其父母駕駛之私家車起程到指定集合地點，或於參加「學校」活動所指定之集合時間兩小時前起計算，以較遲者為準，直至「受保人」於「學校」活動完結後乘搭「公共交通工具」或乘坐由父母駕駛之私家車起計兩小時內回到其住所，或當「受保人」自行離開活動為止，以較早者為準。

1.3 乘搭「公共交通工具」、遇劫或遭遇天災或於星期六、日或「香港」公眾假期期間遇上「意外」之額外賠償(只適用於成年保障)

如「受保人」因下列情況導致「損傷」，「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額外賠償予「受保人」：

- 1.3.1 「受保人」以乘客身份(並非操作員或機員)乘坐、登上或離開任何「公共交通工具」；
- 1.3.2 因遇劫或被企圖行劫時成為受害者；
- 1.3.3 遭遇天災；或
- 1.3.4 於星期六、日或「香港」公眾假期期間發生「意外」。

1.4 第一節之選擇性附加保障(只適用於長者保障)

額外「意外」死亡及「永久」傷殘

就已選擇額外「意外」死亡及「永久」傷殘保障及已繳交相應之額外保費的「受保人」而言，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額外賠償予「受保人」。

1.5 賠償

1.5.1 賠償表

保障項目	賠償額百分比
1. 死亡	100%
2. 「永久」「完全傷殘」	100%
3. 四肢「永久」癱瘓	100%
4. 雙眼「永久」完全「失明」	100%
5. 單眼「永久」完全「失明」	100%
6. 喪失任何兩肢（「失肢」）或任何兩肢「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	75%
(b) 單耳	15%
11. 「喪失說話能力」	50%
12. 單眼「永久」完全喪失晶狀體	50%
13. 喪失四指及拇指或四指及拇指「永久」完全「殘廢」	
(a) 右手	70%
(b) 左手	50%
14. 喪失任何四指或任何四指「永久」完全「殘廢」	
(a) 右手	40%
(b) 左手	30%
15. 喪失拇指或拇指「永久」完全「殘廢」	
(a) 右雙指骨	30%
(b) 右單指骨	15%
(c) 左雙指骨	20%
(d) 左單指骨	10%
16. 喪失手指或手指「永久」完全「殘廢」	
(a) 右三指骨	15%
(b) 右雙指骨	10%
(c) 右單指骨	7.5%
(d) 左三指骨	10%
(e) 左雙指骨	7.5%
(f) 左單指骨	5%
17. 喪失腳趾或腳趾「永久」完全「殘廢」	
(a) 一隻腳所有腳趾	20%
(b) 大腳趾雙趾骨	7.5%
(c) 大腳趾單趾骨	5%
18. 「折斷腿部或膝蓋而無法聯合」	15%
19. 腿截短最少5厘米	10%
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。	

1.5.2 賠償條款

- (a) 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。假如在同一宗「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。
- (b) 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。
- (c) 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」所引致的殘缺部份。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。
- (d) 如「受保人」已於本節中獲得百分之百的賠償額後，本保單便會即時失效，所有保障亦隨之終止。未到期的保費，將不獲退還。
- (e) 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。

1.6 第一節之免費附加保障

1.6.1 燒傷

如「受保人」因「意外」而蒙受以下任何部位之「二級燒傷」或「三級燒傷」，以及有關之狀況經由註冊「醫生」證實，「本公司」將以「附表」所列之賠償額及以下賠償表內有關部位之賠償額百分比賠償。

(a) 賠償表

「二級燒傷」或「三級燒傷」		
部位	燒傷部位佔表面總面積的百分比	賠償額百分比
「頭部」	a. 燒傷佔「頭部」表面總面積達12%或以上	100%
	b. 燒傷佔「頭部」表面總面積達8%或以上，但不足12%	75%
	c. 燒傷佔「頭部」表面總面積達5%或以上，但不足8%	50%
	d. 燒傷佔「頭部」表面總面積達2%或以上，但不足5%	25%

「二級燒傷」或「三級燒傷」		
部位	燒傷部位佔表面總面積的百分比	賠償額百分比
身體 (不包括「頭部」)	a. 燒傷佔身體表面總面積達20%或以上	100%
	b. 燒傷佔身體表面總面積達15%或以上，但不足20%	75%
	c. 燒傷佔身體表面總面積達10%或以上，但不足15%	50%

(b) 賠償條款

- (i) 於同一宗「意外」事件中只會賠償以上部位的其中一項。假如在同一宗「意外」事件中涉及多於一部位，則只按其最高賠償額的一部位作出賠償。
- (ii) 任何於以上賠償表列明之部位曾經因「二級燒傷」或「三級燒傷」受損，而該部位在本保單所承保之「損傷」後再次被「二級燒傷」或「三級燒傷」，「本公司」會就該「損傷」所引致的受損部位決定最高賠償額之百分比作出賠償。在任何情況下，「本公司」不會就「損傷」前曾受損之部位作出賠償。
- (iii) 如「本公司」已賠償的部位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。
- (iv) 如「受保人」已於本節中獲得百分之百的賠償額後，「受保人」本項於第一節之額外保障便會即時終止。

1.6.2 殮葬費用

如「受保人」於「保險期」內遭遇「意外」導致死亡，「本公司」會支付「受保人」在「香港」土葬或火葬之必需及合理實際費用。

惟「本公司」之賠償不可超過保障表內所選計劃所列明之賠償額。

1.6.3 家庭看護津貼

如「受保人」遭受「永久」「完全傷殘」，需要聘請「合資格護士」於受保人出院當天開始到「受保人」之慣常住所(非任何復康院或療養院)提供看護服務，則「本公司」同意根據保障表內所選計劃所列明之賠償額每日津貼予「受保人」。有關之服務必需為主診「醫生」之建議及以書面要求。幼青保障及成年保障的最長保障期不可超過31日，而就長者保障而言，於「保單生效日」時「受保人」年齡未滿81歲，最長保障期不可超過182日，此後之保單年度保障期則不可超過31日。

1.6.4 骨折

如「受保人」蒙受「損傷」及導致以下賠償表所列之任何一項「折斷」部位保障項目，及有關狀況經由「醫生」證實，「本公司」將以「附表」所列之賠償額及以下賠償表內有關保障項目之賠償額百分比賠償。

(a) 賠償表

「折斷」部位	
保障項目	賠償額百分比
1. 盆骨	100%
2. 腳跟	50%
3. 頭骨、鎖骨、上肢、肘部或手腕	40%
4. 下顎	30%
5. 脊椎、肩胛骨、胸骨、手或足	20%
6. 上顎、顴骨、鼻、肋骨、尾骨、腳趾或手指	15%

(b) 賠償條款

- (i) 在同一宗「意外」事件中只會賠償以上賠償表內其中一項保障項目。假如在同一宗「意外」事件中出現多於一項「折斷」部位保障項目，則只按其中最高賠償額的一項作出賠償。
- (ii) 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。
- (iii) 如「受保人」已於本節中獲得百分之百的賠償額後，「受保人」本項於第一節之附加保障便會即時終止。

1.6.5 家居裝置費用

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並在「保險期」內導致「永久」「完全傷殘」，「本公司」將賠償「受保人」因「永久」「完全傷殘」之源故，改裝其主要居所之必需費用及/或在其主要居所內購置醫療器材作為主要居所固定裝置之費用，每名「受保人」於每保單年度之賠償額均列明於保障表內。主要居所應指在「香港」被用作私人住宅的屋苑或樓宇，而該屋苑或樓宇須為「受保人」的永久住所；倘「受保人」有多於一個住所，則指「受保人」在「香港」的慣常住處，並在「損傷」前「受保人」在該住所居住至少六個月或以上。

1.7 第一節的特別條款

1.7.1 因「公共交通工具」失蹤、墮毀或沉沒導致失蹤

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、墮毀或沉沒，而「受保人」之遺體於該次「意外」事件發生後一年內，仍無法尋回；「本公司」將視「受保人」在失蹤、墮毀或沉沒當時由本保單承保的「意外」事故蒙受「損傷」並導致死亡而作出賠償。

1.7.2 「意外」死亡及「永久」傷殘之最高賠償責任(只適用於成年保障)

如任何個別受保人士同時受保於多張由「本公司」及/或其有關公司所簽發含有「意外」死亡及「永久」傷殘保障的保單，則所有含有「意外」死亡及「永久」傷殘保障的保單對該名個別受保人士之合共總賠償額不可超過10,000,000港元，而每份保單的賠償將根據總賠償額按比例分配。

第二節 - 「意外」醫療費用

如「受保人」於「保險期」內因「意外」而蒙受「損傷」，「本公司」將賠償「受保人」所有已支付予註冊「醫生」、「合資格護士」及/或「醫院」的實際醫療費用，包括外科手術、X光、「醫院」收費、護理療程及/或救護車租用；但不包括牙醫治療之費用，除非該治療是因「意外」以致「受保人」天然健全之牙齒必需接受治療而衍生(假牙及有關之費用則除外)。如「受保人」可從其他途徑退還全部或部份之費用，則「本公司」只會負責賠償剩餘而無法從其他途徑追討的費用餘額。

包括中醫(骨傷)費、中醫(針灸)費、脊椎治療費及「物理治療費」

如「受保人」因「意外」蒙受「損傷」而需接受中醫(骨傷)師、中醫(針灸)師、脊醫及/或物理治療師治療，則「本公司」將支付「受保人」該等實際醫療費用，每保單年度最高賠償總額為2,000港元及根據以下賠償上限：

1. 中醫(骨傷)、中醫(針灸)及/或脊醫治療費用 - 每日每次治療150港元, 每次「意外」之最多治療次數為五次。
2. 「物理治療費」- 每日每次治療500港元, 惟每次「意外」之最多治療次數為四次。

就長者保障而言, 倘「受保人」於「保單生效日」時年齡已滿81歲, 本節之每保單年度最高賠償總額為1,000港元。

本保單並不包括任何中醫(骨傷)及中醫(針灸)以外之中醫治療費用。

於任何情況下, 第二節 - 「意外」醫療費用之合共總賠償額不可超過「附表」所列賠償額之百分之一百。

第二節之附加保障

1. 海外「意外」醫療費用之額外賠償(只適用於幼青保障及長者保障)

倘「受保人」離開「香港」外遊不超過30日, 並於此期間蒙受「損傷」, 本保單第二節之「意外」醫療費用的賠償額將根據保障表內本節所選擇計劃所列的賠償額遞增。

2. 「復康器材」

如「本公司」已同意支付「受保人」於本保單第二節的「意外」醫療費用, 而其主診「醫生」或註冊物理治療師(「閣下」、「受保人」或「直系親屬」除外)亦以書面要求及建議「受保人」使用「復康器材」, 則「本公司」將支付「復康器材」的實際費用。每件、每對或每套物品的最高賠償金額為2,000港元, 最高至「附表」訂明之賠償額。

3. 父母休假津貼(只適用於幼青保障)

如「受保人」因「意外」需於「醫院」「住院」, 而其父或母需向其僱主申請年假以便照顧「受保人」, 則「本公司」將支付「受保人」父母的其中一人每日200港元之休假津貼以作補償, 最長保障期為十日。惟「受保人」該次之「住院」必須先獲「本公司」同意支付因同一「意外」引致的本保單第二節之「意外」醫療費用索償, 方可獲此休假津貼。

4. 配偶休假津貼(只適用於成年保障)

如「受保人」因「意外」需於「醫院」「住院」, 而其配偶需向其僱主申請年假以便照顧「受保人」, 則「本公司」將支付「受保人」配偶每日200港元之休假津貼以作補償, 最長保障期為十日。惟「受保人」該次之「住院」必須先獲「本公司」同意支付因同一「意外」引致的本保單第二節之「意外」醫療費用索償, 方可獲此休假津貼。

4.1 父母休假津貼 / 配偶休假津貼的不承保事項

本項不會提供保障予:

- 4.1.1 於「意外」發生時, 申請索償的「受保人」之父或母或配偶為家庭主婦、已退休、無業、自僱或仍未獲合約受僱的人士。
- 4.1.2 每宗索償的首兩日休假。

5. 創傷輔導服務保障

倘「受保人」在「保險期」內遭遇創傷事故而成為受害人, 包括但不限於強暴、持械行劫、襲擊、天災或「恐怖活動」, 「本公司」將賠償「受保人」因有關創傷事故而由其「醫生」建議進行創傷輔導服務之費用, 惟有關服務必須先獲得「本公司」書面同意。每名「受保人」每日每次治療上限為1,000港元, 而每保單年度之最高總賠償額則列明於保障表內。

6. 衣服及個人物品損毀賠償

「本公司」將按保障表內所列明之每保單年度之最高總賠償額, 向「受保人」賠償因同一「意外」蒙受身體「損傷」並導致衣服及個人物品損毀之費用(惟只適用於不能從其他途徑獲得賠償之情況下)。「本公司」有權根據其損耗及折舊程度賠償其重估價值或維修該物品。若修理費用超越損毀物品之價值時, 「本公司」於處理該賠償申請時會賠償該物品當時之市價。此保障只在「本公司」已同意就同一宗「意外」於本保單第二節之「意外」醫療費用賠償時, 方此適用。

6.1 衣服及個人物品損毀賠償的不承保事項

本保障並不承保:

以下之物品: 商業貨品或樣本、食品或飲料及/或藥物、煙草、隱形眼鏡、假牙及/或其配備、牙科配件(包括但不限於牙箍或牙齒固定器)、動物、汽車(包括配件)、電單車、單車、船、發動機、或任何交通工具、家用傢具、古董、任何以黃金、白金、鑽石、翡翠或珍珠做成或配有以上物料的手飾或配件、任何手提電話(包括電子手帳電話, 任何擁有對話功能之類似儀器及其他配件)。

第三節 - 「意外」住院現金

1. 住院現金(只適用於幼青保障及成年保障)及公立「醫院」住院現金(只適用於長者保障)

如受保於幼青保障及成年保障的「受保人」於「保險期」內在「香港」遭遇「意外」並依據「醫生」之建議於「醫院」留醫作「住院」病人, 或如受保於長者保障的「受保人」於「保險期」內在「香港」遭遇「意外」並依據「醫生」之建議於公立「醫院」留醫作「住院」病人, 而目的非為復康或療養, 則「本公司」將支付每日之「意外」住院現金津貼, 惟賠償不可超過保障表內本節所選擇計劃的賠償額及同一次「住院」的最長保障期為31日。

2. 寵物襲擊或虐兒之住院現金(只適用於幼青保障)

如「受保人」因下列事項並依據「醫生」之建議於公立「醫院」留醫作「住院」病人, 而目的非為以下事件的復康或療養, 則「本公司」將支付每日之「意外」住院現金津貼, 惟賠償不可超過保障表內本節所選擇計劃的賠償額及同一次「住院」的最長保障期為31日:

- 2.1 「受保人」因被寵物(所指寵物僅限於貓或狗)襲擊, 並有明顯傷口的「損傷」, 所有索償均必須提交警方報告或醫療報告以作證明; 或
- 2.2 「受保人」被他人虐待, 而此人並非「直系親屬」或「受保人」之任何親屬, 亦非直接或間接因受到「直系親屬」或「受保人」之任何親屬所教唆或指使; 所有索償均必須提交警方報告及佐以醫療報告以作證明。

於第三節保障中, 如「受保人」因相同或相關的「損傷」, 或由此引起的任何併發症入住「醫院」兩次或以上, 而每次「住院」與上次已賠償或應予賠償的「住院」相隔不超過90日, 則此等「住院」將被視為同一次「住院」。

第四節 - 蘇黎世緊急支援

倘「受保人」離開「香港」外遊不超過90天及於此期間蒙受「損傷」, 蘇黎世緊急支援將安排以下保障:

1. 緊急醫療運送或運返

「受保人」因緊急運送或運返所引致的必要及無可避免的交通、醫護服務及醫療用品費用。離境的時間、交通工具及離境最後目的地將由蘇黎世緊急支援服務完全根據「受保人」之醫療狀況而作出決定。

2. 遺體運返

將「受保人」遺體從身故地點運送回「香港」所引致合理及無可避免的開支, 又或於身故地殮葬而經蘇黎世緊急支援服務批准的費用。

3. 入院保證金

蘇黎世緊急支援將為每名「受保人」提供因入住「醫院」而需繳付的「醫院」醫藥費用保證金, 惟不超過39,000港元。如該保證金並非本保單第二節之承保項目, 則一律由「受保人」自付。

4. 近親探望

如「受保人」於「香港」境外旅遊時蒙受嚴重「損傷」而需「住院」超過連續三天, 蘇黎世緊急支援將支付一位「直系親屬」經濟客位來回機票乙張以便陪伴「受保人」, 惟事前必須獲得蘇黎世緊急支援正式批准。

5. 24小時熱線電話諮詢及轉介服務

- 5.1 外遊前諮詢援助
- 5.2 轉介大使館
- 5.3 轉介醫療服務人員或機構
- 5.4 遺失護照援助
- 5.5 遺失行李援助
- 5.6 轉介傳譯服務
- 5.7 轉介律師
- 5.8 海外電話醫療顧問服務
- 5.9 「住院」期間監察病情

除非本保單第二節訂明承保外, 有關以上(5.9)項的服務, 「受保人」必須負責支付「醫院」、「醫生」(「本公司」所委任的服務機構提供的「醫生」除外)或任何其他醫療專業團體或人士收取的費用。

蘇黎世緊急支援服務由蘇黎世保險有限公司所委任的服務機構提供。

第四節之不承保事項

「本公司」不會就下列情況提供本節任何服務(包括支付其費用):

1. 如「受保人」身處的地點有爆發「戰爭」的危險或政治危機, 以致無法或實際上不可行地提供本節訂明的服務;
2. 未經事前以書面同意及/或未經由蘇黎世緊急支援服務安排緊急醫療運送或運返、或遺體運送回國或其他費用。如「受保人」必須從偏遠或落後地區緊急撤離就醫而事前無法通知蘇黎世緊急支援服務, 鑒於任何延誤可能危害「受保人」性命或構成嚴重影響, 則屬例外;
3. 任何有違「醫生」勸喻, 而到「香港」以外的國家居住或旅遊;
4. 「受保人」前往「香港」以外國家的目的是就啟程前已發生的「意外」(無論本保單受保此「意外」與否)而前往海外就診、休養或療養。

第五節 - 每週入息保障(只適用於成年保障之選擇性保障)

若「受保人」蒙受「損傷」並因此於12個月內導致「暫時性完全傷殘」, 「本公司」會於「每週入息保障等候期」完結後以每週形式根據「附表」所載之每週入息保障賠償予「受保人」。

每週入息保障只適用於已投保第二部份 - 保障表內第一節的保障及已列明於「附表」內為生效之「受保人」。

賠償

1. 當「每週入息保障等候期」完結後, 「本公司」會根據由「醫院」或「醫生」所發的病假證明書或醫院留院證明書, 對之後每滿連續七天之病假賠償每週入息保障, 最長保障期為一百零四週。
2. 如「受保人」為自僱人士, 則必須於「醫院」內「住院」, 方可獲得每週入息賠償。
3. 「本公司」於每週入息保障的最高賠償責任為:
 - 3.1 第一類及第二類之「職業類別」- 每週基本薪金之百份之七十五或至20,000港元, 以較低者為準。
 - 3.2 第三類、第四類及第五類之「職業類別」- 每週基本薪金之百份之七十五或至10,000港元, 以較低者為準。
4. 索償時必須遞交最近之在職及/或入息證明(包括但不限於在職信件或銀行月結單或任何「本公司」接受之入息證明), 如「受保人」於「損傷」發生時沒有日常職務或慣常工作或並不活躍於任何工作職務, 賠償則只限於「附表」上每週入息保障之賠償額的百份之五十或每週1,500港元, 以較低者為準。「本公司」不會負責賠償任何超過本部份(3)項所列之最高賠償責任額之每週保障。
5. 於同一賠償期內, 無論「受保人」遞交多少張病假證明書或醫院留院證明書以索償多宗因「損傷」引致的每週入息保障賠償, 「本公司」只會負責一宗「損傷」的賠償, 只要此項「損傷」的賠償期是依據保單的條款作為上限。
6. 每週入息保障的賠償將於以下的情況終止:
 - 6.1 「受保人」已身故; 或
 - 6.2 傷殘已康復; 或
 - 6.3 「受保人」不能繼續提供「暫時性完全傷殘」的病假證明書或醫院留院證明書; 或
 - 6.4 最長保障期104週已完結;以較早出現者為準。

第三部份 — 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死亡、傷殘、「損傷」或其他損失:

1. 任何「投保前已存在的傷疾」;
2. 任何性質之疾病或病症; 或任何因疾病而引發之「損傷」;
3. 任何以美容為目的之美容手術或整容手術, 採購或採用特別支架、儀器或裝置的額外費用, 惟因「意外」合理地導致之治療除外;
4. 「受保人」參與任何違法或非法行為;
5. 以乘客或司機身份參與任何形式的賽車, 又或參加職業體育活動或「受保人」可能或可以賺取收入或報酬的體育活動;
6. 出任為任何空中乘載工具的機務人員或操作員;
7. 「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航機或包機上, 或(ii)所參予之活動是由另一位已持牌帶領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;
8. 自殺、企圖自殺或蓄意自我傷害、神經失常、任何神智不清、精神病、緊張或抑鬱、任何情況下受到酒精或藥物影響(除非由合格「醫生」處方)、任何性質之病症、分娩、任娠、流產、或急性的高山病;

9. 「戰爭」、侵略、外敵行動、敵對局面(不論曾正式宣佈「戰爭」與否)、「內戰」、叛亂、革命、反叛、軍事、或篡權行動導致之任何事件或直接參與罷工、騷亂或暴亂；及/或
10. 直接或間接由下列原因造成的任何費用、間接損失、法律責任或任何財產損失或損毀：
- 10.1 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；或
- 10.2 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。

第四部份 — 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

除非另有註明，在本保單生效日時，幼青保障的「受保人」年齡必須介乎於六個月至17歲或為18歲至23歲之未婚及全職學生；成年保障的「受保人」年齡必須介乎於18歲(如不屬上述幼青之定義)至70歲；而長者保障的「受保人」年齡必須介乎於71歲至80歲，並可續保至終身。

「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。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. 更改職業

4.1 如申請時申報的「受保人」職業(「職業」)或其工作性質有變，或「受保人」從事額外職業或退休，「閣下」應即時以書面通知「本公司」。

4.2 如「閣下」通知「本公司」上述變更，「本公司」有權調整本保單的保費或應付保障，以及在絕對酌情下更改本保單的條款與規章。

5. 保障調動

當「受保人」在保單續訂時已年滿24歲，則不論「受保人」是否仍是一位全職學生，保障將會自動由幼青保障(不論任何計劃級別)轉換到成年保障，成年保障的賠償額將更改為「職業類別」第一類的最低投保額，「受保人」亦必須在該轉換時向「本公司」申報當時之職業，如未有收到有關申報，而「受保人」之工作屬於「職業類別」第一類以外，則「本公司」不會承保「受保人」的工作風險。當「受保人」在保單續訂時已年滿71歲，保障將會自動由成年保障轉換到長者保障中的計劃A。倘「受保人」要求「提升」計劃級別，「本公司」保留批核之權利。

6. 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。

7. 損失證明

所有損失證明文件需於「本公司」收到賠償申報表後30日內呈交給「本公司」。倘有合理的緣由不能於限期內將有關證明文件送交「本公司」，但已盡可能於限期後立即送出，且不超过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。

8. 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。

9. 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。

10. 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」收受「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

11. 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「投保前已存在之傷疾」或未能遵行最高誠信，「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。

12. 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：

12.1 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天內以書面通知「閣下」；

12.2 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。

13. 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計算如下：

13.1 如「受保人」於「保單生效日」的週年日前的一個保單年度並無任何索償紀錄，緊隨該「保單生效日」的週年日的續保保費便可享有百分之五(5%)的無索償折扣，最

高折扣累積可至百分之十五(15%)。

13.2 如「受保人」於「保單生效日」的週年日前的一個保單年度有任何索償紀錄，緊隨該「保單生效日」的週年日的無索償折扣會被扣減百分之五(5%)，或直至已沒有任何無索償折扣可被扣減。

13.3 任何保單年度之無索償折扣均以保單原本應收取的保費來計算折扣百分比(即未有扣除任何無索償折扣之前之保費)，不應以過去保單年度續保時之保費來計算，因過去續保費可能包含其他折扣。

14. 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。

15. 重訂保單

若「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，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。但於保單失效期間發生之索償則不會獲得任何保障。任何「投保前已存在之傷疾」將包括於復效日前已出現之傷疾。

16. 取消保單

16.1 「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，若有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。

16.2 「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(保障期)期間無索償紀錄，「閣下」已繳交之全年但未到期之保費將根據下列適用之比率計算扣減並退還，但在任何情況下不可低於「本公司」慣常收取之最低保費。如保單以月繳方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩餘之全年保費。

於任何情況下，如該保單年度已獲得本保單賠償或接受服務，有關之保費將不獲退還及「閣下」必須繳交該保單全年之保費：

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

儘管有上述規定，如本保單未符合「閣下」需要及在該「保險期」內無索償紀錄，「閣下」有權在保單交付「閣下」後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。

17. 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：

17.1 根據本部份第 11 項 - 虛報或漏報資料所述之情況；

17.2 「閣下」未能根據本部份第 14 項 - 寬限期所述之情況，在31日寬限期內付款；或

17.3 任何一方根據本部份第 16 項 - 取消保單所述之情況，所以30日內書面通知取消本保單；或

17.4 符合本保單第二部份第一節「意外」死亡及「永久」傷殘中賠償條款1.5.2(d)項所述之情況而「受保人」已獲得賠償。

18. 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，包括但不限於保費或不承保事項，前題是不修改本保單中之保障額。「本公司」沒有責任透露有關更改之原因。儘管如此，「閣下」可於本保單任何一個「保險期」之「保單生效日」前表示不接納更改，最後可以不實行續保。

19. 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」已知存在之「損傷」、疾病、病徵或身體狀況，或「受保人」正在或將會接受之治療或藥物。申請必須經「本公司」批核，「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項(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，就有關傷疾之保障，將以更改保障申請前或後之較低保障為準。

20. 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。

21. 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(第一節 - 個人「意外」(但不包括附加免費保障第1.6.2及1.6.5項)、第二節 - 「意外」醫療費用之附加免費保障第3.4項及第三節 - 「意外」住院現金除外)。

22. 蘇黎世緊急支援服務

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

23. 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。

24. 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，60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兩年後提出訴訟。

25. 代位權

「本公司」有權自費以「閣下」或「受保人」名義對任何導致索償之承保事件之第三者進行追討。

26. 替代性爭議解決方案

如有任何關乎本保單之爭議出現，爭議各方可根據香港司法機構為民事調解所訂立及爭議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」法例第六零九章《仲裁條例》及不時生效之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之任何狀況或結果，如「本公司」否認或否決「閣下」追索本保單之任何責任，而「閣下」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「閣下」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。

27. 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。

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。

29. 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。

30. 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。

賠償程序

步驟 1: 於事發日起之30天內通知「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/ 殮葬費用

- 死亡證
- 法醫官報告/ 驗屍報告
- (如屬失蹤)法院宣佈「受保人」假設死亡的證明
- 殮葬費用之證明文件

「永久」傷殘/ 燒傷/ 骨折

- 「醫生」發出之有關傷殘程度證明
- 警方報告(如適用者)

「意外」醫療費用

- 經「醫生」證明的診斷及治療，包括「受保人」的姓名、症狀、診治日期及收據
- 詳列各項費用之診所或「醫院」正本賬單

「意外」住院現金

- 「醫院」或公立「醫院」發出之「住院」記錄
- 警方報告(如適用者)

家庭看護津貼

- 主診「醫生」的書面要求
- 載明提供下列服務的「合資格護士」正本收據：
 - 病人姓名
 - 服務日數
 - 收費金額（每天/ 總額）

父母/ 配偶休假津貼

- 「受保人」父母/ 配偶之僱主發出之正本休假證明

「復康器材」

- 主診「醫生」的書面要求
- 所有購買配件之正本收據
 - 購買日期
 - 型號及類別
 - 收費金額

求助須知

當面對醫療或其他緊急事故，請致電蘇黎世緊急支援熱線「香港」電話+852 2886 3977 並提供「閣下」的姓名及印在「附表」上的保單號碼。「本公司」的資深援助主任將處理「受保人」的查詢及提供協助。

如需索償，請致電蘇黎世賠償熱線：+852 2903 9388。聯絡客戶服務，請致電「本公司」查詢熱線：+852 2968 2288。「本公司」的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)

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。