

Safeguard Personal Insurance Plan

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

This policy together with the enclosed *schedule* and any endorsements subsequently issued should be read as if they are one document and form the contract between *you* and *us*. The SafeGuard Personal Insurance Plan enrolment form and declaration which *you* completed and provided to *us*, verbal or written are the basis of this contract.

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

Should *you* change any information given on *your* enrolment form, regardless verbally or in written format, please keep *us* informed immediately as the changes may affect *your* insurance cover.

- Words in *italics* are defined under Part 1 - Definitions.
- This policy is a legal document and should be kept in a safe place.

We will insure the *insured person(s)* named in the *schedule* provided that all the terms and conditions of this policy are complied with. The *period of insurance* shall begin at 0:00 and end at 24:00, standard time, at the place where this policy is issued.

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.

Accident/Accidental

A sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person* during the *period of insurance*.

Civil War

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

Computer Virus

A set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to "Trojan Horses", "worms" and "time or logic bombs".

Confinement/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* for a minimum period of twelve (12) hours prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge by the *hospital*.

Cyber Act

Any unauthorized, malicious or criminal acts, regardless of time and place, involving access to, processing, use or operation of any computer system, computer software programme, malicious code, *computer virus* or process or any other electronic system.

Fracture

The complete breakage of a bone.

Hong Kong

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

Hospital

An institution which

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

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

Immediate Family Member

Insured person's spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchildren, or legal guardian.

Injury

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

The person shown in the *schedule* as "Insured Name" who is the insured person of this policy.

Medical Practitioner

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

Period of Insurance

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

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.

Pre-existing Conditions

Any *injury*, *sickness* or condition and/or directly related conditions for which the *insured person* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which the *insured person* was aware of or could reasonably be expected to be aware of prior to the first *policy effective date* but excluding any date of renewal or the date of reinstatement or upgrade effective date, whichever is later, unless such conditions have been fully disclosed on the application form and accepted by *us* in writing and the policy document does not expressly exclude treatment relating to such pre-existing condition.

Public Common Carrier

Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire, including but not limited to bus, coach, ferry, hovercraft, hydrofoil, ship, train, tram or underground train.

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.

Relevant Documents

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

Schedule

The schedule attached to and incorporated in this policy.

Sickness

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

War

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

We, Us or Our

Zurich Insurance Company Ltd

You or YourThe person shown in the *schedule* as "The Insured" who is the applicant and/or the policyholder of this policy.**PART 2 – TABLE OF BENEFITS**Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.**Junior Plan**

Section	Sum insured/Limit of Liability (per insured person)	
	Basic Plan	Deluxe Plan
1. Personal Accident • <i>Accidental Death</i>	HKD 250,000	HKD 500,000
2. Accidental Medical Expenses <i>Accidental Medical Expenses</i> Including sub-limits for Chinese Bonesetter and Acupuncture Expenses: HKD 500 per <i>accident</i> , up to HKD 4,000 per policy year	HKD 10,000 (per <i>accident</i>)	HKD 20,000 (per <i>accident</i>)
3. Broken Bones Benefit	Not applicable	
4. Accidental Daily Hospital Cash	Not applicable	
5. Dismissal Protection	Not applicable	
6. Zurich Emergency Assistance (a) <i>Hospital Admission Guarantee</i> (b) <i>Emergency Evacuation or Repatriation Service</i> (c) <i>Repatriation of Mortal Remains</i> (d) <i>Compassionate Visit</i> (e) <i>Twenty-four-hour Telephone Hotline Information and Referral Services</i>	HKD 39,000 Unlimited Unlimited One economy class return airfare Included	

Adult Plan

Section	Sum insured/Limit of Liability (per insured person)	
	Basic Plan	Deluxe Plan
1. Personal Accident • <i>Accidental Death</i>	HKD 1,000,000	HKD 2,000,000
2. Accidental Medical Expenses <i>Accidental Medical Expenses</i> Including sub-limits for Chinese Bonesetter and Acupuncture Expenses: HKD 500 per <i>accident</i> , up to HKD 4,000 per policy year	HKD 20,000 (per <i>accident</i>)	HKD 30,000 (per <i>accident</i>)
3. Broken Bones Benefit	Not applicable	
4. Accidental Daily Hospital Cash	HKD500 per day (up to 365 days per <i>accident</i>)	
5. Dismissal Protection	Refund of premium up to 6 months	
6. Zurich Emergency Assistance (a) <i>Hospital Admission Guarantee</i> (b) <i>Emergency Evacuation or Repatriation Service</i> (c) <i>Repatriation of Mortal Remains</i> (d) <i>Compassionate Visit</i> (e) <i>Twenty-four-hour Telephone Hotline Information and Referral Services</i>	HKD 39,000 Unlimited Unlimited One economy class return airfare Included	

Elderly Plan

Section	Sum insured/Limit of Liability (per insured person)	
	Basic Plan	Deluxe Plan
1. Personal Accident • <i>Accidental Death</i>	HKD 500,000	HKD 750,000
2. Accidental Medical Expenses <i>Accidental Medical Expenses</i> Including sub-limits for Chinese Bonesetter and Acupuncture Expenses: HKD 500 per <i>accident</i> , up to HKD 2,000 (applicable for Basic Plan) or HKD3,000 (applicable for Deluxe Plan) per policy year	HKD 10,000 (per <i>accident</i>) and up to HKD 40,000 (per policy year)	HKD 10,000 (per <i>accident</i>) and up to HKD 50,000 (per policy year)
3. Broken Bones Benefit	HKD 50,000 (per policy year)	
4. Accidental Daily Hospital Cash	Not applicable	
5. Dismissal Protection	Not applicable	
6. Zurich Emergency Assistance (a) <i>Hospital Admission Guarantee</i> (b) <i>Emergency Evacuation or Repatriation Service</i> (c) <i>Repatriation of Mortal Remains</i> (d) <i>Compassionate Visit</i> (e) <i>Twenty-four-hour Telephone Hotline Information and Referral Services</i>	HKD 39,000 Unlimited Unlimited One economy class return airfare Included	

Section 1 – Personal Accident**Accidental Death**

If during the *period of insurance*, an *insured person* sustains *injury* as a result of a covered *accident* and shall within twelve (12) consecutive months result in death, we shall pay to the *insured person's* legal estate the sum insured as stated in the *schedule*.

Additional Disappearance Clause to Section 1:

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 *public common carrier* in which the *insured person* was travelling at the time of an *accident* and under such circumstances as would otherwise be covered hereunder, it will be presumed that the *insured person* suffered death resulting from *injury* caused by an *accident* covered by this policy at the time of such disappearance, sinking or

wrecking. A claim concerning disappearance must be supported by a valid court order declaring such disappearance for over one (1) year.

Maximum Liability on Accidental Death

Where any *insured person* is insured under multiple policies which contain *accidental* death cover and are issued by *us* and/or *our* related companies, the maximum liability in respect of any one (1) *insured person* under all *accidental* death cover shall not exceed HKD 5,000,000 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 a covered *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, *hospital* charges, nursing treatment expenses and/or ambulance hire and cost of medical Supplies; but excluding the cost of dental treatment unless such treatment is necessarily incurred to maintain sound and natural teeth and is caused by an *accident* (excluding denture and related expenses).

This section also covers physiotherapy and chiropractic treatment 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 such other source.

Inclusive of Chinese Medicine Bone-setting Expenses and Chinese Medicine Acupuncture Expenses

We shall also reimburse the *insured person* the actual medical expenses as a result of an *injury* due to a covered *accident* which requires treatment from Chinese medicine bonesetter or Chinese medicine acupuncturist up to HKD 500 per *accident* and up to our maximum liability as stated in the Table of Benefits per policy year.

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 the sum insured as stated in the *schedule* and the Table of Benefits under this section.

Section 3 - Broken Bones Benefits

In the event that the *insured person* sustains *fracture* of bones as a result of a covered *accident* and is certified by a registered *medical practitioner* to be suffered from any *fracture* of bones event listed hereunder, we will pay up to the sum insured as stated in the *schedule* under this section in accordance with the following compensation table.

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%

Compensation

Benefit shall not be payable for more than one (1) of the above *Fracture* of Bones Event in respect of the same *accident*. Should there be more than one (1) of the event resulting in an *injury* 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 on the *schedule* under this section shall be reduced by such amount of compensation paid from the date of the *accident* until the anniversary date of this policy. Any claims made thereafter shall be calculated as the original sum insured by the Percentage of the Sum Insured of the relevant event, but in no circumstances shall the aggregate compensation payable exceed the sum insured as stated on the *schedule* and the Table of Benefits under this section for any one (1) policy year.

Section 4 – Accidental Daily Hospital Cash

If the *insured person* is *confined* in *hospital* during the *period of insurance* due to *injury*, we will pay the *accidental* daily *Hospital* cash of HKD500 for each and every day of *confinement* up to a maximum of three hundred and sixty-five (365) days per *accident*.

If two (2) or more *confinements* are due to the same or related *injury*, or to any complications arising therefrom, such *confinements* shall be regarded as one (1) *confinement* due to the same *accident* if each of them is not separated by more than ninety (90) days and occurred during the *period of insurance*. This rule shall be observed in determining the limit of this benefit.

Exclusions to Section 4

This section does not cover:

1. *hospital confinement* for the purpose of convalescent or rest cure or rehabilitation; custodial or sanatoria care; or
2. any home leave while the *insured person* is *confined* to a *hospital* as an in-patient.

Section 5 – Dismissal Protection

If the *insured person* is dismissed from employment involuntarily during the *period of insurance*, we will refund the monthly premium actually paid for the duration of unemployment for up to six (6) months, provided that the *insured person* must be unemployed for at least thirty (30) consecutive days after dismissal.

The cover shall cease when:

- the *insured person* returns to work; or
- the premium has been refunded for six (6) months for any policy year, whichever first occurs.

Exclusions to Section 5

This section does not cover:

1. the *insured person's* termination of employment was due to wilful misconduct or retirement; or
2. the dismissal is due to the seasonal nature of the *insured person's* employment, a project or specific period of employment is completed; or
3. the *insured person* voluntarily resigns; or
4. the *insured person* was unemployed on or immediately prior to the first *policy effective date* but excluding any date of renewal or the date of reinstatement or upgrade effective date, whichever is later; or
5. any of the *insured person's* employment that is less than eighteen (18) hours a week or the *insured person* is unable to claim severance benefit; or
6. any of the *insured person's* employment ends within sixty (60) days of the first *policy effective date* but excluding any date of renewal or the date of reinstatement or upgrade effective date, whichever is later; or
7. any self-employed persons or if the *insured person* works for a relative; or
8. any construction worker, restaurant or fast food or catering worker including but not limited to cook, waiter/waitress and kitchen worker, container truck or truck driver.

Section 6 – Zurich Emergency Assistance

Zurich Emergency Assistance will pay the following benefits in the event of the *insured person* sustained *accidental injury* or *sickness* during the *period of insurance* whilst the *insured person* was travelling outside *Hong Kong* for a trip not exceeding ninety (90) days:

(a) Hospital Admission Guarantee

Upon admission to a *hospital*, Zurich Emergency Assistance guarantee the medical expenses incurred by the *insured person* in the *hospital* up to a limit of HKD 39,000 in respect of any one *insured person*. Such expenses are to be borne by the *insured person* unless the admission is otherwise covered by this policy during the *period of insurance*.

(b) Emergency Medical Evacuation or Repatriation Services

The actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an emergency medical 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 medical necessity.

(c) Repatriation of Mortal Remains

The reasonable and unavoidable expenses for transporting the mortal remains of the *insured person* 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.

(d) Compassionate Visit

In the event that the *insured person* suffers from serious *injury* or serious *sickness* when travel alone and being *confined* to a *hospital* as a resident in-patient for over three (3) consecutive days outside *Hong Kong*, Zurich Emergency Assistance will arrange and pay for one (1) economy class return airfare for one (1) *immediate family member* of the *insured person* to accompany him/her.

(e) Twenty-four hours Telephone Hotline Information and Referral Services include:

- (i) Pre-trip information assistance
- (ii) Embassy referral
- (iii) Medical service provider referral
- (iv) Lost passport assistance
- (v) Lost luggage assistance
- (vi) Interpreter referral
- (vii) Lawyer referral
- (viii) Overseas telephone medical advice
- (ix) Monitoring medical condition during hospitalization

In respect of services ix above, hospitalization expenses or medical expenses charged to the *insured person* by a *hospital, medical practitioner* other than *our* appointed doctors, or any other medical professions are to be borne by the *insured person* unless otherwise covered under this policy during the *period of insurance*.

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

Exclusions to Section 6

No service will be provided or paid 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 medical evacuation or repatriation of the *insured person's* mortal remains or other cost which are not approved in advance by *us* and in writing to and/or not arranged by Zurich Emergency Assistance. This exclusion shall not apply to emergency medical 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* or illness.

PART 3 – GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS)

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

1. the time when the *insured person* is engaged in duty for the following occupations:
 - any occupations principally in the use of light machinery or engines (such as electrician, restaurant or fast food or catering worker including but not limited to cook, waiter/ waitress and kitchen worker, printer, baker, plumber for household/indoor duties only, hawker, private car driver); or
 - any extra hazardous occupations involving the use of heavy machinery, requiring high degree of physical exertion or working in an extra hazardous working environment (such as delivery worker, interior decorator, machine/engine repairer/maker, road worker, fuel station worker, bus / light bus / taxi / lightgoods vehicle / truck / container truck driver); or
 - engage in duty with any armed force of any country or international authority; fireman or
 - stevedores, loading or unloading of objects on ships, being acrobats, aircrew, ship crew, aerial worker, racing driver, China-*Hong Kong* cross border driver, demolition workers, stuntman, entertainer, jockey, underground and underwater worker, explosive worker, construction worker, worker at height including but not limited to scaffolding worker, circus trainer, detective, newspaper-war correspondent, wild animal trainer;
2. any *pre-existing condition*; congenital deformities or anomalies;
3. any kind of disease; or any loss caused by an *injury* which is a consequence of any kind of disease;
4. general check-up, convalescence, custodial or rest care or sanitarium care, or expenses incurred not in accordance with the diagnosis and treatment of the condition for which the *confinement* is required;
5. cosmetic surgery, procurement or use of special braces, appliances or equipment except for it is reasonably caused by an *accident*;
6. participating in criminal acts;
7. 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;
8. air travel other than as a passenger on a regular scheduled airline or licensed chartered aircraft;
9. suicide, attempted suicide or intentional self-*injury*, insanity, mental disorder of any kind, psychosis, stress or depression, whilst under the influence of alcohol or drugs, any kind of illness, childbirth, pregnancy, miscarriage, and Acute Mountain Sickness;
10. *war*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), *civil war*, rebellion, revolution, insurrection, or military or usurped power;
11. any *injury*, illness, death, loss, expense or other liability attributable to HIV (Human Immune Deficiency Virus) and/or HIV-related illness including AIDS and/or any mutant derivative or variations thereof however caused or however named;
12. any *injury* or *sickness* or disease directly or indirectly arising from:
 - ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;

- the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component;
13. disease or *sickness* arising from asbestos;
 14. any *cyber act* that results in any *accident*, disability, *sickness* and/or *injury*.

PART 4 – GENERAL PROVISIONS

1. Entire Contract

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

2. Age Limit and Eligibility

Unless specifically mentioned to the contrary, the insurance afforded under this policy shall only apply to the *insured person* who is a *Hong Kong* resident and holds a *Hong Kong* identification card and:

- (i) 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 Plan; or
- (ii) aged between eighteen (18) years (if not classified as a junior under Junior Plan above) and sixty-five (65) years under Adult Plan; or
- (iii) aged between sixty-six (66) and seventy-five (75) years and renewable up to aged eighty (80) years under Elderly Plan.

3. 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 Plan to Adult Plan, regardless of the *insured person* being a full-time student.

When the *insured person* reaches the age of sixty-six (66) years upon policy renewal, the cover will be automatically switched from Adult Plan to Elderly Plan. We will notify *you* about the transfer of cover in the year that it applies by way of a renewal notice which *you* will receive at the end of each policy year. This policy contract along with a new *schedule* stating the premium and coverage of the plan will be attached to the renewal notice for *your* reference.

4. 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 enrolment 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.

5. Change of Occupation

- 5.1 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.
- 5.2 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.

6. Notice of Claim

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

7. Proof of Loss

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

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

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 it 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

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*, the benefit will be paid to the estate of the *insured person*.

Benefits payable under Section 6(b) - Emergency Medical Evacuation or Repatriation Services and Section 6(c) - Repatriation of Mortal Remains of Part 2 of this policy will be paid directly to the service provider.

All indemnities provided in this policy will be paid immediately after the receipt of due proof upon our approval.

11. Misrepresentation, Non-disclosure or Fraud

We have the right to declare this policy void as from the *policy effective date* and notify you that no cover shall be provided for the *insured person* in case of any of the following events:

- (a) any material fact relating to the health related information of the *insured person* which may impact the risk assessment by us is incorrectly stated in, or omitted from the enrolment form or any statement or declaration made for or by the *insured person* in the enrolment or in any subsequent information or document submitted to us for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected our underwriting decision, such that we would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.
- (b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

- (i) we shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by us including, but not limited to, our reasonable administration charge and service fees incurred in relation to this policy (if any).
- (ii) if the total amount of the above offsetting items exceeds the applicable premiums received by us, you must repay such excess to us within fourteen (14) working days from the date we issue a notice to you requiring such payment.

In the event of (b), we shall have the right:

- (i) not to refund the applicable premiums paid; and
- (ii) to demand that all past claim payments previously paid to you be repaid to us within fourteen (14) working days from the date we issue a notice to you requiring such payment.

12. Premium Charge

- (i) This policy is an annual policy. You may pay the premium to us on a monthly basis. All premiums after the first premium are payable to us on or before the due date. You are required to settle the annual premium for the concurrent policy year.
- (ii) We reserve the right to revise or adjust the premium under the following circumstances:
 - (a) In accordance with our applicable premium rate at the time of policy renewal by giving thirty (30) days' written notice to you;
 - (b) Automatically without notice as the *insured person* enters into the next age band at the time of renewal.
 - (c) In accordance with the renewal conditions as stated under Clause 17 - Renewal of this Part.

13. Grace Period

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

14. Reinstatement of Policy

If we terminate this policy due to non-payment of premium, we may allow this policy to be reinstated if you provide us with a satisfactory written application for reinstatement including proof of insurability and subject to our approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this policy which occurs while this policy has lapsed. Any *pre-existing conditions* shall include all such conditions existing prior to the reinstatement date. The reinstated policy shall only provide

coverage to the *insured person* due to *accident* after the date of reinstatement.

15. Cancellation

15.1 We have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing by registered post to your last known address. Under no circumstances we will be obligated to reveal our reasons for cancellation. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation or surrender to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy. The payment or acceptance of any premium subsequent to such termination shall not create any liability on us but we shall refund any such premium received by us.

15.2 You have the right to cancel this policy by giving thirty (30) days' advance notice in writing to us. In such event, we will refund the unearned premium actually paid by you 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 (Our customary minimum premiums)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

Notwithstanding the above, you have the right to cancel this policy by giving notice in writing with signature and return the policy to us within twenty-one (21) days from the delivery of this policy document if you are not satisfied with this policy and you have not made any claim during this *period of insurance*. We will refund to you all the premiums you have paid without interest.

16. Termination of Policy

This policy shall automatically terminate on the earliest of:

- 16.1 cover under this policy ceases pursuant to the Clause 11 – Misrepresentation, Non-disclosure or Fraud of this Part;
- 16.2 your failure to pay after expiry of the 31-day grace period in accordance with Clause 13 – Grace Period of this Part;
- 16.3 either party cancels this policy by giving thirty (30) days written advance notice pursuant to Clause 15 – Cancellation of this Part;
- 16.4 upon payment of the benefits to the *insured person* under Section 1 – Personal Accident under Part 2; or
- 16.5 the date when the *insured person* attains the age of eighty-one (81) years upon policy anniversary.

17. 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*.

18. Change of Benefits

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

practitioner or took prescribed drugs or medicine prior to the said written notice is received by us, the limit of benefits payable in respect of such disability(ies) shall not exceed the limit of benefits before or after the change in benefit level whichever is lower.

19. Misstatement of Facts

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

20. 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 respective employees, agents or representatives.

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 and Section 4 - Accidental Daily Hospital Cash), we will be liable only for *our* proportionate share.

22. Clerical Error

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

23. Legal Action

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

24. 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.

25. 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. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the *Hong Kong International Arbitration Centre ('HKIAC')* under the *HKIAC Administered Arbitration Rules* in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be *Hong Kong law* and the seat of arbitration shall be *Hong Kong*. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under this policy and *you* or the *insured person* do(es) not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, *your* or 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.

26. Rights of Third Parties

Other than the insured/policyholder or the *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.

27. Compliance with Policy Provisions

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

28. 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 and available at this website: <https://www.zurich.com.hk/en/services/privacy>.

The policyholder and/or *insured person* shall, and shall procure all other *insured persons* covered under the policy to, authorize us to use and transfer data (within or outside *Hong Kong*), including sensitive personal data as defined in any applicable legislations, rules or guidelines, for the necessary purposes as set out in *our* privacy policy as applicable from time to time. When information about a third party is provided by the *insured person* to us, the *insured person* warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to us, enabling us to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

29. Governing Law and Jurisdiction

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

30. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

PART 5 – 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 following required documents / materials as appropriate.

Accidental Death

- Death certificate
- Coroner's Report / Post-mortem Report
- (in the event of disappearance) Presumption of death as proclaimed by a court
- Letter of Administration or Grant of Probate

Broken Bones

- Certificate issued by a *medical practitioner* certifying the degree or severity of *injury*
- 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

- Diagnosis and treatment, including *insured person's* name, diagnosis and date of diagnosis, certified by a *medical practitioner* and/or the discharge summary issued by the *hospital*
- Police report (if applicable)

Dismissal Protection

- Reference letter provided by the previous employer and showing the date of employment, the reason of termination and the date of termination of such employment

WHAT TO DO WHEN THE INSURED PERSON 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, Monday to Friday 9:00 a.m. to 5:30 p.m. on +852 2903 9388.

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.

萬全個人保險計劃

請細閱本保單，如有任何修正請求，請盡快提出。

本保單連同「附表」及嗣後發出的任何附帶批單應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。而「閣下」的申請表格及聲明，不論以口述或書面提供，均為本合約的依據。

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

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

- 加有引號的詞彙解釋見第一部分 - 詞彙解釋。
- 此乃一份有法律效力的文件，敬請妥為保存。

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

「本公司」將在「保險期」內為「附表」所載之「受保人」提供保障，惟「閣下」必須履行本保單列出之所有條款與條件。「保險期」是根據本保單簽發地點的標準時間由 0:00 開始至 24:00 終止計算。

第一部份 - 定義

本保單內某些詞彙具有指定含意，釋義分別列明於下。為方便「閣下」在本文識別有關詞彙，特將此等詞彙全部加上引號。

「意外」

於「保險期」內，任何不可預見或預料並導致「受保人」蒙受身體「損傷」之突發事件。

「內戰」

相同國家的公民或民族互相對抗而發生互相毀滅的戰爭或「戰爭」。

「電腦病毒」

是指一組損壞的、有害的或未經授權的指令或代碼，包括一組通過程序或其他方式惡意傳播的未經授權指令或代碼，並通過電腦系統或任何性質的網絡傳播。電腦病毒包括但不限於「特洛伊木馬」、「蠕蟲」和「時間或邏輯炸彈」。

「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」內最少達12小時。「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。

「網絡行為」

是指在任何時間和地點所做的任何未經授權、惡意或犯罪行為。而該行為涉及進入、處理、使用或操作任何電腦系統、電腦軟體程式、惡意代碼、「電腦病毒」或流程或任何其他電子系統。

「折斷」

指骨頭完全破裂。

「香港」

中華人民共和國香港特別行政區。

「醫院」

符合下列條件的機構：

- (i) 根據所在國家或司法管轄區規定領取牌照之持牌醫院；
- (ii) 主要業務為接受患病、染恙或受傷人士住院及提供診斷、醫療護理及外科手術設備服務；
- (iii) 有一名或以上的「醫生」時刻駐院；
- (iv) 在負責「醫生」監督下，駐有註冊護士每天24小時提供看護服務；
- (v) 具有完善的住院病人設備；及
- (vi) 保存所有病人的每日醫療記錄。

醫院並不包括主要業務為診所、照料類別的診所、自然療法診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構，或護理院，或類似的機構。

「直系親屬」

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

「損傷」

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

「受保人」

「附表」或批註內註明為受保人之人士。

「醫生」

擁有西方醫藥學位及已獲准在其執業的地區合法提供醫療及外科服務的人士，惟「受保人」或「直系親屬」除外。

「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。

「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。

「投保前已存在的傷疾」

在首個「保單生效日」（任何續保日除外）、復效日或「提升保障生效日」（以較遲者為準）之前已存在之任何「損傷」、「疾病」或病況及 / 或「受保人」已呈現病徵或已接受「醫生」診療、確診、治療或醫療意見，或已服用處方藥物一段時間而「受保人」懂悉或理應知道之相關病況，除非「受保人」已於申請表格全面披露此等病況並獲「本公司」書面接受，而保單文件無明文規定不承保之前已存在之病況的治療，則屬除外。

「公共交通工具」

任何由個別公司或個人持牌出租的機動客運交通工具，包括但不限於公共巴士、旅遊巴士、渡輪、氣墊船、水翼船、輪船、火車、電車、地下火車。

「合資格護士」

指合法批准及獲准資格在其執業地區合法提供護理服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

「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。

「疾病」

在「保險期」內健康出現不正常之病理癥狀。

「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並陷入武裝敵對局面。

「本公司」

蘇黎世保險有限公司。

「閣下」

本保單於「附表」內註明為保單之申請人及保單持有人。

第二部份 – 保障表

以下各項計劃及保障必須於「附表」內訂明為有效的計劃及保障，方為適用。

幼青計

章節	投保額 / 責任上限 (每名「受保人」)	
	標準計劃	尊貴計劃
1. 個人「意外」 • 「意外」死亡	250,000 港元	500,000 港元
2. 「意外」醫療費用 「意外」醫療費用 包括跌打及針灸費個別限額： 每宗「意外」最高500港元，及每一保單年度限額4,000港元	10,000 港元 (每宗「意外」)	20,000 港元 (每宗「意外」)
3. 骨折保障	不適用	
4. 「意外」「住院」現金	不適用	
5. 解僱保障	不適用	
6. 蘇黎世緊急支援保障 (a) 入院保證金 (b) 緊急醫療運送 (c) 遺體運返 (d) 近親探望 (e) 二十四小時電話熱線資訊及轉介服務	39,000港元 不設上限 不設上限 一張來回經濟客位機票 已包括	

成年計劃

章節	投保額 / 責任上限 (每名「受保人」)	
	標準計劃	尊貴計劃
1. 個人「意外」 • 「意外」死亡	1,000,000 港元	2,000,000 港元
2. 「意外」醫療費用 「意外」醫療費用 包括跌打及針灸費個別限額： 每宗「意外」最高500港元，及每一保單年度限額4,000港元	20,000 港元 (每宗「意外」)	30,000 港元 (每宗「意外」)
3. 骨折保障	不適用	
4. 「意外」「住院」現金	每日 500 港元 (每宗「意外」最長保障期為 365 日)	
5. 解僱保障	退還保費長至六個月	
6. 蘇黎世緊急支援保障 (a) 入院保證金 (b) 緊急醫療運送 (c) 遺體運返 (d) 近親探望 (e) 二十四小時電話熱線資訊及轉介服務	39,000港元 不設上限 不設上限 一張來回經濟客位機票 已包括	

長者計劃

章節	投保額 / 責任上限 (每名「受保人」)	
	標準計劃	尊貴計劃
1. 個人「意外」 • 「意外」死亡	500,000 港元	750,000 港元
2. 「意外」醫療費用 「意外」醫療費用 包括跌打及針灸費個別限額： 每次「意外」最高500港元，及每一保單年度限額2,000港元 (適用於標準計劃) 或3,000港元 (適用於尊貴計劃)	10,000 港元 (每宗「意外」) 及至 最高 40,000 港元 (每一保單年度)	10,000 港元 (每宗「意外」) 及至 最高 50,000 港元 (每一保單年度)
3. 骨折保障	50,000 港元 (每一保單年度)	
4. 「意外」「住院」現金	不適用	
5. 解僱保障	不適用	
6. 蘇黎世緊急支援保障 (a) 入院保證金 (b) 緊急醫療運送 (c) 遺體運返 (d) 近親探望 (e) 二十四小時電話熱線資訊及轉介服務	39,000港元 不設上限 不設上限 一張來回經濟客位機票 已包括	

第一節 – 個人意外

「意外」死亡

如「受保人」在「保險期」內因「意外」蒙受「損傷」並於事後12個月內死亡，「本公司」將根據已載於「附表」內的投保額賠償予「受保人」的合法遺產承辦人。

加於第一節的失蹤條款

倘若「受保人」乘搭之「公共交通工具」於陸上或海上發生「意外」墮毀或沉沒導致「受保人」失蹤，其遺體於該次「意外」事件發生後一年內仍無法尋回，「本公司」將視「受保人」由於此保單承保的「意外」事故蒙受「損傷」並導致死亡而作出賠償。如屬失蹤之索償，必須遞交有效的法院指令證明有關之失蹤已超過一年。

「意外」死亡之最高賠償責任

每一「受保人」如受保多張由「本公司」及/或其有關公司所簽發含有意外死亡保障的保單，「本公司」及/或其有關公司對於該等保單的總賠償額以每人5,000,000港元為限，而每份保單的賠償將根據總損失額按比例分配。

第二節 – 「意外」醫療費用

如「受保人」在「保險期」內因「意外」蒙受「損傷」，「本公司」將賠償「受保人」所有已支付予註冊「醫生」、「註冊護士」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/或救護車租用及醫療用品費用；但不包括牙醫治療之費用，除非該治療是因「意外」以致必需治療天然健全之牙齒（假牙及有關之費用則除外）。

本節也保障「物理治療費」及脊椎治療費。

如「受保人」可從其他途徑退還全部或部份之費用，「本公司」只賠償剩餘未能獲得賠償之部份。

包括中醫（骨傷）費及中醫（針灸）費

如「受保人」因蒙受「損傷」而需接受中醫（骨傷）師或中醫（針灸）師治療，則「本公司」將支付「受保人」該等治療之實際醫療費用，每宗「意外」治療費用上限為500港元，而「本公司」負責之每保單年度最高賠償總額已列於保障表內。

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。

在任何情況下，第二節-「意外」醫療費用的合共總賠償額不可超過於保障表及「附表」內列明的投保額。

第三節 – 骨折保障

如「受保人」遭遇「意外」並經由註冊「醫生」證實以下所載之「折斷」部位蒙受骨折，則「本公司」將根據以下賠償表的投保額之百分比作出賠償。

賠償表

「折斷」部位保障項目	投保額之百分比
1. 骨盆	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%

賠償

「本公司」在同一宗「意外」事件中只會賠償以上賠償表內其中一項「折斷」部位保障項目。假如在同一宗「意外」事件中遭受多於一項保障項目，則按其中最高賠償額的一項作出賠償。

如「本公司」已賠償的保障項目少於百分之百的投保額之百分比，則由「意外」發生當日起至保單週年日為止，有關之已賠償金額會於「附表」訂明之投保額中扣減。日後之賠償將根據原先投保額及投保額之百分比釐定，惟每位「受保人」每保單年度可獲賠償之最高賠償額合共不可超過「附表」及保障表就本節訂明之投保額。

第四節 – 「意外」住院現金

如「受保人」於「保險期」內在因遭遇「損傷」需於「醫院」「住院」，「本公司」將根據每日「住院」支付500港元之「意外」「住院」現金，每宗「意外」最長賠償日數為365日。

若兩次或以上的「住院」是因相同或有關的「損傷」或其併發症而引致，而每次「住院」之間沒有間斷超過90日，並於「保險期」內發生，有關「住院」均被視為同一次「意外」「住院」。此定義將作為本節賠償限額的標準。

第四節的不承保事項

本節並不承保：

- 「醫院」「住院」目的為療養或休養或康復護理；托顧或療康護理；或
- 「受保人」以病人身份在「醫院」「住院」期間離院返家。

第五節 – 解僱保障

如「受保人」在「保險期」內，在非自願情況下遭僱主終止僱用，則「本公司」將退還「受保人」於失業期間實際已繳付之本保單的保費，以「受保人」失業之月份開始計算，最長保障期為6個月，惟「受保人」必需失業連續30日或以上。

本節保障於以下情況下終止：

- 「受保人」恢復工作；或
- 已於任何一個保單年度被退還六個月保費；以較先發生者為準。

第五節的不承保事項

本節並不承保：

- 因「受保人」退休或其故意的不當行為而導致其解僱；或
- 由於「受保人」職業之季節性特質，工作計劃完成或指定受僱期限屆滿所引致的失業；或
- 「受保人」自願辭職；或
- 「受保人」在首個「保單生效日」（任何續保日除外）、復效日或「提升保障生效日」（以較遲者為準）之前或當日已失業；或
- 「受保人」的任何一份受僱工作每星期工作少於18小時或「受保人」不可申索遣散保障；或
- 「受保人」的僱用期於首個「保單生效日」（任何續保日除外）、復效日或「提升保障生效日」（以較遲者為準）後首60日內完結；或
- 任何自僱人士或「受保人」為親戚工作；或
- 任何建築業工人，餐館或快餐或飲食業員工包括但不限於廚師、侍應生及廚房工人，貨櫃車或貨車司機。

第六節 – 蘇黎世緊急支援保障

如「受保人」於「香港」境外旅遊不超過90天而於海外因「意外」蒙受「損傷」或患上「疾病」，蘇黎世緊急支援服務將提供以下保障：

(a) 入院保證金

墊支每位「受保人」因「住院」而需繳付的入院醫藥費保證金，惟不超過39,000港元之限。如該等醫療費用並非承保項目，則一律由「受保人」自付。

(b) 緊急醫療運送

「受保人」因緊急醫療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。

(c) 遺體運返

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

(d) 近親探望

如「受保人」於「香港」境外單獨旅遊時蒙受嚴重身體「損傷」或患上「疾病」而需入住「醫院」超過連續三天，蘇黎世緊急支援服務將支付一位「直系親屬」乘坐經濟客位來回機票乙張以便陪伴「受保人」。

(e) 二十四小時電話熱線資訊及轉介服務

- 外遊前資訊援助
- 轉介大使館
- 轉介醫療服務人員或機構
- 遺失證件援助
- 遺失行李援助

- (vi) 轉介傳譯服務
- (vii) 轉介律師
- (viii) 海外電話醫療顧問服務
- (ix) 住院期間監察病情

除非本保單另行訂明承保外，有關以上(ix)項的服務，「受保人」必須負責支付「醫院」、「醫生」（「本公司」指派的醫生除外）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。

第六節的不承保事項

「本公司」不會就下列情況提供任何服務或支付費用：

1. 「受保人」身處地點可能爆發「戰爭」或政局不穩，以致無法或實際情況不許可提供本節訂明的服務。
2. 事前未經「本公司」以書面批准及/或安排而將「受保人」緊急撤離遇事地點或運送至其他地點就醫的費用、或將其遺體運返的費用或任何其他開支。但如「受保人」身處偏僻或落後地區以致無法在事前聯絡「本公司」，而撤離行動一旦延誤便可能導致「受保人」死亡或嚴重影響病情，則可豁免本項條款。
3. 「受保人」不聽從「醫生」囑咐，到「香港」境外地方居住或旅遊。
4. 「受保人」到「香港」境外地方居住或旅遊的目的是就已發生的意外造成的身體損傷或已存在的疾病接受治療，進行療養或展開復康療程。

第三部份 – 不承保事項（適用於各節）

本保單將不會承保因下列事故直接或間接引致的任何損失：

1. 「受保人」於執行以下之職業或職務期間：
 - 任職於須操作輕型機械之技術或半技術性職務（如電工、餐館或快餐或飲食業員工包括但不限於廚師、侍應生及廚房工人、印刷技工、麵包師傅、水喉匠（家居/室內工作）、小販、私家車司機）；或
 - 須操作重型機械、高度體力勞動或於危險環境工作之技術性職務（如搬運工人、室內裝修工人、機械/機器維修員/製造工人、修路工人、油站職工、巴士/小巴/的士/輕型貨車/貨車/貨櫃車司機）；或
 - 任職於任何國家或國際機構的任何武裝部隊及消防員；或
 - 裝卸貨物、裝卸船上貨品、從事雜技人、空勤人員、船隊人員、航空人員、賽車司機、中港司機、拆卸工人、特技演員、藝人、騎師、地底及水底工人、爆破工人、建築工人、高空工作工人（包括但不限於搭棚工人）、馬戲團訓練員、偵探、報刊戰地記者、馴獸師；
2. 任何「投保前已存在的傷疾」；先天性缺陷或異常；
3. 任何性質之疾病；任何因疾病而引發之「損傷」；
4. 一般身體檢查、療養、托顧或休養或療康護理，或任何與需診斷及治療而「住院」之狀況無關之開支費用；
5. 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」所需之治療除外；
6. 參與刑事活動；
7. 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；
8. 並非以乘客身份乘坐持牌航空公司航機或包機；
9. 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、服用酒精或藥物、任何性質之病症、分娩、任娠、流產；
10. 「戰爭」、侵略、外敵行動、敵對局面（不論曾正式宣戰與否）、「內戰」、叛亂、革命、反叛、軍事、或篡權行動導致之任何事件；
11. 由於HIV（人類免疫力缺乏症病毒）及/或愛滋病等與HIV有關的任何疾病及/或不論如何引起或不論如何定名的有關疾病，其任何突變體衍化物或變種造成的任何身體「損傷」、疾病、死亡、損失、費用或其他責任；
12. 直接或間接由下列原因造成的「損傷」或「疾病」或病症：

- 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；
- 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；

13. 石棉瓦引致的「疾病」或病症；

14. 任何由「網絡行為」引致的「意外」、傷疾、「疾病」及/或「損傷」。

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並且所有資料會於續保時被視為真確及有效，除非「閣下」在續約時另有通知。

2. 年齡限制及資格限制

除非另有注明，在本「保單生效日」，「受保人」年齡必須為「香港」居民並持有有效之「香港」身份證明文件及年齡必須：

- (i) 幼青計劃 - 介乎於6個月至17歲或為18歲至23歲之未婚及全職學生；或
- (ii) 成年計劃 - 介乎於18歲(如不屬上述幼青計劃幼青之定義)至65歲；或
- (iii) 長者計劃 - 介乎於66歲至75歲，並可續保至80歲。

3. 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」是否仍是一位未婚及全職學生，保障將會自動由幼青計劃轉換到成年計劃。當「受保人」在保單續訂時已年滿66歲，保障將會自動由成年計劃轉換到長者計劃。「本公司」會以續保通知書通知「閣下」有關之保障調動。本保單，連同已列明已更新之保費及保障計劃的「附表」亦會隨同續保通知書同發出以供「閣下」參閱。

4. 現況轉變

「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。

5. 更改職業

- 5.1 如申請時申報的「受保人」職業(“職業”)的工作性質或其“職業”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」。
- 5.2 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。

6. 索償通知

若「受保人」因任何事故可能對本保單作出索償，須於首次接受治療三十日內書面通知「本公司」。倘因「意外」死亡之索償，必須立即通知「本公司」。「閣下」或「受保人」或「閣下」或「受保人」之代理人需自費提交「本公司」所需之證書、資料及證據，及任何「本公司」所定之形式及性質的各種證明。「本公司」有權自費要求聘用醫療公證人進行身體檢查。如「閣下」或「受保人」不遵守本條款，「本公司」有權決定不支付本保單的任何保障。

7. 損失證明

必須在有關索償的治療完成及/或終止後三十天內向「本公司」提書面損失證明方可辦理索償。倘能合理解釋不能於限期內將有關證明文件送交「本公司」提供的緣由，並已盡可能於期限後立即送出有關文件，且不超過一百八十日之限，則不會被視為放棄申請賠償的權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交。「本公司」概不會負責任何費用。

若所提交的證明文件並非中文或英文。「閣下」或「受保人」必須自費取得經核證的中文或英文證明文件譯本。

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」於任何「損傷」出現後滿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。惟第六節(b)-緊急醫療運送及第六節(c)-遺體運返下的費用會由「本公司」直接付予服務提供者。

當「本公司」收妥「本公司」所需的證明文件後，將根據本保單立即作出合理賠償。

11. 失實陳述、漏報或欺詐

「本公司」有權在下列任何一項情況下，宣告本保單自「保單生效日」起無效，並通知「閣下」，本保單不會為「受保人」提供保障：

- (a) 在投保表格或任何其後就相關申請提交予「本公司」的資料或文件（包括相關資料的任何更新及改動），其所作出的陳述或聲明中，就「受保人」健康狀況的任何“重要事實”作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「本公司」的風險評估。“重要事實”包括但不限於會影響「本公司」對「受保人」的核保決定的事實，若披露該事實「本公司」有可能因而徵收附加保費、增加不保項目、拒絕或待投保申請。
- (b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在(a)的情況下，「本公司」將：

- (i) 退還已繳交的相關保費及保費徵費（如有）但需扣除所有已支付的索償金額及「本公司」支付的必要費用，包括但不限於「本公司」的合理行政費及因本保單而招致的服務費（如有）。
- (ii) 如上述抵銷事項總數超越已繳交的相關保費，「閣下」必須在「本公司」發出付款通知書後十四（14）個工作天內向「本公司」償還差額。

在(b)的情況下，「本公司」將有權：

- (i) 不退還已繳交的相關保費；及
- (ii) 追討所有過去已支付予「閣下」的賠償，並要求在「本公司」發出付款通知書十四（14）個工作天內把有關賠償償還「本公司」。

12. 保費

- (i) 本保單為年度保單。「閣下」可以以月繳方式付款予「本公司」。在首期保費支付後，所有往後的保費必須在到期日或之前支付。「閣下」必須繳付同年度之全年保費。
- (ii) 「本公司」保留權利，在以下情況更改或調整保費：
- (a) 根據「本公司」在保費到期日當時適用之保費率，在更改保費前三十日向「閣下」提供書面通知。
- (b) 續保保費將按「受保人」續保時所屬的年齡組別而自動調整。
- (c) 根據本部份第17項-續訂保單所述之續保條款。

13. 寬限期

在首期保費後，「本公司」將於每次保費到期時給予「閣下」31天寬限期。在寬限期內，本保單仍維持生效。如於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費之日期起被視為逾時失效。

14. 重訂保單

若「閣下」因欠繳保費而導致「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。重訂保單祇就重訂保單日期後的「意外」提供保障予「受保人」。

15. 取消保單

15.1 「本公司」有權以30日書面通知「閣下」取消保單或任何章節或部份，通知書將以掛號郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關終止之原因。保障終止時，若在有關取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。

15.2 「閣下」可於30日前向「本公司」提出書面通知以取消此保單，如在該「保單生效日」至取消保單生效日(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	保障期「本公司」應收取保費比率
兩個月（即「本公司」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21日內以「閣下」簽署之書面通知「本公司」取消保單並向「本公司」交還保單。「本公司」將會把「閣下」已付之保費無息全數退還。

16. 保單終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

- 16.1 根據本部份第11項-失實陳述、漏報或欺詐所述之情況；
- 16.2 「閣下」未能根據本部份第13項-寬限期所述之情況，在31日寬限期內付款；或
- 16.3 任何一方根據本部份第15項-取消保單所述之情況，以30日內書面通知取消本保單；或
- 16.4 符合本保單第二部份第一節-個人「意外」中「受保人」已獲得賠償；或
- 16.5 當於保單週年時「受保人」年齡屆滿81歲。

17. 續訂保單

從「保單生效日」起計，本保單會維持最長一年生效期及由「本公司」酌情每年自動續保，惟「本公司」保留權利在每個「保險期」之續保時間前30日向「閣下」提供書面通知以更改條款，包括但不限於保費或不承保事項，前提是不得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。

18. 更改保障

「閣下」可於「保單生效日」的週年日前三十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（以提升保障部份為準）。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。

19. 虛報事實

如「受保人」之年齡或性別或職業被不慎虛報，「本公司」會按其正確年齡或性別或職業應付之保費退回或收回保費差額。倘投保時「受保人」年齡或性別或職業被不慎虛報，而根據當時的正確年齡或性別或職

業，本保單之保障應不能生效或應該在收取該次或每次保費前終止，如「本公司」並無就本保單作任何理賠，則「本公司」於任何情況下只會退回有關保費而不負責任何承保責任。

20. 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。

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」及第四節 - 意外住院現金除外）。

22. 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。

23. 法律訴訟

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

24. 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。

25. 替代性爭議解決方案

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

26. 第三者權利

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。

27. 遵從保單條款

如違反本保單任何條款，所有就本保單提出的索償均告無效。

28. 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的個人資料。「閣下」亦可透過此網址查閱有關私隱政策：<https://www.zurich.com.hk/zh-hk/services/privacy>。

「閣下」及/或「受保人」須授權及須促使保單內其他「受保人」授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的必須用途，使用及轉發資料（至「香港」境內或境外）包括任何適用的法律、規則或指引所定義之敏感性個人資料。如「受保人」向「本公司」提供任何

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

29. 管轄法律及司法裁判權

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

30. 制裁

若本保單提供的保險、款項、服務、保障及/或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「受保人」或其他一方提供任何保險或將向「受保人」或任何其他一方支付任何款項或提供任何服務或保障。

以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

第五部份 – 基本條款

賠償程序

步驟1：於事發日起之30天內以通知「本公司」。

步驟2：填寫賠償申報表及提交下列所需證明文件 / 資料。

意外死亡

- 死亡證
- 法醫官報告 / 驗屍報告
- (如屬失蹤) 法院宣佈「受保人」假設失蹤的證明
- 身故者之遺產管理書或遺囑認證書

骨折

- 「醫生」發出之有關「損傷」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

- 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 / 「醫院」
- 發出之出院紙
- 警方報告 (如適用者)

解僱保障

- 由前僱主所提供的證明信列出解僱理由及有關受僱時期及其終止受僱之日期

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。富經驗的支援服務員會處理「閣下」的查詢。

如需索償，請於星期一至星期五上午九時至下午五時三十分致電「本公司」賠償熱線：+852 2903 9388。

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。