



## Breezy Care Personal Accident Plan (Individual Plan)

Thank you for choosing Zurich. We are pleased to insure you so that you can enjoy life to the fullest.

### Important information regarding your policy

This is your contract for your insurance policy between you and us. This policy, together with the schedule and any endorsement forms the whole policy contract between you and us.

It is important that you carefully read and understand your policy wording and policy schedule because they describe the terms, conditions and exclusions that apply to your insurance under your policy.

### Checking your policy

Please check your policy wording and policy schedule to make sure all the information on them is correct. Please let us know straight away if any alternations are needed. Please contact us if you change your address or account details.

### Contacting us

If you have any queries or need to contact us, please use the following ways:

- (1) Customer service enquiry: enquiry@hk.zurich.com
- (2) Claims enquiry: claims@hk.zurich.com
- (3) OneZurich Customer Portal: You can access and edit your policy information, update your personal details, and check claims history and status on the portal with personalized 24-7 customer support. For other information, please go to OneZurich Customer Portal for checking.

### Keeping your documents safe

You should keep your policy wording and policy schedule in a safe place in case you need to refer to them in the future. Certain types of cover under your policy require you to provide receipts and other documentary evidence to us. You should also keep those documents in a safe place in case we need them to settle a claim.

### Here is a guide to your Breezy Care Personal Accident Policy

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## PART I – THE MEANING OF CERTAIN WORDS

The following words when used with *Italics* in *your policy* wording or the policy *schedule* have the meaning given below.

<b>Accident / Accidental</b>	A sudden and unforeseen event that happens unexpectedly during the <i>period of insurance</i> and causes <i>injury to you</i> or the <i>insured person</i> .
<b>Chinese Medicine Practitioner</b>	<p>A person other than <i>you</i>, the <i>insured person</i>, <i>domestic partner</i> or <i>immediate family member</i>, who is registered under the Chinese Medicine Ordinance in the Laws of Hong Kong.</p> <p>In the event of treatment received outside <i>Hong Kong</i>, it shall mean a person other than <i>you</i>, the <i>insured person</i>, <i>domestic partner</i> or <i>immediate family member</i>, who is legally authorized in the geographical area of his/her practice to render medical and surgical services.</p>
<b>Chiropractor</b>	<p>A person other than <i>you</i>, the <i>insured person</i>, <i>domestic partner</i> or <i>immediate family member</i>, who holds a valid practicing certificate issued by the Chiropractors Council in <i>Hong Kong</i>.</p> <p>In the event of treatment received outside <i>Hong Kong</i>, it shall mean a person other than <i>you</i>, the <i>insured person</i>, <i>domestic partner</i> or <i>immediate family member</i>, who is legally authorized in the geographical area of his/her practice to provide chiropractic treatment.</p>
<b>Complete Fracture</b>	The complete breakage of a bone into separate pieces.
<b>Confined or Confinement(s)</b>	Admission to a <i>hospital</i> as a result of <i>injury with medical necessity</i> upon the recommendation of a <i>medical practitioner</i> and continuously stays in the <i>hospital</i> prior to the <i>insured person</i> is discharge from the <i>hospital</i> . <i>Hospital</i> confinement will be evidenced by a daily room and board charge by the <i>hospital</i> .
<b>Domestic Partner</b>	<i>Domestic Partner</i> is an adult aged 18 or above who has chosen to live with the <i>insured person</i> in an intimate and committed relationship and has resided with the <i>insured person</i> for at least 3 years, intends to do so indefinitely and is able to provide such proof of residence. Domestic Partner does not include roommates or any <i>immediate family member</i> .
<b>Fractured Leg or Patella with Established Non-union</b>	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 <i>insured person's</i> life.
<b>Greater Bay Area (GBA)</b>	<i>Hong Kong</i> , The Macau Special Administrative Region, Guangzhou, Shenzhen, Zhuhai, Foshan, Huizhou, Dongguan, Zhongshan, Jiangmen and Zhaoqing of the People's Republic of China.
<b>Head</b>	The part from vertex to mandible of a person.
<b>Hong Kong</b>	The Hong Kong Special Administrative Region of the People's Republic of China.
<b>Hospital</b>	<p>An establishment which meets all the following requirements:</p> <ul style="list-style-type: none"><li>• holds a license as a hospital (if licensing is required in the state or governmental jurisdiction); and</li><li>• operates primarily for the admission, care and treatment of sick, ailing or injured persons as in-patients; and</li><li>• provides 24 hours a day nursing service by <i>qualified nurse</i> ; and</li><li>• has a staff of one or more licensed <i>medical practitioner</i> available at all times; and</li><li>• provides organized facilities for diagnosis and major surgical facilities; and</li><li>• is not primarily a clinic, nursing, rest or convalescent home or similar establishment or a place for alcoholics or drug addicts.</li></ul>
<b>Immediate Family Member</b>	<i>Your</i> or <i>insured person's</i> spouse, parent, parent-in-law, grandparent, grandparent-in-law, son or daughter, brother or sister, grandchild, or legal guardian.
<b>Injury / Injuries / Injured</b>	Bodily <i>injury</i> , food and drink poisoning and/or gas poisoning to <i>you</i> caused by an <i>accident</i> solely and independently of any other cause.
<b>Insured Person</b>	The names listed under the "Insured Person's Name" in the <i>schedule</i> who is the insured person of this policy.
<b>Loss of Hearing</b>	<p><i>Permanent</i> irrecoverable loss of hearing where if:</p> <p>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 <math>1/6 (a+2b+2c+d)</math> is above 80 dB</p>
<b>Loss of Limb</b>	Loss by physical separation at or above the wrist or ankle point.

<b>Loss of Sight of Eyes</b>	The entire and <i>permanent</i> irrecoverable loss of sight.
<b>Loss of Speech</b>	The disability in articulating any 3 of the 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 center in the brain resulting in Aphasia.
<b>Loss of / Loss of Use</b>	<i>Permanent</i> total functional disablement or complete and <i>permanent</i> physical separation at the limb or organ.
<b>Medical Necessity</b>	The necessity to have a medical service which is: <ul style="list-style-type: none"> <li>• consistent with the diagnosis and is the customary medical treatment for the condition; and</li> <li>• in accordance with standards of good and prudent medical practice; and</li> <li>• not furnished primarily for the convenience of <i>medical practitioner</i> or any other medical service providers; and</li> <li>• furnished at the most appropriate level sufficient to safely and adequately treat the <i>insured person's</i> disability and are performed in the least costly setting required for treatment of a covered disability; and</li> <li>• not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy in the event of a <i>confinement</i>.</li> </ul>
<b>Medical Practitioner</b>	A person other than <i>you</i> , the <i>insured person</i> , <i>domestic partner</i> or <i>immediate family member</i> , who is a registered medical practitioner under Medical Registration Ordinance, Cap.161, Laws of Hong Kong.  In the event of treatment or surgical operation received outside <i>Hong Kong</i> , it shall mean a person other than <i>you</i> , the <i>insured person</i> , <i>domestic partner</i> or <i>immediate family member</i> who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.
<b>Occupation Class</b>	Occupations are grouped into different classes according to the risks associated with a particular occupation as specified in <i>our</i> Occupation Manual (a copy of which can be obtained upon request made to <i>us</i> ), 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.
<b>Period of insurance</b>	The period of time as stated in the <i>schedule</i> during which this policy is effective, and <i>we</i> have accepted <i>your</i> premium.
<b>Permanent</b>	Lasting for not less than 12 consecutive months from the date of an <i>accident</i> and at the expiry of that period being beyond hope of improvement.
<b>Physiotherapist</b>	A person other than <i>you</i> , the <i>insured person</i> , <i>domestic partner</i> or <i>immediate family member</i> , who holds a valid practicing certificate issued by the Physiotherapists Board of Hong Kong.  In the event of treatment received outside <i>Hong Kong</i> , it shall mean a person other than <i>you</i> , the <i>insured person</i> , <i>domestic partner</i> or <i>immediate family member</i> , who is legally authorized in the geographical area of his/her practice to provide physiotherapy treatment.
<b>Policy Effective Date</b>	The effective date of the policy as stated in the <i>schedule</i> , or the renewal date as stated in the latest renewal notice, whichever is the later, provided the premium has been paid.
<b>Policy Inception Date</b>	<ul style="list-style-type: none"> <li>• The first effective date of this policy as stated in the <i>schedule</i> upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or</li> <li>• policy reinstatement date;</li> </ul> whichever is later.
<b>Pre-existing Conditions</b>	Any injury, sickness or condition and/or directly related conditions for which the <i>insured person</i> showed symptoms or has received medical consultation, diagnosis, treatment or advice by a <i>medical practitioner</i> or took prescribed drugs or medicine for a period of time during which <i>you</i> or the <i>insured person</i> was aware of or could reasonably be expected to be aware of prior to the <i>policy inception date</i> or <i>upgrade</i> effective date, whichever is later, except for such conditions that have been fully disclosed and accepted by us in writing, where by the policy document does not expressly exclude treatment relating to such pre-existing conditions.
<b>Public Common Carrier</b>	Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire.
<b>Qualified Nurse</b>	A qualified nurse other than <i>you</i> , the <i>insured person</i> , <i>domestic partner</i> or <i>immediate family member</i> , legally authorized by the government of the geographical area of his/her practice to render nursing services.
<b>Recovery Equipment</b>	Any medical equipment approved and recommended by a <i>medical practitioner</i> to be

necessary for the medical recovery treatment of the *insured person*.

**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.

**Specialist**

A *medical practitioner* other than *you*, the *insured person*, *domestic partner* or *immediate family member*, is legally registered in the Specialist Register of the Medical Council of Hong Kong. Or if the treatment or surgery is received outside *Hong Kong*, that person is required to be a registered *medical practitioner* who can legally practice specialist care in accordance with the equivalent specialty law in the geographical area of his/her practice to render medical and surgical services.

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

**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 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**

Upgrade shall mean an increase in the level of benefit and/or plan level and the upgrade effective date shall mean 00:00 *Hong Kong* Time on the date we agree to provide an upgrade of *your* policy and such date is shown on *your schedule* or endorsement recording that upgrade.

**We, our and us**

Zurich Insurance Company Ltd.

**Weekly Income Benefit Waiting Period**

The period of 3 days 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, Your and Yourself**

The person shown in the *schedule* as "The Applicant" who is the *insured person* and policyholder of this policy.

## PART II - BENEFITS

Below are the different types of plans targeting individuals in this policy, *you* can refer to the "Plan" specified in the *schedule* for the plan type *you* have chosen.

**Table of Benefits**

Coverage	Sum insured per <i>insured person</i> (HKD)		
	Junior Plan*	Adult Plan**	Elderly Plan***
<b>Section 1 - Accidental Cover</b>			
<b>(a) Accidental death and permanent disablement</b>	300,000	As stated in <i>schedule</i>	300,000
<b>(b) Additional indemnity in accidental death and permanent disablement due to accident during school activities</b>	150,000	Not applicable	Not applicable
<b>(c) Additional indemnity in accidental death and permanent disablement due to accident within Greater Bay Area (except Hong Kong)</b>	Not applicable	Not applicable	150,000
<b>(d) Burns</b>	100,000	250,000	150,000
<b>(e) Broken bones</b>	15,000	50,000	30,000
<b>(f) Burial/cremation cost</b>	30,000	50,000	30,000
<b>Section 2 – Accidental Medical Expenses cover</b>			
<b>(a) Hospitalization expenses</b>	10,000 per accident	As stated in <i>schedule</i> per accident	10,000 per accident
<b>(b) Out-patient expenses</b> Inclusive of: <ul style="list-style-type: none"> <li>• General <i>medical practitioner</i> and specialist medical treatment</li> <li>• Chinese medicine bone-setting expenses and Chinese medicine acupuncture expenses</li> <li>• Chiropractic expenses</li> <li>• Physiotherapy expenses</li> </ul>	3,000 per accident	Refer to the Option for Hospitalization Expense as stated in the <i>schedule</i> Option 1 : 3,000 Option 2 : 4,500 Option 3 : 6,000 per accident	4,000 per accident
<b>(c) Out-patient medication expenses</b>	1,000 per accident	2,000 per accident	1,000 per accident
<b>(d) Out-patient diagnostic scan and laboratory test</b>	1,000 per accident	2,000 per accident	1,000 per accident
<b>(e) Recovery equipment</b>	500 per accident	2,000 per accident	1,000 per accident
<b>(f) Additional hospitalization expenses in overseas</b>	10,000 per accident	Same as Section 2(a) per accident	10,000 per accident
<b>Maximum per policy year limit in Section 2 (b) - (d)</b>	20,000	Refer to the Option for Hospitalization Expense as stated in the <i>schedule</i> Option 1 : 25,000 Option 2 : 35,000 Option 3 : 50,000	25,000
<b>Maximum per policy year limit in Section 2 (a) - (f)</b>	120,000	Refer to the Option for Hospitalization Expense as stated in the <i>schedule</i> Option 1 : 150,000 Option 2 : 200,000 Option 3 : 300,000	120,000
<b>Section 3 – Accidental Hospital Cash Cover</b>			
<b>(a) Daily hospital cash allowance</b>	400 per day (max. 31 days per accident)	500 per day (max. 31 days per accident)	400 per day (max. 45 days per accident)
<b>(b) Additional daily hospital cash allowance due to school activities</b>	200 per day (max. 14 days per accident)	Not applicable	Not applicable
<b>(c) Additional daily hospital cash allowance due to accident on public common carrier</b>	Not applicable	200 per day (max. 14 days per accident)	Not applicable
<b>(d) Additional daily hospital cash allowance due to accident within Greater Bay Area (except Hong Kong)</b>	Not applicable	Not applicable	200 per day (max. 14 days per accident)
<b>Section 4 – Zurich Care Cover</b>			
<b>(a) Parent/spouse annual leave compensation</b>	200 per day (max. 14 days per accident)	300 per day (max. 14 days per accident)	Not applicable

<b>(b) Home nursing fee</b>	Not applicable	300 per day (max. 31 days per accident)	400 per day (max. 90 days per accident)
<b>(c) Home renovation expenses</b>	20,000 per accident	30,000 per accident	25,000 per accident
<b>(d) Trauma counselling benefit</b>	5,000 per accident (1,000 per visit)	5,000 per accident (1,000 per visit)	5,000 per accident (1,000 per visit)
<b>(e) Allowance on missed event in Greater Bay Area</b>	200 per accident	300 per accident	200 per accident
<b>(f) Allowance to the elderly on accidental injury caused by specified illness as listed:</b> <ul style="list-style-type: none"> <li>• Cataract</li> <li>• Dementia</li> <li>• Glaucoma</li> <li>• Osteoporosis</li> <li>• Parkinson's Disease</li> </ul>	Not applicable	Not applicable	1,000 per accident  2,000 Per policy year
<b>Section 5 – Zurich Emergency Assistance</b>			
<b>(a) Emergency evacuation or repatriation service</b>	Actual cost		
<b>(b) Repatriation of mortal remains</b>	Actual cost		
<b>(c) Hospital admission guarantee</b>	39,000		
<b>(d) Compassionate visit</b>	1 round-trip economy class travel ticket		
<b>(e) 24-hour Telephone hotline information and referral service</b>	included		
<b>Section 6 - Weekly Income Benefit (Optional)</b>			
<b>Weekly Income (optional benefit for insured person under Occupation Classes 1 &amp; 2<sup>^</sup>)</b>	Not applicable	As stated in the schedule (Max. 52 weeks)	Not applicable

\*Junior covers *insured person* aged from 15 days to 17 years old and full-time students from 18 to 23 years old.

\*\*Adult covers *insured person* aged from 18 to 70 years old.

\*\*\*Elderly covers *insured person* aged from 71 years old to lifetime.

<sup>^</sup>Occupation Classes 1 & 2:

Indoor occupations with job duties which are office-related only, or occupations which are mainly indoor and involve light manual work occasionally and without the use of machinery or engine including office clerk, management, executive, lawyer, accountant, teacher, doctor, nurse, architect, indoor or outdoor sales representative, writer, social worker, health inspector, housewife, student, retiree, etc.(The list is for reference only and it is subject to change from time to time).

## Your Benefits

### Section 1 - Accidental Cover

#### (a) Accidental death and permanent disablement

If an *insured person* sustains *injury* as a result of an *accident*, and shall within 12 consecutive months from the date of *accident* result in one of the Events in the Compensation Table, we shall pay to the *insured person* the Sum Insured as stated in the Table of Benefits and in accordance with the Percentage of Sum Insured for the relevant Event as listed in the Compensation Table below.

#### (b) Additional indemnity in accidental death and permanent disablement due to accident during school activities

In the event that the *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 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 2 hours upon the completion of the activities organized by *school* or disperses from the group, whichever is earlier.

#### (c) Additional indemnity in accidental death and permanent disablement due to accident within Greater Bay Area (Except Hong Kong)

If the *injury* sustained by the *insured person* is within *GBA* (except *Hong Kong*), 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.

Compensation Table		Percentage of Sum Insured
Events		
1.	Death	100%
2.	<i>Permanent Total Disablement</i>	100%
3.	<i>Permanent and Incurable Paralysis of all Limbs</i>	100%
4.	<i>Permanent Total Loss of Sight of both Eyes</i>	100%
5.	<i>Permanent Total Loss of Sight of one Eye</i>	100%
6.	<i>Permanent Total Loss of Use or Loss of two limbs</i>	100%
7.	<i>Permanent Total Loss of Use or Loss of one limb</i>	100%
8.	<i>Loss of Speech and Loss of Hearing</i>	100%
9.	<i>Permanent and Incurable Insanity</i>	100%
10.	<i>Permanent Total Loss of Hearing in</i>	
	(a) Both Ears	75%
	(b) One Ear	15%
11.	<i>Loss of Speech</i>	50%
12.	<i>Permanent Total Loss of Lens of one Eye</i>	50%
13.	<i>Permanent Total Loss of Use of Four Fingers and Thumb of</i>	
	(a) Right hand	70%
	(b) Left hand	50%
14.	<i>Permanent Total Loss of Use of any Four Fingers of</i>	
	(a) Right hand	40%
	(b) Left hand	30%
15.	<i>Permanent Total Loss of Use of One Thumb</i>	
	(a) Both right joints	30%
	(b) One right joint	15%
	(c) Both left joints	20%
	(d) One left joint	10%
16.	<i>Permanent Total Loss of Use of Fingers</i>	
	(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.	<i>Permanent Total Loss of Use of Toes</i>	
	(a) all – one foot	20%
	(b) Great – both joints	7.5%
	(c) Great – joints	5%
18.	<i>Fractured leg or Patella with Established non-union</i>	15%
19.	<i>Shortening of leg by at least 5 cm</i>	10%
20.	If the <i>permanent</i> disability is not provided for under Events 10-19, it is in <i>our</i> absolute discretion to determine as such.	

#### Compensation conditions under Section 1(a) – (c)

1. We will not pay more than one of Events 1 to 20 in respect of the same *accident*. If there are more than one of the Events that the *insured person* sustains from the same *accident*, only the Event with the highest compensation will be payable under this Section.
2. If we have paid less than 100% of the Percentage of Sum Insured, the Sum Insured as stated in the Table of Benefits shall be reduced by such amount of compensation that we paid. The Sum Insured stated in the Table of Benefits will not be reinstated to 100% at policy renewal. If there are any claims made thereafter, it shall be calculated by 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 for respective *Insured persons*.
3. For any partial disablement in relation to Events 2 -19 inclusive of or any other partial disablement not otherwise provided for under Events 2 -19 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 *injury*. However, we will not make any payment in respect of any disablement which was totally disabled prior to the *injury* covered under the policy.
4. If we have paid 100% of the Sum Insured for any one *insured person*, all coverage under this policy shall then immediately cease to be in force with regard to such *insured person*. We will not refund any premium for the unexpired period.
5. If we have paid 100% of the Sum Insured to *you*, this policy shall then immediately cease to be in force, and we will not refund any premium for the unexpired period.
6. 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 various disabilities of right hand and left hand will be transposed.

**(d) Burns**

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

Compensation Table		
Area	Damage as a percentage of Total Surface Area	Percentage of Sum Insured
Head	(a) Damage of total <i>head</i> surface area at or above 12%	100%
	(b) Damage of total <i>head</i> surface area between 8% to 11%	75%
	(c) Damage of total <i>head</i> surface area between 5% to 7%	50%
	(d) Damage of total <i>head</i> surface area between 2% to 4%	25%
Body (excluding <i>head</i> )	(a) Damage of total body surface area at or above 20%	100%
	(b) Damage of total body surface area between 15% to 19%	75%
	(c) Damage of total body surface area between 10% - 14%	50%

**Compensation conditions under Section 1(d)**

- Benefit shall not be payable for more than one of the above Area in respect of the same *accident*. Should the *injury* occur to more than one of the above Areas from the same *accident*, only the Area with the highest compensation will be payable under this Section.
- For any *second degree burns* or *third degree burns* resulting a damage on an Area listed in the Compensation Table above existed prior to an *accident* covered under this policy, and which the same Area is damaged again due to *second degree burns* or *third degree burns* caused by such *accident*, the Percentage of Sum Insured shall be determined by us having regard to the extent of damage on the Area caused by the covered *accident*. In no event shall we pay for any damage on the Area sustained prior to the *accident*.
- 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 Table of Benefits shall be reduced by such amount of compensation paid. The Sum Insured stated in the Table of Benefits will not be reinstated to 100% at policy renewal. Any claims made thereafter shall be calculated as the original Sum Insured 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 for respective *Insured persons* as stated in the Table of Benefits.
- In the event that 100% of the Sum Insured is paid under this Section 1(d) in respect of any one *insured person*, Section 1(d) shall be removed entirely for such *insured person*, effective immediately and for all future renewals.

**(e) Broken bones**

In the event that the *insured person* sustains *injury* and results in any Fracture of Bones 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 Table of Benefits in accordance with the relevant Event listed in the following Compensation Table.

Compensation Table			
Fracture of Bones		Percentage of Sum Insured	
Event		Complete fracture	Fracture other than complete fracture
1.	Pelvis	100%	50%
2.	Heel	50%	25%
3.	Skull, Collarbone, Upper limb	40%	20%
4.	Lower jaw	30%	15%
5.	Vertebrae, Shoulder blade, Sternum, Hand, Foot	20%	10%
6.	Upper jaw, Cheek bone, Nose, Ribs, Coccyx, Toes, Fingers	15%	7.5%

**Compensation conditions under Section 1(e)**

- We will not pay for more than one of the above Event in respect of the same *accident*. Should there be more than one of the Fracture of Bones Event 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 Table of Benefits shall be reduced by such amount of compensation paid. The Sum Insured stated in the Table of Benefits will not be reinstated to 100% at policy renewal. 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 Table of Benefits.
- In the event that 100% of the Sum Insured is paid under this Section 1(e) in respect of any one *insured person*, Section 1(e) shall be removed entirely for such *insured person*, effective immediately and for all future renewals.

**(f) 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 in *Hong Kong*.

If the *insured person* is entitled to a refund of all or part of the burial or cremation cost from any other source, we will

only be liable for the shortfall of the reimbursement amount which is not recoverable from such other source.

## Special Provisions for Section 1

### 1. Disappearance due to sinking or wrecking of the *public common carrier*

If the body of the *insured person* has not been found within one year after the date of the disappearance due to 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 sinking or wrecking.

### 2. Maximum liability on *accidental death* and *permanent disablement*

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 - *Accident Medical Expenses Cover*

### (a) Hospitalization expenses

If an *insured person* sustains *injury* as a result of an *accident* and is *confined* in a *hospital* on the recommendation of a *medical practitioner* based on *medical necessity*, we will reimburse the reasonable medical expenses incurred during such *confinement*, up to the Sum Insured stated in the Table of Benefits.

### (b) Out-patient expenses

If an *insured person* sustains *injury* as a result of an *accident*, we will pay the following out-patient expenses incurred by the *insured person* :

- (i) Medical expenses paid to general *medical practitioner* and *specialist* for medical treatment
- (ii) Medical expenses paid to *Chinese medicine practitioner* for Chinese medicine bone-setting or acupuncture treatment
- (iii) Treatment expenses paid to *chiropractor*
- (iv) Treatment expenses paid to *physiotherapist*
- (v) Emergency dental treatment expenses on the damage to sound and natural teeth as a result of an *accident* to alleviate the pain in a legally registered dental clinic or *hospital* but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses.

### (c) Out-patient medication expenses

In addition to Section 2(b), we will also reimburse the *insured person* for the out-patient medication expenses prescribed by a *medical practitioner* as a result of an *accident*.

### (d) Out-patient diagnostic scan and laboratory test

In addition to Section 2(b), we will also reimburse the *insured person* the cost of diagnostic scan and laboratory test performed in out-patient setting, which is recommended in writing by the attending *medical practitioner*, up to the Sum Insured stated in the Table of Benefits.

### (e) 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 recommended in writing by a *medical practitioner* to be necessary for the medical recovery of the *insured person*. The maximum amount we will pay for any one article, pair or set is up to the Sum Insured is stated in the Benefit Table.

### (f) Additional hospitalization expenses overseas

In the event that the *insured person* sustain *injury* and is *confined* in an overseas *hospital* while travelling outside *Hong Kong* for a period of not exceeding 30 days, the Hospitalization Expenses under Section 2(a) of this policy shall be increased by the Sum Insured as stated in the Table of Benefits.

## Compensation condition to Section 2

If the *insured person* is entitled to a refund of all or part of the expenses in Section 2(a) to Section 2(f) from any other source, we will only be liable for the shortfall of the reimbursement amount which is not recoverable from such other source.

### Per policy year limits applicable to Section 2

- Please refer to the Table of Benefits for the maximum per policy year limit per *insured person* applicable to Section 2(b) – (d).
- Please refer to the Table of Benefits for the maximum per policy year limit per *insured person* applicable to Section 2(a) - (f).

### Section 3 - Accidental Hospital Cash Cover

#### (a) Daily hospital cash allowance

If the *insured person* is confined in a public hospital in Hong Kong upon the recommendation of a *medical practitioner* for purpose other than rest or convalescence, and such confinement is during the *period of insurance* and caused by an *accident*, we will pay the daily hospital cash allowance as stated in the Table of Benefits.

#### (b) Additional daily hospital cash allowance due to accidents during school activities

In addition to Section 3(a), we will also pay an additional daily hospital cash allowance as stated in the Table of Benefits due to an *accident* that happened during school activities and is confined in a public hospital in Hong Kong during the *period of insurance*.

#### (c) Additional daily hospital cash allowance due to accident on public common carrier

In addition to Section 3(a), we will also pay an additional daily hospital cash allowance as stated in the Table of Benefits due to an *accident* that happened on *public common carrier* and is confined in a public hospital in Hong Kong during the *period of insurance*.

#### (d) Additional daily hospital cash allowance due to accident within Greater Bay Area (except Hong Kong)

If the *insured person* is confined in a hospital in GBA (except Hong Kong) due to an *accident* that happened within GBA (except Hong Kong) upon the recommendation of a *medical practitioner* for purpose other than rest or convalescence, and such confinement is during the *period of insurance*, we will pay the daily hospital cash allowance as stated in the Table of Benefits.

If the *insured person* is confined in a public hospital in Hong Kong due to an *accident* that happened within GBA (except Hong Kong) upon the recommendation of a *medical practitioner* for purpose other than rest or convalescence, and such confinement is during the *period of insurance*, we will pay the daily hospital cash allowance as stated in the Table of Benefits in addition to Section 3(a).

### Compensation condition to Section 3

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

### Section 4 - Zurich Care Benefits

#### (a) Parent/spouse annual leave compensation

In the event that the *insured person* is confined in a hospital as a result of an *accident*, we will pay a daily allowance as stated in the Table of Benefits to the *insured person* so as to compensate either one of the *insured person's* parents (for Junior Plan) or spouse/ *domestic partner* (for Adult Plan) for who has taken the annual leave from work to take care of the *insured person*. This benefit will be payable if we have agreed to pay the benefit of Accidental Medical Expenses under Section 2(a) for the same *accident* resulting in such confinement.

No benefit shall be provided if the *insured person's* parent or spouse / *domestic partner* is a housewife, retired, unemployed, self-employed, or is not under a contract of employment at the time when the *accident* occurs.

#### (b) Home nursing fee

If the *insured person* suffers from *permanent total disablement* as a result of an *accident* 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 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*.

#### (c) Home Renovation expenses

If the *insured person* suffers from *permanent total disablement* as a result of an *accident*, we shall reimburse the reasonable and necessary expenses incurred in renovating his/her principle 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.

"Principal Home" means the house of 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 6 months prior to the above *accident*, in the event that the *insured person* has more than one place of residence.

#### (d) Trauma Counselling benefit

If the *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 trauma counselling cost related to such traumatic event and within 90 days from such event which is recommended by the *insured person's medical practitioner*, up to the Sum Insured as stated in the Table of Benefits.

**(e) Allowance on missed event in Greater Bay Area due to *accident injury* hospitalization on event date**

If the *insured person* is *confined* in a *hospital* as a result of an *accident* and missed a pre-booked event listed below during such *confinement*, we will pay an allowance to subsidize the ticket cost, up to the Sum Insured stated in the Benefit Table.

“Event” shall mean conferences, exhibitions, music festivals, concerts, sporting events, visits to a theme park and participation of local tours, the attendance of which is to be evidenced by producing a receipt issued by the ticketing platform showing the event name, cost and date of purchase. We will only pay the claim for tickets which are purchased from platforms approved by us as below:

- (i) The official ticket box office; or
- (ii) an authorized licensed dealer; or
- (iii) the official website of the theme park or concert.

**(f) Allowance to the elderly on *accidental injury* caused by specified illness**

If the *insured person* sustains *injury* as a direct result of one the following medical conditions of the *insured person*, we will pay a lump sum allowance as stated in the Table of Benefits:

- (i) Cataract
- (ii) Dementia
- (iii) Glaucoma
- (iv) Osteoporosis
- (v) Parkinson's Disease

**Section 5 - Zurich Emergency Assistance**

Zurich Emergency Assistance will arrange for the following services in the event that the *insured person* have suffered from an *injury* whilst travelling outside *Hong Kong* not exceeding 90 days:

**(a) Emergency evacuation of 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 of transportation, 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*.

**(b) 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.

**(c) Hospital admission guarantee**

Upon admission to an overseas *hospital*, Zurich Emergency Assistance provides a guarantee for admission deposit up to a limit of HKD 39,000. Such deposit shall be fully refunded to us and is borne solely by the *insured person* unless otherwise covered under Section 2 – Accidental Medical expenses Cover of this policy.

**(d) Compassionate visit**

Zurich Emergency Assistance will pay for the cost of one round-trip economy class travel ticket for an *immediate family member* or *domestic partner* will be provided, if the *insured person* dies, or sustains serious *injury* and is *confined* in a *hospital* outside *Hong Kong* for over 3 consecutive days.

**(e) 24-hour telephone hotline information and referral service**

- (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) Legal Referral
- (viii) Overseas Telephone Medical Advice
- (ix) Monitoring of Medical Condition When Hospitalized

In respect of service (ix) above hospitalization expenses or medical expenses charged to the *insured person* by a *hospital*, or *medical practitioners* other than the *medical practitioners* 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 5

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. any Emergency Evacuation or Repatriation or 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 in 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 6 - Weekly Income Benefit (Optional)

When the *insured person* sustains *injury* as a result of an *accident* and shall within 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*.

### Compensation conditions under Section 6

1. After expiration of the *weekly income benefit waiting period*, we will pay the Weekly Income Benefit for each and every full consecutive 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 52 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. The *insured person* must provide current income proof including bank statement(s) for at least 3 consecutive months showing the monthly salary and Annual Tax Return as a supporting document upon claims. The *insured person* is also liable to provide other supporting documents which are required by *us* as proof of claims.
4. We shall not pay the Weekly Income Benefit if the *insured person* has been unemployed over 3 months before the date of *accident*.
5. In the event that more than one form of medical proofs is 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:
  - (i) the death of the *insured person*; or
  - (ii) the *insured person* recovers from the *injury* and resumes to work; or
  - (iii) the *insured person* fails to submit medical proof to evidence the continuation of *TTD*; or
  - (iv) the completion of the maximum benefit period of 52 weeks;whichever first occurs.

## PART III - 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. The time when the *insured person* is engaging in duty for *Occupation Class 3* or above or any occupation principally involving the use of light machinery or engines and any extra hazardous occupations involving the use of heavy machinery, requiring high degree of physical exertion or working in an extra hazardous working environment, including but not limited to entertainers, newspaper-war correspondents, truck drivers, China-Hong Kong cross border drivers, jockeys, detectives and caisson workers, disciplinary forces, or armed forces of any country or international authority;
2. Any *pre-existing conditions*;
3. Any kind of disease or sickness; or any loss caused by an *injury* which is a consequence of any kind of disease (except Section 4(f));
4. Any cosmetic surgery, procurement or use of special braces, appliances or equipment, except for it is reasonably caused by an *accident*;
5. The *insured person's* participation in any illegal or unlawful acts;
6. Riding or driving in any kind of motor racing, or engaging in sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport;
7. Air travel other than as a passenger on a regular *scheduled* airline or licensed chartered aircraft;
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;
10. 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;
11. Any expenses, consequential loss, legal liability or loss of or damage to any property directly or indirectly arising from:

- (i) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- (ii) the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.

## PART IV - GENERAL PROVISIONS

### 1. Entire Contract

This policy including *schedule*, enrollment form, declaration, riders, optional benefits, endorsements, attachments and amendments (regardless verbally or in written format or digital format) 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 such amendment. For avoidance of doubt, the above documents will form part of the renewed policy contract and the information contained is 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 15 days and 17 years, or unmarried full-time student aged between 18 and 23 years under Junior Plan; the *insured person* who is aged between 18 years (if not classified as a Junior as defined above) and 70 years under Adult Plan; the *insured person* who is aged between 71 and 80 years at the time of enrollment 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 residential address and live in *Hong Kong* as a usual place of residence. *Insured person* under age of 18 years old shall hold a valid *Hong Kong* birth certificate or proof of dependent visa.

### 3. Status Change

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

### 4. Change of occupation

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.

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 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. The Sum Insured will be Option 1 in Section 1(a) and Section 2(a). 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 or 2. When the *insured person* reaches the age of 71 years upon policy renewal, the cover will be automatically switched from Adult Plan to Elderly Plan.

### 6. 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:

- (i) If no claim has been made by or has arisen from the *insured person* prior to the policy anniversary, the no claim discount on the renewal premium of the following policy year will be increased by 5%. The maximum accumulation of the no claim discount is up to 15%.
- (ii) If a claim has been made by or has arisen from the *insured person* prior to the policy anniversary, the no claim discount on the renewal premium of the following *policy* year will be decreased by 5%. The maximum deduction of the no claim discount is up to 15% and the minimum of the no claim discount is 0%.
- (iii) The no claim discount of any policy year shall be invariably deducted from the originally chargeable renewal premium (without deduction of no claim discount) of such policy year and shall disregard the balance of the originally chargeable renewal premium of any previous policy year after deduction of the no claim discount of such previous policy year.

### 7. Notification of Claim

Written notice must be given to *us* within 30 days upon the occurrence of any event likely to give rise to a claim under this policy. 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.

### 8. Proof of Loss

Written proof of loss must be furnished to *us* within 30 days of *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 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*.

**9. Claims Admittance**

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

**10. 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 to have a post-mortem examination at *our* expense. The result of such examination shall be *our* property.

**11. Payment of Claims**

*We* will pay all benefits to *you* or the *insured person* for their respective rights and interests. In the event of *accidental* death of the *insured person*, *we* will pay all the pending benefits to the estate of the *insured person*. If the *insured person* is aged 17 years or below, *we* will pay all benefits to his/her parent or legal guardian for their respective rights and interests. All indemnities provided in this policy will be paid immediately after the receipt of due proof upon *our* approval, unless the indemnity is in respect of *permanent* total disablement.

**12. Misrepresentation, Non-disclosure or Fraud**

If *you* or the *insured person* makes a statement in the enrollment and declaration or in connection with any claim knowing the statement is false, or fail to act in utmost good faith, or the enrollment or claim submitted is fraudulent or where a fraudulent representation is made, *we* will not be liable for any claim and all covers and benefits under this policy shall cease immediately. *We* will not be liable to refund any premium paid. If any benefit has been paid by *us*, *you* shall refund such benefits to *us* within 7 working days from the date of *our* notice of demand.

**13. 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.

**14. Clerical error**

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

**15. Zurich Emergency Assistance**

The service provider of Zurich Emergency Assistance is an independent service provider providing such respective services to *you* upon *your* request. *We* or any of our affiliates, agents, or employees of any of them have 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.

**16. 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 - *Accident Cover* (a) – (c), Section 3 - *Accidental Daily Hospital Cash Benefit* and Section 4(a)(e)(f)), *we* will be liable only for our proportionate share only.

**17. Renewal**

*We* reserve the right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions of this policy at the time of renewal of any policy year of this policy, either before or after *your* acceptance of such renewal. *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 commencement date of any policy year. If this policy is on monthly payment mode, this policy will be automatically renewed with *our* consent.

**18. 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. The validity of the policy is subject to *your* settlement of the full premium for the entire policy year and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such policy year. *We* will not be liable to refund any premium paid.

*We* reserve the right to revise or adjust the premium under the following circumstances:

- (i) According to our applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by you and/ or in relation to this product, and any changes in benefit) by giving 30 days' advance written notice to you.
- (ii) The premium rate should be adjusted automatically according to Clause 5 – Transfer of Cover under this part.

**19. Cancellation**

- (i) *We* have the right to cancel this policy or any section or part of it by giving 30 days' advance notice to *your* email provided to *us* at enrolment, and / or in writing by post to *you* if *your* address is provided to *us* at enrolment.

Under no circumstances will we 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*.

- (ii) *You* have the right to cancel this policy by giving 30 days' advance notice in writing to *us*. In such event, we will refund the premium actually paid by *you* covering the period after the date of termination of this policy based on the table below, provided that no claim has been made during the period starting from the policy effective date of each *period of insurance*, to the date on which the cancellation takes effect ("Policy Period"), the required premium covering the period before the date of termination shall be calculated in accordance with the table below but in no event shall the required premium be less than *our* customary minimum premiums. If this policy is paid on a monthly basis, we have the right to charge the *insured person* 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 the *insured person* is 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 premium)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

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

**20. Termination of coverage**

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

- (i) the premium due date in accordance with Clause 21 - Grace Period under this Part;
- (ii) under the circumstance mentioned in Clause 19 - Cancellation under this Part and provided that thirty (30) days' notice of cancellation before premium due date is given;
- (iii) subject to the above Clause 12 – Misrepresentation, Non-disclosure or Fraud under this Part;
- (iv) upon payment of the benefits to the *insured person* under the circumstances mentioned under "Compensation - Clause (5)" of Section 1(a) - "Accidental Death and Permanent Disablement" under Part 2.

**21. Grace period**

We will allow *you* 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.

**22. 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.

**23. Legal Action**

No legal action shall be brought to recover on this policy prior to the expiration of 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 2 years 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 and the *insured person's* name against third parties who may be responsible for an occurrence giving rise to a claim under this policy, and *you* and the *insured person* shall concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by *us* for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which we are entitled by virtue of our right hereunder.

**25. Right of Third Party**

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.

## 26. Alternative Dispute Resolution

In the event of a dispute arising out of the policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of Hong Kong and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within 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 and the arbitration proceedings shall be conducted in English. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of the policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under the policy and you do not commence arbitration in the aforesaid manner within 12 calendar months from the date of our disclaimer, your claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under the policy.

## 27. Governing law and Jurisdiction

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

## 28. Compliance with Policy Provisions

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

## 29. Statement of Purpose for Collection of Person Data

All personal data collected and held by us will be used in accordance with our privacy policy, as notified to the you from time to time and available at this website:

<https://www.zurich.com.hk/en/services/privacy>

You shall, and shall procure all other *insured person* covered under the policy to, authorize us to use and transfer data (within or outside *Hong Kong*), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of Hong Kong, for the obligatory purposes as set out in our privacy policy as applicable from time to time. When information about a third party is provided by the *insured person* to us, the *insured person* warrant that proper consents from the relevant data subjects have been obtained before the personal data are provided to us, enabling us to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

## 30. Sanctions

Notwithstanding any other terms under this policy, we shall not be deemed to provide coverage or make any payments or provide any service or benefit to you or the *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of you or 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 we deem applicable or if you or the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

## PART V - CLAIMS PROCEDURE

Through our "eClaim" online platform, you can submit a claim easily and conveniently. Simply scan the QR code to browse <https://www.zurich.com.hk/en/make-a-claim> and submit claims, the processing time can be shorten up to two working days comparing to submission by post/mail.



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



**ZURICH**  
蘇黎世

## 「自在守護」個人意外計劃（個人計劃）

感謝您選擇蘇黎世。「我們」很高興為「你」提供保障，讓「你」能充分享受生活。

### 有關「你」的保單的重要資訊

這是「你」與「我們」之間的保險單合約。本保單連同附表及任何批註表格，構成「你」與「我們」之間的整個保單合約。請務必仔細閱讀並理解「你」的保單和「附表」的內容，因為它們詳細列出了本保單的保障條款、條件和不保事項。

### 檢查「你」的保單

請檢查「你」的保單和「附表」，以確保所有資料都是正確的。如果需要任何更改，請立即跟「我們」聯絡。如果「你」更改地址或帳戶詳細信息，亦請跟「我們」聯絡。

### 聯絡「我們」

如果「你」有任何疑問或需要聯絡「我們」，請透過以下方式：

- (1) 客戶服務查詢：enquiry@hk.zurich.com
- (2) 索賠查詢：claims@hk.zurich.com
- (3) OneZurich客戶網站：「你」可以在網站上存取和編輯您的保單資料，更新「你」的個人詳細信息，並在客戶網站上查看索賠歷史記錄和狀態，並獲得個人化的 24-7 客戶支援。如需其他資訊，請前往 OneZurich 客戶網上服務平台進行查詢。

### 確保「你」的文件安全

「你」應將保單條款和保單附表存放在安全的地方，以備日後有需要參考時使用。

保單內一些的保障要求「你」向我們提供收據和其他文件證據。「你」應該將這些文件保存在安全的地方，以備我們需要它們的時候來理賠。

### 這是「你」的「自在守護」個人意外保單指南

部份	內容
第一部分 – 指定詞彙含義	保單內一些指定詞語的含義
第二部分 – 保障內容	
<ul style="list-style-type: none"> <li>• 保障列表</li> </ul>	本保單承保的保障項目摘要及其賠償額
<ul style="list-style-type: none"> <li>• 「你」的保障</li> </ul>	詳細解釋保單每項保障的受保範圍及條款以及什麼情況不受保障
第三部分 – 一般不保事項	「我們」不會承保的事項
第四部分 – 一般條款	「你」必須知道的保單基本條款
第五部分 – 索償程序	如何申請索償及有關文件

## 第一部分 – 指定詞彙含義

以下字詞在「你」的保單條款或保單附表中與引號一起使用時具有以下的含義。

「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「損傷」之突發事件。
「中醫」	持有合法執業資格的中醫，並根據「香港」法律下的中醫藥條例註冊執業。並該中醫不是「你」、「受保人」、「同居伴侶」或「直系親屬」。 如「受保人」於「香港」以外接受治療，該中醫需根據其經營所在國的法律在其執照範圍內註冊執業，並該中醫不是「你」、「受保人」、「同居伴侶」或「直系親屬」。
「脊醫」	為合法執業資格的脊醫，持有由「香港」脊醫管理局簽發的有效執業證書，並該脊醫不是「你」、「受保人」、「同居伴侶」或「直系親屬」。 如「受保人」於「香港」以外接受治療，該脊醫需根據其經營所在國的法律在其執照範圍內註冊執業，並該脊醫不是「你」、「受保人」、「同居伴侶」或「直系親屬」。
「完全骨折」	骨頭完全斷裂及分開。
「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」發出的每日房間等費用單據，以作證明。
「同居伴侶」	一名年齡18歲或以上、選擇以親密和忠誠的關係與「你」共同生活的未婚成年人，與「你」同居於一起最少三年或以上，並以此為長遠目標，以及能提供相關住址證明。同居伴侶並不包括室友或任何「直系親屬」。
「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。
「大灣區」	「香港」、澳門特別行政區、廣州、深圳、珠海、佛山、惠州、東莞、中山、江門和肇慶。
「頭」	從頭頂到下頷骨的部分。
「香港」	中華人民共和國香港特別行政區。
「醫院」	符合以下所有要求的機構： <ul style="list-style-type: none"><li>• 持牌醫院（如所在國家或司法管轄區規定需要執照）；及</li><li>• 主要業務為接受患病或受傷人士「住院」及提供醫療護理服務；及</li><li>• 駐有「註冊護士」或「合資格護士」每天24小時提供看護服務；及</li><li>• 一名或以上持牌「醫生」時刻駐院；及</li><li>• 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</li><li>• 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。</li></ul>
「直系親屬」	「受保人」的配偶、父母、配偶父母、祖父母、配偶的祖父母、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」	「附表」內受保人(“The Insured”)姓名下所列的姓名為本保單的受保人。
「失聰」	永久性且無法恢復的聽力喪失，如果出現以下情況： 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」	無法表達有助於言語的4種聲音中的任何三種聲音，例如唇音、齒槽唇音、腭音和軟腭音，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」	指接受醫療服務的必要性，並依下列條件考量： <ul style="list-style-type: none"><li>• 因應有關診斷及有關狀況的治療所需的常規醫治；及</li><li>• 符合良好及謹慎的行醫標準；及</li><li>• 非純為「醫生」或任何其他醫療服務供應商提供方便；及</li><li>• 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</li></ul>

- 在「住院」的情況下，其主要的並非純為診斷掃描，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「你」、「受保人」、「同居伴侶」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「你」、「受保人」、「同居伴侶」或「直系親屬」除外。 如在「香港」以外地方接受治療或外科手術，指除「你」、「受保人」、「同居伴侶」或「直系親屬」外，其持有西醫學位資格，並於其執業地區內獲合法授權提供醫療及外科服務。
「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」	本保單「附表」內訂明的保險有效期，而「本公司」已接受「你」的保費。
「永久」	「意外」事故發生之日起計，損害情況持續至少連續12個月，並於此段時間終結時沒有好轉的跡象。
「物理治療師」	有合法執業資格的物理治療師，持有由「香港」物理治療師管理委員會簽發的有效執業證書，並該物理治療師不是「你」、「受保人」、「同居伴侶」或「直系親屬」。 如「受保人」於「香港」以外接受治療，該物理治療師需根據其經營所在國的法律在其執照範圍內註冊執業，並該物理治療師不是「你」、「受保人」、「同居伴侶」或「直系親屬」。
「保單生效日期」	在收受保費的前提下，「附表」所載保單的生效日期，或最新續保通知書所載的續保日期，以較遲者為準。
「首個保單生效日期」	<ul style="list-style-type: none"> <li>• 申請此保單時列明於「附表」上之首個生效日期：為免生疑，續保日除外；或</li> <li>• 保單復效日；</li> </ul> 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「你」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出租的機動客運交通工具。
「註冊護士」/「合資格護士」	除「你」、「受保人」、「同居伴侶」或「直系親屬」外，已獲准在其執業的地區合法提供護理服務的合資格護士。
「復康器材」	任何經「醫生」批准及推薦為「受保人」進行醫療康復治療所需的醫療儀器。
「附表」	隨附本保單名為「Schedule」並構成本保單一部份之附表。
「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」	表皮層和下面的真皮層一同燒傷。
「專科醫生」	在「香港」醫務委員會以專科登記為「醫生」之人士，但不包括「你」、「受保人」、「同居伴侶」或「直系親屬」。如於香港以外之地區接受治療或手術，則指在當地具有其他同等資歷並登記從事專科之人士，但不包括「你」、「受保人」、「同居伴侶」或「直系親屬」。
「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」	任何個人或團體，不論獨自行動或代表任何組織或與任何組織有關連，為達到政治、宗教、信念或類似目的，作出任何意圖影響任何國家、政治部門，或由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇的行動。任何恐怖活動必須經有關政府確認及公開宣佈。惟本定義並不包括「戰爭」、侵略、外敵行動、敵對局面（不論曾正式宣戰與否）、內戰、叛亂、暴動、軍事力量或政變，或任何使用核子技術的行為。
「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」或「升級」	指「我們」同意「你」保單提升保障當日之「香港」時間00:00時，即「我們」發予「你」訂明「提升」保障詳情之保單「附表」或批單所註明的日期。
「本公司」、「我們」	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3天，於此段期間不會獲任何賠償。
「你」	「附表」內的申請人同時為或本保單的保單持有人及「受保人」。

## 第二部分 – 保障內容

請根據「附表」內列明「你」已選擇的保障及計劃配對「你」保單的保障範圍及賠償額。

### 保障表

保障項目	每名「受保人」的賠償額 (港元)		
	幼青計劃*	成人計劃**	長者計劃***
<b>第 1 節 - 「意外」保障</b>			
(a) 「意外」死亡及「永久」傷殘	300,000	已列於「附表」內	300,000
(b) 參加「學校」活動期間發生「意外」的額外「意外」死亡及「永久」傷殘賠償	150,000	不適用	不適用
(c) 「大灣區」(香港除外)內發生「意外」的額外「意外」死亡及「永久」傷殘賠償	不適用	不適用	150,000
(d) 燒傷	100,000	250,000	150,000
(e) 骨折	15,000	50,000	30,000
(f) 殮葬/火化費用	30,000	50,000	30,000
<b>第 2 節 - 「意外」醫療費用保障</b>			
(a) 住院費用	每次「意外」10,000	每次「意外」上限 已列於「附表」內	每次「意外」10,000
(b) 門診費用  費用包含： • 普通科「醫生」及專科治療費用 • 「中醫」跌打費用及「中醫」針灸費用 • 「脊醫」治療費用 • 「物理治療師」費用	每次「意外」3,000	根據「附表」內住院費用的選項 每次「意外」 選項1：3,000 選項2：4,500 選項3：6,000	每次「意外」4,000
(c) 門診處方藥物費用	每次「意外」1,000	每次「意外」2,000	每次「意外」1,000
(d) 門診診斷掃描及化驗測試	每次「意外」1,000	每次「意外」2,000	每次「意外」1,000
(e) 「復康器材」	每次「意外」500	每次「意外」2,000	每次「意外」1,000
(f) 額外海外「住院」費用	每次「意外」10,000	與第2節(a)相同	每次「意外」10,000
第2節(b)至(d)每保單年度的最高賠償額	20,000	根據「附表」內住院費用的選項 選項1：25,000 選項2：35,000 選項3：50,000	25,000
第2節(a)至(f)每保單年度的最高賠償額	120,000	根據「附表」內住院費用的選項 選項1：150,000 選項2：200,000 選項3：300,000	120,000
<b>第 3 節 - 「意外」「住院」現金保障</b>			
(a) 每日「住院」現金津貼	每日400 (每次「意外」 及最長 31 天)	每日500 (每次「意外」 及最長 31 天)	每日400 (每次「意外」 及最長 45天)
(b) 參加「學校」活動期間發生「意外」的額外每日「住院」現金津貼	每日200 (每次「意外」 及最長 14 天)	不適用	不適用
(c) 乘搭「公共交通運輸工具」期間發生「意外」的額外每日「住院」現金津貼	不適用	每日200 (每次「意外」 及最長 14 天)	不適用
(d) 「大灣區」內(「香港」除外)發生「意外」的額外每日「住院」現金津貼	不適用	不適用	每日200 (每次「意外」 及最長 14 天)

第 4 節 – 蘇黎世關愛保障			
(a) 家長/配偶休假津貼	每日200 (每次「意外」 及最長 14 天)	每日300 (每次「意外」 及最長 14 天)	不適用
(b) 家居護理費用	不適用	每日300 (每次「意外」 及最長 31 天)	每日400 (每次「意外」 及最長 90 天)
(c) 家居裝置費用	每次「意外」20,000	每次「意外」30,000	每次「意外」25,000
(d) 創傷輔導保障	每次「意外」5,000 (每次診症1,000)	每次「意外」5,000 (每次診症1,000)	每次「意外」5,000 (每次診症1,000)
(e) 缺席「大灣區」活動津貼	每次「意外」200	每次「意外」300	每次「意外」200
(f) 長者因以下列明疾病引致的「意外」「損傷」津貼 • 白內障 • 認知障礙症 • 青光眼 • 骨質疏鬆症 • 柏金遜症	不適用	不適用	每次「意外」1,000 每保單年度2,000
第 5 節 – 蘇黎世緊急支援			
(a) 緊急醫療運送或運返	實際費用		
(b) 遺體運返	實際費用		
(c) 入院保證金	39,000		
(d) 近親探望	1 張來回經濟客位旅行票		
(e) 24小時電話熱線諮詢及轉介服務	適用		
第 6 節 - 每週入息保障 (自選保障)			
每週入息 (適用於職業類別1及2的「受保人」的自選保障 <sup>^</sup> )	不適用	已列於「附表」內 (最長保障期為52週)	不適用

\* 幼青涵蓋15日至17歲的受保人及18至23歲的全職學生。

\*\* 成人涵蓋18至70歲的受保人。

\*\*\* 長者涵蓋71歲或以上的受保人。

<sup>^</sup>職業類別 1 和 2：

只與辦公室有關的室內工作，或以室內為主，間中涉及輕度體力勞動，不使用機械或引擎的職業，包括辦公室文員、管理人員、行政人員、律師、會計師、教師、醫生、護士、建築師、室內或室外銷售代表、作家、社工、衛生督察、家庭主婦、學生、退休人員等。

「你」的保障

第 1 節 - 「意外」保障

(a) 「意外」死亡和「永久」傷殘

如「受保人」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，「我們」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」。

(b) 參加「學校」活動期間發生「意外」的額外「意外」死亡及「永久」傷殘賠償

如「受保人」的「損傷」是在「學校」範圍內發生，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，「我們」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。

(c) 「大灣區」(「香港」除外)內發生「意外」的額外「意外」死亡及「永久」傷殘賠償

如「受保人」的「損傷」是在「大灣區」(「香港」除外)內發生，「我們」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」。

賠償表		賠償額百分比
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.	失去任何兩肢(「失肢」)或任何兩肢「永久」完全「殘廢」	100%
7.	失去任何單肢(「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.	喪失四指及姆指或四指及姆指「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.	喪失姆指或姆指「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.	腿截短至少 5 厘米	10%
20.	如「永久」傷殘狀況並未包括於上述 10-19內，「本公司」有絕對決定權及以符合上述傷殘程度之比例釐訂應予賠償投保額之百分比。	

#### 第 1 節 (a) - (c) 的賠償條款

1. 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「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。
2. 如「我們」支付的賠償金額少於所保金額的100%，則保障表所列明的賠償額將減去「我們」已支付的賠償額。於保單續保時，保障表所列的賠償額將不會恢復至100%。如其後有任何索償，應以原有的賠償額乘以相關保障項目的賠償額百分比計算，在任何情況下，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100%。
3. 任何於「損傷」前與保障項目2至19相關的局部殘廢，或其他已存在殘廢，而在「損傷」後變成完全殘廢，「我們」會決定賠償額百分比以賠償該「損傷」所引致的殘廢部份。若於「損傷」前已出現保障項目2至19所述相同的殘廢，則有關之傷殘不獲保障。
4. 如「我們」已向任何一位「受保人」支付100%的賠償額，該「受保人」於本保單下的所有保障將即時終止，「我們」亦不會退還任何未到期的保費。
5. 如「我們」已向「你」支付100%的賠償額，本保單將即時終止，「我們」亦不會退還任何未到期的保費。
6. 如「受保人」慣例左手並已明確告知「我們」，第13至第16項有關右手及左手的各項保障項目的百分比將會對調。

#### (d) 燒傷

如「受保人」遭遇「意外」引致賠償表內列明的部位蒙受「二級燒傷」或「三級燒傷」及經註冊「醫生」證實，「我們」將以「附表」所列之賠償額及賠償表內有關部位之賠償額百分比賠償予「受保人」。

賠償表		
部位	燒傷部位佔表面總面積的百分比	賠償額百分比
「頭」	a. 等於或大於「頭」部總表面積的 12%	100%
	b. 等於「頭」部總表面積的 8%至11%	75%
	c. 等於「頭」部總表面積的 5%至7%	50%
	d. 等於「頭」部總表面積的 2%至4%	25%
身體（不包括「頭」部）	a. 等於或大於全身表面積的 20%	100%
	b. 等於全身表面積的 15% 至19%	75%
	c. 等於全身表面積的 10% 至14%	50%

#### 第1節（d）條的賠償條款

- 於同一宗「意外」事件中只會賠償以上部位的其中一項。如在同一「意外」事件中涉及多於一項部位，則只按其中最高賠償額的一項部位作出賠償。
- 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」，「我們」會就該「損傷」所引致的受損部位決定賠償額之百分比作出賠償。在任何情況下，「我們」不會就「意外」前曾受損之部位作出賠償。
- 如「我們」支付的賠償金額少於所保金額的100%，則保障表所列明的賠償額將減去「我們」已支付的賠償額。於保單續保時，保障表所列的賠償額將不會恢復至100%。如其後有任何索償，應以原有的賠償額乘以相關保障項目的賠償額百分比計算，在任何情況下，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100%。
- 如「我們」已向任何一位「受保人」支付本節100%的賠償額，該「受保人」於保單本節的保障將即時終止，本節亦不會於保單續保時恢復生效。

#### (e) 骨折

如「受保人」蒙受「損傷」並導致賠償表內列明的部位骨折及經註冊「醫生」證實，「我們」將以「附表」所列之賠償額及賠償表內有關骨折部位之賠償額百分比賠償予「受保人」。

賠償表			
骨折部位		賠償額百分比	
		「完全骨折」	「完全骨折」以外的骨折
1.	盆骨	100%	50%
2.	腳跟	50%	25%
3.	頭骨、鎖骨、上肢	40%	20%
4.	下頷	30%	15%
5.	脊椎、肩胛骨、胸骨、手、足	20%	10%
6.	上顎、顴骨、鼻、肋骨、尾骨、腳趾、手指	15%	7.5%

#### 第1（e）條的賠償條款

- 於同一宗「意外」事件中只會賠償以上骨折部位的其中一項。如在同一「意外」事件中涉及多於一項骨折部位，則只按其中最高賠償額的一項部位作出賠償。
- 如「我們」支付的賠償金額少於所保金額的100%，則保障表所列明的賠償額將減去「我們」已支付的賠償額。於保單續保時，保障表所列的賠償額將不會恢復至100%。如其後有任何索償，應以原有的賠償額乘以相關保障項目的賠償額百分比計算，在任何情況下，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100%。
- 如「我們」已向任何一位「受保人」支付本節100%的賠償額，該「受保人」於保單本節的保障將即時終止，本節亦不會於保單續保時恢復生效。

#### (f) 殮葬/火化費用

如「受保人」因「意外」身故，「我們」將支付其在「香港」土葬或火化的必需及合理的實際費用。

如「受保人」可從其他途徑獲得退還全部或部份之費用，則「我們」只會負責賠償剩餘而無法從其他途徑追討的費用餘額。

#### 第1節的特別條款

##### 1. 因「公共交通工具」失蹤墮毀或沉沒導致失蹤

若「受保人」乘搭之「公共交通工具」墮毀或沉沒，而「受保人」的遺體於該次墮毀或沉沒事件後一年內，仍無法尋回，「我們」將視「你」在本保險單承保的「意外」事故中死亡而作出賠償。

##### 2. 「意外」死亡及「永久」傷殘的最高賠償責任

如「受保人」同時受保於多張由「我們」及/或與「我們」有關的公司所簽發之保單，而每張均包括其個別定義之意外死亡及永久傷殘保障，「受保人」於所有有關之保單的「意外」死亡及「永久」傷殘保障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2節 - 「意外」醫療費用保障

### (a) 「住院」費用

如「受保人」因「意外」而蒙受「損傷」，經「醫生」按照「醫療必需」而建議於「保險期」內「住院」接受治療，「我們」將向「受保人」賠償於「住院」期間「醫院」收取的合理醫療費用，以於保障列表列明的賠償額為上限。

### (b) 門診費用

如「受保人」因「意外」受傷，「我們」會賠償「受保人」因「意外」而引致的門診費用，包括：

- (i) 普通科「醫生」及「專科醫生」治療費用
- (ii) 「中醫」跌打及「中醫」針灸治療費用
- (iii) 「脊醫」治療費用
- (iv) 「物理治療師」治療費用
- (v) 天然牙齒因「意外」受損而需要緊急牙科治療的費用，保障只適用於緊急情況並用以減輕痛楚及必須在合法之牙科診所或「醫院」內進行治療，在任何情況下均不保障修復或補救程序、任何貴金屬的應用、矯齒治療、補牙、假牙及假體服務（例如齒橋及假齒冠及其條補及相關費用）

### (c) 門診藥費

除第2節(b)的賠償外，「我們」亦會賠償「受保人」因「意外」而引致及由「醫生」處方的門診藥費。

### (d) 門診診斷掃描及化驗測試

除第2節(b)的賠償外，「我們」亦會賠償「受保人」因「意外」引致及由「醫生」書面建議的門診診斷掃描和化驗測試費用，以於保障列表列明的賠償額為上限。

### (e) 「復康器材」

如「我們」同意向「受保人」支付本保單第2節的「意外」醫療費用賠償，「我們」亦會支付由「醫生」書面建議購買及必須的「復康器材」的實際費用。任何一件、一對或一套的賠償金額已列於保障列表內。

### (f) 額外海外「住院」費用

如「受保人」在「香港」以外地方旅遊期間(不超過30天)因「意外」蒙受「損傷」而需於海外「住院」，第2節(a)的賠償額會根據本節於保障列表列明的賠償額遞增。

### 適用於第2節的賠償條款

如「受保人」可從其他途徑獲得退還全部或部份之費用，則「我們」只會負責賠償剩餘而無法從其他途徑追討的費用餘額。

### 適用於第2部分的每保單年度賠償限額

請參閱保障列表內每名「受保人」於第2節(b)至(d)中每名「受保人」每保單年度的最高賠償額。

請參閱保障列表內每名「受保人」於第2節(a)至(f)中每名「受保人」每保單年度的最高賠償額。

## 第3部分- 「意外」「住院」現金保障

### (a) 每日「住院」現金津貼

如「受保人」因「醫生」建議於「香港」的公立「醫院」「住院」，目的非為休息或療養及該「住院」是於「保險期」內因「意外」而引致，「我們」將支付每日「住院」現金津貼，以保障列表所列的賠償額為限。

### (b) 參加「學校」活動期間發生「意外」的額外每日「住院」現金津貼

如「受保人」因參加學校活動期間發生「意外」並於「保險期」內在「香港」的公立「醫院」「住院」，除第3節(a)的賠償外，「我們」將額外支付每日「住院」現金津貼，以保障列表所列的賠償額為限。

### (c) 乘搭「公共交通工具」期間發生「意外」的額外每日「住院」現金津貼

如「受保人」因乘坐「公共交通工具」期間發生「意外」並於「保險期」內在「香港」的公立「醫院」「住院」，除第3節(a)的賠償外，「我們」將額外支付每日「住院」現金津貼，以保障列表所列的賠償額為限。

### (d) 「大灣區」內(香港除外)發生「意外」的額外每日「住院」現金津貼

如「受保人」因在「大灣區」內(香港除外)發生「意外」並因「醫生」建議於「大灣區」(香港除外)「醫院」「住院」，目的非為休息或療養及該「住院」是於「保險期」內，「我們」將支付每日「住院」現金津貼，以保障列表所列的賠償額為限。  
如「受保人」因在「大灣區」內(香港除外)發生「意外」並因「醫生」建議於「香港」的公立「醫院」「住院」，目的非為休息或療養及該「住院」是於「保險期」內，除第3節(a)的賠償外，「我們」將額外支付每日「住院」現金津貼，以保障列表所列的賠償額為限。

### 適用於第3節的賠償條款

於第3節中，如果2次或以上的「住院」是由相同或相關的「損傷」引致，包括其併發症，除非該次「住院」與之前的「住院」已相隔超過90天，否則此類「住院」應被視為同1次「住院」。

#### 第4節 - 蘇黎世關愛保障

##### (a) 家長/配偶休假津貼

若「受保人」因本保單所保障的「意外」需於「醫院」「住院」，「我們」將向「受保人」支付保障列表所列的津貼，以補償「受保人」之其中父母(適用於幼青計劃)/配偶/「同居伴侶」(適用於成人計劃)因照顧「受保人」而放假的津貼。條件是「我們」已同意支付本保單第2(a)同一「意外」的「住院」費用保障。

如「受保人」的父母/配偶/「同居伴侶」於「意外」發生時為家庭主婦、退休人士、失業、自僱、或沒有在僱傭合約下受僱，將不會獲得任何津貼。

##### (b) 家居護理費用

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，「我們」將向「受保人」支付根據本節所選擇的計劃的保障列表所列的每日津貼。此類服務必須由主診「醫生」以書面形式要求和建議。

##### (c) 家居裝置費用

如「受保人」於因「意外」導致「永久」「完全傷殘」，「我們」會賠償於保障列表內列明的保障額內，裝修其主要居所所引致的所需開支及/或為應付「永久」「完全傷殘」而在主要居所購買醫療儀器作為固定裝置所引致的開支，以保障列表所列的賠償額為限。

主要居所是指「受保人」位於「香港」並作為私人住宅及作為其永久居住地的樓宇，或如果「受保人」有多於一個居住地，則指「受保人」在「香港」的常規及慣常住處，並於上述「意外」前已居住至少6個月或以上。

##### (d) 創傷輔導保障

如「受保人」於「保險期」內遭受創傷事故而成為受害人，包括但不限於強姦、持械挾持、襲擊、天災或「恐怖活動」，「我們」會賠償「受保人」於「意外」計起90天內，因有關創傷事故而由其「醫生」建議進行創傷輔導服務的費用，以保障列表所列的賠償額為限。

##### (e) 缺席「大灣區」活動津貼

如「受保人」已預先安排並支付以下活動，但於有關活動當日因「意外」而「住院」，未能出席該活動，「我們」將向「受保人」支付一筆現金津貼，以保障列表所列的賠償額為限。

「活動」指會議、展覽、音樂節、音樂會、體育賽事、參觀主題公園及參加本地旅遊團，出席活動須出示由票務平台發出的收據，列明活動名稱、費用及購買日期。「我們」只會支付從「我們」認可的以下平台購買的門票的索賠：

- (i) 官方售票處;或
- (ii) 授權持牌經銷商;或
- (iii) 主題公園或音樂會的官方網站。

##### (f) 長者因列明之疾病引致的「意外」「損傷」津貼

如「受保人」因以下所列明的疾病而蒙受「損傷」，「我們」將向「受保人」支付一筆現金津貼，以保障列表所列的賠償額為限。

- (i) 白內障
- (ii) 認知障礙症
- (iii) 青光眼
- (iv) 骨質疏鬆症
- (v) 帕金森症

#### 第5節 - 蘇黎世緊急支援

如果「受保人」在「香港」以外期間(不超過90天)遭受「損傷」，蘇黎世緊急援助將安排以下：

##### (a) 緊急醫療運送或運返

「受保人」因緊急運送或運返所引致必要及無可避免交通、醫療服務及醫療用品費用。離境的時間、交通工具及離境最終目的地將由蘇黎世緊急支援服務完全根據「受保人」的醫療狀況作出決定。

##### (b) 遺體運返

將「受保人」的遺體由身故地點運送回「香港」所引致的合理及無可避免的開支，又或於身故地殮葬而經蘇黎世緊急援助中心批准的費用。

##### (c) 入院保證金

蘇黎世緊急支援將為每名「受保人」提供入住海外「醫院」而需繳付的「醫院」醫藥費保證金惟不超過39,000港元。如該保證金用於並非本保單第2部分 - 「意外」醫療費用保障之承保項目，則一律由「受保人」自付。

##### (d) 近親探望

若「受保人」於「香港」境外身故或蒙受嚴重「損傷」並連續3天「住院」，蘇黎世緊急支援將支付一位「直系親屬」或「同居伴侶」一張來回經濟客位的旅行票前往該地陪伴「受保人」。

### (e) 24小時電話熱線諮詢及轉介服務

- (i) 外遊前諮詢援助
- (ii) 轉介大使館
- (iii) 轉介醫療服務人員或機構
- (iv) 遺失護照援助
- (v) 遺失行李協助
- (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

除非本保單第二部分訂明承保外，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」所的服務機構提供的「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 5 部分的不承保事項

「我們」將不會就以下的情況提供本部分任何服務（包括支付其費用）：

1. 如「受保人」身處有爆發戰爭風險或政治危機的地區，以致無法或實際上不可行地提供本部分訂明的服務。
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、或遺體運返回國或其他費用。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 6 部分 - 每週入息保障（自選保障）

當「受保人」因「意外」受「損傷」並在12個月內「暫時性完全傷殘」時，我們將每週向「受保人」支付保障列表中列出的每週入息保障，但須遵守「每週入息保障等候期」。

### 第 6 部分規定的賠償條件

1. 「每週入息保障等待期」屆滿後，「我們」將為能提供由「醫院」或「醫生」簽發連續7天病假醫療證明的「受保人」支付每週收入保障，最長可支付52週。
2. 如「受保人」為自僱人士，則必須於「醫院」內「住院」方可獲得每週入息保障。
3. 於索賠時，「受保人」須提供現時入息證明，包括連續3個月列有月薪收入的銀行月結單及報稅表作為證明文件。「受保人」亦需負責提供其他由「我們」提出需要提供的證明文件以作索賠證明。
4. 如「受保人」於「意外」發生前失業超過3個月，「我們」不會發放每週入息保障。
5. 如在每週入息保障發放期間，有多於1個「意外」「損傷」的相關醫療證明遞交，「我們」只會賠償其中一個「損傷」，並且按保障列表的最長的每週入息保障期發放。
6. 每週入息保障將於以下情況下停止支付：
  - (i) 「受保人」身故；或
  - (ii) 「受保人」康復並開始工作；或
  - (iii) 「受保人」未能提交醫療證明以證明持續「暫時性完全傷殘」；或
  - (iv) 完成52週的最長保障期；以較先發生者為準。

### 第三部分 - 一般不保事項

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. 當「受保人」執行其職務，而「受保人」的職業為「職業類別」第三類或以上或主要操作輕型機械及須操作重型機械-高度體力勞動或於極危險環境工作之任何危險職業，包括但不限於藝人、報刊戰地記者、貨櫃車司機、中港司機、騎師、偵探、彈藥爆破工人、紀律部隊、或任職於任何國家或國際機構的任何武裝部隊；
2. 任何「投保前已存在的傷疾」；
3. 任何性質之疾病或病症；或任何因疾病而引發之「損傷」（第4節(f)除外）；
4. 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；
5. 「受保人」參與任何違法或非法行為；
6. 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；
7. 並非以乘客身份乘坐持牌航空公司航機或包機；
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. 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；
  11. 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：
    - (i) 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；
    - (ii) 或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。

#### 第四部分 一般條款

##### 1. 整體協議

本保單，包括包括「附表」、投保表格、聲明、附加保障、批單、附件及修訂本（不論以口述或以書面或數碼形式），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「我們本公司」的授權人員批准並簽發批單作實，方始生效。為免生疑，上述文件亦會組成續保合約的部份，除非收到「你」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15日至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」年齡於申請本保障時必須介乎於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，且有住宅住址及以「香港」為經常居住地。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. 現狀改變

「你」或「受保人」就投保表格上（不論以口述或以書面或數碼形式）或續保時所提供予「我們」之資料之任何變更，均須負全責通知「我們」，否則「我們」有權拒絕所有賠償或使其失效。

##### 4. 更改職業

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

如「受保人」通知「我們」上述變更，「我們」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細則。

##### 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轉換到成年保障，成年保障的賠償額將更改為第1節(a)及第2節(a)的選項一，「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」第一類或第二類以外，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。

##### 6. 無索償折扣

在任何保單年度內續訂保費的無索償折扣計算如下：

- (i) 如保單內的「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5%的無索償折扣，最高折扣累積可至15%。
- (ii) 如保單內的「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5%，最高可被扣減至15%，直至已沒有任何無索償折扣可被扣減。
- (iii) 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，因過去續保保費可能包含其他折扣。

##### 7. 索償通知書

如要申請索償，必須於引致損失的事件發生後30日內以書面通知「我們」。「我們」所需之任何證明書、資料及證據，須依據「我們」所定之形式及性質提交，而所需費用概由「你」或「受保人」或「你」的個人代表負責。

##### 8. 損失證明

所有損失證明文件需於「我們」收到賠償申報表後30日內呈交給「我們」。倘有合理的緣由不能於限期內將有關證明文件送交「我們」，但已盡可能於限期後立即送出且不超過180日之限，則不會被視為放棄申請賠償的權利。「我們」所需之任何證明書、資料及證據須依據「我們」所定之形式及性質提交「我們」，概不會負責任何費用。

##### 9. 索償時限

除非索償已被「我們」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「我們」概不會就「受保人」引致損失的事件發生後滿12個月方提出之索償支付賠償。

##### 10. 身體檢查

如「受保人」蒙受非致命「損傷」，「我們」有權按需要要求由「我們」指定的醫療機構為「受保人」進行身體檢查。如「受保人」身故，「我們」有權自費進行驗屍。「我們」亦擁有該等調查結果之所有權。

## 11. 支付索賠

「我們」將按照「你」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「我們」承認之必須證明後支付予「你」或「受保人」。如「附表」註明之「受保人」意外死亡，「我們」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，「我們」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「我們」收妥所需的證明文件後，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。

## 12. 失實陳述，漏報或欺詐

若「你」或「受保人」或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、或未能遵行最高誠信，或在投保表格中或索償時，作出欺詐或有欺詐成分的申述，「我們」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。「我們」亦不會就已付保費作出任何退款。如「我們」已支付本任何保障賠償，「你」必須於收到「我們」發出之還款通知書後七日內退還有關之保障賠償予「我們」。

## 13. 虛報事實

如「受保人」虛報年齡或性別或職業被不慎虛報，「我們」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「我們」並無就本保單作任何理賠，則「我們」於任何情況下只會退回有關保費而不負責任何承保責任。

## 14. 筆誤

「我們」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。

## 15. 蘇黎世緊急支援服務

受委任提供服務之蘇黎世緊急支援機構乃是一間獨立服務供應商，在「你」要求下為「你」提供服務。「我們」、「我們」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。

## 16. 其他保險

如於索償時同時受保於其他保險公司保單或保險證書內的相同保障，「我們」只會負責按照本保單以比例作出賠償（但不包括以下保障：第1節－意外保障(a)-(c)、第3節－「意外」「住院」現金保障、第4節(a)(e)(f)）。

## 17. 續保

「我們」保留權利於「你」接受續保前或之後，於任何保單年度續保時，修訂任何條款及細則，包括但不限於本保單的保費率或保障或不保事項。「我們」沒有義務透露「我們」進行此類修改的原因。畢竟，如果「你」在任何保單年度開始日期前不接受此類更改，則此類續保最終將不必進行。如果本保單採用按月付款模式，本保單將在「我們」同意的情况下自動續保。

## 18. 保費變動

本保單為年度保單。「你」可以年繳或月繳方式付款予「我們」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「我們」。如「你」曾提出索償或在該保險年度內曾使用服務，「你」必須負責繳付同該保險年度的全年保費，保單方為有效。「本公司」亦不會就任何已付保費作出退款。

「我們」保留權利，在以下情況更改或調整保費：

- (i) 「我們」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹、預期未來醫療費用、理賠紀錄及「你」及/或這產品招致之費用，及保障之更改），並於調整保費前30天以書面通知「你」。
- (ii) 於續保時，保費將按本部第5條-保障調動自動調整。

## 19. 取消保單

- (i) 「我們」有權以30日書面通知「你」取消保單或任何章節或部份，通知書將以電郵形式發送至「你」於投保表格內的電郵地址，及/或以郵件形式寄至「你」於投保表格內的地址(如「你」有提供)。在任何情況下，「我們」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。保障終止後，任何由「我們」收取之有關保費將不對「我們」構成任何責任，「我們」亦會退還所收保費。
- (ii) 「你」可於30日前向「我們」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，「你」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「我們」慣常收取之最低保費。如保單以月繳方式繳付全年保費，「我們」亦有權按以下比率向「你」收取剩餘之全年保費。於任何情況下，如該保單年度已獲得本保單賠償或接受服務，有關之未到期的保費將不獲退還及「閣下」必須繳交該保單全年之保費：

保障期	「我們」收取的保費百分比
2個月（「我們」慣常的最低保費）	40%
3個月	50%
4個月	60%
5個月	70%
6個月	75%
超過6個月	100%

儘管有上述規定，如本保單未符合「你」需要及在該保險期內無索償紀錄，「你」有權在保單交付給「你」後14日內以「你」簽署之書面通知「我們」取消保單並向「我們」交還保單。「我們」將會把「你」已付之保費無息全數退還。

## 20. 保障終止

本保險單之保障將會在遇到下列較早發生的一項時自動終止：

- (i) 根據本部第21條 - 寬限期的保費到期日;
- (ii) 根據本部第19條 - 取消保單所述的情況，在保費到期日前30天發出取消通知;
- (iii) 根據本部第12條 - 失實陳述，漏報或欺詐所述的情況;
- (iv) 本保單第二部第1節(a) - 「意外」死亡和「永久」傷殘規定的賠償條件第5點所述的情況下向「你」支付保障後。

## 21. 寬限期

在首期保費後，「我們」將於每次保費到期後給予「你」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。

## 22. 重訂保單

若「你」因欠繳保費而導致「我們」宣佈保單逾時失效，惟事後「你」向「我們」提交令「我們」滿意之重訂申請書，並提供可保性證明，「我們」可能允許「你」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。

## 23. 法律行動

當書面索償證明文件根據本保單規定送交「我們」後，60日內不得進行法律訴訟以求賠償。此外，「你」及「受保人」亦不得在「我們」要求其提供索償證明之指定時限期屆滿兩年後提出訴訟。

## 24. 代位權

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

## 25. 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。

## 26. 替代性爭議解決

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

## 28. 遵從基本條款

違反本保險單任何條款，所有就本保險單提出的索償均告無效。

## 29. 收集個人資料的目的聲明

「我們」將根據本公司不時通知「受保人」的私隱政策使用所有已收集及持有的個人資料，「你」亦可透過此網址查閱有關私隱政策：

<https://www.zurich.com.hk/zh-hk/services/privacy>。

「你」會，及會促使保單內其他「受保人」，授權「我們」根據「我們」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第486章《個人資料（私隱）條例》中所定義之個人資料。如「受保人」向「我們」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「我們」前已獲得有關資料當事人之正式同意，使「我們」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

## 30. 制裁

若本「保單」提供的保險、款項、服務、保障及/或「你」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「你」或「受保人」或任何其他一方提供任何保險或將向「你」或「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「你」或「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

## 第五部分 - 索償程序

透過「我們」的「eClaim」網上平台，你可以輕鬆便捷地提交索償。只需掃描二維碼瀏覽 <https://www.zurich.com.hk/zh-hk/make-a-claim> 並提交索償，處理時間可比郵寄/郵寄遞交縮短至兩個工作天。



本保單有兩個版本，一個是英文版本，一個是中文版本。如中英文版本有任何歧異，概以英文版本為準。



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