Zurich HassleFree+ Health Insurance Plan

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

This policy together with the enclosed schedule and any endorsements subsequently issued should be read as if they are one document and form the contract between you and us, and no variations shall be admitted except those acknowledged in writing by us. The enrollment form and declaration which you have completed and provided to us, either verbal or by our appointed authorized agent or written are the basis of this contract.

We agree, in consideration of your payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached schedule, we will insure the insured person(s) under those sections shown in the schedule during any period of insurance to pay the benefits defined to the insured person who sustained sickness or injury or incurs charges within the scope of coverage provided hereinafter upon recommendation of a medical practitioner.

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

Should you change any information given on your enrollment form (regardless verbally or in written format), please inform us of the changes immediately as the changes may affect the insured person's insurance cover.

This policy is a legal document and should be kept in a safe place.

PART 1 – DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help you identify these words in this policy we have printed them in italics throughout. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

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

**Age/ Aged**
Age at last birthday.

**Anaesthetist**
A medical practitioner other than the insured person or immediate family member, who can legally practice anaesthesiology and to render medical and surgical services in accordance with the equivalent specialty law in the geographical area of his/her practice.

**Cancer**
A malignant tumour characterized by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. Major interventionist treatment or major surgery must be considered necessary if the cancer must have been initiated. The cancer must be positively diagnosed with histopathological confirmation.

Cancer includes Leukaemia, but the following are excluded:

- (i) All cancers which are histologically classified as any of the following: (a) pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera; (b) non-invasive; (c) having either borderline malignancy; or (d) having low malignant potential.
- (ii) Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia, cervix intra-epithelial neoplasia CIN-1, CIN-2 & CIN-3) or which are histologically described as pre-malignant conditions or non-invasive cancer; (iii) Tumours of the ovary classified as T1M0M0, T1NO-M0 or FIGO 1A, FIGO 1B; (iv) Duke’s A colorectal cancer; (v) Prostate cancers which are histologically described as any of the following: (i) is licensed in accordance with the applicable laws of the jurisdiction to which it is located; (ii) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of the insured person or sick person.
- (iii) has staff of one (1) or more medical practitioner available at all times;
- (iv) is 24-hour-a-day nursing service by registered graduate nurses under the permanent supervision of the medical practitioner in charge;
- (v) maintains well-equipped inpatient facilities; and
- (vi) maintains a daily medical record for each of its patients.

**Immediate Family Members**
The insured person's spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.

**Injury**
Bodily injury sustained in an accident solely and independently of all other causes.

**Insured Person**
The person(s) named in the schedule or subsequently endorsed hereon as insured person(s).

**Intensive Care Unit**
A part of a hospital which is designated as an intensive care unit by the hospital. These are one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The part of the hospital unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and medical practitioners, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of total body functions such as heart rate, blood pressure and blood chemistry.

**Medically Necessary/ Medical necessity**
The necessity to have a treatment or medical service of the injury or sickness involved which are widely accepted by medical practitioners as effective, appropriate and essential for the curative purposes. No recognized standards of the health care specialty involved and which are:

- (i) performed with the diagnosis and is the customary medical treatment for the condition; and
- (ii) in accordance with standards of good and prudent medical practice; and
- (iii) not furnished primarily for the convenience of medical practitioner or any other medical service provider; and
- (iv) furnished at the most appropriate level sufficient to safely and adequately treat the insured person's disability and are performed in the least costly setting required for treatment of a covered disability; and
- (v) not rendered primarily for diagnostic tests, diagnostic scanning purposes, imaging examination, laboratory test or physiotherapy without medical treatment, medication or surgery.

*Note: The above definitions differ, whereas (u) applies to day patient care or hospital confinement only.*

For the avoidance of doubt, experimental, screening and preventive services or supplies are not considered "Medically Necessary/Medical necessity.”

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

**Outpatient**
An insured person who receives medical services and medicines in connection with treatment for a covered injury or sickness given in the clinic or office of a registered medical practitioner or a specialist, outpatient department or emergency treatment room of a hospital.

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

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

**Policy Inception Date**
It shall mean:

1. The first effective date of this policy as stated in the schedule upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or
2. policy reinstatement date.

**Pre-existing Condition**
Any injury, sickness or condition and/or directly related conditions for which the insured person showed symptoms or has received medical consultation, diagnosis, treatment or advice by a medical practitioner within the policy year. Existing medical condition include any drugs or medicine for a period of time during which the insured person was aware of or could reasonably be expected to be aware of prior to the policy inception date or upgrade effective date, whichever is later.

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

Emergency
A sudden, serious and unforeseen injury or sickness that requires immediate medical treatment, which without treatment commencing within forty-eight (48) hours of the emergency event could result in death or permanent impairment of an insured person's health.

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

Hospital
An institution which

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

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

**Deductible**
The deductible amount as stated in the schedule which is the portion of expenses for which the insured person is liable for disability under this policy. We are only liable to pay the remaining balance of the medical expense of a covered disability if such expense exceeds the deductible amount, up to the Maximum Benefits as shown under the selected plan in PART 2 - TABLE OF BENEFITS.

**Disability/ Disabilities**
A sickness or injury. All injuries sustained in any one (1) accident shall be considered one (1) disability. All sickness existing simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one (1) disability as well. If a disability is due to causes which are the same or related to the causes of a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a separate disability except that after ninety (90) days following the latest discharge from hospital or prior curative treatment/surgical operation or the last consultation or the last date receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.

**Hong Kong Special Administrative Region of the People’s Republic of China**
Reasonable and Customary Charges

In relation to a fee, a charge or an expense, means any fee or expense which:
(i) is charged for treatment, supplies or medical services that are medically necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a medical practitioner;
(ii) not includes charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
(iii) does not include charges that would not have been made if no insurance existed.

We reserve the right to determine whether any particular hospital/ medical charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. We also reserve the right to adjust any or all benefits payable in relation to any hospital/medical charges which is not a reasonable and customary charge based on the above mentioned reference.

Relevant Documents

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

Schedule

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

Symptom

A sign or an indication of disorder or disease experienced by an individual.

Sickness

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

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 actions 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 by the relevant government. However, any event arising from waste, fire, 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.

Upgrade

An increase in the level of benefit and/or plan level.

Upgrade Effective Date

00.00 Hong Kong Time on the date we agree to provide an upgrade of your policy and such date is shown on your policy schedule or endorsement recording that upgrade.

Waiting Period

thirty (30) days from the policy inception date, or upgrade effective date or effective date of any additional benefit(s) which is subsequently added applicable to the upgraded portion or additional benefit(s) only, whichever is the later. During such period, no benefit will be payable for any cause, other than in respect of an accident.

War

A contest by force between two (2) or more nations, carried on for any purpose; or an armed conflict of sovereign powers, in either case open hostilities; or the state of nations among whom there is i) an act of foreign enemy, 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 waste, fire, 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.

We, Us or Our

Zurich Insurance Company Ltd.

You or Your or Yours

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

PART 2 – TABLE OF BENEFITS

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

Maximum Benefit per Insured Person per disability (HK$)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential Plan</th>
<th>Advanced Plan</th>
<th>Deluxe Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1: Medical Expenses</td>
<td>Up to the maximum limit per disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Room and Board</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Room and Board for Intensive Care Unit</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 In-Hospital Doctor’s Call Fees</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Hospital Special Services Charges</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Surgical Charges</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6 Anaesthetist’s Fee</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.7 Operating Theatre Charges</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.8 Cancer Treatment and Kidney Dialysis Benefit</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9 Day Patient or Outpatient Surgery</td>
<td>Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 2: No Claim Renewal Bonus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(increase maximum limit in each renewal and up to max. 5 consecutive years)</td>
<td>2,000 per year</td>
<td>3,000 per year</td>
<td>5,000 per year</td>
</tr>
<tr>
<td>Section 3: Voluntary Deductible (Optional)</td>
<td>As stated on the schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Home Nursing Care Referral (Applicable in Hong Kong)</td>
<td>Included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Telephone Medical Advice (Applicable outside Hong Kong)</td>
<td>Included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Medical Service Provider Referral (Applicable outside Hong Kong)</td>
<td>Included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Arrangement of Hospital Admission Deposit (Applicable outside Hong Kong)</td>
<td>39,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 3 – BENEFITS

Section 1 – Medical Expenses

If the insured person is confined in a hospital on the recommendation of an attending medical practitioner due to sickness or injury occurring during the period of insurance which is medically necessary, upon receipt of proof of any reasonable and customary charges incurred as listed below, which are acceptable to us and subject to the terms and conditions of this policy, we will pay up to the Maximum Benefits per disability as shown in the schedule. In no event shall the maximum amount payable under Section 1 for any one (1) disability exceed the Maximum Benefit as stated under the plan selected in PART 2 – TABLE OF BENEFITS.

1.1 Room and Board

We will pay for the actual reasonable and customary charges for room and board incurred for the period during which the insured person is confined in a hospital.

1.2 Room and Board for Intensive Care Unit

We will pay for the actual reasonable and customary charges for room and board incurred for the period during which the insured person is confined in the intensive care unit. This Section 1.2 is payable in lieu of Section 1.1 under this policy for any one (1) day of confinement.

1.3 In-hospital/ Doctor’s Call Fees

When the insured person is confined in a hospital, we will pay the attending medical practitioner’s actual reasonable and customary charges for treatment during such confinement. In the event that the insured person is confined in the hospital for surgical operation or treatment of more than one (1) disability.

1.4 Hospital Special Services Charges

Where the insured person is confined in a hospital, we will pay the actual reasonable and customary charges charged by the hospital in respect of:
(i) western medicine prescription by the attending medical practitioner and consumed during the confinement as well as medicines prescribed on the date of discharge for treatment of the same disability up to a period of seven (7) days, but excluding medicines for treatment of chronic illnesses, for prophylactic purposes, for recurrent courses after the immediate course of treatment upon discharge and long term treatment;
(ii) dressings, ordinary splints and plaster casts but excluding special braces and appliances equipment;
(iii) implants which is medically necessary;
(iv) physical therapy done during the confinement as recommended by the attending medical practitioner;
(v) oxygen and its administration;
(vi) x-rays, electrocardiograms and other laboratory examinations and tests and diagnostic procedures, the immediate purpose of which is cure of disability as a result of medical necessity;
(vii) intravenous infusions;
(viii) blood transfusion, blood or plasma and their administration; or
(ix) ambulance service to or from the hospital.

This Section 1.4 is not applicable to instruments and other hardware used in an operation including but not limited to anaesthesia machine, gastroscope, colonoscope, lithotripter, x-knife, cyberknife and gamma knife.

1.5 Surgical Charges

Where the insured person is confined in a hospital, we will pay the actual reasonable and customary charges for surgical operation charged by a medical practitioner.

If two (2) or more surgical operations are performed for the same disability or different disabilities during the same confinement period, the maximum number of surgical operations we will pay for each and every confinement shall be three (3) only.

If any alternative procedures including X-ray, radium or any other radioactive substances are used for treatment in place of any cutting operation, we will, subject to the terms and conditions of this policy, pay the actual reasonable and customary charges for such treatment up to the maximum amount payable for the replaced cutting operation.

1.6 Anaesthetist’s Fee

Provided that we agree to pay the benefit under Section 1.5 – Surgical Charges, we will pay the actual reasonable and customary charges for anaesthetic fees charged by anaesthetist other than the medical practitioner who operates on the insured person during the same surgical operation.

1.7 Operating Theatre Charges

Provided that we agree to pay the benefit under Section 1.5 – Surgical Charges, we will pay the actual reasonable and customary charges for operating theatre charges for treatment in treatment room and the consumables or equipments used for the surgical operation(s) in the operating theatre or treatment room charged by the hospital.

1.8 Cancer Treatment and Kidney Dialysis Benefit

We will pay the actual reasonable and customary charges incurred for the following special treatment and any medical expenses arising directly therefrom, recommended in writing by the insured person’s attending medical practitioner regardless of whether the special treatment is performed during confinement or on outpatient or day patient basis, upon the diagnosis of any kind of cancer or chronic and irreversible kidney failure, including any and all complications arising therefrom or closely related thereto:
(i) Chemotherapy;
(ii) Radiotherapy;
(iii) where life and/or gamma knife for cancer treatment;
(iv) Renal Dialysis (haemodialysis or peritoneal dialysis); or
(v) Targeted Cancer Therapy.

For the claim under this Section 1.8, we require a definitive diagnosis made in writing by the insured person’s treating specialist based upon such specific evidence, radiological, clinical, histological and/or laboratory evidence of any kind of cancer or chronic and irreversible kidney failure which are acceptable to us.

The insured person will not be entitled to this benefit if the insured person suffers from cancer within ninety (90) days from the policy inception date, or the upgrade effective date, whichever is the later.

1.9 Day Patient / Outpatient Surgery

This is an extension of the cover under Sections 1.4 to 1.7 of PART 2 – TABLE OF BENEFITS. We will pay the actual reasonable and customary charges for the following items which is actually undertaken on an outpatient or day patient basis by a medical practitioner:
(i) Pathological study provided it is (a) directly associated with the surgical operation performed; and (b) performed on the same date as the surgical operation; and/or
(ii) Surgical charges payable under Section 1.5 – Surgical Charges, and/orAnaesthetist’s fee payable under Section 1.6 – Anaesthetist’s Fee, and/or
(iii) Operating theatre or treatment room and the consumables or equipments used for the surgical operation payable under Section 1.7 – Operating Theatre Charges.

---

HFE-0002-03-2018
Section 2 – No Claim Renewal Bonus
No claim renewal bonus is calculated as follows at the time of renewal of any period of insurance of this policy:

1. If no claim has been made by the insured person within the policy year prior to the concurrent anniversary of the policy effective date, the maximum limit per disability under Section 1 – Medical Expenses will not be less than the No Claim Renewal Bonus as listed below. If the No Claim Renewal Bonus will be continuously increased by the designated amount for each succeeding policy year if the claim has not been made immediately after the subsequent policy year, subject to the Maximum Accumulated No Claim Renewal Bonus.

2. If a claim has been made by the insured person within the policy year prior to the concurrent anniversary of the policy effective date, the No Claim Renewal Bonus will be totally removed upon expiry of the policy effective date.

<table>
<thead>
<tr>
<th>No Claim Renewal Bonus (HKD/year)</th>
<th>Essential Plan</th>
<th>Advanced Plan</th>
<th>Deluxe Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000</td>
<td>3,000</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>10,000</td>
<td>15,000</td>
<td>25,000</td>
</tr>
</tbody>
</table>

Section 3 – Voluntary Deductible
A discount on the policy premium payable is offered to the insured person who voluntarily accepts a deductible. The amount of deductible selected is set out in the schedule.

Section 4 – ZURICH EMERGENCY ASSISTANCE
Zurich Emergency Assistance will provide the following services in the event that the insured person sustains sickness or injury during the period of insurance whilst the insured person is travelling outside of Hong Kong for a period not exceeding ninety (90) days:

1. Home Nursing Care Referral (Applicable in Hong Kong)
   Upon the request of the insured person, the service provider of Zurich Emergency Assistance shall arrange to send a baby sitter, domestic helper or qualified nurse to the insured person’s residence in Hong Kong and shall be responsible to provide care for the insured person (or the insured person’s child or immediate family members). The cost of this service shall be borne solely by the insured person.

2. Telephone Medical Advice (Applicable outside Hong Kong)
   Medical advice whilst travelling the insured person’s medical condition can be provided over the telephone whilst the insured person travels outside of Hong Kong. Such advice shall not be construed as a diagnosis.

3. Medical Service Provider Referral (Applicable outside Hong Kong)
   Details of a list of medical service providers’ name, address, telephone number of medical practitioners, hospital, clinics can be provided upon insured person’s request. Any medical services used and expenses incurred, if any, shall be borne solely by the insured person.

4. Arrangement of Hospital Admission Deposit (Applicable outside Hong Kong)
   If the insured person, whilst travelling outside of Hong Kong, is admitted to a hospital which requires an advance deposit, an arrangement can be made by paying a deposit of HKD39,000 can be provided subject to prior approval by us. This deposit will be fully refunded to us if no medical services are used and expenses incurred, if any, shall be borne solely by the insured person.

Zurich Emergency Assistance is rendered by a service provider which is nominated by Zurich Insurance Company Ltd. Please call our 24-hour emergency hotline in Hong Kong at +852 2886 3977 for assistance.

PART 4 – EXCLUSIONS
This policy will not cover any claim arising directly or indirectly from:

1. any pre-existing condition, or related conditions;
2. any treatment or surgery paid for within the waiting period;
3. any treatment including services and supplies which are not medically necessary and are not consistent with customary medical treatment or diagnosis;
4. any condition resulting from childbirth, miscarriage, abortion, pregnancy, including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, complications or complications or any other condition or method of inducing pregnancy, sterilization of either sex, venereal diseases;
5. cosmetic surgery or plastic surgery for purposes of beautification except as necessitated for diagnostic treatment; treatment for the purpose of weight reduction or gain regardless of the existence of morbid or morbid conditions;
6. any dental surgery of any nature whatsoever except for necessary procedure on the damage to sound and natural teeth as a result of an accident occurring during the period of insurance and benefit is payable for emergency condition and to alleviate the pain and suffering of the insured person in a hospital or clinic or hospital but in all circumstances shall not cover any restorative or remedial work, the use of any predictable means, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
7. hospital confinement for the purpose of convalescence, custodial, rest care, palliative care, sanatorium care only and any medical expenses incurred not in accordance with the diagnosis and treatment of the condition for which the confinement is required;
8. acquisition of the organ to be used for organ transplantation and all costs related to organ donation related to the diagnosis by the doctor.
9. congenital abnormalities existing at the time of birth or neonatal abnormalities developing before the age of eighteen (18) inclusive but not limited to heredity of all types (except when caused by a trauma after commencement of this policy), epilepsy, strabismus, hydrocephalus, unconditected testicle, hypoplasia and Mecled’s diverticulum;
10. disease or ailments arising during pregnancy;
11. any treatment provided outside of Hong Kong unless as the result of an emergency;
12. medical treatment and/or surgery, including but limited to coloropathy and gastroscopy; for cancer (excluding in situ cancer of any kind mass less than 2 cm; anal fistula; polyp; polyps of any kind; ileostomy; ileosciatica; cholecystectomy; any kind until the insured person has been continuously covered by this policy for not less than one hundred and twenty (120) consecutive days immediately preceding such surgery or treatment;
13. medical treatment and/or surgery for cataacts, glaucoma; retinal disorder; endometriosis; dystrophy; anemia; amnion; electrophoresis; any kind until the insured person has been continuously covered by this policy for not less than one hundred and twenty (120) consecutive days immediately preceding such surgery or treatment;
14. vaccination or inoculations, general check-up, screening and preventive care; expenses relating to sleep test for sleep apnoea; routine eye test, refractive errors of the eyes or their corrective measures;
15. procurement or use of appliances, equipment (unless specified otherwise in this policy), including but not limited to hearing aids, brace, crutch, spectacles or any other similar kind;
16. medical treatment and/or surgery for spinal or joint disease, including but not limited to cervical spondylosis, osteoarthritis, degenerative disc disease; until the insured person has been continuously covered by this policy for not less than one hundred and twenty (120) consecutive days immediately preceding such surgery or treatment, except as a result of an accident occurring during the period of insurance.
17. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not limited to psychoses, neuroses, dementia of any kind, amnesia, delirium, senility, mania, depression, mania, schizophrenia and other behavioral disorders; or under the influence of alcohol or drugs other than as prescribed by a medical practitioner;
18. participation in any illegal activity, including but not limited to robbery, drug abuse or assault;
19. air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier; riding or driving in any kind of motor racing, or engaging in any sport in a professional capacity or where the insured person would otherwise be liable for indemnity or remuneration from engaging in such sport, trekking at an altitude greater than 5,000 meters above sea level or diving to a depth greater than 40 meters below sea level;
20. any policies for which compensation is payable under any law, regulation or for which benefits are payable under any other insurance policies written down by any other insurer(s) except to the extent that such claim is not fully reimbursed or pursuant to such law, regulation or other policies;
21. HIV (Human Immunodeficiency Virus) and/or HIV-related illness including AIDS (Acquired Immunodeficiency Syndrome) and/or any mutant derivative or variations thereof caused or however named.

PART 5 – GENERAL PROVISIONS

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

2. Age Limit and Eligibility
   Unless otherwise specified, the age of the insured person must be between fifteen (15) and fifty-five (55) years old (both inclusive) at the policy inception date and this policy will terminate up to the age of one hundred and twenty (120) years old. All deaths under this policy will terminate on the anniversary of the policy effective date following the insured person’s 101st birthday. All claims arising from pregnancy will not be covered and the insured person shall have a valid Hong Kong identity card with a residential address in Hong Kong and lives in such address permanently. Insured person under age of eighteen (18) years old shall hold a valid Hong Kong birth certificate or proof of dependent visa. An insured person is not allowed to be covered under more than one (1) Zurich HassleFree+ Health Insurance Plan issued by us. If the insured person covers under more than one (1) such policy:
   (i) the insured person will be deemed to be insured only under the policy which provides the highest amount of benefit; or
   (ii) if the benefit amount is the same under each policy, the insured person will be deemed to be insured only under the policy which was issued first by us.

3. Status Change
   You or the insured person must take full responsibility to inform us forthwith of any change in respect of the information provided in the enrollment form for this policy (regardless of whether written or filed written form). Where renewal otherwise, we reserve the right to refuse or invalidate all claims under this policy.

4. Notice of Claims
   Written notice must be given to us within thirty (30) days upon the first treatment of any disease likely to give rise to a claim under this policy. All certificates, information and evidence required by us shall be furnished at the expense of the insured person or the personal representative of the insured person or the insured person’s estate and shall be in such form and of such kind as we may require. We will have the sole discretion to decide not to pay any benefits under this policy.

5. Proof of Loss
   Proof of loss must be furnished to us within thirty (30) days from the completion and/or termination of the treatment for which the claim is being made. Failure to furnish such proof as required by us within the prescribed time shall not invalidate any claims if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is required. All certificates, information and evidence required by us shall be deemed to have been furnished without expense to us. If the policy/policies are denominated in a language other than Chinese or English, the insured person must undertake to obtain certified translation of the documents in Chinese or English at the expense of you or the insured person.

6. Claims Admittance
   In no case shall we be liable in respect of any claim after the expiry of twelve (12) months from the occurrence of the cause of sickness giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration or alternative dispute resolution procedure.

7. Medical Examination
   We reserve the right in case of non-fatal injury to call for examination by a medical referee appointed by us if we deem necessary and in the event of death of the insured person to have a post-mortem examination at our expense.

8. Payment of Claims
   All payment of claims in this policy shall be in Hong Kong dollars and are payable to you after the receipt of due proof. In the event of death of the insured person, the benefit will be paid to the estate of insured person.

9. Misrepresentation or Non-disclosure
   If you or the insured person, or anyone acting for you or the insured person make(s) a statement in the enrollment form and declaration or in connection with any claim knowing that the statement to be false, or fail to disclose pre-existing conditions or fail to act in utmost good faith, we will not be liable for the claim and all cover under this policy shall cease immediately. We will not be liable to refund any premium paid.
10. Premium Charge
(i) This policy is an annual policy. You may pay the premium to us on an annual or a monthly basis. All premiums after the first premium are payable to us on or before the due date. You are required to settle the annual premium for the concurrent policy year.
(ii) We reserve the right to adjust the premium or wages before or at the time of renewal in the following circumstances:
(a) In accordance with our applicable premium rate at the time of policy renewal before or at the time of renewal or if written notice to insured person was given;
(b) The premium rate should be adjusted automatically as the insured person according to the attained age of the insured person at the time of renewal.

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

12. Reinstatement
If we terminate this policy due to non-payment of premium, we may allow this policy to be reinstated if you provide us with a satisfactory written application for reinstatement including proof of insurability and subject to our approval. Benefits will not, however, be payable for any event that may give rise to a claim under this policy which occurs while this policy has lapsed. Any pre-existing conditions shall include all such conditions existing prior to the reinstatement date. The reinstated policy shall only provide coverage to the insured person due to accident after the date of reinstatement and shall only cover sickness of the insured person which begins no sooner than thirty (30) days after the date of reinstatement.

13. Cancellation
(i) We have the right to cancel this policy or any section or part of it by giving thirty (30) days’ advance notice in writing by registered post to your last known address. Under no circumstance during this period we will be obligated to reveal our reasons for cancellation or surrender. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation 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 affect our right, as permitted under this policy, to alter the terms and conditions, including but not limited to, the premium or wages.

(ii) You have the right to cancel this policy by giving thirty (30) days’ advance notice in writing to us. In such event, we will refund the unearned premium actually paid by you, provided that no claim has been made during the period commencing from the effective date to the date on which the cancellation takes effect (“Policy Period”). the earned premium shall be calculated in accordance with the table below but in no event shall the unearned premium be less than our custom minimum premium.

Policy Period Percentage of Premium Earned by Us
2 months (our customary minimum premium) 40%
3 months 50%
4 months 60%
5 months 70%
6 months 75%
Over 6 months 100%

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

14. Termination of Policy
This policy shall automatically terminate on the earliest of:
(i) the insured person is no longer eligible for the benefits under this policy in view of Clause 2 – Age Limit and Eligibility of this Part;
(ii) cover under this policy ceases pursuant to the Clause 9 – Misrepresentation or Non- Disclosure of this Part;
(iii) you fail to pay after expiry of the 31-day grace period in accordance with Clause 11– Grace Period of this Part; or
(iv) either party cancels this policy by giving thirty (30) days written advance notice pursuant to Clause 13 – Cancellation of this Part.

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

16. Change of Benefits
You may apply for change of benefits or upgrade by giving thirty (30) days’ notice in writing before the end of the Policy Period. If approval is granted, the policy will be upgraded with declaration with details on any injury, sickness, symptoms or conditions which are then known to exist by you or the insured person or any treatment or medication the insured person has been or will be having shall be submitted to us. Such application shall be subject to our approval and we reserve our right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions (applicable to the upgrade portion only) of this policy. Any change accepted by us shall be effective on the commencement of the next renewed period of insurance.

If such insured person showed symptoms or has received medical consultation, diagnosis, treatment or advice by a medical practitioner or took prescribed drugs or medicine prior to the said written notice is received by us, the limit of benefits payable in respect of such disability shall not exceed the limit of benefits before or after the change in benefit level whichever is lower.

17. Misstatement of Age or Sex
If the insured person’s age or sex has been misstated, the premium difference would be returned or charged according to the correct age or sex. In the event the insured person’s age has been misstated and if, according to the correct age, the coverage provided by this policy would not have been effective, or we would have ceased paying, or the existence of any such pre-existing conditions, or any such condition, the limit of benefits payable, in respect of such disability shall not exceed the limit of benefits before or after the change in benefit level whichever is lower.

18. Other Insurance
If an insured person is entitled to a compensation or reimbursement of all or part of the expenses covered under this policy under any other insurance policy(ies) or from any other source(s) (such as government scheme), we will only be liable for the remaining balance of benefits, subject to the limits of benefits before or after the change in benefit level, if applicable at the time of dispute. In all situations, the total amount recoverable from all relevant policies or sources shall not exceed the actual medical expense paid by the insured person.

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

20. Clerical Error
Our clerical errors shall not invalidate insurance otherwise valid or continue insurance otherwise not valid.

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

22. Subrogation
We have the right to proceed at our own expense in the name of the insured person against third parties who may be responsible for an occurrence giving rise to a claim under this policy and the insured person shall concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which we are entitled by virtue of our right hereunder.

23. Alternative Dispute Resolution
In the event of a dispute arising out of the policies, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Hong Kong International Arbitration Centre (‘HKIAC’) and under the HKIAC Mediated Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be Hong Kong law and the seat of arbitration shall be Hong Kong. The number of arbitrators shall be one (1) and the arbitration proceedings shall be held 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 refuse or reject liability for any claim under the policy and the insured person does not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of our disclaimer, the insured person’s claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under the policy.

24. Rights of Third Parties
Owning the policyholder or the insured/insured persons, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties’ rights in 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.

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

26. Statement of Purpose for Collection of Personal Data
All personal data collected and held by us will be used in accordance with our privacy policy, as notified to the insured person from time to time and available at this website: https://www.zurich-hk.com/en/environment/.

The insured person shall, and shall procure all other persons covered under the policy to, authorize us to use and transfer data (within or outside Hong Kong), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap. 486), Laws of Hong Kong for the obligatory purposes of the policy in or outside 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.

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

PART 6 – CLAIMS PROCEDURE

Step 1: Download “Zurich HK” mobile app with the QR Code below and report the claim to us

Step 2: Click “Claim” > “Individual Medical Insurance” > “Hospital Cash/Surgical Cash” to start the claim application.
蘇黎世「非煩保+」醫療保險計劃

請閣下細閱本保單，如有任何不清潔，請即回應。

本保單承保「附表」及隨後附出之任何附約或批表所載之醫療文件非內。並在「附表」中列明為保單之申請人及保單持有人。

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

「醫生」指於其執業的地區以適用的專科登記法律合法地獲准授權從事麻醉科和外科手術服務。

指於其執業的地區以適用的專科登記法律合法地獲准權從事麻醉科和外科手術服務。

於「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「香港」時間00:00起的三十日內。在該段時期內，「本公司」不會就任何原因提供保障，惟以下所列並不在保障範圍之內:

- 指提升保障及或計劃級別。
- 指在「首個保單生效日」或「提升保障生效日」(以較遲者為準)之「香港」時間00:00起的三十日內。在該段時期內，「本公司」不會就任何原因提供保障。

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

指提升保障及或計劃級別。

指受損傷人或患病人士在「醫生」按照良好醫療守則的護理標準下所提供的「治療」或醫療服務。

指於香港特別行政區。

指提升保障及或計劃級別。

指提升保障及或計劃級別。

指提升保障及或計劃級別。
每名「受保人」就每宗「傷疾」之最高賠償額（港元）

<table>
<thead>
<tr>
<th>保費項目</th>
<th>2018年</th>
<th>2019年</th>
<th>2020年</th>
</tr>
</thead>
<tbody>
<tr>
<td>每宗「傷疾」之最高賠償額 (港元)</td>
<td>18,000</td>
<td>20,000</td>
<td>24,000</td>
</tr>
</tbody>
</table>

第一節 - 醫療費用

1.1 倫理及護理費

1.2 手術費用

1.3 醫院費

1.4 留院及護理費

1.5 診療費

1.6 家庭護理費

1.7 醫療費用

1.8 儀器及假體

1.9 日產產婦、子宮切除手術

第二節 - 基本傷疾賠償額

1.10 每宗「傷疾」之最高賠償額 (港元)

<table>
<thead>
<tr>
<th>保費項目</th>
<th>2018年</th>
<th>2019年</th>
<th>2020年</th>
</tr>
</thead>
<tbody>
<tr>
<td>每宗「傷疾」之最高賠償額 (港元)</td>
<td>4,000</td>
<td>5,000</td>
<td>6,000</td>
</tr>
</tbody>
</table>

第三節 - 自願性「自負額」(選擇性保障)

<table>
<thead>
<tr>
<th>保費項目</th>
<th>2018年</th>
<th>2019年</th>
<th>2020年</th>
</tr>
</thead>
<tbody>
<tr>
<td>醫療費用</td>
<td>2,000</td>
<td>3,000</td>
<td>4,000</td>
</tr>
</tbody>
</table>

第四節 - 蘇黎世緊急支援

1.19 倫理及護理費

1.20 手術費用

1.21 醫院費

1.22 留院及護理費

1.23 診療費

1.24 家庭護理費

1.25 醫療費用

1.26 儀器及假體

1.27 日產產婦、子宮切除手術

1.28 每宗「傷疾」之最高賠償額 (港元)

<table>
<thead>
<tr>
<th>保費項目</th>
<th>2018年</th>
<th>2019年</th>
<th>2020年</th>
</tr>
</thead>
<tbody>
<tr>
<td>每宗「傷疾」之最高賠償額 (港元)</td>
<td>10,000</td>
<td>15,000</td>
<td>25,000</td>
</tr>
</tbody>
</table>

第五節 - 一般不承保事項

保單將不承保以下原因之任何損害或損失：

1. 任何「受保人」自殺或他殺，或任何非「受保人」之行為，或由「受保人」之行為所引致的風險。

2. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

3. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

4. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

5. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

6. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

7. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

8. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

9. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

10. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

11. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

12. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

13. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

14. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

15. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

第六節 - 一般不承保事項

保單將不承保以下原因之任何損害或損失：

1. 任何「受保人」自殺或他殺，或任何非「受保人」之行為，或由「受保人」之行為所引致的風險。

2. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

3. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

4. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

5. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

6. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

7. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

8. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

9. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

10. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

11. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

12. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

13. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。

14. 任何因「受保人」之行為所引致的風險，或由「受保人」之行為所引致的風險。
第十五部份 一般條款

1. 聲明

21. 除被索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，在任何情況下，「本公司」若所提交的證明文件並非中文或英文。「閣下」或「受保人」必須自費取得經核證的中文或英文證明文件譯本。

22. 若「受保人」因任何「傷疾」而接受治療及可能對本保單作出索償，須於首次接受治療三十日內書面通知「本公司」。「本公司」亦會於首次接受治療時進行「健康檢查」，獲得有關治療或條件的資料。治療或保持未完成，「本公司」於任何情況下概不承認因該治療或情況所引致之損失。

23. 除「本公司」已收妥保費外，因沒有提供保費而產生之索償及支付索償，除非有書面 métier及「本公司」接受，否則不作理賠。

第五部份 一般條款

1. 聲明

2. 本保單，包括所有「有關文件」，乃立約各方之間之整體協議。任何代理或其他人士均無權作出改變、取消或增減本保單之條文。

3. 在以上情況下，「本公司」會將不遠時效之保單之保費從有關保單生效日起退回，並不附帶任何利息。「有關文件」亦會組成續保合約的部份並且所有資料會於續保時被視為真確及有效，除非收到「閣下」在續約時另有通知。

4. 如「受保人」向「本公司」提供任何第三者資料，「受保人」必須保證於提供此等個人資料予「本公司」時，該等資料係真確及有效。「本公司」得以任何方式，包括但不限於書面通知，要求「閣下」及「受保人」提供所有資料及所需歸還「本公司」之損失。所有資料將會由「本公司」保留及使用至提呈「有關文件」所載期限為止。

5. 撤銷之原因。保障取消時，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提出索償，「本公司」將不負任何責任。若「閣下」或「受保人」於保單取消後提出索償，「本公司」將不負責支付任何損失。 「本公司」亦會將不遠時效之保單之保費從有關保單生效日起退回，並不附帶任何利息。「有關文件」亦會組成續保合約的部份並且所有資料會於續保時被視為真確及有效，除非收到「閣下」在續約時另有通知。

6. 索償和複核

「受保人」或「受保人」的代表於提出任何索償時，必須提供有關索償的文件（包括但不限于病歷紀錄、診斷報告、醫療費用或治療計費單、病假證明及任何其他被認為合理及必需的文件），以及「受保人」之所有有效的身份證明文件。「受保人」必須於「本公司」所定之形式及性質提交，盡可能於期限後立即送出有關文件，且不超過一百八十日之限，則不會被視為放棄申請賠償之權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交，而「受保人」亦有責任為此等目的而進行所有合理及必需的支付。保費支付後，所有往後的保費必須在到期日或之前支付。「閣下」必須繳付同年度之全額保費，以及於到期日或之前支付。「本公司」亦有權向「閣下」收取應收之最低保費。「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發(至「香港」境內或境外)包括但不限於個人識別資料。收集個人資料的目的

7. 保費

8. 當收到書面申請後，「受保人」已向「本公司」作出之索償及支付賠償的目的下所作出的任何要求及行為事項，替代理或賠償的目的下所作出的任何要求及行為事項。

9. 假設

「本公司」對任何损失、損失或損失所負之責任。

10. 保障

「本公司」亦會將「閣下」已付之保費無息全數退還。
27. 管轄法律

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。

第六部份 - 索償程序

步驟 1: 透過以下QR編碼下載「Zurich HK」手機應用程式，以在事發後三十天 向「本公司」申
請索償。
步驟 2: 按「索償」〉「個人醫療保險」〉「住院現金保障/or 世代手術現金索償」開始索償。

（此保單分別有英文及中文版本，如中文與英文版本有異，均以英文為準）