

Pleasure Plus Personal Accident Insurance Plan

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

This policy together with the enclosed *schedule* and any *relevant documents* subsequently issued should be read as if they are one document and form the contract between *you* and *us*, and no variations shall be admitted except those acknowledged in writing by *us*. Pleasure Plus Personal Accident Insurance Plan enrollment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written are the basis of this contract.

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

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

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

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

PART 1 - DEFINITIONS

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

Accident/Accidental

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

Activities of Daily Living

Daily self-care activities including:

- (i) Dressing – the ability to put on and take off clothing without assistance;
- (ii) Mobility – the ability to move from room to room without physical assistance;
- (iii) Transfer – the ability to get in and out of bed or a chair without assistance;
- (iv) Continence – the ability to control bowel and bladder function;
- (v) Feeding – the ability to get food from a plate into the mouth without assistance;
- (vi) Bathing or showering – the ability to bathe or shower without assistance.

Age/Aged

Age at last birthday.

Civil War

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

Domestic Partner

An unmarried adult aged eighteen (18) or above who has chosen to live with the insured person in an intimate and committed relationship, and has resided with the insured person for at least three (3) years, intends to do so indefinitely and is able to provide such proof of residence. Domestic Partner does not include roommates or any immediate family member.

Fracture

The complete breakage of a bone.

Fractured Leg or Patella with Established Non-union

The complete breakage into two pieces of the patella or leg bone. The fractured leg or patella does not mend properly and function normally and remains separated. These conditions will last for the remainder of the insured person's life.

Hong Kong

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

Hospital

An establishment which meets all the following requirements:

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

Immediate Family Member

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

Injury

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

Insured Person

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

Loss of Hearing

Permanent irrecoverable loss of hearing where if:

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

Loss of Limb

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

Loss of Sight of Eyes

The entire and *permanent* irrecoverable loss of sight.

Loss of Speech

The *disability* in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveololabialsounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.

Loss of Use

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

Medical Practitioner

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

Occupation Class

Occupations are grouped into different classes according to the risks associated with a particular occupation as specified in *our* Occupation Manual available at https://www.zurich.com.hk/_/media/dbe/hongkong/docs/occupation-manual-201405.pdf, which may be revised by *us* without prior notice to *you* from time to time. Below are the general description of each class:

Class 1: Indoor occupations with job duties which are office related only.

Class 2: Occupations which are mainly indoor and involve light manual work occasionally and without the use of machinery or engine.

Class 3: Indoor or outdoor personnel or workers involve light manual work.

Class 4: skilled or semi-skilled industrial workers with or without the use of light machinery or engine.

Class 5: skilled industrial workers who use large machinery or require high degree of manual work; or unskilled laborers.

Period of Insurance

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

Permanent

Lasting not less than twelve (12) consecutive months from the date of an *accident* and at the expiry of that period being beyond hope of improvement.

Physiotherapy Expenses

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

Policy Effective Date

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

Policyholder or You or Your

The policyholder shown in the *schedule* who is the proposer of this policy.

Policy Inception Date

It shall mean:

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

Pre-existing Condition

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

Public Common Carrier

Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire, including but not limited to bus, coach, ferry, hovercraft, hydrofoil, ship, train, tram or underground train, and any fixed-wing aircraft provided and operated by an airline or an air charter company which is duly licensed for the

regular transportation of fare-paying passengers and operating only between established commercial airports.

Relevant Documents

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

Schedule

The schedule attached to and incorporated in this policy.

Specialist

A registered *medical practitioner* other than *you*, the *insured person*, or *immediate family member*, who is legally registered in the Specialist Register of the Medical Council of *Hong Kong*. In the event of treatment or surgery received outside *Hong Kong*, it shall mean 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.

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.

Total Disablement

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

War

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

We, Us or Our

Zurich Insurance Company Ltd.

PART 2 – BENEFITS

Section benefits contained hereunder are applicable in accordance with the table of benefits and subject to the cover and plan level stated on the *schedule*.

Table of Benefits

Coverage	Sum insured per <i>insured person</i> (HKD) per policy year unless otherwise specified		
	Junior Plan	Adult Plan	Elderly Plan
Section 1 – Personal Accident			
• <i>Accidental death and permanent disablement (AD&PD)</i>	150,000	300,000	250,000
Section 2 – Loss of Independent Existence	750,000	1,500,000	1,250,000
Section 3 – Accidental Medical Expenses	10,000 per <i>accident</i> 5,000 per <i>accident</i> Age below 81 on <i>policy effective date</i> : max. 20,000 per policy year Age 81 or above at <i>policy effective date</i> : max 10,000 per policy year		
Inclusive of Chinese medicine bone-setting expenses, Chinese medicine acupuncture expenses, chiropractic expenses and <i>physiotherapy expenses</i> and subject to:	2,000 per policy year Age below 81 on <i>policy effective date</i> : max. 2,000 per policy year Age 81 or above at <i>policy effective date</i> : max. 1,000 per policy year		
• Sub-limit for Chinese medicine bone-setting, Chinese medicine acupuncture expenses and/or chiropractic expenses	150 per visit per day (Maximum five visits per <i>accident</i>)	150 per visit per day (Maximum five visits per <i>accident</i>)	

	Sum insured per <i>insured person</i> (HKD) per policy year unless otherwise specified		
Coverage	Junior Plan	Adult Plan	Elderly Plan
Sub-limit for <i>physiotherapy expenses</i>	500 per visit per day (Maximum four visits per <i>accident</i>)		500 per visit per day(Maximum four visitsper <i>accident</i>)
Section 4 – Zurich Emergency Assistance			
(a) Emergency evacuation or repatriation service	Actual cost		
(b) Repatriation of mortal remains	Actual cost		
(c) <i>Hospital</i> admission guarantee	39,000		
(d) Compassionate visit	One round-trip economy class travel ticket		
(e) 24-hour telephone hotline information and referral services	Included		

Section 1 – Personal Accident

Accidental death and permanent disablement

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall within twelve (12) consecutive months result in death or disablement as defined under one of the events in the compensation table, we shall pay to the *insured person* the sum insured as stated in the table of benefits and in accordance with the percentage of sum insured for the relevant event as listed in the compensation table below.

Compensation table	
Events	Percentage of sum insured
1. Death	100%
2. <i>Permanent total</i> disablement	100%
3. <i>Permanent</i> and incurable paralysis of all limbs	100%
4. <i>Permanent total loss of sight</i> of both eyes	100%
5. <i>Permanent total loss of sight</i> of one eye	100%
6. <i>Loss of or the permanent total loss of use</i> of two limbs	100%
7. <i>Loss of or the permanent total loss of use</i> of one limb	100%
8. <i>Loss of speech and hearing</i>	100%
9. <i>Permanent</i> and incurable insanity	100%
10. <i>Permanent total loss of hearing in</i> (a) both ears (b) one ear	75% 15%
11. <i>Loss of speech</i>	50%
12. <i>Permanent total loss of lens</i> of one eye	50%
13. <i>Loss of or the permanent total loss of use</i> of four fingers and thumb of (a) right hand (b) left hand	70% 50%
14. <i>Loss of or the permanent total loss of use</i> of any four fingers of (a) right hand (b) left hand	40% 30%
15. <i>Loss of or the permanent total loss of use</i> of one thumb (a) both right joints (b) one right joint (c) both left joints (d) one left joint	30% 15% 20% 10%
16. <i>Loss of or the permanent total loss of use</i> of fingers (a) three right joints (b) two right joints (c) one right joint (d) three left joints (e) two left joints (f) one left joint	15% 10% 7.5% 10% 7.5% 5%
17. <i>Loss of or the permanent total loss of use</i> of toes (a) all – one foot (b) great – both joints (c) great – joint	20% 7.5% 5%
18. <i>Fractured leg or patella</i> with established non-union	15%
19. Shortening of leg by at least 5cm	10%
20. <i>Permanent</i> disability not otherwise provided for under events 10 – 19 inclusive, such percentage of the sum insured as we shall in <i>our</i> absolute discretion determine and being in <i>our</i> opinion not inconsistent with the compensation provided under events 10 to 19 inclusive.	

Compensation conditions

- (a) Benefit shall not be payable for more than one (1) of the events 1 to 20 in respect of the same *accident*. Should more than one (1) of

the events sustain from the same *accident*, only the event with the highest compensation will be payable under this section.

- (b) For any event of which the compensation we have paid is less than 100% of the percentage of sum insured, the sum insured as stated in the table of benefits shall be reduced by such amount of compensation paid from the date of the *accident* until the expiry of this policy. Any claims made thereafter shall be calculated with the original sum Insured multiplied by the percentage of the sum insured of the relevant event, but in no event shall the aggregate compensation payable exceed 100% of the sum insured as stated in the table of benefits.
- (c) When a limb or organ which had been partially disabled prior to an *injury* covered under the policy and which becomes totally disabled as a result of such *injury*, the percentage of sum insured payable shall be determined by us having regard to the extent of disablement caused by the covered *injury*. However, no payment shall be made in respect of the loss of a limb or organ which was totally disabled prior to the *injury* covered under the policy.
- (d) In the event that 100% of the sum insured is paid under this section in respect of any one *insured person*, this policy shall then immediately cease to be in force with regard to such *insured person*. No premium for the unexpired period will be refunded.
- (e) If the *insured person* is left-handed and has specifically mentioned such fact to us, the percentages set out for events 13 to 16 for the various disabilities of right hand and left hand will be transposed.

Special provisions for Section 1

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

If the body of the *insured person* has not been found within one (1) year after the date of the disappearance due to 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 for the purpose of this policy be presumed that the *insured person* suffered death resulting from *injury* caused by an *accident* covered by this policy at the time of such sinking or wrecking.

2. Maximum liability on accidental death and permanent disablement (applicable to Adult Plan only)

Where any individual life is insured under multiple policies which contain accidental death and permanent disablement covers and are issued by us and/or our related companies, the maximum liability in respect of any one individual life under all accidental death and permanent disablement covers shall not exceed HKD 10,000,000 in aggregate and each policy shall bear a proportionate share of the total loss.

Section 2 – Loss of Independent Existence

In the event that the *insured person* suffers a loss of his/her independent existence as a result of an *accident* during the *period of insurance*, which is confirmed by a *specialist* of the *permanent* inability to perform any two (2) of the *activities of daily living* (either with or without the use of mechanical equipment, special device or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) consecutive months, we shall pay to the *insured person* the Sum Insured as stated in the table of benefits. However, any loss of independent existence caused by psychological or psychiatric related causes are excluded.

Exclusion applicable to Section 2

This policy shall not cover any *injury* which is caused by a failure to seek or follow any medical advice of a *medical practitioner*.

Section 3 – Accidental Medical Expenses

In the event that the *insured person* sustains *injury* as a result of an *accident*, we shall reimburse the *insured person* the actual medical expenses which are paid by the *insured person* to a *medical practitioner*, nurse, *hospital*, surgical expenses, X-ray, *hospital charges*, nursing treatment expenses and ambulance hire. All treatments must be prescribed by a *medical practitioner* in order for expenses to be reimbursed under this policy. For any dental work or treatment necessitated by damage to sound and natural teeth as a result of an *injury* or *accident* during the *period of insurance*, benefit is payable purely for emergency treatment and to alleviate the pain and in a legally registered dental clinic or *hospital*. In the event an *insured person* becomes entitled to a refund of all or part of such expenses from any other source, we will only be liable for the excess of the amount recoverable from such other sources.

Inclusive of Chinese medicine bone-setting expenses, Chinese medicine acupuncture expenses, chiropractic expenses and physiotherapy expenses

This section is extended to cover the *insured person* the actual *accidental* medial expenses paid to Chinese medicine bonesetter, Chinese medicine acupuncturist, chiropractor and/or physiotherapist, subject to the per policy year limit and the sublimit as stated in the table of benefits.

In no event shall the total amount payable under this Section 3 – *Accidental* Medical Expenses exceed 100% of the sum insured stated in the table of benefits

Section 4 – Zurich Emergency Assistance

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

(a) Emergency evacuation or repatriation service

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

(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 a *hospital*, we guarantee the medical expenses incurred by the *insured person* in the *hospital* up to a maximum of HKD 39,000 in respect of any one *insured person*. Such expenses are to be borne by the *insured person* unless otherwise covered under Section 3 of this policy.

(d) Compassionate visit

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

(e) 24-hour telephone hotline information and referral services

- 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 practitioner* other than the *medical practitioner* as appointed by our nominated service provider, or any other medical professions are to be borne by the *insured person* unless otherwise covered under Section 3 of this policy.

ZURICH EMERGENCY ASSISTANCE is rendered by a service

provider nominated by Zurich Insurance Company Ltd.

Exclusions to Section 4

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

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

PART 3 – GENERAL EXCLUSIONS

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

1. the time when the *insured person* is engaging in duty for *Occupation Class* 3 or above as specified in Part 1;
2. regardless of the *occupation class*, if the *insured person's* occupation:
 - is actor/actress, kung fu instructor, stunt man, fisherman, ship crew, racing driver, jockey, detective, China-Hong Kong cross border drivers, scaffolding worker, disciplinary forces, naval or military or airforce service or operations or armed force services of any country or international authority;
 - requiring high degree of physical exertion or working in an extra hazardous working environment;
 - is any offshore activities like commercial diving or oil rigging or mining or aerial photography;
 - involves handling of explosives;
 - requiring works in underground or underwater or any works at height outside building.
3. any *pre-existing condition* or related conditions;
4. any kind of disease or sickness; or any loss caused by an *injury* which is a consequence of any kind of disease;
5. any cosmetic surgery, procurement or use of special braces, appliances or equipment except for it is reasonably caused by an *accident*;
6. the *insured person's* participating in any illegal or unlawful acts;
7. riding or driving in any kind of motor racing, or engaging in a sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport; any activity or involvement of the *insured person* in the air unless such *insured person* is at the relevant time (i) travelling as a fare paying passenger on a regular scheduled flight or licensed chartered aircraft, or (ii) participating in such activity where the maneuver or navigation of such activity is responsible by another person who is adequately licensed for guiding such activity and the provider of such activity must be authorized by the relevant local authority;
8. suicide, attempted suicide or intentional self-injury, insanity, mental disorder of any kind, psychosis, stress or depression, any condition under the influence of alcohol or drugs (other than those prescribed by a qualified *medical practitioner*), childbirth, pregnancy, miscarriage or acute mountain sickness;
9. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of *terrorism*;
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 or damage directly or indirectly arising from:
 - ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.

PART 4 – GENERAL PROVISIONS

1. Entire contract

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

2. Age limit and eligibility

Unless specifically mentioned to the contrary, the insurance afforded under this policy shall only apply to the *insured person* who is *aged* between six (6) months and seventeen (17) years under Junior Cover; the *insured person* who is *aged* between eighteen (18) years and seventy (70) years under adult cover; the *insured person* who is *aged* between seventy-one (71) and eighty (80) years and lifetime renewable under Elderly Cover.

The *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* identity card with a permanent address in *Hong Kong*. *Insured person* under *age* of eighteen (18) shall hold a valid *Hong Kong* birth certificate or proof of dependent visa.

3. Status change

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

4. Transfer of cover

When the *insured person* reaches the *age* of eighteen (18) years upon policy renewal, the cover will be automatically switched from Junior Plan (any plan level) to Adult Plan. When the *insured person* reaches the *age* of seventy-one (71) years upon policy renewal, the cover will be automatically switched from Adult Plan to Elderly Plan.

5. Notice of claim

Written notice of claims must be given to *us* within thirty (30) days from the date of the incident causing loss or *injury* to the *insured person*. In the event of *accidental* death, immediate notice thereof must be given to *us*.

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

6. Proof of loss

Written proof of loss must be furnished to *us* within thirty (30) days from the completion and/or termination of the treatment for which the claim is being made. Failure to furnish such proof 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 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*. If the supporting documents of a claim are in a language other than Chinese or English, the *insured person* must undertake to obtain certified translation of the documents in Chinese or English at the expense of *you* or the *insured person*.

7. Claims admittance

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

8. Medical examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* if *we* deem necessary and in the event of death of the *insured person* to have a post-mortem examination at *our* expense.

9. Payment of claims

We will pay all benefits (except for Section 4(a) and 4(b)) to the *insured person* for their respective rights and interests. Benefits payable under Section 4(a) - Emergency medical evacuation and Section 4(b) - Repatriation of mortal remains will be paid directly to the service provider. All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to the *insured person* after the receipt of due proof upon *our* approval. In the event of *accidental* death of the *insured person*, *we* will pay all the pending benefits to the estate of the *insured person*. All indemnities provided in this policy will be paid immediately after the receipt of due proof upon *our* approval, unless if the indemnity is in respect of *permanent total disablement*.

10. 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 as required during the application process (regardless of whether it is made verbally or in writing) or in connection with any claim knowing the statement is false, or fail to disclose *pre-existing conditions* or fail to act in utmost good faith, *we* will not be liable for any claim and all covers under this policy shall cease immediately. *We* will not be liable to refund any premium paid.

11. Premium Charge

- This policy is an annual policy. *You* must pay the premium to *us* on an annual 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.
- *We* reserve the right to revise or adjust the premium under the following circumstances:
 - In accordance with *our* applicable premium rate at the time of policy renewal by giving thirty (30) days' prior written notice to *you*;
 - The premium rate should be adjusted automatically according to the attained *age* of the *insured person* at the time of renewal.

12. 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:

- If no claim has been made by the *insured person* within the policy year prior to its anniversary (of the *policy effective date*), the no claim discount on the renewal premium of the policy year following such anniversary (of the *policy effective date*) will be increased by five percent (5%). The maximum percentage of the no claim discount is fifteen percent (15%).
- If a claim has been made by the *insured person* within the policy year prior to its anniversary (of the *policy effective date*), the no claim discount on the renewal premium of the policy year following such anniversary (of the *policy effective date*) will be decreased by five percent (5%). The minimum percentage of the no claim discount is nil percent (0%).
- The no claim discount of any policy year shall be the specified percentage of the originally chargeable renewal premium of such policy year (without taking into account any no claim discount), and shall not be calculated on the basis of the renewal premiums paid for any of the previous policy years, where other discounts may have applied.

13. Grace period

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

14. Reinstatement of policy

If *we* terminate this policy due to non-payment of premium, *we* may allow this policy to be reinstated if *you* provide *us* with a satisfactory written application for reinstatement including proof of insurability and subject to *our* approval. Benefits will not,

however, be payable for any event likely to give rise to a claim under this policy which occurs while this policy has lapsed. Any *pre-existing conditions* shall include all such conditions existing prior to the reinstatement date. The reinstated policy shall only cover *injury* caused to the *insured person* by any *accident* which occurs after the date of reinstatement.

15. Cancellation

- We have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing by registered post to *your* last known address. Under no circumstances *we* will be obligated to reveal *our* reasons for cancellation. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation or surrender to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy. The payment or acceptance of any premium subsequent to such termination shall not create any liability on *us* but *we* shall refund any such premium received by *us*.
- You* have the right to cancel this policy by giving thirty (30) days' advance notice in writing to *us*. In such event, *we* will refund the unearned premium actually paid by *you* provided that no claim has been made during the period starting from the *policy effective date* to the date on which the cancellation takes effect ("Policy Period"), the earned premium shall be calculated in accordance with the table below but in no event shall the earned premium be less than *our* customary minimum premiums.

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

Policy period	Percentage of premium earned by <i>us</i>
Two months (<i>our</i> customary minimum premiums)	40%
Three months	50%
Four months	60%
Five months	70%
Six months	75%
Over six months	100%

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

16. Termination of policy

This policy shall automatically terminate on the earliest of:

- over under this policy ceases pursuant to the Clause 10 – Misrepresentation or non-disclosure of this part;
- you* fail to pay after expiry of the 31-day grace period in accordance with Clause 13 – Grace period of this part; or
- either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 15 – Cancellation of this part; or
- upon payment of the benefits to the *insured person* under "Compensation conditions clause (d)" of Section 1 – "Accidental death and *permanent* disablement" under Part 2.

17. Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at *our* discretion. Yet *we* reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount 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 the *insured person*. *We* will not be obligated to reveal *our* reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to the *insured person* before the *policy effective date* of any *period of insurance*.

18. Misstatement of age or sex

If the *insured person's age* or sex has been misstated

inadvertently, the premium difference would be returned or charged according to the correct *age* or sex. In the event the *insured person's age* or sex has been misstated inadvertently and if, according to the correct *age* or sex, 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.

19. Other insurance

When a claim occurs, if there is any other policy covering any benefits insured by this policy (except as provided by Section 1 – Personal Accident and Section 2 – Loss of Independent Existence), *we* will be liable only for *our* proportionate share only.

20. Zurich Emergency Assistance

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

21. Clerical error

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

22. Legal action

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

23. Subrogation

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

24. Alternative dispute resolution

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the *Hong Kong* International Arbitration Centre ('HKIAC') under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be *Hong Kong* law and the seat of arbitrations shall be *Hong Kong*. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English.

It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under this policy and the *insured person* does not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, the *insured person's* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

25. Compliance with policy provisions

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

26. Governing law

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.

27. Statement of Purpose for Collection of Personal Data

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

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

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* warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to *us*, enabling *us* to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

28. Rights of third parties

Other than *you* or the *insured persons*, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this Policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

29. Languages

This policy is available in the Chinese and English languages. In the event of any conflict between the two versions, the English language version shall prevail.

PART 5 – CLAIMS PROCEDURES

- Through *our* "eClaim" online platform, *you* can submit a claim easily and conveniently. Simply scan the QR code to browse www.zurich.com.hk/eclaim/en and submit claims, the processing time can be shortened up to two (2) working



days comparing to submission by post/email; or

- Download the claim form at www.zurich.com.hk/eng/claims and submit the completed claim form with supporting documents by post/email.
 - Email: claims@hk.zurich.com
 - Post: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Please report *your* claim to *us* in 30 days.

For enquiries, please call *our* Claims Hotline at +852 2903 9388 or email to claims@hk.zurich.com.

What to do when you need help

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

To make a claim, call Zurich claims hotline on +852 2903 9388. For *our* customer service, call *our* enquiry hotline on +852 2968 2288. *Our* office hours are Monday to Friday 9:00 a.m. to 5:30 p.m.

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

「樂安保」個人意外保險計劃

請細閱本保單，如有任何修正請求，並請盡快提出。

本保單連同「附表」及嗣後發出的任何「有關文件」應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非獲「本公司」書面同意，否則合約內容不得更改。而「閣下」完成及向「本公司」提供的「樂安保」個人意外保險計劃投保表格及聲明，不論以口述（若是由「本公司」或「本公司」授權之代理錄音）或書面或數碼形式提供，均會構成本合約的依據。

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

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

「閣下」於投保表格內填報的資料如有任何更改（不論以口述或書面或數碼形式），請盡早通知

「本公司」，以免影響「受保人」於本保單的保障內容。

此乃一份有法律效力的文件，敬請妥為保存。

第一部分 – 定義

本保單內某些詞彙具有指定含意，釋義已分別列明如下。為方便「閣下」識別有關詞彙，特將此等詞彙全部加上引號。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

「意外」

任何於「保險期」發生的不可預見或預料並導致「受保人」蒙受「損傷」之突發事件

「日常活動」

日常自理活動包括：

- (i) 更衣：無須他人扶助，自行穿上及脫下衣物；
- (ii) 行動：無須他人扶助，能夠自行由一間房移動到另一間房；
- (iii) 移動：無須他人扶助，上落床或椅子；
- (iv) 自制：自行控制大小便；
- (v) 進食：無須他人扶助，能夠自行進行一切進食程序；及
- (vi) 沐浴或淋浴：無須他人扶助，自行沐浴或淋浴。

「年齡」

上次生日的年齡。

「內戰」

相同國家的公民或民族互相對抗而發生互相攻擊的戰爭或「戰爭」。

「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「受保人」共同生活的未婚成年人，與「受保人」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」

指骨頭完全破裂。

「折斷腿部或膝蓋而無法聯合」

腿骨或膝蓋骨完全斷為兩截，此「折斷」的腿或膝蓋於「受保人」之餘生將一直「折斷」維持分離，不能徹底地復原及恢復正常功能。

「香港」

中華人民共和國香港特別行政區。

「醫院」

符合下列條件的機構：

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

「直系親屬」

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

「損傷」

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

「受保人」

「附表」或批註內註明為受保人（“insured person”）之人士。

「失聰」

「永久」及無法恢復之聽力，如：

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

即 $1/6 (a + 2b + 2c + d)$ 高於 80 分貝。

「失肢」

手腕或足踝處或以上的肢體部份的完全分離。

「失明」

視力完全喪失及「永久」無法復原。

「喪失說話能力」

無法發出說話所需的四種語音中的三種，例如唇音、齒齶音、顎音及軟顎音，或聲帶完全喪失功能，或大腦控制說話的中樞受損，導致語言失能症。

「殘廢」

肢體或器官的「永久」完全喪失功能或「永久」完全分離。

「醫生」

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

「職業類別」

各類職業會按其危險程度而分類及列於「本公司」之職業手冊內，詳細可參閱以下網址：https://www.zurich.com.hk/_/media/dbe/hongkong/docs/occupation-manual-201405.pdf，「本公司」有權不定

時更改其內容而事前不作通知。以下為各項職業類別的一般定義：

第一類：只限於文職工作之室內職業。

第二類：主要於室內工作而間歇性須要少量體力勞動但無須使用機械 / 機器之職業。

第三類：少量體力勞動的室內或室外員工及工人。

第四類：需要操作輕型機械的技術性或半技術性工人。

第五類：需要操作大型機械或要求大量體力勞動之技術性工人或非技術性勞工。

「保險期」

「附表」內所訂明之保險有效期，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。

「永久」

「意外」事故發生之日起計，損害情況持續至少 12 個月，並於此段時間終結時沒有好轉之跡象。

「物理治療費」

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

「保單生效日」

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

「閣下」

本保單之投保人及於「附表」內註明為保單持有人的人士。

「首個保單生效日」

是指：

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

「投保前已存在之傷疾」

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

「公共交通工具」

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

車，及由註冊的航空公司或包機公司營運以接載付款乘客、來往於商業機場之間的飛機。

「有關文件」

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

「附表」

隨附本保單並構成保單一部份之附表。

「專科醫生」

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專科治療及外科手術服務的人士，惟「受保人」本人或其「直系親屬」除外。

「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。

「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。

「戰爭」

兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而終止和平關係並陷入武裝敵對的局面。

「本公司」

蘇黎世保險有限公司。

第一部分 – 保障表

以下「保障表」內各項保障需根據「附表」訂明的計劃級別，方為適用。

保障表

保障項目	每「受保人」每保單年度之賠償額（港元）除非另外註明		
	幼青保障	成年保障	長者保障
第一節 – 個人「意外」			
• 「意外」死亡及「永久」傷殘	150,000	300,000	250,000
第二節 – 喪失獨立能力	750,000	1,500,000	1,250,000
第三節 – 「意外」醫療費用	每次「意外」10,000		每次「意外」5,000 「保單生效日」時未滿 81 歲，每保單年度最高 20,000 81 歲或以後，每保單年度最高 10,000
包括中醫（骨傷）費、中醫（針灸）費、脊椎治療費及「物理治療費」及以下之個別限額：	每保單年度 2,000		「保單生效日」時未滿 81 歲，每保單年度 2,000； 81 歲或以後，每保單年度 1,000
• 中醫（骨傷）費、中醫（針灸）費及／或脊椎治療費的個別限額	每日每次最高 150 （每次「意外」最多五次）		每日每次最高 150 （每次「意外」最多五次）
• 「物理治療費」的個別限額	每日每次最高 500 （每次「意外」最多四次）		每日每次最高 500 （每次「意外」最多四次）
第四節 – 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	一張來回經濟客位機票		
(e) 24 小時熱線電話諮詢及轉介務	包括		

第一節 – 個人「意外」

「意外」死亡及「永久」傷殘

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並於連續 12 個月內導致以下賠償表內所載的任何一項保障項目定義之死亡或傷殘，「本公司」將以保障表所列之賠償額，按以下賠償表內有關保障項目之賠償額百分比賠償予「受保人」。

賠償表	
保障項目	賠償額百分比
1. 死亡	100%
2. 「永久」「完全傷殘」	100%
3. 四肢「永久」癱瘓	100%
4. 雙眼「永久」完全「失明」	100%
5. 單眼「永久」完全「失明」	100%
6. 喪失任何兩肢（「失肢」）或任何兩肢「永久」完全「殘廢」	100%
7. 喪失任何單肢（「失肢」）或任何單肢「永久」完全「殘廢」	100%
8. 「喪失說話能力」及「失聰」	100%
9. 「永久」精神失常	100%
10. 「永久」完全「失聰」	
(a) 雙耳	75%
(b) 單耳	15%
11. 「喪失說話能力」	50%
12. 單眼「永久」完全喪失晶狀體	50%
13. 喪失四指及拇指或四指及拇指「永久」完全「殘廢」	
(a) 右手	70%
(b) 左手	50%
14. 喪失任何四指或任何四指「永久」完全「殘廢」	
(a) 右手	40%
(b) 左手	30%
15. 喪失拇指或拇指「永久」完全「殘廢」	
(a) 右雙指骨	30%
(b) 右單指骨	15%
(c) 左雙指骨	20%
(d) 左單指骨	10%
16. 喪失手指或手指「永久」完全「殘廢」	
(a) 右三指骨	15%
(b) 右雙指骨	10%
(c) 右單指骨	7.5%
(d) 左三指骨	10%
(e) 左雙指骨	7.5%
(f) 左單指骨	5%
17. 喪失腳趾或腳趾「永久」完全「殘廢」	
(a) 一隻腳所有腳趾	20%
(b) 大腳趾雙趾骨	7.5%
(c) 大腳趾單趾骨	5%
18. 「折斷腿部或膝蓋而無法聯合」	15%
19. 腿截短最少 5 厘米	10%
20. 倘「永久」傷殘狀況並未包括於上述保障項目 10 至 19 內，「本公司」有絕對決定權及其而言符合上述保障項目 10 至 19 之賠償之情況下，釐定應予賠償之百分比。	

賠償條款

- (a) 在同一宗「意外」事件中只會賠償以上保障項目 1 至 20 項的其中一項。假如在同一次「意外」事件中遭受多於一項保障項目，則只按其在本節中最高賠償額的一項賠償。
- (b) 如「本公司」已賠償的保障項目少於賠償額百分比的百分之一百，則由「意外」發生當日起至本保單期滿為止，有關之已賠償金額會於保障表訂明之賠償額中扣減。日後之賠償將根據原先的賠償額乘以賠償額百分比釐定，惟每位「受保人」可獲賠償之合共金額不可超過保障表訂明之賠償額之百分之一百。

- (c) 如「受保人」蒙受「損傷」前已出現有關保障項目 2 至 19 所述的或其他任何局部殘缺，而在「損傷」後變成完全殘缺，「本公司」會決定「最高賠償額」之百分比作為賠償該「損傷」所引致致的殘缺部份。倘於「損傷」前已出現的任何完全殘缺，則有關之殘缺不獲保障。
- (d) 如「受保人」已於本節中獲得百分之一百的賠償額後，本保單便會即時失效，所有保障亦隨之終止。未到期的保費，將不獲退還。
- (e) 如「受保人」慣用左手並已特此通知「本公司」，則賠償表內 13 至 16 項的各右手及左手傷殘賠償額的百分比將互相對調。

第一節的特別條款

1. 因「公共交通工具」墮毀或沉沒導致失蹤

倘若「受保人」乘搭之「公共交通工具」因墮毀或沉沒而失蹤，而「受保人」之遺體於該次「意外」事件發生後一年內，仍無法尋回，「本公司」將視「受保人」於墮毀或沉沒當時承保於本保單的「意外」事故而蒙受「損傷」並導致死亡而作出賠償。

2. 意外死亡及永久傷殘之最高賠償責任（只適用於成年保障）

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

第二節 – 喪失獨立能力

倘若「受保人」於「保險期」內因「意外」導致喪失獨立能力，及經「專科醫生」確診為永久無法獨立進行「日常活動」中任何兩項活動（無論是否需要使用機械設備，特殊裝置或專為殘疾人士而設的其他輔助和調整設備）最少連續六個月，「本公司」將以保障表所列之賠償額賠償予「受保人」。但因精神或心理因素導致之喪失獨立能力並不在保障範圍內。

第二節之不保事項

本保單將不承保因未有尋求或遵從「醫生」治療而引致的「損傷」。

第三節 – 「意外」醫療費用

如「受保人」於「保險期」內因「意外」而蒙受「損傷」，「本公司」將賠償「受保人」所有已支付予註冊「醫生」、護士及 / 或「醫院」的實際醫療費用，包括外科手術、X-光、「醫院」收費、護理治療及救護車租用。本保險單僅負責賠償經由「醫生」所處方或治療的費用，如「受保人」的天然及健全牙齒在「保險期」內因「意外」受「損傷」而必需接受牙醫治療，保障只適用於在該情況下目的為減輕痛楚之緊急治療費用及有關治療必須在合法之牙科診所或「醫院」進行。如「受保人」可從其他途徑退還全部或部份之費用，則「本公司」只會負責賠償剩餘而無法從其他途徑追討的費用餘額。

包括中醫（骨傷）費、中醫（針灸）費、脊椎治療費及「物理治療費」

本節亦保障「受保人」支付給中醫（骨傷）師、中醫（針灸）師、脊醫及 / 或物理治療師的「意外」醫療費用，以保障表所列之每保單年度之賠償額及個別限額為限。

於任何情況下，第三節 – 「意外」醫療費用之合共總賠償額不可超過保障表所列賠償額之百分之一百。

第四節 – 蘇黎世緊急支援

倘「受保人」離開「香港」外遊不超過 90 天及於此期間蒙受「損傷」，則「本公司」將根據下列情況提供以下保障：

(a) 緊急醫療運送或運返

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

(b) 遺體運返

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

(c) 入院保證金

墊支每位「受保人」因「住院」而需繳付的入院醫藥費保證金，惟不超過 39,000 港元之限。如該等醫療費用並非本保單第三節之承保項目，則一律由「受保人」自付。

(d) 近親探望

如「受保人」於「香港」境外旅遊時蒙受嚴重「損傷」而需「住院」超過連續三天，「本公司」將支付一位「直系親屬」或「同居伴侶」經濟客位來回交通票乙張以便陪伴「受保人」，惟事前必須獲得「本公司」正式批准。

(e) 24 小時熱線電話諮詢及轉介服務

- 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. 遺失行李援助
- vi. 轉介傳譯服務
- vii. 轉介律師
- viii. 海外電話醫療顧問服務
- ix. 「住院」期間監察病情

除非本保單第三節訂明承保外，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」所委任的服務機構提供的「醫生」除外）或任何其他醫療專業團體或人士收取的費用。

蘇黎世緊急支援服務由蘇黎世保險有限公司所委任的服務機構提供。

第四節之不承保事項

「本公司」不會就下列情況提供本節任何服務（包括支付其費用）：

1. 如「受保人」身處的地點有爆發「戰爭」的危險或政治危機，以致無法或實際上不可行地提供本節訂明的服務；
2. 未經事前以書面同意及 / 或未經由蘇黎世緊急支援服務安排緊急醫療運送或運返、或遺體運返回國或其他費用。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。

第三部分 – 一般不承保事項

本保單將不會承保因下列事故直接或間接引致之死亡、傷殘、「損傷」或其他損失：

1. 當「受保人」執行其列於本保單第一部份「職業類別」中為第三類或以上的職務期間；
2. 不論「職業類別」，如「受保人」的職業為：
 - 藝人 / 演員、武術指導、特技人員、漁夫、船員、競賽駕駛員、騎師、偵探、中港司機、搭棚工人、紀律部隊、從事或參與任何國家或國際機構的海陸空服務或行動或持械工作者；
 - 需要高度體力勞動或於極危險環境工作；
 - 離岸活動如商業潛水、油田鑽探、採礦或空中攝影；
 - 涉及處理爆炸品；
 - 需於地下或水下工作或於建築物的外牆高空工作。
3. 任何「投保前已存在的傷疾或病症」；
4. 任何性質之疾病；任何因疾病而引致之「損傷」；
5. 任何以美容為目的之美容手術或整容手術，採購或採用特別支架、儀器或裝置的額外費用，惟因「意外」合理地導致之治療除外；
6. 「受保人」參與任何非法或違法活動；
7. 以乘客或司機身份參與任何形式的賽車，又或參加職業體育活動或「受保人」可能或可以賺取收入或報酬的體育活動；「受保人」進行或涉及任何空中活動，除非當時「受保人」(i) 是以付費乘客身份在持牌航空公司航機或包機上，或(ii) 所參予之活動是由另一位已持

牌帶領有關活動的人士負責操縱或航行而提供活動的舉辦者亦已獲當地有關當局授權；

8. 自殺、企圖自殺或蓄意自我傷害、神經失常、任何神智不清、精神病、緊張或抑鬱、任何情況下受到酒精或藥物影響（除非由合格「醫生」處方）、任何性質之病症、分娩、妊娠、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、暴動、軍事政變或篡權行動、直接參與罷工、暴動或內亂或以任何形式參與「恐怖活動」；
10. 人體免疫力衰竭病毒（HIV）及 / 或任何 HIV 有關疾病引起，包括愛滋病（AIDS）及 / 或由其引起或不論如何定名之變種、衍生或變故病體，所引致的「損傷」、疾病、損失、費用或責任；
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：
 - 任何核子燃料、核子燃燒後所產生的核子廢料所產生的電離子輻射或放射性污染；或
 - 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，包括所有「有關文件」，乃立約各方之間之整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」授權人員的批准並簽發批單作實，方始生效。為免生疑，「有關文件」亦會組成續保合約的部份，除非收到「閣下」在續約時的通知，所有資料會於續保時被視為真確及有效。

2. 年齡及資格限制

除非另有注明，在本保單生效日時，幼青保障的「受保人」年齡必須介乎於六個月至 17 歲，成年保障的「受保人」年齡必須介乎於 18 歲至 70 歲；而長者保障的「受保人」年齡必須介乎於 71 歲至 80 歲，並可續保至終身。

「受保人」必須為「香港」市民或居民及持有有效之「香港」身份證明文件，且有「香港」永久住址。18 歲以下之「受保人」應持有有效之「香港」出世紙或家屬簽證。

3. 現況改變

「閣下」或「受保人」就申請表上（不論以口頭、數碼型式或書面上）或續保時所提供予「本公司」之資料之任何變更，均須負全責通知「本公司」，否則「本公司」有權拒絕所有賠償或使其失效。

4. 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。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。

5. 索償通知

如要申請索償，必須於引致損失或「損傷」的事件發生後 30 日內以書面通知「本公司」。倘因意外死亡之索償，必須立即通知「本公司」。「本公司」所需之任何證明書、資料及證據，須依據「本公司」所定之形式及性質提交，而所需費用概由「閣下」或「受保人」或「閣下」/「受保人」之個人代表負責。「本公司」有權自費支付「受保人」於「本公司」指定的醫療機構進行檢查。如「閣下」或「受保人」不遵守本條款，「本公司」將不會支付本保單的任何保障。

6. 損失證明

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

7. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於蒙受任何「損傷」後滿 12 個月方提出之有關索償支付賠償。

8. 身體檢查

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

9. 支付索償

「本公司」將按照「受保人」各自之權利及權益向彼等支付賠償（第四節(a)及第四節(b)除外）。第四節(a) – 緊急醫療運送及第四節(b) – 遺體運返之保障則直接付予服務提供者。本保單之所有索償將以港元支付及將在收到所有「本公司」承認之必須證明後支付予「受保人」。如「受保人」「意外」死亡，「本公司」會將所有尚未支付之賠償額支付予「受保人」的遺產承繼人。當「本公司」收受所需的證明文件並批核後，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。

10. 虛報或漏報資料

若「閣下」或「受保人」或任何代表「閣下」或「受保人」之人士在投保表格及聲明或就任何索償知情地作出任何虛假陳述、或未如實地申報任何「投保前已存在之傷疾」或未能遵行最高誠信，「本公司」概不就任何索償進行理賠責任。本保單規定之所有保障亦即時停止生效。「本公司」亦不會就已付保費作出任何退款。

11. 保費

- 本保單為年度保單。「閣下」可以以年繳或月繳方式付款予「本公司」。在首期保費支付後，所有往後的保費必須在到期日或之前支付。「閣下」必須負責繳付同年度之全年保費，保單方惟有效。
- 「本公司」保留權利，在以下情況更改或調整保費：
 - 根據保費到期日適用的保費率以作調整，「本公司」會於調整保費前 30 天內以書面通知「閣下」；
 - 當「受保人」在保單續保時進入下一個年齡組別，保費將自動調整。

12. 無索償折扣

在任何保單年度續保保費時可能適用的無索償折扣將計算如下：

- 如「受保人」於「保單生效日」的週年日前的一個保單年度並無任何索償紀錄，緊隨該「保單生效日」的週年日的續保保費便可享有百分之五（5%）的無索償折扣，最高折扣累積可至百分之十五（15%）。
- 如「受保人」於「保單生效日」的週年日前的一個保單年度有任何索償紀錄，緊隨該「保單生效日」的週年日的無索償折扣會被扣減百分之五（5%），或直至已沒有任何無索償折扣可被扣減。
- 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。

13. 寬限期

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

14. 重訂保單

若「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後「閣下」向「本公司」提交令「本公司」滿意之重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。但於保單失效期間發生之索償則不會獲得任何保障。任何「投保前已存在之傷疾」將包括於復效日前已出現之傷疾。

15.

取消保單

- 15.1 本公司有權以 30 日書面通知「閣下」取消保單或任何章節或部份，通知書將以掛號郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關終止之原因。保障終止時，若在有關取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。
- 「閣下」可於 30 日前向「本公司」提出書面通知以取消此保單，如在該「保單生效日」至取消保單生效日（保障期）期間無索償紀錄，「閣下」已繳交之全年但未到期之保費將根據下列適用之比率計算扣減並退還，但在任何情況下不可低於「本公司」慣常收取之最低保費。如保單以月繳方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩餘之全年保費。

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

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

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

16. 保障終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

- 根據本部份第 10 項 – 虛報或漏報資料所述之情況；
- 「閣下」未能根據本部份第 13 項 – 寬限期所述之情況，在 31 日寬限期内付款；或
- 任何一方根據本部份第 15 項 – 取消保單所述之情況，所以 30 日內書面通知取消本保單；或
- 符合本保單第二部份第一節「意外」死亡及「永久」傷殘中賠償條款(d)項所述之情況而「受保人」已獲得賠償。

17. 續訂保單

從「保單生效日」起計，本保單會維持最長一年生效期及由「本公司」酌情每年自動續保，惟「本公司」保留權利在每個「保險期」之續保時間前 30 日向「閣下」提供書面通知以更改條款，包括但不限於保費或不承保事項，前題是不修改本保單中之保障額。「本公司」沒有責任透露有關更改之原因。儘管如此，「閣下」可於本保單任何一個「保險期」之「保單生效日」前表示不接納更改，最後可以不實行續保。

18. 虛報事實

如「受保人」虛報年齡或性別，「本公司」會按其正確年齡或性別應付之保費退回或收回保費差額。倘投保時「受保人」年齡或性別被不慎虛報，而根據當時的正確年齡或性別，本保單之保障應不能生效或應該在收取該次或每次保費前終止，如「本公司」並無就本保單作任何理賠，則「本公司」於任何情況下只會退回有關保費而不負責任何承保責任。

19. 其他保險

「閣下」提出索償時如有其他保單保障同類項目，「本公司」只負責按比例作出賠償（第一節 - 個人「意外」、第二節 – 喪失獨立能力除外）。

20. 蘇黎世緊急支援服務

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

21. 筆誤

「本公司」的筆誤不會令生效之保單因而失效，或令失效之保單因而生效。

22. 法律訴訟

當書面索償證明文件根據本保單規定送交「本公司」後，60日內不得進行法律訴訟以求賠償。此外，「閣下」及「受保人」亦不得在「本公司」要求其提供索償證明之指定時限期屆滿一年後提出訴訟。

23. 代位權

「本公司」有權自費以「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，「受保人」需同意執行並允許「本公司」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。

24. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。如爭議各方未能於90日內透過調解解決爭議，爭議各方均應將有關爭議提交予香港國際仲裁中心，按照提交仲裁通知時有效的《香港國際仲裁中心機構仲裁規則》仲裁解決。本仲裁條款適用的法律為「香港」法律，而仲裁地應為「香港」。仲裁員人數為一名，而仲裁程序應以英語進行。

現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「閣下」追索本保單之任何責任，而並未能於「本公司」所發出之通知12個月內按以上規定展開仲裁，「閣下」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。

25. 遵從保單條款

如違反本保單任何條款，所有就本保單提出之索償均告無效。

26. 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。

27. 個人資料收集目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：<https://www.zurich.com.hk/zh-hk/services/privacy>。

「閣下」會，及會促使保單內其他「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第486章《個人資料（私隱）條例》中所定義之個人資料。

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

28. 第三者權利

除「閣下」或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更（包括任何解除責任或責任妥協）或終止均不須第三者同意。

29. 語言

本保單備有中文及英文版本。兩個版本如有任何歧義，概以英文版本為準。

賠償程序

- 透過「本公司」的「e索償」網上平台以方便快捷的方式申請索償，只需掃描二維碼瀏覽 www.zurich.com.hk/eclaim 遞交申請，相比以電郵或郵寄方法申請，可節省多達兩個工作天的處理時間；或
- 瀏覽 www.zurich.com.hk/claims 下載並填妥索償申請表，連同有關證明文件電郵 / 郵寄至「本公司」賠償部
 - 電郵：claims@hk.zurich.com
 - 郵寄：香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部



請注意，請於事故發生後30日內遞交索償申請。

如有任何查詢，請致電「本公司」的賠償熱線+852 2903 9388或電郵至 claims@hk.zurich.com。

求助須知

當面對醫療或其他緊急事故，請致電蘇黎世緊急支援熱線「香港」電話：+852 2886 3977並提供「閣下」的姓名及印在「附表」上的保單號碼。富經驗的支援服務員會處理「閣下」的查詢並指示「閣下」應該怎樣處理。

如需索償，請致電蘇黎世賠償熱線：+852 2903 9388。聯絡客戶服務，請致電「本公司」查詢熱線：+852 2968 2288。「本公司」的辦公時間為星期一至星期五上午九時至下午五時三十分。

此保單分別有英文及中文版本，如中文與英文版本有異，均以英文為準。