



安盛

Personal Accident Insurance

個人意外保險

SmartProtect Plus Lite, Basic Plan

「卓越」豐盛守護樂
簡易, 基本計劃

Policy Wording

保單內文

SmartProtect Plus

Policy coverage attaching to and forming part of Policy of Insurance

Welcome to Your AXA General Insurance Hong Kong Limited SmartProtect Plus Personal Accident Insurance Policy.

Your Policy consists of

- (a) the Policy Wording in this jacket;
- (b) the Policy Schedule;
- (c) any Endorsement

Your Policy Schedule shows

- details of Your cover
- the Period of Insurance
- the Sum Insured
- any special terms that may apply to Your Policy

This Policy is issued in consideration of the statements and declarations contained in the application/application form and the Policy Schedule and the applicant's payment of premium due.

Following payment of the premium stated in the Policy Schedule, We will, in the event of Accident, Injury, or loss happening during the Period of Insurance anywhere in the world for the Core Cover benefits, provide insurance as described in the following pages for those Sections You have chosen, based on the terms and conditions of this Policy.

Please read this jacket together with Your Policy Schedule to make sure You know what cover is provided.

If You require more cover or different cover, please consult Your insurance advisor or AXA General Insurance Hong Kong Limited.

Definitions

Certain words in the Policy have special meanings. These words have the same meaning wherever they are used in the Policy or the Policy Schedule or subsequently endorsed hereon. These are given below or defined at the beginning of the appropriate Section.

Accident/Accidental	A sudden, unforeseen and fortuitous event that solely and independently results in Injury, disablement or death and which is not caused by an illness or medical condition suffered by the Insured Person; or loss of or damage to property, whichever is applicable.
Adult	A person aged between eighteen (18) and sixty-five (65) (both inclusive) years at the commencement of the Period of Insurance.
Broken Bone	A fracture in bone which can be a complete fracture (bone is broken all through the way), incomplete fracture (bone is cracked) and open or compound fracture (fractured bone sticks out through the skin), including complete fracture of bone or a crack in the bone.
Child	The Policyholder's unmarried dependent child(ren), including step-child(ren) and legally adopted child(ren), who is aged between six (6) months and seventeen (17) years or an unmarried full time student aged between eighteen (18) and twenty-three (23) years.
Daily Activities	Eating, dressing, bathing, using the lavatory and moving in/out of a bed in all cases without assistance.
Disability/Disabilities	Any of the disability(ies) of Permanent Disablement (including Accidental death) listed in the Accidental Death and Permanent Disablement Compensation Table which must be resulted from an Injury to the Insured Person.
Elderly	A person who is aged sixty-six (66) years or above.
Elimination Period	The length of the time between the happening of the Injury and entitlement to receive benefit payment from Us. We will not make any benefit payment for the Elimination Period.
Family Members	Insured Person's Spouse/Partner, Child, Independent Child, parents/parents-in-law and step- parents/parents in law.
Fractured Leg or Patella with Established Non-Union	A complete break into two pieces of the patella or leg bone. The patella or the broken leg does not mend properly and function normally, and this condition will last for the remainder of the Insured Person's life.
Greater Bay Area	The Guangdong-Hong Kong-Macao Greater Bay Area (Greater Bay Area) comprises the two Special Administrative Regions of Hong Kong and Macao, and the nine municipalities of Guangzhou, Shenzhen, Zhuhai, Foshan, Huizhou, Dongguan, Zhongshan, Jiangmen and Zhaoqing in Guangdong Province.
Hong Kong Resident	Permanent or non-permanent residents as defined under the Basic Law of Hong Kong.
Hong Kong/Hong Kong SAR	The Hong Kong Special Administrative Region.
Hospital	An establishment which meets all the following requirements: <ul style="list-style-type: none">(a) holds a license as a Hospital (if licensing is required in the state or governmental jurisdiction);(b) operates primarily for reception, care and treatment of sick, ailing or injured persons as in-patients;(c) provides 24-hour a day nursing service by registered or graduate nurses;(d) has a staff of one or more licensed physicians available at all times;(e) provides organized facilities for diagnosis and major surgical facilities; and(f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.
Hospital Patient	A patient necessarily and continuously confined to a Hospital, under the care of a Medical Practitioner, and being charged for at least one (1) day of a room and board fee confinement being certified as necessary by the attending Medical Practitioner.
Independent Child	Policyholder's child(ren) including step-child(ren) and legally adopted child(ren) aged eighteen (18) to twenty-three (23), who is either married or is not a full time student.
Injury	A bodily injury sustained by an Insured Person caused solely and directly by an Accident and does not include any illness or naturally occurring medical conditions or a degenerative process.
Insured Person	A person who is a Hong Kong Resident and is named as an "Insured Person" in the Policy Schedule or subsequently endorsed hereon. Insured Person must be Policyholder himself/herself or Policyholder's Spouse/Partner, Child, Independent Child, parent/parent-in-law or step-parent/parent-in-law.
Loss of Limb	Loss by physical separation at or above the wrist or ankle joint, or the total and Permanent functional disablement of an entire hand, arm, foot or leg.
Loss of Fingers or Toes	Complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
Loss of Hearing	Permanent irrecoverable Loss of Hearing rendering the Insured Person absolutely deaf in both ears irremediable by surgical or other means of Treatment.
Loss of Sight of Eyes	The total and irrecoverable loss of all sight of an eye rendering the Insured Person absolutely blind in that eye is beyond remedy by surgical or other means of Treatment.
Loss of Speech	The Disability in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia rendering the Insured Person absolutely loss of speech beyond remedy by surgical or other means of Treatment.

Loss of Use	Total functional disablement.
Medical Expenses	The actual reasonable and customary cost necessarily incurred, in respect of the Insured Person as a result of an Injury sustained, for medical expenses paid by the Insured Person or by You on behalf of the Insured Person to a Medical Practitioner, Hospital or nursing home for medical treatment, surgical treatment, X-ray, Hospital or nursing home confinement (limited to ward or semi-private room), nursing treatment or other diagnostic or laboratory test or remedial treatment given or prescribed by a Medical Practitioner including the cost of medical supplies and surface ambulance (excluding helicopter and any aircraft) hired as the result of an emergency, but excluding the cost of dental treatment unless such treatment is necessarily incurred to restore sound and natural teeth and is caused by Injury.
Medical Practitioner	A medical practitioner of western medicine qualified by a medical license/registered degree and duly licensed or registered to practice western medicine and who, in rendering such Treatment (surgery or medical procedures for the sole purpose of cure or relief from Injury), is practicing within the scope of his or her licensing and training in the geographical area of practice but excluding a person who is the Insured Person himself or a relative of the Insured Person.
Pandemic	Pandemic as announced by the World Health Organization.
Partner	Someone with whom the Policyholder or Insured Person (as applicable) lives in a relationship equivalent to marriage, whether of the same or opposite gender.
Period of Insurance	The period of time as specified in the Policy Schedule during which this Policy is effective and the premium of Policy has been successfully collected.
Permanent	Lasting twelve (12) consecutive months from the date of Accident and being beyond hope of improvement at the expiry of that period.
Permanent Disablement	Has the definition assigned to it under Section 1.1(b).
Permanent Total Disablement	When as the result of any Injury and commencing within twelve (12) consecutive months from the date of the Accident, the Insured Person is totally and permanently disabled and prevented from engaging in or attending any business or occupation. If the Insured Person has no employment or occupation at the time of Injury, Permanent Total Disablement means the inability to perform to all of the Daily Activities in his/her like age and sex which would normally be carried out by the Insured Person in his/her daily life, provided such Disability has continued for a period of twelve (12) consecutive months and is certified by a Medical Practitioner to be total, continuous and Permanent for the remainder of the Insured Person's life.
Policyholder	The person named as the Policyholder in Your Policy Schedule.
Public Common Carrier	Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire which include aeroplane, bus, coach, ferry, hovercraft, hydrofoil, ship, train, tram or underground train.
Sports Equipment	Articles that are used, including but not limited to balls, bats, sticks for hockey and lacrosse, racquets and nets for tennis, bicycle, golf equipment, skiing/snowboarding gear, during participation in sports, but excluding the clothing. The Sports Equipment must be owned by the Insured Person and not hired by, loaned or otherwise entrusted to the Insured Person. This definition excludes any electronic or motorized equipment.
Sportswear	Insured Person's clothes (including footwear) that are worn for sports or other physical exercise, for practical, comfort or safety reasons, including but not limited to tracksuits, shorts, T-shirts and polo shirts.
Spouse	Same sex or opposite sex spouse legally married according to the law of the country /region in which the spouse is married.
Sum Insured	The maximum limit of the benefits stated in the relevant Section or Sub-section in this Policy that will be payable in accordance with the corresponding Section or Sub-section listed in Part C. Benefit Table.
Temporary Total Disablement	When as the result of any Injury and commencing within twelve (12) consecutive months from the date of the Accident, the Insured Person is temporarily unable to attend to or carry out any duty pertaining to his usual occupation or business and is under the regular care and attendance of a Medical Practitioner during the Period of Insurance for not less than thirty (30) days.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a medical condition, including the cost of providing medical supplies and surface ambulance (excluding helicopter and any aircraft) hired as the result of an emergency, but excluding the cost of dental treatment unless such treatment is necessarily incurred to restore sound and natural teeth and is caused by Injury.
We/Us/Our/the Insurer/the Company	AXA General Insurance Hong Kong Limited.
You/Your/Yourself	The person named as the Policyholder as shown in the Policy Schedule or subsequently endorsed hereon, provided that the Policyholder is aged eighteen (18) or above.

Interpretations

In interpreting this Policy, unless the context otherwise requires, the singular shall include the plural and vice versa and words denoting any gender shall include all genders.

We offer two types of coverages for this insurance, namely **Individual Coverage** and **Shared Coverage**, detailed as below. The type of coverage and the plan(s) that You have chosen for this Policy is also specified in the Policy Schedule.

Individual Coverage

- The plan chosen in the core cover applies to each individual Insured Persons under this Policy, i.e. each individual Insured Person is covered by the same plan chosen. The optional cover applicable to each individual Insured Person (if any) is specified in the Policy Schedule. The Sum Insured according to the selected plan is standalone and separately applicable for each individual Insured Person as specified in the Policy Schedule.
- The applicant for this insurance is the sole Policyholder (who must be aged eighteen (18) or above) of the Policy. Insured Persons must be the Policyholder or the Policyholder’s Spouse/Partner, Child, Independent Child, parent/parent-in-law or step-parent/parent-in-law.

Shared Coverage

- Different from the Individual Coverage, there is only one Sum Insured applicable to all Insured Persons. The Sum Insured is shared among all Insured Persons named in the Policy Schedule according to the selected plan. The Sum Insured of any benefit shown in Part C. Benefit Table is on a “per Period of Insurance” or “per Accident” basis, which means that (a) in respect of “per Period of Insurance” basis, the Sum Insured is the aggregate limit of all claims arising out of all insured events/perils during the Period of Insurance; and (b) in respect of “per Accident” basis, the Sum Insured is the aggregate limit of all claims arising out of all insured events/perils for each Accident. Once We pay a benefit under the relevant Section or Sub-section, the Sum Insured under the relevant Section or Sub-section will be reduced accordingly by the amount of the benefit that We have paid. If the aggregate amount of benefit that We have paid for all Insured Persons reaches the maximum Sum Insured under the relevant Section or Sub-section, We shall have no further liability to pay any benefit under the relevant Section or Sub-section. Our liability to all Insured Persons and Policyholder, in respect of any benefit, will not be more than the Sum Insured of that benefit. If there is more than one claim under the relevant Section or Sub-Section, We pay claims on a first-come-first-serve basis (provided that the claimant has complied with all terms and conditions of this Policy and provided Us with all the necessary documents). After renewal of the Policy, the maximum Sum Insured will be restored to the original level of the plan.
- The plan chosen in the core cover applies to all Insured Persons under this Policy, that is each Insured Person is covered by the same plan chosen. The optional cover applicable to each Insured Person (if any) is specified in the Policy Schedule. The Sum Insured per plan chosen is specified in the Policy Schedule.
- The applicant for this insurance is the sole Policyholder (who must be aged eighteen (18) or above) and must be one of the Insured Persons in this Policy. Other Insured Persons must be the Policyholder’s Spouse/Partner, Child, Independent Child, parent/parent-in-law or step-parent/parent-in-law.

We will not pay any benefit once the respective maximum limit is being fully indemnified during the Period of Insurance.

We will not pay more than the total amount or sub-limit of each benefit shown in the Policy Schedule or Part C. Benefit Table of Insured Person’s respective Plan or subsequently endorsed hereon during the Period of Insurance.

Part A. Core Cover

Section 1 – Personal Accident

1.1 Accidental Death and Permanent Disablement

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance which results in

- 1.1 (a) Accidental Death** – death within twelve (12) consecutive months from the date of the Accident, or
- 1.1 (b) Permanent Disablement** – Disabilities (total or partial) within twelve (12) consecutive months from the date of the Accident

We will pay a sum equivalent to the Percentage of the Sum Insured for the Event as stated in the Accidental Death and Permanent Disablement Compensation Table below.

Accidental Death and Permanent Disablement Compensation Table

<u>Event</u>	<u>Compensation (Percentage of the Sum Insured)</u>
Accidental Death	100%
Permanent Disablement – Disability	
1. Permanent Total Disablement	100%
2. Permanent and incurable paralysis of all Limbs	100%
3. Permanent total Loss of Sight of both Eyes	100%
4. Permanent total Loss of Sight of one Eye	100%
5. Loss of or Permanent total Loss of Use of two Limbs	100%
6. Loss of or Permanent total Loss of Use of one Limb	100%
7. Permanent Loss of Speech and Loss of Hearing	
8. Permanent and incurable insanity	100%
9. Permanent total Loss of Hearing in	
(a) both ears	75%
(b) one ear	20%
10. Permanent Loss of Speech	50%
11. Permanent total loss of the lens of one eye	50%
12. Loss of or Permanent total Loss of Use of four Fingers and thumb of	
(a) right hand	70%
(b) left hand	50%
13. Loss of or Permanent total Loss of Use of four Fingers of	
(a) right hand	40%
(b) left hand	30%
14. Loss of or Permanent total Loss of Use of one thumb	
(a) both right joints	30%
(b) one right joint	15%
(c) both left joints	20%
(d) one left joint	10%
15. Loss of or Permanent total Loss of Use of Fingers	
(a) three right joints	15%
(b) two right joints	10%
(c) one right joint	7.5%
(d) three left joints	10%
(e) two left joints	7.5%
(f) one left joint	5%

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| 16. Loss of or Permanent total Loss of Use of Toes | |
| (a) all – one foot | 20% |
| (b) great – both joints | 7.5% |
| (c) great – one joint | 5% |
| (d) any other toe | 3% |
| 17. Fractured Leg or Patella with Established Non-Union | 15% |
| 18. Shortening of leg by at least 5cm | 10% |
| 19. Permanent Disablement not falling under Disability 1 to 18 inclusive, We may, at Our absolute discretion, pay a sum of compensation which shall be calculated by Us and by reference to the degree of such a Disability which in Our opinion is not inconsistent with Disability 1 to 18 inclusive. | |

Coma Extension (Not applicable for Lite Plan)

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance which results in a state of unconsciousness suffered due to an Accident, We will pay an amount as specified in Part C. Benefit Table, out of the Sum Insured under Section 1.1 (a) Accidental Death of this Policy. The state of coma must be confirmed and certified by a Medical Practitioner in the appropriate medical specialty, and supported by evidence of all of the following:

1. No response to external stimuli for at least forty-eight (48) consecutive hours; and
2. Life support measures are necessary to sustain life.

Exclusions For Coma

We do not pay for:

1. Coma which results directly from self-inflicted Injury, alcohol, drug misuse or medically induced Injury; or
2. If no evidence of life support system which is necessary to sustain the Insured Person's life is provided to the Company.

1.2 Double Indemnity on Accidental Death and Permanent Disablement

If the Insured Person sustains an Injury caused by an Accident in any of the following circumstances (a), (b), (c) or (d) during the Period of Insurance which results in Accidental Death or Permanent Disablement and subsequently the maximum limit is payable under Section 1.1 (a) Accidental Death or Section 1.1 (b) Permanent Disablement (only applicable to Disability 1 to 8 listed in Accidental Death and Permanent Disablement Compensation Table), We will pay two hundreds percent (200%) of the benefit in respect of any sums payable under Section 1.1 (a) Accidental Death or Disability 1 to 8 listed in Accidental Death and Permanent Disablement Compensation Table.

- (a) An Injury sustained from a traffic Accident when the Insured Person is travelling as a fare paying passenger embarking, alighting or on a Public Common Carrier, private or hired car
- (b) As a result of landslide, flood, explosion or fire
- (c) The Insured Person sustains an Injury as a victim in a burglary, robbery or attempted robbery
- (d) The Accident happened within Greater Bay Area but not including the area of Hong Kong SAR.

In any circumstances, We will pay no more than an extra of one hundred percent (100%) of the benefit in respect of any sums payable under Disability 1 to 8 listed in Accidental Death and Permanent Disablement Compensation Table for one or more than one of the above circumstances (a),(b), (c) or (d) under this Section 1.2.

1.3 Immediate Cash Relief

An immediate cash relief payment of the amount shown in Part C. Benefit Table will be made in accordance with General Conditions Clause 8 (a) – Payment of Benefits in the event of death of the Insured Person resulting from a valid claim which is payable out of the Sum Insured under Section 1.1 (a) Accidental Death of this Policy.

Special conditions applicable to the whole Section 1 Personal Accident:

1. If more than one Event occur from the same Accident, the aggregate amount of compensation paid in respect of the Insured Person shall not be more than one hundred percent (100%) of the Sum Insured of Section 1.1 (except Section 1.2 – Double Indemnity).
2. If compensation has been paid under Section 1.1 (b) Permanent Disablement and Accidental Death occurs within the subsequent twelve (12) consecutive months, then We will pay the difference (if any) between the compensation payable under Section 1.1 (b) Permanent Disablement and the compensation payable under Section 1.1 (a) Accidental Death.
3. Where the aggregate amount of compensation paid in respect of the Insured Person is equal to one hundred percent (100%) of the Sum Insured of Section 1.1 (except Section 1.2 – Double Indemnity), We will be under no further liability under this Policy in respect of the same Insured Person for Injury sustained thereafter. Where the aggregate amount of compensation paid in respect of the Insured Person is less than one hundred percent (100%) of the Sum Insured, the aggregate of (a) the Disability as stated in the Accidental Death and Permanent Disablement Compensation Table applicable to that Insured Person, (b) the aforementioned Coma Extension benefit and (c) Section 1.3 – Immediate Cash Relief shall be reduced from the amount of original Sum Insured that remains unpaid. Our maximum liability for all claims under the whole Section 1 is one hundred percent (100%) of the Sum Insured of Section 1.1 (except Section 1.2 – Double Indemnity).
4. When a Limb or organ which had been partially dysfunctional or disabled prior to an Injury covered under this Policy and which becomes totally dysfunctional or disabled as a result of such Injury, the Percentage of Sum Insured payable shall be determined by Us at Our sole discretion having regard to the extent of disablement caused by the Injury. No payment shall be made in respect of loss of or Permanent total Loss of Use of one Limb or organ which was totally dysfunctional or disabled prior to the Injury.
5. Compensation payable in respect of “right hand” and “left hand” under Disability 12 to 15 inclusive of the Accidental Death and Permanent Disablement Compensation Table shall be reversed if the Insured Person is left-handed.
6. If the Insured Person suffers from a loss of or Permanent total Loss of Use of Limb and a Toe(s) or a Finger(s) of the same Limb which gives rise to compensation being payable under the Accidental Death and Permanent Disablement Compensation Table, the Insured Person will be entitled only to compensation in respect of the loss of or Permanent total Loss of Use of one Limb under the Accidental Death and Permanent Disablement Compensation Table.

Extensions for Section 1 Personal Accident:

1. Exposure

If following an Accident the Insured Person is unavoidably exposed to natural elements and as a direct result of such exposure suffers Accidental death, such Accidental Death shall be considered as constituting a claim under Section 1.1 (a) Accidental Death of this Policy.

2. Disappearance

Accidental Death shall not in any way be presumed by reason of disappearance of the Insured Person except in the event of total loss by sinking or wrecking of a ship or aircraft in which the Insured Person was traveling at the material time. Accidental death payment by Us is subject to receipt of a signed undertaking by the person who receives such payment that any such payment shall be refunded to Us if later the Insured Person is found to be living and has not suffered Accidental Death as a result of the Accident.

Section 2 – Accidental Medical Expenses

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance, We will reimburse up to the Sum Insured specified in Part C. Benefit Table for the actual reasonable and necessary Medical Expenses within twelve (12) consecutive months as from the date of an Accident. This section is extended to cover Medical Expenses incurred from i) registered Chinese herbalist, bonesetter, acupuncturist, chiropractor or physiotherapist, and ii) a food poisoning event happened in Hong Kong SAR and reported by public news, provided that the maximum limit shall not exceed the Sum Insured specified in Part C. Benefit Table.

Exclusions for Section 2 Accidental Medical Expenses:

We do not pay for:

1. Additional cost of single or private room accommodation at a Hospital or nursing home, except where the Medical Practitioner treating the Insured Person deems it necessary for the Insured Person to occupy such accommodation;
2. Medical consultation or treatment (other than Chinese herbalist, bonesetter, acupuncturist, chiropractor or physiotherapist) not received from local Medical Practitioner; or
3. Any treatment provided by a Medical Practitioner, Chinese herbalist, bonesetter, acupuncturist, chiropractor or physiotherapist who is the Insured Person himself/herself or a relative of the Insured Person or Insured Person's immediate family members.
4. Any claim without an official payment receipt.

Section 3 – Additional Benefits

3.1 Broken Bone (applicable for Elderly only)

If the Insured Person, who is an Elderly at the commencement of the Period of Insurance, sustains an Injury caused by an Accident during the Period of Insurance which results in a Broken Bone and the Broken Bone is certified in writing by a Medical Practitioner who is an orthopaedic surgeon, we will pay a sum equivalent to the Percentage of the Sum Insured for the Event as stated in the Broken Bone Compensation Table below.

If more than 1 (one) item of the event stated below happens, the percentage of the Sum Insured payable is the aggregate of the percentage of the Sum Insured of all such events, subject to a maximum of one hundred percent (100%) of the Sum Insured.

Broken Bone Compensation Table

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

Special conditions applicable to Section 3.1 Broken Bone

1. Diagnosis of Broken Bone must be supported by imaging evidence.

Exclusions for Section 3.1 Broken Bone

We do not pay for:

1. Osteoporosis or pathological fracture; or
2. Pathological fractures or fractures due to congenital disease.

3.2 Daily Hospital Cash and Home Nursing Allowance

3.2 (a) Daily Hospital Cash

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance and is hospitalized in a Hospital as a Hospital Patient, We will pay the Sum Insured specified in Part C. Benefit Table which is subject to the per day limit specified therein.

No payment will be made if the above-mentioned hospitalization is for less than five (5) consecutive days. If the above-mentioned hospitalization is more than five (5) consecutive days, the Daily Hospital Cash benefit will be paid from the first day of the Insured Person being confined as a Hospital Patient.

3.2 (b) Home Nursing Allowance

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance which necessitates nursing care services rendered by a qualified and licensed nurse at the Insured Person's or Insured Person's parent/parent-in-law, siblings, son or daughter's residential home in Hong Kong for a period recommended by a Medical Practitioner after the Insured Person is discharged from the Hospital, We will reimburse the actual reasonable charges or expenses incurred by such services but not exceeding the Sum Insured specified in Part C. Benefit Table which is subject to the per day limit specified therein.

In respect of Section 3.2(a) Daily Hospital Cash and (b) Home Nursing Allowance, where the aggregate amount of compensation paid in respect of the Insured Person is equal to one hundred percent (100%) of the Sum Insured of Section 3.2 Daily Hospital Cash and Home Nursing Allowance benefit, We will have no further liability under this Policy in respect of the same Insured Person under that benefit. Where the aggregate amount of compensation paid in respect of the Insured Person is less than one hundred percent (100%) of the Sum Insured, the benefit applicable to that Insured Person shall be reduced to the amount of original Sum Insured that remains unpaid. Our maximum liability under Section 3.2(a) Daily Hospital Cash and (b) Home Nursing Allowance in aggregate is one hundred percent (100%) of Sum Insured of Section 3.2 Daily Hospital Cash and Home Nursing Allowance.

Exclusions for 3.2 Daily Hospital Cash and Home Nursing Allowance

We do not pay for:

1. Any charges for nursing service or Treatment by physical therapy, physiotherapy, or any medical check-up by X-ray examination or any other means which are purely for diagnostic purposes; or
2. Any charges for nursing service rendered for geriatric, psycho-geriatric or psychiatric condition.

3.3 Recovery Aids

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance which results in Permanent Disablement and subsequently the maximum limit is payable under Section 1.1 (b) Permanent Disablement, We will pay the cost of mobility aids and installing the required equipment at Insured Person's residential home in Hong Kong or a motor vehicle under the recommendation of a Medical Practitioner, including

- (a) Mobility aids or equipment including but not limited to canes, crutches, walker, rollators or wheelchairs, and/or
- (b) Residential home or motor vehicle facilities installation or modification solely for mobility aids purpose.

The payable amount of this additional benefit shall not reduce the maximum limit of Section 1.1 (b) Permanent Disablement.

Exclusions for Section 3.3 Recovery Aids

We do not pay for:

1. Motor vehicle if it is not owned by the Insured Person or immediate family members of the Insured Person
2. The cost of mobility aids and installing required equipment at an elderly home which provides residential care, meals, personal care and limited nursing care or counseling services for elders.

3.4 Annual Leave Compensation

If the Insured Person sustains an Injury caused by an Accident during the Period of Insurance which results in staying at home or being confined in a Hospital under the recommendation of a Medical Practitioner for more than three (3) consecutive days, We will pay the Sum Insured for the annual leave compensation benefit to the Policyholder as specified in Part C. Benefit Table in accordance with General Conditions Clause 8 (a) – Payment of Benefits in the event that any one of the Insured Person's parent/parent-in-law, Spouse/Partner, son or daughter takes annual leave from his/her employer for taking care of the Insured Person during the period of the Insured Person's hospitalization or home stay.

Exclusions for Section 3.4 Annual Leave Compensation

We do not pay for:

1. If the person who takes annual leave for taking care of the Insured Person is self-employed or not under a contract of employment at the time of the Accident; or
2. For the first two (2) days of annual leave under each and every claim.

3.5 Insured Person Being Abused (applicable to Child or Elderly only)

3.5 (a) Trauma or Psychological Counseling Expense

In the event that the Insured Person, who is Child or Elderly at the commencement of the Period of Insurance, is being physically abused during the Period of Insurance, We will reimburse the Sum Insured specified in Part C. Benefit Table for trauma or psychological counseling expenses as recommended by a Medical Practitioner which are incurred within six (6) consecutive months from the issue date of the police report or the report from any relevant licensed service unit or organization.

For the sake of clarity, the payable amount of this benefit is an extra cash benefit in addition to the Section 2 Accidental Medical Expenses benefit.

Special conditions applicable to Section 3.5(a) Trauma or Psychological Counseling Expense:

The claim must be substantiated by a police report or report from the Social Welfare Department, Against Child Abuse or any relevant licensed service unit of a non-governmental organization in Hong Kong.

Exclusions for Section 3.5 (a) Trauma or Psychological Counseling Expense

We do not pay for this benefit if the abuser is (a) the Policyholder, (b) one of the Insured Persons in the Policy, or (c) the abused Insured Person's immediate family member.

3.5 (b) Subsidy for Recruiting a New Domestic Helper

In the event that the Insured Person, who is Child or Elderly at the commencement of the Period of Insurance, is being physically abused by a foreign domestic helper during the Period of Insurance and the employment of the domestic helper is terminated as a result, We will reimburse up to the Sum Insured specified in Part C. Benefit Table for the cost of replacing a new foreign domestic helper, including but not limited to agency service charges, air-ticket charges, necessary expenses for document application or mandatory travel and food allowance as stated in the signed employer service agreement between the employer and the employment agency licensed in Hong Kong which holds valid operating license issued by the consulate of the domestic helper's nation or country of origin.

Special conditions applicable to Section 3.5(b) Subsidy for Recruiting a New Domestic Helper

1. The domestic helper must be employed by the Insured Person or any of the Insured Person's Family Member, and residing with the insured Child or Elderly as stated in the police report or the report by the relevant licensed service unit or organization in Hong Kong.
2. The claim must be substantiated by a police report or report by the Social Welfare Department, Against Child Abuse or any relevant licensed service unit of a non-governmental organization in Hong Kong.

3.6 Job changing subsidy (applicable to Adult only)

If the Insured Person, who is Adult at the commencement of the Period of Insurance, sustains an Injury caused by an Accident during the Period of Insurance, which results in Permanent Disablement so he cannot perform each and every duty of his occupation and needs to change the job as a result, We will reimburse up to the Sum Insured specified in Part C. Benefit Table for the necessary training course or specific license required to fulfill the requirements of his new job.

Special conditions applicable to benefit 3.6 Job changing subsidy

1. The insured Adult is employed (including self-employed) in Hong Kong at the time of Accident.
2. The claim must be substantiated by a proof of termination of employment.

Section 4 – Personal Liability

We indemnify the Insured Person against his legal liability towards third parties up to the Sum Insured specified in Part C. Benefit Table as a result of:

1. Accidental Injury (including death) to any third party person.
2. Accidental loss of or damage to property belonging to a third party.

Such indemnification shall include payments made in respect of:

- (a) third parties' costs and expenses recoverable from the Insured Person either under common law or under the law of the country where the Accident, loss or damage occurs; and
- (b) the Insured Person's costs and expenses incurred with Our prior written consent.

Exclusions for Section 4 Personal Liability:

We do not pay for claims arising directly or indirectly from, in respect of or due to:

1. Employers' liability, contractual liability or liability to a member of an Insured Person's family or travel companion;
2. Property belonging to or held in trust or in the care, custody or control of an Insured Person;
3. Any wilful, malicious or unlawful act;
4. Pursuit of trade, business or profession;
5. Ownership or occupation of land or building (other than occupation only of any temporary residence);
6. Ownership, possession, driving or use (other than use as a passenger having no right of control) of mechanically propelled vehicles (other than wheelchairs), drone, aircraft or watercraft (other than small nonmechanical sailing craft, canoes, dinghies and the like);
7. Legal costs, fines, penalties or the like resulting from any criminal proceedings;
8. The Insured Person being under the influence of drugs or intoxicating liquor; or
9. The Insured Person's admission of liability or entering into any settlement without obtaining Our written consent.

Section 5 – No Claims Discount (not applicable to Lite and Basic plan)

In the event of no claim being made or arising under Part A – Core Cover of the Policy during any of the periods of insurance specified below, the next renewal premium in respect of Part A – Core Cover only will be reduced by the discount specified hereunder:

Period of Insurance	The Discount (on renewal premium) Percentage
One (1) year	5% discount
Two (2) consecutive years	10% discount
Three (3) or more consecutive years	15% discount

If any claim has been made or has arisen in respect of any Insured Person under the Policy Part A – Core Cover during a Period of Insurance, the discount shall be forfeited.

Section 6 – Emergency Assistance Services

24-Hour AXA Assistance Hotline Service (Worldwide Service)

During the Period of Insurance, the Insured Person can contact AXA Assistance 24-hour hotline service for emergency assistance at **Hong Kong (852) 2861 9285**.

Please provide the following information when contacting AXA Assistance:

- Insured Person's name and his/her passport or identity card number;
- Policy number and inception date of the Policy;
- Name of the place and telephone number where AXA Assistance can reach the Insured Person or his/her representative; and
- A brief description of the Accident and the nature of the assistance required

The following emergency evacuation services and benefits are available:

- (1) Telephonic medical advice or referral appointment
- (2) Medical evacuation
- (3) Repatriation after treatment / Repatriation of mortal remains
- (4) Compassionate visit / Return of unattended dependent insured Child
- (5) Arranging of Hospital admission
- (6) Global Hospital Admission Deposit Guarantee of HKD40,000
- (7) Travel assistance

The emergency evacuation services and benefits are provided on advisory or referral basis. All expenses incurred shall be paid by the Policyholder or Insured Person.

Our 24-Hour AXA Assistance hotline service is coordinated by the service provider and We will not be responsible for any act or failure to act on the part of the service provider.

Part B. Optional Cover

Section 7 – Income or Payment Protection (applicable to working Adult only) (Optional)

(Applicable to Basic Plan)

Option 1 – 7.1 Income Protection

If the Insured Person, who is an Adult, is employed or self-employed at the time of the Accident and sustains an Injury caused by an Accident which results in Permanent Total Disablement or Temporary Total Disablement during the Period of Insurance becomes wholly and continuously disabled and is prevented from attending to or carrying out any duty pertaining to his usual occupation or business.

7.1 (a) Permanent Total Disablement

We will pay, in respect of Permanent Total Disablement, up to the Sum Insured specified in Part C. Benefit Table, provided that a relevant certificate is issued by a Medical Practitioner proving that the Insured Person is suffering from Permanent Total Disablement.

7.1 (b) Temporary Total Disablement

We will pay, in respect of Temporary Total Disablement, up to the Sum Insured specified in Part C. Benefit Table. The Temporary Total Disablement benefit will be calculated from the first day the Insured Person is diagnosed and certified as Temporary Total Disablement by a Medical Practitioner (subject to any Elimination Period which may be stated in the Policy Schedule or subsequently endorsed hereon) for every continuing thirty (30) days period up to a maximum of six (6) periods in aggregate. No benefits will be paid if the Temporary Total Disablement lasts for less than thirty (30) days in any period or NOT continued from the initial 30 days period.

In the event the Insured Person sustains Temporary Total Disablement for less than six (6) periods and diagnosed Permanent Total Disablement as a result, We will only pay for Section 7.1 (a) up to the Sum Insured specified in Part C. Benefit Table.

Benefit for both section 7.1(a) and 7.1(b) will be payable at the seventh month from the month of the Accident or later date by a lump sum payment. We will only pay for section 7.1(a) or 7.1(b), but not both.

Option 2 – 7.2 Payment Protection

If the Insured Person, who is an Adult, is employed or self-employed at the time of the Accident and sustains an Injury caused by an Accident which results in (a) Permanent Total Disablement or (b) Temporary Total Disablement during the Period of Insurance, becomes wholly and continuously disabled and is prevented from attending to or carrying out any duty pertaining to his usual occupation or business. We will reimburse the outstanding amount payable by the Insured Person in the following items (a), (b) and (c) for which the payment due date is after the date of Accident but excluding any late penalty charges or interest, up to the Sum Insured specified in Part C. Benefit Table which is subject to the condition that the Insured Person's full name is stated on the bills or payment statement issued by a licensed entity in Hong Kong SAR or a department of the government of Hong Kong SAR, except for home rental fee under sub-paragraph 7.2(c):

- (a) credit card payment and/or household utilities bills, including electricity, water, internet, mobile phone services
- (b) personal loans, including study loan
- (c) either mortgage loan or home rental fee (but not both)

We will pay, in respect of Temporary Total Disablement, up to the Sum Insured specified in Part C. Benefit Table, for every thirty (30) days period. The Temporary Total Disablement benefit will be calculated from the first day the Insured Person is diagnosed and certified as Temporary Total Disablement by a Medical Practitioner (subject to any Elimination Period which may be stated in the Policy Schedule or subsequently endorsed hereon) for every continuing thirty (30) days period up to a maximum of six (6) periods in aggregate. No benefits will be paid if the Temporary Total Disablement lasts for less than thirty (30) days in any period or NOT continued from the initial 30 days period.

In the event the Insured Person sustains Temporary Total Disablement for less than six (6) periods and diagnosed Permanent Total Disablement as a result, We will only pay for the Sum Insured for Permanent Total Disablement up to the Sum Insured specified in Part C. Benefit Table.

Benefit for section 7.2 will be payable at the seventh month from the month of the Accident or later date by a lump sum payment. We will only pay for Permanent Total Disablement or Temporary Total Disablement, but not both.

Claims Document applicable to the whole of Section 7

Supporting documents required by Us include but are not limited to:

- Medical report by a Medical Practitioner
- Salary slip (Income record with MPF statement or tax return record for self-employed)
- Sick leave certificate (as applicable)
- Credit card statement (as applicable)
- Bill of electricity, water, gas, internet, personal mobile phone data (as applicable)
- Personal loan statement or payment slip (as applicable)
- Mortgage loan statement (as applicable)
- Tenancy agreement (as applicable)

Special conditions for the whole of Section 7

1. The Insured Person covered under this benefit must be a Hong Kong Resident aged between eighteen (18) and sixty-five (65) years and must be employed or self-employed at the time of Accident.
2. For self-employed Insured Person, the claim must be substantiated by a proof of income record together with MPF statement or tax return record.
3. The benefits in Section 7.1(b) and Section 7.2 resulting in Temporary Total Disablement benefit must be supported by a medical report issued by a Medical Practitioner.
4. The insured Adult can only be insured under either Section 7.1 or Section 7.2, but not both.

Section 8 – Sports Protection (applicable to Child or Adult only) (Optional)

(Applicable to Basic Plan)

8.1 Personal Accident

In the event that the Insured Person who is a Child or an Adult at the commencement of the Period of Insurance, sustains an Injury caused by an Accident, when participating in any sports in a non-professional capacity during the Period of Insurance, which results in

8.1 (a) Accidental Death – death within twelve (12) consecutive months from the date of the Accident, or

8.1 (b) Permanent Disablement – Disabilities (total or partial) within twelve (12) consecutive months from the date of the Accident,

We will pay an additional twenty-five percent (25%) Sum Insured on Part A – Core Cover – Section 1.1 Accidental Death and Permanent Disablement.

All terms, conditions and exclusions applicable to Section 1.1 Accidental Death and Permanent Disablement also apply to Section 8.1 Personal Accident.

Cardiac Arrest Extension

In the event that the Insured Person, who is a Child or an Adult at the commencement of the Period of Insurance, sustains cardiac arrest causing death within twelve (12) consecutive months from the date of cardiac arrest, when participating in any sports in a non-professional capacity during the Period of Insurance, diagnosed by a Medical Practitioner for an absent or inadequate contraction of the left ventricle of the heart that immediately causes body-wide circulatory failure causing death of the Insured Person, We will treat it as happening of Accidental death under Part A – Core Cover, Section 1.1 Accidental Death and Permanent Disablement, and the payable amount shall be deducted from the Sum Insured of Part A – Core Cover, Section 1.1 Accidental Death and Permanent Disablement and the Sum Insured on Part A – Section 1.1 Accidental Death and Permanent Disablement will be increased by an extra twenty-five percent (25%).

8.2 Accidental Medical Expenses

In the event that the Insured Person, who is a Child or an Adult at the commencement of the Period of Insurance, sustains an Injury caused by an Accident when participating in any sports in a non-professional capacity during the Period of Insurance, the Sum Insured on Part A – Core Cover, Section 2 Accidental Medical Expenses will be increased by an extra twenty-five percent (25%).

All terms, conditions and exclusions applicable to Section 2 Accidental Medical Expenses also apply to Section 8.2 Accidental Medical Expenses.

8.3 Personal Liability

If the legal liability in Section 4. Personal Liability is incurred by the Insured Person, who is a Child or an Adult at the commencement of the Period of Insurance, while participating in any sports in a non-professional capacity during the Period of Insurance, the Sum Insured on Part A – Core Cover, Section 4 Personal Liability will be increased by an extra twenty-five percent (25%).

All exclusions applicable to Section 4 Personal Liability also apply to Section 8.3 Personal Liability.

8.4 Personal Sports Equipment & Sportswear

In the event that the Insured Person, who is a Child or an Adult at the commencement of the Period of Insurance, sustains an Injury caused by an Accident when participating in any sports in a non-professional capacity during the Period of Insurance, We will pay the actual replacement cost or cost of repair of damaged Sports Equipment or Sportswear while in use up to the Sum Insured specified in Part C. Benefit Table. Claim for this benefit must come along with a claim submitted for Section 2 Accidental Medical Expense.

Exclusions applicable to the whole of Section 8 Sports Protection

We do not pay:

1. If the Insured Person covered under this benefit is not a Hong Kong Resident aged from six (6) months to sixty-five (65) years;
2. If the Accident happens outside Hong Kong;
3. For any loss or damage due to wear and tear, moth, mildew or other depreciation;
4. If the Insured Person covered under this benefit engages in or takes part in any of the following activities:
 - (a) Deep water diving (that is diving to a depth of greater than forty (40) metres); or
 - (b) Any sports activities at an altitude greater than five thousand (5,000) metres above sea level;
5. If the Insured Person covered under this benefit engages or participates in sports in a professional capacity or where the Insured Person covered under this benefit would or could earn income or remuneration from engaging or participating in such sports;
6. If the Insured Person covered under this benefit engages or participates in any kind of speed contest or racing (other than on foot);
7. For any non-essential medical treatment or any medical treatment that is not recommended by a Medical Practitioner; or
8. For any Accident that has occurred as a result of participation in sports during a Pandemic where the government has mandated compulsory quarantine or where self-isolation arrangements have been breached.

General Exclusions

1. The following general exclusions are applicable throughout the whole of Policy. We will not pay any benefits from this Policy if the claim arises directly or indirectly as a result of any of these exclusions:
 - (a) Any unlawful act of Policyholder and/or Insured Person or his wilful exposure to danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide, while sane or insane;
 - (b) Illness or sickness;
 - (c) Any pre-existing conditions, including but not limited to physical or mental defect, disease or infirmity, bacterial, viral infections (except infection which occurs through an Accidental cut or wound);
 - (d) Medical or surgical treatment except where such treatment is rendered necessary by an Injury within the scope of this Policy;
 - (e) Treatment related to cosmetic surgery for purposes of beautification even if the treatment is rendered as a result of burns;
 - (f) Venereal disease or insanity, AIDS (Acquired Immune Deficiency Syndrome) & ARC (AIDS Related Complex) & HIV (Human Immunodeficiency Virus) infection. For the purpose of this exclusion, the term AIDS shall have the meaning assigned to it by the World Health Organization including any opportunistic infection (includes but not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection), malignant neoplasm (includes but not limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which may become known as immediate causes of death, an illness, or Disability, in the presence of AIDS), encephalopathy (dementia), HIV wasting syndrome or any disease or illness in the presence of a sero-positive test for HIV;
 - (g) Pregnancy or childbirth or miscarriage or abortion or infertility;
 - (h) Effect or influence of alcohol or drugs not prescribed by a Medical Practitioner;
 - (i) Travel or flight in any device for aerial navigation, other than solely as a passenger on a certificated passenger aircraft operated by a regularly established airline or any regularly scheduled, non-scheduled, special or chartered flight;
 - (j) Whether on a full time or part time, regular or temporary military or police duties or fire service or other armed service or operation of any country;
 - (k) Declared or undeclared war or any act thereof, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military or usurped power;
 - (l) Strike, riot and civil commotion but it shall not apply to passive risks. Passive risk shall be deemed to mean the Insured Person being killed or injured because he was accidentally in a place when an act of strike, riot or civil commotion occurred;
 - (m) Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel;
 - (n) Radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component;
 - (o) Insured Person engaging or participating in sports in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging or participating in such sports;
 - (p) Insured Person engaging or participating in any kind of speed contest or racing (other than on foot);
 - (q) Any loss caused by an Injury which is a consequence of any kind of disease;
 - (r) General and health check-ups or any investigation not directly related to admission diagnosis, sickness or Injury, or any treatment or investigation which is not medically necessary; or
 - (s) Any loss directly or indirectly arising out of, contributed to by, or resulting from any Pandemic.

2. Sanction Limitation and Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

General Conditions

1. This Policy and the Policy Schedule or subsequently endorsed hereto shall be read together as one entire contract. Any word or expression to which a specific meaning has been attached in any part of this Policy or of the Policy Schedule or subsequently endorsed hereto shall bear such specific meaning wherever it may appear. No amendment or alternation to this Policy shall be valid until approved in writing by Us and evidenced by an endorsement hereto or being attached hereto as part of this Policy and such endorsement must be signed by Us.
2. **Policyholder's Obligation**
 - (a) The Policyholder has the obligation to inform Us in writing to change the cover in respect of an Insured Person before the renewal of this Policy if there is any change on the Insured Person's relationship with the Policyholder, otherwise there shall be no refund of the renewal premium paid and/or We will not pay any claims in relation to that Insured Person under the renewed Policy.
 - (b) Policyholder must inform all Insured Persons, who are aged eighteen (18) or above, about the issuance and effectiveness of this Policy.

3. Cancellation

- (a) We may cancel the Policy by giving thirty (30) day's notice by email to the Policyholder's last known email address or by registered letter to the Policyholder at his last known address and in such event a pro-rata refund for the premium paid for the unused portion of the premium (for the period of this Policy is not in force) will be made to the Policyholder. We are not required to return any minimum premium as stated in General Conditions Clause 13.
- (b) The Policyholder may give Us thirty (30) days' prior written notice to cancel this Policy and obtain a pro-rata refund for the premium paid for the unused portion of the premium (for the period of this Policy is not in force) provided that no claim has been made/will be made during the current Period of Insurance. Such pro-rata refund will be calculated on a pro-rata basis for the premium paid for the unused portion of the premium (for the period of this Policy is not in force). We are not required to return any minimum premium as stated in General Conditions Clause 13.

Clause (3)(a) and (b) above only apply to annual premium payment mode, For monthly premium payment mode, (i) if We give notice of cancellation of the Policy by email to the Policyholder's last known email address or by registered letter to the Policyholder at his last known address, such cancellation shall become effective from the next monthly premium due date following the date ("Next Monthly Premium Due Date") of such notice being issued provided that the Next Monthly Premium Due Date is not less than 30 days from the date of Our issuance of such notice ; and (ii) if the Policyholder gives notice in writing to Us to cancel the Policy, we will use reasonable endeavours to process the application and such cancellation shall become effective on the next premium due date ("First Next Premium Due Date") after receipt of the notice by Us, or at the latest, such cancellation shall become effective on the next premium due date after the First Next Premium Due Date. For both (i) and (ii) described in this paragraph, We are not required to return any premium paid to the Policyholder.

4. Termination Conditions

- (a) In the event of death of the Policyholder, this Policy shall be terminated immediately.
- (b) If the first premium charged to Your nominated payment account is not paid, this Policy shall be deemed to have been void from the commencement date of the Period of Insurance stated in the Policy Schedule.
- (c) Provided one or more premiums charged to Your nominated payment account have been paid, non-payment of any subsequent premiums shall terminate the Policy and the insurance provided hereunder as from that premium due date.

5. Notification of Changes

(a) Change of Occupation:

You shall give a written notice to Us within a reasonable time of any change in the occupation of any Insured Person during the Period of Insurance. If the change of occupation is from lower risk to higher risk according to Our underwriting criteria, We may advise You if there is any additional premium required by Us and We also reserve the right to cancel the Policy.

(b) Addition and Deletion of Insured Persons:

Subject to the terms and conditions in this Policy, You may give sixty (60) days' prior written notice to advise Us of addition of a person to be covered or Insured Persons to be deleted on an amendment form provided by the Company. On Our approval, the Policyholder shall pay the premium calculated on pro-rata basis for the additional persons at and from the time the addition is approved by the Company.

Provided no claims have been made/will be made during the Period of Insurance for the Insured Person to be deleted, the refund of premium in respect of that Insured Person will be made to Policyholder on a pro-rata basis for the premium paid for the unused portion of the premium (for the period of this Policy is not in force). We are not required to return any minimum premium as stated in General Conditions Clause 13.

The Policyholder shall return immediately on demand the refunded premium to the Company if any claim in respect of that Insured Person is made prior to the date of deletion of that Insured Person from the Policy.

(c) Changing Premium Payment Mode

Period of Insurance is one (1) year. Premium may be paid yearly or monthly (if applicable). If You give notice in writing no less than ninety (90) days in advance to Us to change the premium payment mode of this Policy, such changes shall become effective in the next Period of Insurance following the date of Our receipt of the relevant notice.

6. Fraud

If You or anyone acting for You or the Insured Person (in respect of benefits under Section 4 – Personal Liability and Section 8.3 – Personal Liability) makes a claim under the Policy knowing the claim to be false or fraudulently inflated, We will not pay the claim and all cover under the Policy will be forfeited.

7. Claims

If any Accident, resulting in an Injury to the Insured Person which may give rise to a claim, You or the Insured Person must

- (a) Give written notification to Us within thirty (30) days after the occurrence of any loss with full particulars of both the occurrence and the Injury
- (b) Send to Us immediately any writ or summons and as soon as possible any letter, claim or other document
- (c) Notify Us immediately of any impending prosecution, inquest or fatal inquiry
- (d) Ensure that proper medical and surgical advice is obtained and followed by You or the Insured Person or the Insured Person's Family Members as soon as possible after any Accident or Injury
- (e) At Your expense, or at the expense of any person representing You, provide Us with all reports, certificates, information and other documents as We may reasonably require.

We are entitled to request

- an examination by a medical referee appointed by Us for a non-fatal Injury
- a post-mortem examination in the event of death

Any unpaid balance of the outstanding premium as at the date of death of the Insured Person shall be deducted from the Sum Insured payable under this Policy for any claim incurred during the Period of Insurance.

8. Payment of Benefits

- (a) Benefits payable under this Policy (except Section 4 – Personal Liability and Section 8.3 – Personal Liability) shall be paid to the Policyholder, unless the Policyholder directs the Company otherwise in writing in a manner accepted by the Company. However, if the benefits payable are for death of the Insured Person, then the Company will pay the benefits to the estate of such person.
- (b) Any receipt given to Us by the person indicated under paragraph 8(a) above shall be deemed as final and complete discharge of all liabilities of the Company.
- (c) The Company can settle any claim for eligible expenses and benefits made by the Policyholder/Insured Person in any foreign currency by converting HKD at the exchange rate adopted by the Company from time to time.

9. Other insurance(s)

[Applicable to Section 2 Accidental Medical Expenses]

As regards any Treatment in respect of the same Accident or Injury for which compensation is payable under any government law or under the Employees' Compensation Ordinance, or for which benefits are payable under any other group or individual insurance Policy, the Policyholder and/or Insured Person has to claim any compensation provided by such laws or other policies first before the Policyholder and/or Insured Person seek any further reimbursement from Us.

[Applicable to Section 4 Personal Liability and Section 8.3 – Personal Liability]

If there is any other policy covering the Insured Person which carries provisions similar to those as mentioned in Section 4 Personal Liability and Section 8.3 - Personal Liability, We will only pay Our rateable proportion.

10. Arbitration

Any dispute, controversy, difference or claim arising out of or relating to this Policy, including the existence, validity, interpretation, performance, breach or termination thereof or any dispute regarding non-contractual obligations arising out of or relating to it shall be referred to and finally resolved by 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. The seat of arbitration shall be Hong Kong SAR. The number of arbitrators shall be one. The arbitration proceedings shall be conducted in English. If We shall disclaim liability to You for any claim hereunder and such claim shall not within twelve (12) calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

11. Renewal

- (a) Only Policyholder, not Insured Person, can confirm with Us to renew the Policy.
- (b) We will not be bound to accept any renewal premium or to send any notice of the renewal premium becoming due.
- (c) Before each renewal of this Policy, the Policyholder shall give Us written notice of any illness, diseases, physical defect, or infirmity of the Insured Person that will significantly increase the risk of Accident or Injury, failing which We reserve the right not to pay a claim in relation to that Insured Person under the renewed Policy.
- (d) Subject to payment of renewal premium when due by direct debit from Your nominated credit card payment account, the Policy will be renewed automatically (if the Policyholder agrees to automatic renewal when he takes out this Policy) but We reserve the right not to renew the Policy if:
 - (i) any claim has been submitted or settled during the Period of Insurance of this Policy before the renewal;
 - (ii) there is change of occupation of the Insured Person from a lower risk to a high risk according to Our underwriting criteria;
 - (iii) there is change of relationship of the Insured Person with the Policyholder;
 - (iv) there is any illness, disease, physical defect or infirmity of the Insured Person that will significantly increase the risk of Accident or Injury ;
 - (v) We exercise Our right to cancel the Policy according to General Conditions Clause 3;
 - (vi) death of the Policyholder according to General Conditions Clause 4; or
 - (vii) after Our underwriting review, We decide not to renew the Policy.
- (e) Whether or not the Policyholder agrees to automatic renewal when he takes out this Policy, this Policy can be renewed with no age limit, but We reserve the right not to renew the Policy in any of the situations mentioned in General Conditions Clause 11 (d)(i) to (vii).

12. Premium, other terms and conditions

We reserve the right to amend the premiums or other terms and conditions at Our absolute discretion if We renew the Policy, and We will use reasonable endeavours to give a thirty (30) days' written notice of such amendment to the Policyholder, at Our absolute discretion, (a) at the Policyholder's last known correspondence address by mail or (b) merely by electronic means (such as by email at his last known email address or by SMS message at his last known mobile number) and the change will be effective from the next Period of Insurance. Premium and the manner of payment including whether premium shall be payable on a monthly or yearly basis or otherwise shall be stated in the Policy Schedule. Premium shall be payable on each premium due date by direct debit from Your nominated credit card payment account.

13. Minimum Premium

Minimum premium for Lite Plan (applicable for Individual Coverage only) is HKD three hundred sixty-five (365) per policy.

Minimum premium for Basic plan is HKD five hundred (500) per policy.

Minimum premium is not applicable for policy with monthly premium payment mode.

14. Jurisdiction

The Policy shall be governed and construed in accordance with the laws of Hong Kong.

15. Contracts (Rights of Third Parties) Ordinance

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy. For the sake of clarity, Insured Person is not a party to this Policy. The parties to this Policy are the Policyholder and Us.

How to Make a Claim

You should

1. Check that the cause of the Injury, Accident or loss is covered.
2. Follow the conditions in this Policy.
3. Complete the claim form obtainable from the Company. Claim form can also be downloaded from Our Company website.
4. In connection with any Injury, Accident or loss which may give rise to a claim under the Policy it is most important that You
 - (a) Tell Us and provide full details in writing within thirty (30) days after the occurrence of any loss with full particulars of both the occurrence and the Injury
 - (b) Send Us any writ, summons or other legal document.

We will

1. Where necessary, arrange for someone to call as soon as possible. This person will be one of Our staff or representative appointed by Us.
2. In other cases let You know if We need any more information.

Important – Please follow these guidelines as they will assist Us in processing Your claim.

Please always state Your Policy reference and/or claim number in all communications.

Should You have any query or need further advice, please call Us on 2523 3061. Once Your claim is registered with Us, a personal Claim Handler will be appointed to assist You.

Part C. Benefit Table

The wording “Sum Insured” used in the Policy and Part C Benefit Table means the Maximum limit or sublimit (as applicable) of the benefit shown in the benefit table below.

The figures and words shown in brackets (i.e. on “per day” basis or “per item” basis) in the benefit table refer to the sublimit of the benefit, which is subject to the Maximum limit of the benefit.

Sum Insured between coverages:

- (a) For **Individual Coverage**, each Sum Insured specified in the benefit table is standalone and separately applicable for each individual Insured Person per Period of Insurance*
- (b) For **Shared Coverage**, the Sum Insured specified in the benefit table is shared among all Insured Persons and is the aggregate limit of all claims arising out of all insured events for all Insured Persons per Period of Insurance* under the same Policy. However, the ‘per day’ limit refers to ‘per day per Insured Person’ limit under Shared Coverage, i.e. it is not shared among Insured Persons (despite the explanation of “Shared Coverage” on page 3 of this Policy).
- (c) For **Shared Coverage**, if Part A – Core Cover, Section 3.2 Daily Hospital Cash and Home Nursing Allowance is payable for more than one Insured Person, We will pay ‘per day’ limit for all Insured Persons up to the Maximum limit specified in the Part C. Benefit Table (i.e. HKD10,000 for Basic Plan). If the aforesaid Maximum limit is paid out, for any insured Child or Elderly, We will keep paying ‘per day’ limit up to the difference between the aforesaid Maximum limit already paid under Section 3.2 and the Maximum limit specified for Child and Elderly in Part C. Benefit Table (i.e. HKD20,000 for Basic Plan).

For details of the “**Individual Coverage**” and “**Shared Coverage**”, please refer to their explanation on page 3 of this Policy.

* The maximum limits under Section 2 – Accidental Medical Expenses Benefits are on

- (i) ‘**Per Accident**’ basis for Medical Practitioner, Chinese herbalist, bonesetter and acupuncturist;
- (ii) ‘**Per Period of Insurance**’ basis for chiropractor and physiotherapist

Part I. Core Cover

Lite Plan

(applicable to Individual Coverage only)

Summary of Benefits		Lite Plan
		Maximum limit (sublimit) per Insured Person (HKD)
Section 1 – Personal Accident		
1.1 Accidental Death and Permanent Disablement (‘ADPD’) Coma	Per Period of Insurance	600,000
		Not applicable
1.2 Double Indemnity for ADPD Additional compensation up to 100% of the maximum limit under Section 1.1 if the ADPD is resulted from any one or more of the following circumstance(s) – riding as a passenger in common carrier – landslide, flood, explosion or fire – burglary or robbery – within the Greater Bay Area (except Hong Kong)		600,000
1.3 Immediate Cash Relief Compassionate cash for Accidental Death of an Insured Person		50,000
Section 2 – Accidental Medical Expenses		Not applicable
Section 3 – Additional Benefits		
3.1 Broken Bone (for Elderly only)	Per Period of Insurance	Not applicable
3.2 Daily Hospital Cash and Home Nursing Allowance		Not applicable
3.3 Recovery Aids		Not applicable
3.4 Annual Leave Compensation For a Family Member needs to take annual leave to look after an Insured Person who is hospitalised or home stay recommended by doctors due to an Accident		2,000 (500 per day)
3.5 Insured Person Being Abused (for Child and Elderly only) 3.5a Trauma or Psychology Counseling Expense 3.5b Subsidy for Recruiting a New Domestic Helper		3,000
3.6 Job Changing Subsidy (for Adult only)		Not applicable
Section 4 – Personal Liability		Not applicable
Section 5 – No Claims Discount		Not applicable
Section 6 – Emergency Assistance Services		
24-Hour AXA Assistance Hotline Service (Worldwide Service)	Per Period of Insurance	Covered
Global Hospital Admission Deposit Guarantee		40,000

Part I. Core Cover

Basic Plan

(applicable to Individual Coverage and Shared Coverage)

Summary of Benefits		Basic Plan
		Maximum limit (sublimit) per Insured Person for Individual Coverage or per Policy for Shared Coverage (HKD)
Section 1 – Personal Accident		
1.1 Accidental Death and Permanent Disablement (‘ADPD’) <div>Coma</div>	Per Period of Insurance	600,000
		100,000
1.2 Double Indemnity for ADPD Additional compensation up to 100% of the maximum limit under Section 1.1 if the ADPD is resulted from any one or more of the following circumstance(s) – riding as a passenger in common carrier – landslide, flood, explosion or fire – burglary or robbery – within the Greater Bay Area (except Hong Kong)		600,000
1.3 Immediate Cash Relief Compassionate cash for Accidental Death of an Insured Person		50,000
Section 2 – Accidental Medical Expenses		
Accidental Medical Expenses	Per Accident	10,000 (Chinese herbalist, bonesetter or acupuncturist: 200 per day; food poisoning: 500 per day)
– chiropractor or physiotherapist	Per Period of Insurance	2,000 (400 per day)
Section 3 – Additional Benefits		
3.1 Broken Bone (for Elderly only)	Per Period of Insurance	40,000 (for Insured Person aged over 80: 20,000)
3.2 Daily Hospital Cash and Home Nursing Allowance 3.2a Daily Hospital Cash 3.2b Home Nursing Allowance		10,000 (for Child/Elderly, is up to 20,000 under this section) (200 per day)
3.3 Recovery Aids For mobility aids such as canes, crutches, walkers, rollators or wheelchairs, as well as home or vehicle modification solely for mobility aids purpose		20,000 (for mobility aids: 2,000 per item)
3.4 Annual Leave Compensation For a Family Member needs to take annual leave to look after an Insured Person who is hospitalised or home stay recommended by doctors due to an Accident		2,000 (500 per day)
3.5 Insured Person Being Abused (for Child or Elderly only) 3.5a Trauma or Psychology Counseling Expense 3.5b Subsidy for Recruiting a New Domestic Helper		3,000
3.6 Job Changing Subsidy (for Adult only)		3,000
Section 4 – Personal Liability		
Covers legal liability of an Insured Person towards third party for Accidental Injury or property damage, as well as any associated legal costs and expenses	Per Period of Insurance	600,000
Section 5 – No Claims Discount		
Section 6 – Emergency Assistance Services		
24-Hour AXA Assistance Hotline Service (Worldwide Service)	Per Period of Insurance	Covered
Global Hospital Admission Deposit Guarantee		40,000

Part II. Optional Cover (not applicable for Lite Plan)

Section 7 – Income or Payment Protection (for working Adult only) (applicable to both Individual Coverage and Shared Coverage)

Working Adults can only be insured under either Section 7.1 – Income Protection or Section 7.2 – Payment Protection but not both.

Section 7.1 – Income Protection

Summary of Benefits		Maximum limit per Insured Person for Individual Coverage or per Policy for Shared Coverage (HKD)		
		(a) Permanent Total Disablement	Or	(b) Temporary Total Disablement
Income Protection	Per Period of Insurance	60,000		
Payable at the seventh month or later from the month of Accident by a lump sum.				

Section 7.2 – Payment Protection

Summary of Benefits		Maximum limit per Insured Person for Individual Coverage or per Policy for Shared Coverage (HKD)			
		(a) Permanent Total Disablement	Or	(b) Temporary Total Disablement	
(a) Credit card payment, and/or household utilities bills	Per Period of Insurance	6,000		1,000 per 30-day period	Or 80% of the Insured Person's average monthly income, whichever is lower, per every continuing 30 days period and up to 6 consecutive periods in one period of insurance.
(b) Personal loans		30,000		5,000 per 30-day period	
(c) Mortgage loan or home rental fee		60,000		10,000 per 30-day period	
Payable at the seventh month or later from the month of Accident by a lump sum.					

Section 8 – Sports Protection (for Adult and Child only) (applicable to both Individual Coverage and Shared Coverage)

Summary of Benefits		Maximum Limit per Insured Person for Individual Coverage or per Policy for Shared Coverage (HKD)
8.1 Accidental Death and Permanent Disablement	Per Period of Insurance	Additional 25% of the Maximum Limit under Section 1.1 Accidental Death and Permanent Disablement
– death due to cardiac arrest		Covered (extra benefits for Section 1.1 Accidental Death and Permanent Disablement)
8.2 Accidental Medical Expenses	Per Accident	Additional 25% of the Maximum Limit under Section 2 – Accidental Medical Expenses
– chiropractor or physiotherapist	Per Period of Insurance	
8.3 Personal Liability	Per Period of Insurance	Additional 25% of the Maximum Limit under Section 4 – Personal Liability
8.4 Personal Sports Equipment and Sportswear For actual replacement or repair cost for damaged Sports Equipment or Sportswear while in use, a claim for this benefit must be submitted together with the claim for Section 2 – Accidental Medical Expenses	Per Period of Insurance	6,000 (3,000 per item)

Personal Information Collection Statement

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

- 1 offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
- 2 processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- 3 providing subsequent services to you, including but not limited to administering the policies issued;
- 4 any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- 5 detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
- 6 evaluating your financial needs;
- 7 designing products/services for customers;
- 8 conducting market research for statistical or other purposes;
- 9 matching any data held which relates to you from time to time for any of the purposes listed herein;
- 10 making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- 11 conducting identity and/or credit checks and/or debt collection;
- 12 complying with the laws of any applicable jurisdiction;
- 13 carrying out other services in connection with the operation of the Company's business; and
- 14 other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- 1 any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- 2 any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- 3 any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- 4 credit reference agencies or, in the event of default, debt collection agencies;
- 5 any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- 6 any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
- 7 the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

- 1 use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- 2 conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- 3 the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
- 4 in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
5/F AXA Southside,
38 Wong Chuk Hang Road,
Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

Note: All amounts are in Hong Kong Dollars.

If there is any inconsistency or conflict between the English version and the Chinese version of this document, the English version shall prevail.

「卓越」豐盛守護樂

附加於保險保單的保單保障範圍，並為保單的一部份

歡迎選用安盛保險有限公司的「卓越」豐盛守護樂個人意外保險計劃。

您的保單包含下列文件：

- (a) 本保單的保單內文；
- (b) 承保表；
- (c) 任何批單

您的承保表顯示

您投保的項目詳情

受保期

保額

任何可能適用於您的保單的特別承保條款

本保單是基於投保申請書/申請表及承保表內所載的陳述及聲明，以及申請人在到期時繳付保費的情況下而簽發。

在繳交承保表內所述的保費後，倘若您於受保期內在全球任何地方發生主要承保範圍內的意外、受傷或遭受損失，我們將會根據本保單的條款及條件向您提供以下各頁數所述您已選擇的章節的保障。

請閱讀本保單及您的承保表，以確保您知悉所獲提供的保障範圍。

若您需要更多保障或不同的保障範圍，請諮詢您的保險顧問或安盛保險有限公司。

定義

保單內某些詞語具有特別涵義。這些詞語在保單或承保表內任何部份使用時，或於隨後在此認可的批單使用時均具相同涵義。有關詞語的涵義已列於下文，或於適當章節的開首處作出界定。

意外	一件突發、不可預見和偶然的事件，單獨及獨立地導致受傷、傷殘或死亡(而該情況並非由受保人的疾病或醫療狀況所造成)；或導致財物損失或損毀(視適用情況而定)。
成人	在受保期開始時年齡介乎十八(18)歲至六十五(65)歲(首尾歲數包括在內)的人士。
骨折	骨頭出現骨折，可以是完全骨折(骨頭完全斷裂)、不完全骨折(骨頭破裂)及開放性或複合性骨折(骨折部份的骨頭穿破皮膚)，包括完全骨折或骨裂。
子女	保單持有人的未婚受供養子女，包括年齡為六(6)個月至十七(17)歲的繼子女和合法領養的子女，或年齡為十八(18)歲至二十三(23)歲的未婚全日制學生。
日常活動	在毋須他人協助的情況下進食、穿衣、沐浴、如廁及上落床。
傷殘	列於意外死亡及永久傷殘賠償表內的永久傷殘的任何一項或多項傷殘情況(包括意外死亡)，而有關傷殘情況必須因受保人受傷而導致。
長者	六十六(66)歲或以上的人士。
等待期	由受傷直至有權收取我們支付賠償之間的時間。在等待期內，我們不會支付任何賠償。
家屬	受保人的配偶/伴侶、子女、獨立子女、父母/配偶父母，以及繼父母/配偶的繼父母。
折斷腿部或膝蓋而無法聯合	膝蓋骨或腿骨完全斷裂成兩截。膝蓋骨或斷腿不能徹底復原或恢復正常功能，而且有關情況將於受保人的餘生持續。
大灣區	粵港澳大灣區(大灣區)包括香港和澳門兩個特別行政區，以及廣東省廣州、深圳、珠海、佛山、惠州、東莞、中山、江門和肇慶九市。
香港居民	香港基本法所界定的永久性或非永久性居民。
香港/香港特區	香港特別行政區。
醫院	符合下列所有條件的機構： (a) 持有醫院牌照(如有關國家或政府規定須持有有關牌照)； (b) 主要以住院形式接待、護理及治療患病、不適或受傷的人士； (c) 由註冊護士或護士畢業生每日24小時提供護理服務； (d) 有一名或以上持牌醫生作為員工隨時候命； (e) 提供有系統的診斷設施及大型手術設施；及 (f) 基本上並非診所、醫護、休養中心或療養院或類似機構、吸毒者或酗酒者的治療所。
住院病人	由主診醫生證明必須及持續入住醫院以接受醫生治療，並須支付至少一(1)日住院病房費用的病人。
獨立子女	保單持有人年齡為十八(18)歲至二十三(23)歲的已婚子女或並非全日制學生的子女，包括繼子女和合法領養的子女。
受傷	完全及直接因意外對受保人造成的人身傷害，但不包括任何疾病或自然發生的醫學情況或退化過程。
受保人	身為香港居民並於承保表或隨後在此認可的批單上獲指明為「受保人」的人士。受保人必須是保單持有人本人或其配偶/伴侶、子女、獨立子女、父母/配偶父母或繼父母/配偶的繼父母。
失去肢體	在手腕或足踝關節或其以上位置的物理分離或整個手部、臂部、腳部或腿部完全及永久喪失功能。

失去手指或腳趾	掌骨以上或掌骨與指骨關節之間或以上被完全切除或距骨以上或趾骨與趾骨關節之間或以上被完全切除。
喪失聽力	永久喪失聽力而無法痊癒，令受保人雙耳完全失聰並不能透過手術或其他治療方式恢復聽力。
失明	一隻眼睛完全喪失視力而無法痊癒，致使受保人的該隻眼睛在不能透過手術或其他治療補救的情況下完全失明。
喪失語言能力	無法發出語言的四(4)種聲音(例如唇音、牙槽唇音、硬顎音及軟顎音)之中的任何三(3)種，或完全失去聲帶，或控制語言的腦區受損而導致失語症，致使受保人在不能以手術或其他治療補救的情況下完全喪失語言能力。
喪失使用功能	完全機能性傷殘。
醫療費用	受保人因受傷而必須接受醫療、手術、X光檢查、住院或護理(限病房或半私家房間)、護理治療、其他診斷或實驗室檢查或由醫生提供或處方的其他診斷或補救治療所引致，並由受保人或由您代表受保人向醫生支付醫療費用所產生的實際合理及慣常費用，包括醫療用品費用，以及因緊急情況而租用陸上救護車(不包括直升機及任何飛機)的費用，但不包括牙科治療的費用，除非是因受傷而導致健全真牙受損而必須接受有關治療以進行修復。
醫生	獲取醫學學士學位資格及正式獲發牌照或註冊執業行醫的西醫，並於其執業地區提供其獲發牌照及其所接受的訓練範圍以內的治療(純粹為治癒或減輕受傷傷患而進行的手術或醫療程序)，但不包括受保人本人或受保人的親屬。
大流行疫症	經由世界衛生組織宣佈的大流行疫症。
伴侶	與保單持有人或受保人(如適用)以等同婚姻的關係一起生活的人士，無論是同性或異性。
受保期	承保表所列本保單的生效時期，並須已收取保單保費。
永久	由意外發生當日起計連續持續十二(12)個月，並於此段時間屆滿時，受傷情況並無改善跡象。
永久傷殘	具有第1.1(b)節賦予的定義。
永久完全傷殘	由於受傷緣故，並且於發生意外當日起計連續十二(12)個月內，受保人完全及永久傷殘，而且無法從事或履行任何業務或工作。若受保人在受傷時並無受僱從事工作或職業，「永久完全傷殘」是指受保人無法如其他年齡相若及性別相同的人士般在日常生活進行其所有日常活動，惟有關傷殘情況必須已經連續持續十二(12)個月，並由醫生證明受保人將會在其餘生繼續永久完全傷殘。
保單持有人	您的承保表內指明為保單持有人的人士。
公共交通工具	任何由持牌出租載客的公司或個別人士營運的機械驅動交通工具，包括飛機、巴士、旅遊車、小輪、氣墊船、水翼船、輪船、火車、電車或地下鐵路。
運動器材	參與體育運動時使用的物品(包括但不限於球類、球棒、曲棍球及袋棍球球桿、網球拍和球網、單車、高爾夫球用品、滑雪/滑雪板裝備)，但不包括衣服。運動器材必須由受保人擁有，而並非租借或交託予受保人。此定義不包括任何電子或機動設備。
運動服裝	受保人在進行體育運動或其他體能訓練時，基於實用、舒適或安全原因而穿著的衣服(包括鞋具)，包括但不限於運動套裝、短褲、T恤和馬球衫。
配偶	根據結婚所在國家/地區的法律合法結婚的同性或異性配偶。
投保額	本保單的相關保障項目或保障項目分項所列的最高賠償額，並將根據C部份「承保範圍表」內各相應保障項目或保障項目分項所列支付金額。
暫時完全傷殘	由於受傷緣故，並且於發生意外當日起計連續十二(12)個月內，受保人暫時無法參與或執行與其日常職業或業務有關的任何職責，而且在受保期內須接受醫生的定期診治及護理不少於三十(30)日。
我們/我們的/承保公司/本公司	安盛保險有限公司。
您/您的	承保表或隨後在此認可的批單上指明為保單持有人的人士，惟保單持有人須年滿十八(18)歲或以上。

詮釋

在詮釋本保單時，除非文義另有所指，否則單數的詞彙亦包括眾數，反之亦然，而表達性別的詞彙則包括所有性別。

此保險計劃提供兩種保障，分別為「**個人保障**」和「**共享保障**」，詳情如下。您在本保單已選的保障種類及計劃亦載列於承保表。

個人保障

- 在主要保障下所選的計劃適用於本保單的每名個別受保人，即每名個別受保人均受保於同一已選的計劃，而適用於每名個別受保人的自選保障(如有)載列於承保表。所選計劃下的投保額會以每名受保人獨立計算，並適用於承保表內載列的每名個別受保人。
- 此保險計劃的申請人是本保單的唯一保單持有人(必須年滿十八(18)歲或以上)。受保人必須是保單持有人或保單持有人的配偶/伴侶、子女、獨立子女、父母/配偶父母或繼父母。

共享保障

- 有別於「個人保障」，「共享保障」只有一個投保額，適用於所有受保人。所有受保人共享承保表內載列的所選計劃投保額。C部份「承保範圍表」中顯示的任何保障的投保額以「每段受保期」為基礎，意指受保期內所有受保事件/風險引致的所有索償的總賠償額。若我們已就相關保障項目或保障項目分項支付賠償，相關保障項目或保障項目分項下的投保額將扣除我們已支付的賠償金額。若我們向所有受保人支付的賠償總額已達相關保障項目或保障項目分項下的最高投保額，我們將毋須再承擔相關保障項目或保障項目分項下的任何賠償責任。就任何保障而言，我們對所有受保人及保單持有人的責任將不會超過該項保障的投保額。若相關保障項目或保障項目分項下有超過一宗索償，我們將以先到先得的方式作出賠償(前提是索償人已遵守本保單的所有條款及條件，並向我們提供所有必需的文件)。保單續保後，最高投保額將回復至計劃原有的保障。
- 在主要保障下所選的計劃適用於本保單的所有受保人，即每名受保人均受保於同一已選的計劃，而適用於每名受保人的自選保障(如有)載列於承保表。每個已選計劃的投保額載列於承保表。
- 此保險計劃的申請人是本保單的唯一保單持有人(必須年滿十八(18)歲或以上)，並必須為本保單的受保人之一。其他受保人必須是保單持有人的配偶/伴侶、子女、獨立子女、父母/配偶父母或繼父母。

在受保期內，若我們已就任何保障作出等同最高賠償額的全額賠償，我們將不會就相應保障再作賠償。

在受保期內，我們將不會支付超過承保表或C部份「承保範圍表」內受保人的相應計劃或隨後在認可批單上顯示的每項保障的總額或分項賠償額。

A部份 — 主要保障

第1節 — 人身意外

1.1 意外死亡及永久傷殘

若受保人在受保期內因意外受傷而導致

- 1.1 (a) 意外死亡** — 在發生意外當日起計連續十二(12)個月內死亡；或
- 1.1 (b) 永久傷殘** — 在發生意外當日起計連續十二(12)個月內(完全或局部)傷殘

我們將根據下列意外死亡及永久傷殘賠償表所列的事件的投保額百分率作出賠償。

意外死亡及永久傷殘賠償表

事件	賠償(投保額百分率)
意外死亡	100%
永久傷殘 — 傷殘	
1. 永久完全傷殘	100%
2. 所有肢體永久及不能治癒的癱瘓	100%
3. 永久及完全雙目失明	100%
4. 永久及完全單目失明	100%
5. 失去雙肢或永久完全喪失其使用功能	100%
6. 失去單肢或永久完全喪失其使用功能	100%
7. 永久喪失語言能力及喪失聽力	100%
8. 永久及無法治癒的精神失常	100%
9. 永久完全喪失聽力	
(a) 雙耳	75%
(b) 單耳	20%
10. 永久喪失語言能力	50%
11. 永久完全失去一隻眼睛的晶狀體	50%
12. 失去四隻手指及大拇指或永久完全喪失其使用功能	
(a) 右手	70%
(b) 左手	50%
13. 失去四隻手指或永久完全喪失其使用功能	
(a) 右手	40%
(b) 左手	30%
14. 失去一隻大拇指或永久完全喪失其使用功能	
(a) 右手的兩節指骨	30%
(b) 右手的一節指骨	15%
(c) 左手的兩節指骨	20%
(d) 左手的一節指骨	10%

15. 失去手指或永久完全喪失其使用功能

(a) 右手的三節指骨	15%
(b) 右手的兩節指骨	10%
(c) 右手的一節指骨	7.5%
(d) 左手的三節指骨	10%
(e) 左手的兩節指骨	7.5%
(f) 左手的一節指骨	5%

16. 失去腳趾或永久完全喪失其使用功能

(a) 全部 — 一隻腳	20%
(b) 大腳趾 — 兩節指骨	7.5%
(c) 大腳趾 — 一節指骨	5%
(d) 任何其他腳趾	3%

17. 折斷腿部或膝蓋而無法聯合

15%

18. 腿部縮短至少5厘米

10%

19. 就不屬於保障項目1至18(首尾兩項包括在內)的永久傷殘情況而言,我們有絕對酌情權決定是否支付一筆賠償金予受保人,而有關賠償金的金額必須由我們根據有關傷殘的程度計算,並以我們認為有關傷殘並無抵觸保障項目1至18(首尾兩項包括在內)傷殘情況為基礎。

昏迷附加保障(不適用於簡易計劃)

若受保人在受保期內因意外受傷,導致其因有關意外而處於不省人事的狀態,我們將根據本保單第1.1(a)節 — 意外死亡下的投保額,按照C部份「承保範圍表」所列金額作出賠償。昏迷狀態必須由具有適當醫學專業的醫生確認及證明,並提供有關下列各項的證據支持:

- (i) 至少連續四十八(48)小時對外界刺激毫無反應;及
- (ii) 必需使用維生儀器以維持生命。

昏迷不受保項目

我們不會就下列情況作出賠償:

- 1. 因自我傷害、酗酒、濫用藥物或醫治受傷而直接導致的昏迷;或
- 2. 若未能向本公司提供證據以顯示受保人必需使用維生儀器以維持生命。

1.2 意外死亡及永久傷殘雙倍賠償

在下列(a)、(b)、(c)或(d)項的任何情況下,若受保人在受保期內因意外受傷而導致意外死亡或永久傷殘,並於隨後根據第1.1(a)節 — 意外死亡或第1.1(b)節 — 永久傷殘(僅適用於意外死亡及永久傷殘賠償表所列的傷殘項目1至8)可獲支付最高賠償額,我們將就按照第1.1(a)節 — 意外死亡或意外死亡及永久傷殘賠償表所列的傷殘項目1至8應支付的任何總額作出最高百分之二百(200%)的賠償。

- (a) 受保人在旅遊期間以購票乘客身份乘坐公共交通工具、私家車或出租車時或於上落期間發生交通意外而造成的受傷。
- (b) 因山泥傾瀉、水災、爆炸或火災所造成。
- (c) 受保人因成為爆竊、搶劫或企圖搶劫事件的受害人而受傷。
- (d) 意外是在大灣區(不包括香港特區範圍)內發生。

在任何情況下,我們就上述第1.2節(a)、(b)、(c)或(d)項的一個或多個情況,按照意外死亡及永久傷殘賠償表所列的傷殘項目1至8應支付的任何總額,將不超過有關賠償的額外百分之一百(100%)。

1.3 意外死亡撫恤金

若受保人死亡並構成有效索償,可就本保單第1.1(a)節 — 意外死亡的投保額中獲支付賠償,我們會根據一般條款第8條 — 賠償付款(a)項,並按照C部份「承保範圍表」所示金額立刻作出賠償。

適用於整個第1節 — 人身意外的特定條款

- 1. 若在同一意外發生多於一事件,則支付受保人的賠償總額不會超過第1.1節(除第1.2節 — 雙倍賠償)投保額的百分之一百(100%)。
- 2. 若我們已根據第1.1(b)節 — 永久傷殘作出賠償,而意外死亡是在隨後的連續十二(12)個月內發生,我們將支付第1.1(b)節 — 永久傷殘應付賠償與第1.1(a)節 — 意外死亡應付賠償之間的差額(如有)。
- 3. 若支付給受保人的賠償總額等同第1.1節投保額的百分之一百(100%)(第1.2節 — 雙倍賠償除外),我們將不會再就同一名受保人其後受傷時根據本保單支付賠償。若支付給受保人的賠償總額低於投保額的百分之一百(100%),則(a)意外死亡及永久傷殘賠償表所述適用於該受保人的傷殘賠償;(b)上述昏迷附加保障賠償;及(c)第1.3節意外死亡撫恤金的總額將調減至原有投保額尚未支付部份的金額。我們就整個第1節的所有索償作出的最高賠償額為第1.1節投保額的百分之一百(100%)(第1.2節 — 雙倍賠償除外)。
- 4. 當受保人在遭受本保單保障的受傷之前,其肢體或器官已喪失部份功能或部份傷殘,而該肢體或器官因有關受傷而完全喪失功能或完全傷殘,我們有絕對酌情權根據因有關受傷而導致的傷殘程度決定應支付的投保額百分率。若受保人在遭遇有關受傷而喪失或永久完全喪失一肢或一個器官的使用功能之前,該肢或器官已經完全喪失功能或完全傷殘,我們不會就此支付賠償。
- 5. 若受保人為左撇子,根據意外死亡及永久傷殘賠償表的傷殘項目12至15(首尾兩項包括在內)應支付的「右手」及「左手」的賠償金額將互相對調。
- 6. 若受保人失去單肢及同一肢的一隻或多隻腳趾或一隻或多隻手指,或單肢及同一肢的一隻或多隻腳趾或一隻或多隻手指永久完全喪失使用功能,因而導致我們須根據意外死亡及永久傷殘賠償表支付賠償,受保人將只能獲支付意外死亡及永久傷殘賠償表內有關「失去單肢或單肢永久完全喪失其使用功能」的賠償。

第1節 — 人身意外的伸延保障:

- 1. 暴露
若受保人在發生意外後無法避免暴露於自然環境中,並因有關暴露而直接導致意外死亡,則該意外死亡應被視作構成本保單第1.1(a)節 — 意外死亡下的索償。
- 2. 失蹤
意外死亡無論如何不得以受保人失蹤為由推定,除非受保人在關鍵時刻乘搭的輪船或飛機沉沒或失事導致完全損毀,則作別論。我們支付意外死亡賠償的前提是收取有關賠款的人士須簽署承諾書,承諾日後若發現受保人仍然生還,並沒有因有關意外而意外死亡,則有關的賠款必須退還給我們。

第2節 — 意外醫療費用

若受保人在受保期內因意外受傷，我們將就發生意外當日起計連續十二(12)個月內引致的實際合理和必需的醫療費用作出賠償，最高賠償額為C部份「承保範圍表」所述的投保額。此節的伸延保障包括i) 註冊中醫、跌打醫師、針灸醫師、針灸師、脊醫或物理治療師，以及ii) 公開新聞報導的食物中毒事件而引致在香港特區內的醫療費用，但最高限額不得超過C部份「承保範圍表」所列投保額。

第2節 — 意外醫療費用的不受保項目

我們不會就下列情況作出賠償：

- 1. 除非治療受保人的醫生認為受保人有需要入住醫院、診所或療養院的單人或私人病房，否則我們不會賠償入住有關病房的額外費用；
- 2. 由非本地醫生提供的醫療諮詢或(中醫、跌打醫師、針灸醫師、脊醫或物理治療師以外的)治療；或
- 3. 由身為醫生、中醫、跌打醫師、針灸醫師、脊醫或物理治療師的受保人為自己或為其親屬或其直系親屬提供的任何治療。
- 4. 索償必須附有正式付款收據。

第3節 — 額外保障

3.1 骨折(僅適用於長者)

若受保人在受保期開始時為長者，並於受保期內因意外受傷而導致骨折，經由一名骨科醫生書面證明其骨折後，我們將根據下列骨折賠償表所列事故的投保額百分率作出賠償。

若發生下述超過一(1)宗事故，則應付投保額百分率將為所有該等事故的投保額百分率的總和，其總和最高為投保額的百分之一百(100%)。

骨折賠償表

事故		投保額百分率
1	骨盆	100%
2	腳跟	50%
3	頭顱、鎖骨、上肢、手肘、手腕	40%
4	下顎	30%
5	椎骨、肩胛骨、胸骨、手、腳	20%
6	上顎、頰骨、鼻骨、肋骨、尾骨、腳趾、手指	15%

適用於第3.1節 — 骨折的特定條款

- 1. 骨折診斷必須提供影像檢查報告。

第3.1節 — 骨折的不受保項目

我們不會就下列情況作出賠償：

- 1. 骨質疏鬆或病理性骨折；或
- 2. 病理性骨折或先天性疾病引致的骨折。

3.2 每日住院現金津貼及私家看護津貼

3.2(a) 每日住院現金津貼

若受保人在受保期內因意外受傷而須入住醫院作為住院病人，我們將按照C部份「承保範圍表」所列投保額作出賠償，惟須符合指定的每日限額。

若上述住院時間不足連續五(5)日，我們將不會作出付款。若上述住院時間超過連續五(5)日，則每日住院現金津貼將於受保人作為住院病人首日起計按日支付。

3.2(b) 私家看護津貼

若受保人在受保期內因意外受傷，並且在受保人出院後需要按照醫生建議的一段時期內，在受保人或受保人的父母/配偶父母、兄弟姐妹或子女在香港的住所內接受由合資格及持牌護士提供的護理服務，我們將就有關服務所引致的實際合理收費或費用作出賠償，但不得超過C部份「承保範圍表」所述的投保額，並須符合其中指定的每日限額。

就第3.2(a)節 — 每日住院現金津貼及第3.2(b)節 — 私家看護津貼而言，若支付給受保人的賠償總額等同第3.2節 — 每日住院現金津貼及私家看護津貼的投保額的百分之一百(100%)，我們將不會再就同一名受保人根據本保單支付該項保障的賠償。若支付給受保人的賠償總額少於投保額的百分之一百(100%)，則適用於受保人的保障將調減至原有投保額尚未支付部份的金額。我們就第3.2(a)節 — 每日住院現金津貼及第3.2(b)節 — 私家看護津貼作出的最高賠償總額為第3.2節 — 每日住院現金津貼及私家看護津貼的投保額的百分之一百(100%)。

3.2 每日住院現金津貼及私家看護津貼的不受保項目

我們不會就下列情況作出賠償：

- 1. 任何純粹為診斷目的而提供的護理服務或物理治療，或透過X光檢查或任何其他方式進行身體檢查的費用；或
- 2. 任何老人科、老人心理或精神科護理服務的費用。

3.3 復康輔助器材

若受保人在受保期內因意外受傷而導致永久傷殘，並於隨後根據第1.1(b)節 — 永久傷殘獲支付該傷殘的最高賠償額，我們將支付輔行工具，以及按照醫生建議在受保人的香港住所或機動車輛內安裝所需設備的購置費用，包括

- (a) 輔行工具或設備，包括但不限於手杖、拐杖、學行架、助行器或輪椅；及/或
- (b) 僅為提供輔行工具目的而安裝或改造住宅設備或機動車輛設施。

此額外保障的應付金額將不會導致第1.1(b)節 — 永久傷殘的最高賠償額有所減少。

第3.3節 — 復康輔助器材的不受保項目

我們不會就下列情況作出賠償：

- 1. 並非由受保人或其直系親屬擁有的機動車輛。
- 2. 老人院的輔行工具及安裝所需設備的費用，老人院是指為長者提供住宿護理、膳食、個人護理及有限度醫護或諮詢服務的地方。

3.4 年假補償

若受保人在受保期內因意外受傷，並導致受保人需要按照醫生建議入住醫院或留在家中超過連續三(3)日，在受保人住院或居家期間，若受保人的父母/配偶父母、配偶/伴侶、兒子或女兒為照顧受保人而需要向其僱主申請年假，我們將根據一般條款第8條 — 賠償付款(a)項，按照C部份「承保範圍表」所列向保單持有人支付年假補償。

第3.4節 — 年假補償的不受保項目

我們不會就下列情況作出賠償：

1. 若為照顧受保人而申請年假的人士為自僱人士或在意外發生時並無簽訂僱傭合約；或
2. 每宗及所有索償的首兩(2)日年假。

3.5 受保人遭受虐待(僅適用於子女或長者)

3.5(a) 創傷或心理諮詢費用

若受保人在受保期開始時為子女或長者，於受保期內遭受身體虐待並在警方報告或任何相關持牌服務單位或組織報告發出之日起連續六(6)個月內，根據醫生建議而接受創傷或心理諮詢，我們將按照C部份「承保範圍表」所列投保額作出賠償，支付有關創傷或心理諮詢費用。

為清晰起見，這項保障的應付金額為附加於第2節 — 意外醫療費用之外的額外現金保障。

適用於第3.5(a)節 — 創傷或心理諮詢費用的特定條款

必須提交警方報告或社會福利署、防止虐待兒童會或香港非政府組織的任何相關持牌服務單位的報告，作為索償的依據。

第3.5(a)節 — 創傷或心理諮詢費用的不受保項目

若施虐者是(a)保單持有人；(b)保單內的其中一名受保人；或(c)遭受虐待的受保人的直系親屬，我們將不會作出此項賠償。

3.5(b) 新家庭傭工招聘津貼

若受保人在受保期開始時為子女或長者，並於受保期內受到外籍家庭傭工施虐而致的身體虐待，該家庭傭工因此而被終止聘用，我們將按照C部份「承保範圍表」所列投保額作出賠償，支付聘請新的外籍家庭傭工以取代該家庭傭工的費用，包括但不限於代理服務費、機票費、申請文件所須費用或僱主與持有由家庭傭工所屬國家或原籍國領事館簽發的有效營業執照的香港持牌外傭中介公司所簽署的僱主服務協議中列明必須提供的交通及膳食津貼。

適用於第3.5(b)節 — 新家庭傭工招聘津貼的特定條款

1. 家庭傭工必須由受保人或受保人的任何家屬聘用，並與警方報告或相關的香港持牌服務單位或組織報告內所述的受保子女或長者同住。
2. 必須提交警方報告或社會福利署、防止虐待兒童會或香港非政府組織的任何相關持牌服務單位的報告，作為索償的依據。

3.6 轉職津貼(僅適用於成人)

若受保人在受保期開始時為成人，並於受保期內因意外受傷而導致永久傷殘，無法履行其在職業上的每項及所有職責，因而需要轉換職業，我們將就有關的必須培訓課程或符合其新工作要求所需而投考的特定牌照費用作出賠償，最高賠償額為C部份「承保範圍表」所列的投保額。

適用於第3.6節 — 轉職津貼的特定條款

1. 該受保成人於意外發生時在香港受僱(包括自僱)。
2. 必須提交終止僱傭證明，作為索償的依據。

第4節 — 個人責任

我們會就受保人因下列情況而須向第三者所負的法律責任作出賠償，最高賠償額為C部份「承保範圍表」所列的投保額：

1. 意外導致任何第三者受傷(包括死亡)。
2. 意外導致第三者財物損失或損毀。

有關賠償將包括就以下方面作出的款項：

- (a) 第三者可循普通法或有關意外、遺失或損毀發生當地國家的法律向受保人追討的訴訟費及開支；及
- (b) 受保人在事先取得我們書面同意下支付的訴訟費及開支。

第4節 — 個人責任的不受保項目

我們不會就下列情況直接或間接產生、涉及或招致的索償作出賠償：

1. 僱主的責任、合約責任或對受保人的家庭成員或旅遊夥伴的責任；
2. 屬於受保人或由受保人託管、看管、保管或控制的財產；
3. 任何蓄意、惡意或違法行為；
4. 從事貿易、商業或專業活動；
5. 擁有或佔用土地或建築物(只為暫時居住而佔用除外)；
6. 擁有、管有、駕駛或使用(並無控制權的乘客身份使用除外)機械驅動車輛(輪椅除外)、航拍機、飛機或船隻(小型非機動帆船、獨木舟、小艇之類除外)所引致的責任；
7. 因任何刑事訴訟而導致的法律費用、罰款、罰金或類似費用；
8. 受保人處於受藥物或酒精影響的情況；或
9. 受保人在未取得我們書面同意前承認責任或達成任何協議。

第5節 — 無索償折扣(不適用於簡易及標準計劃)

若在下列所述任何受保期內並無根據保單A部份「主要保障」作出賠償或提出索償，在下一次續保時有關A部份「主要保障」將可獲享下列續保保費折扣優惠：

受保期	折扣(續保保費)百分比
一(1)年	5%折扣
連續兩(2)年	10%折扣
連續三(3)年或以上	15%折扣

在任何一段受保期內，若任何受保人根據保單A部份「主要保障」作出任何賠償或提出任何索償，上述折扣優惠將被取消。

第6節 — 緊急援助服務

安盛24小時支援熱線(全球服務)

在受保期內，受保人可於香港致電安盛援助的24小時支援熱線：(852) 2861 9285，以尋求緊急援助服務。

聯絡安盛援助時請提供以下資料：

- 受保人的姓名及其護照或身份證號碼；
- 保單編號及保單生效日期；
- 安盛援助可與受保人或其代表取得聯絡的地點名稱和電話號碼；及
- 有關意外的簡要說明及所需援助的性質

提供下列緊急撤離服務和保障：

- (1) 電話醫療建議或轉介預約
- (2) 醫療運送
- (3) 治療後遣送回港/遺體運返
- (4) 親屬探訪/護送無人照顧的受供養受保子女回港
- (5) 入院安排
- (6) 40,000港元的全球入院保證金
- (7) 旅遊援助

緊急撤離服務和保障是以諮詢或轉介形式提供。一切費用須由保單持有人或受保人支付。

安盛24小時支援熱線是由服務提供者協調，我們對有關服務提供者的任何行為或不作為概不負責。

B部份 — 自選保障

第7節 — 收入或付款保障(僅適用於在職成人)(自選)

(適用於基本計劃)

選項1 — 7.1收入保障

若受保人為成人，在意外發生時是一名受僱或自僱人士，並於受保期內因意外受傷而導致永久完全傷殘或暫時完全傷殘，而且因完全及持續傷殘而無法參與或執行與其日常職業或業務有關的任何職責。

7.1 (a) 永久完全傷殘

我們將就永久完全傷殘作出賠償，最高為C部份「承保範圍表」所列投保額，惟須提供由醫生出具的相關證明，以證明受保人永久完全傷殘。

7.1 (b) 暫時完全傷殘

我們將就暫時完全傷殘作出賠償，最高為C部份「承保範圍表」所列投保額。暫時完全傷殘賠償將由受保人經醫生診斷並證明暫時完全傷殘的第一日起計算(惟須符合承保表或隨後在認可批單上顯示的任何等待期規定)以每連續三十(30)日為一時段，總計最多六(6)個時段。惟若暫時完全傷殘持續的時間少於三十(30)日，或並非延續自最初的30日，將不獲賠償。

若受保人暫時完全傷殘持續的時間少於六(6)個時段，並於其後被診斷為屬永久完全傷殘，我們將只會支付第7.1(a)節的賠償，最高為C部份「承保範圍表」所列投保額。

第7.1(a)及7.1(b)節的賠償將於發生意外當月之後的第七個月或較後日期一整筆支付。我們將就第7.1(a)節或7.1(b)節作出賠償，但不會同時對兩節保障作出賠償。

選項2 — 7.2付款保障

若受保人為成人，在意外發生時是一名受僱或自僱人士，並於受保期內因意外受傷而導致(a)永久完全傷殘或(b)暫時完全傷殘，而且因完全及持續傷殘而無法參與或執行與其日常職業或業務有關的任何職責，我們將就下列(a)、(b)及(c)項應由受保人支付而尚未支付的付款作出賠償(有關付款的到期日是在意外發生日期之後)，但不包括任何逾期罰款或利息，最高為C部份「承保範圍表」所列投保額，前提是有關賬單或繳費單上必須列明受保人的全名並由香港特區持牌實體或香港特區政府部門所發出，7.2(c)分段下的房屋租金除外：

- (a) 信用卡付款；及/或家用賬單，包括電費、水費、互聯網及手提電話服務費用
- (b) 個人貸款，包括學生貸款
- (c) 按揭貸款或房屋租金(不能兩者兼有)

我們將就暫時完全傷殘作出賠償，以每三十(30)日支付一次賠償，最高為C部份「承保範圍表」所列投保額。暫時完全傷殘賠償將由受保人經醫生診斷並證明暫時完全傷殘的第一日起計算(惟須符合承保表或隨後在認可批單上顯示的任何等待期規定)以每連續三十(30)日為一時段，總計最多六(6)個時段。惟若暫時完全傷殘持續的時間少於三十(30)日，或並非延續自最初的30日，將不獲賠償。

若受保人暫時完全傷殘持續的時間少於六(6)個時段，並於其後被診斷為屬永久完全傷殘，我們將只會按暫時完全傷殘的投保額作出賠償，最高為C部份「承保範圍表」所列投保額。

第7.2節的賠償將於發生意外當月之後的第七個月或較後日期一整筆支付。我們將就永久完全傷殘或暫時完全傷殘作出賠償，但不會同時對兩項保障作出賠償。

適用於整個第7節的索償文件

我們要求提供的證明文件包括但不限於：

- 由醫生提供的醫療報告
- 工資單(自僱人士須提交連同強積金結單的入息紀錄或報稅紀錄)
- 病假證明(如適用)
- 信用卡結單(如適用)
- 電費、水費、煤氣費、互聯網費、個人流動電話數據費等賬單(如適用)
- 個人貸款結單或付款收據(如適用)
- 按揭貸款結單(如適用)
- 租賃協議(如適用)

適用於整個第7節的特定條款

1. 這項保障的受保人必須是十八(18)歲至六十五(65)歲的香港居民，而且在意外發生時必須是受僱或自僱人士。
2. 受保人如為自僱人士，必須提供連同強積金結單的入息證明或報稅紀錄，作為索償的依據。
3. 就第7.1(b)節的保障及第7.2節導致暫時完全傷殘的保障而言，必須提交經由醫生提供的醫療報告。
4. 受保人僅可根據第7.1節或7.2節受保，不能同時受保。

第8節 — 體育運動保障(僅適用於子女或成人)(自選)

(適用於基本計劃)

8.1 人身意外

若受保人在受保期開始時的身份是子女或成人，並於受保期內以非職業身份參與任何體育運動時意外受傷，導致

8.1 (a) 意外死亡 — 在發生意外當日起計連續十二(12)個月內死亡；或

8.1 (b) 永久傷殘 — 在發生意外當日起計連續十二(12)個月內完全或局部傷殘；

我們將按照A部份「主要保障」第1.1節 — 意外死亡及永久傷殘的投保額，作出額外百分之二十五(25%)的賠償。

適用於第1.1節 — 意外死亡及永久傷殘的所有條款、條件及不受保項目亦適用於第8.1節 — 人身意外。

心臟驟停附加保障

若受保人在受保期開始時為子女或成人，於受保期內以非職業身份參與任何體育運動時心臟驟停，並由出現心臟驟停當日起計連續十二(12)個月內因心臟驟停而導致死亡，而且經由醫生診斷受保人的死因是左心室無法有效收縮或收縮不足，即時導致全身血液循環停止所致，我們將視之為A部份「主要保障」第1.1節 — 意外死亡及永久傷殘下的意外死亡，賠償金額將從A部份「主要保障」第1.1節 — 意外死亡及永久傷殘的投保額中扣除，而A部份「主要保障」第1.1節 — 意外死亡及永久傷殘的投保額額外增加百分之二十五(25%)。

8.2 意外醫療費用

若受保人在受保期開始時為子女或成人，並於受保期內以非職業身份參與任何體育運動時意外受傷，A部份「主要保障」第2節 — 意外醫療費用的投保額將額外增加百分之二十五(25%)。

適用於第2節 — 意外醫療費用的所有條款、條件及不受保項目亦適用於第8.2節 — 意外醫療費用。

8.3 個人責任

若受保人在受保期開始時為子女或成人，並於受保期內以非職業身份參與任何體育運動時引致第4節 — 個人責任下的法律責任，A部份「主要保障」第4節 — 個人責任的投保額額外增加百分之二十五(25%)。

適用於第4節 — 個人責任的所有不受保項目亦適用於第8.3節 — 個人責任。

8.4 個人運動器材及運動服裝

若受保人在受保期開始時為子女或成人，並於受保期內以非職業身份參與任何體育運動時因意外受傷，我們將支付在使用時遭損壞的運動器材或運動服裝實際替換費用或修理費用，最高為C部份「承保範圍表」所列的投保額。這項保障的索償必須連同第2節 — 意外醫療費用的索償一併提交。

適用於整個第8節 — 體育運動保障的不受保項目

我們不會就下列情況作出賠償：

1. 若這項保障的受保人並非年齡介乎六(6)個月至六十五(65)歲的香港居民；
2. 若意外是在香港境外發生；
3. 因磨損、蟲蛀、發霉或其他折舊造成的任何損失或損壞；
4. 若這項保障下的受保人從事或參與以下任何活動：
 - (a) 深水潛水(潛水深度超過四十(40)米)；或
 - (b) 在海拔五千(5,000)米以上的山地進行任何體育運動；
5. 若這項保障下的受保人以職業身份從事或參與體育運動；或若這項保障下的受保人可因從事或參與有關體育運動而賺取收益或報酬；
6. 若這項保障下的受保人從事或參與跑步或步行以外的任何競速比賽；
7. 任何非必需的醫療或並非由醫生建議的任何醫療；或
8. 在大流行疫症期間，因違反政府強制隔離令或自我隔離安排而參與體育運動時發生的任何意外。

一般不受保項目

- 下列一般不受保項目適用於整份保單。若索償是由下列任何不受保項目直接或間接引致，我們將不會作出賠償：
 - 保單持有人及/或受保人的任何不法行為；或其故意令自己身處險境（試圖拯救他人生命除外）、故意自殘、自殺或企圖自殺（無論是在神智正常或精神錯亂下）；
 - 生病或患病；
 - 任何已存在的病狀，包括但不限於身體或精神缺陷、疾病或衰弱、細菌、病毒感染（因意外割傷或傷口造成的感染除外）；
 - 醫療或手術治療，除非是因本保單範圍內的受傷而必需進行此類治療；
 - 與為美容目的而進行的整容手術相關的治療，即使是因燒傷而進行治療；
 - 性病或精神錯亂、感染愛滋病（後天免疫力缺乏症）及愛滋病相關併發症及人體免疫力缺乏病毒（HIV）。就此不受保項目而言，愛滋病一詞應具有世界衛生組織賦予的涵義，包括任何引致人體免疫力缺乏病毒（HIV）血清測試呈陽性反應的機會性感染（包括但不限於卡氏肺囊蟲肺炎、慢性腸炎的有機體、病毒及/或播散性真菌感染）、惡性腫瘤（包括但不限於卡波西氏肉瘤、中樞神經系統淋巴瘤及/或其他已知或後知可因患有愛滋病而直接導致死亡、患病或傷殘的惡性腫瘤）、腦病（癡呆症）、人體免疫力缺乏病毒（HIV）消瘦綜合症或任何疾病或病症；
 - 懷孕或分娩或流產或墮胎或不育；
 - 酒精或非醫生處方藥物的反應或影響；
 - 使用任何航空設備旅遊或飛行，但僅以乘客身份乘坐由正規航空公司營運的經認證客機或任何定期、不定期、特殊或包機航班除外；
 - 無論是全職或兼職、常規或臨時編制，在任何國家的軍隊或警隊或消防部門或其他武裝部隊執勤或參與行動；
 - 不論有否宣戰或其任何行為、侵略、外敵行動、敵對行動、內戰、叛亂、革命、起義、軍事政變或政權篡奪；
 - 罷工、暴動和內亂，但不適用於被動風險。被動風險是指受保人因身處發生罷工、暴動或內亂行為的地點而意外被殺；
 - 電離輻射或由燃燒核能燃油產生之任何核廢料或任何核能燃油所釋出的輻射污染；
 - 任何爆炸性核能組裝或其核能部件的放射性有毒爆炸性或其他有害特性；
 - 受保人以職業身份從事或參與體育運動；或若受保人可因從事或參與有關體育運動而賺取收益或報酬；
 - 受保人從事或參與跑步或步行以外的任何競速比賽；
 - 因任何疾病導致的受傷所造成的任何損失；
 - 一般身體健康檢查或任何與入院接受診斷、疾病或受傷並無直接關係的調查，或任何並非醫療上必需的治療或調查；或
 - 由任何大流行疫症直接或間接引起、促使或造成的任何損失。

2. 制裁責任限制及除外條款

倘若保險公司會因所提供的保障、賠償款項或利益而面臨聯合國決議下的任何制裁、禁令或限制，或遭受歐盟、英國或美國的法律、法規、貿易或經濟下的制裁，保險公司將不會視作提供任何保障，及無須承擔任何賠償或提供任何利益之責任。

一般條款

- 本保單與承保表或隨後在此認可的批單應一併閱覽，並視為一份完整合約。載於本保單或承保表或隨後在此認可的批單的任何部份而附特定涵義的任何詞彙或字句，於整份文件中均具有相同的特定涵義。本保單的任何修訂或更改必須經由我們書面批准，並以附加於或將附加於本保單作為其一部份的批單證明，方為有效，有關批單必須經由我們簽署。
- 保單持有人的義務**
 - 若受保人與保單持有人的關係有所改變，保單持有人有義務在本保單續保前以書面通知我們，以調整對該受保人的保障，否則已支付的續保保費將不予退還；及/或我們不會根據續保後的保單就該受保人的任何相關索償作出賠償。
 - 保單持有人必須把本保單的簽發及有效性告知所有年滿十八(18)歲或以上的受保人。
- 取消保單**
 - 我們可向保單持有人發出三十(30)日通知，透過電郵方式傳送至保單持有人最後告知我們的電郵地址，或透過掛號方式寄往保單持有人最後告知我們的地址，以取消本保單。在此情況下，保單持有人將可按比例獲退還已繳保費的未使用部份（即本保單未生效期間）。我們毋須退還一般條款第13條所述的任何最低保費。
 - 保單持有人亦可預先向我們發出三十(30)日書面通知，以取消本保單，並可按比例獲退還已繳保費的未使用部份（即本非保單生效期間），前提是在當前的受保期內並沒有獲得/將不會提出索償。該等按比例退還的款項將按已繳保費的未使用部份（即本非保單未效期間）計算。我們毋須退還一般條款第13條所述的任何最低保費。

上述第(3)(a)和(b)僅適用於年度保費支付方式，對於每月保費支付方式，(i) 如果我們透過電郵方式傳送至保單持有人最後告知我們的電郵地址，或透過掛號方式寄往保單持有人最後告知我們的地址，以取消本保單。在此情況下，該保單取消會自發出此類通知之日起的下一個月保費到期日（“下個月保費到期日”）起生效，前提是自我們發出此類通知之日起計，下個月保費到期日不少於三十(30)天；(ii) 如果保單持有人以書面通知我們取消保單，我們將盡合理努力處理申請，該保單取消應在我們收到通知後的下一個月保費到期日（“首個下一個保費到期日”）生效，或最遲在我們收到通知後的首個下一個保費到期日生效。對於本段所述的(i)和(ii)，我們無需退還已支付給保單持有人的任何保費。

4. 終止條款

- 若保單持有人死亡，本保單將即時終止。
- 若首期保費未能從您指定的付款賬戶中扣除，本保單會根據承保表所述受保期生效期當日起將視作無效。
- 惟若我們已從您指定的付款賬戶收取一期或以上的保費，則將於在任何未繳的後續保費到期日起終止本保單及據此提供的保險。

5. 更改通知

(a) 更改職業：

在受保期內，任何受保人的職業如有改變，您應在合理時間內向我們發出書面通知。若根據我們的核保準則，有關改變是由較低風險職業轉為較高風險職業，我們可能會向您發出通知，要求繳付任何額外的保費，我們亦保留取消本保單的權利。

(b) 增減受保人：

根據本保單的條款及條件，您可提前向我們發出六十(60)日書面通知，透過本公司提供的修訂表格增加或刪減受保人。經我們批准後，保單持有人須就獲本公司批准增加的該等受保人支付保費，有關保費將自本公司批准增加該等受保人開始按比例計算。

就被刪減的受保人而言，保單持有人將按比例獲退還已繳保費的未使用部份（即非本保單生效期間），前提是在受保期內並沒有獲得/將不會就該被刪減的受保人提出索償。我們毋須退還一般條款第13條所述的任何最低保費。

若在該受保人從保單中刪除當日前，曾提出任何索償，保單持有人須立即按要求向本公司交還已退還的保費。

(c) 更改保費繳付方式

受保期為一(1)年。保費可按年或按月支付（如適用）。若您不少於九十(90)日前向我們發出書面通知，以更改本保單的保費繳付方式，有關更改將於我們接獲有關通知當日之後的下一個受保期生效。

6. 欺詐行為

若您或任何代表您或受保人的人士(就第4節 — 個人責任及第8.3節 — 個人責任下的保障而言)在知情下根據保單提出虛假索償，或欺詐性的誇大索償，我們將不會賠償有關索償，保單提供的所有保障亦會被取消。

7. 索償

若有任何意外導致受保人受傷，並可能引起索償，您或受保人必須

- 在任何損失發生後的三十(30)日內向我們發出書面通知，並附上發生意外和受傷的詳情；
- 立刻將任何法庭頒發的令狀或傳票送交我們及盡快將任何信件、賠償或其他文件送交我們；
- 立刻通知我們任何即將提出的檢控、研訊或死因研訊；
- 確保您或受保人或受保人的家屬在發生任何意外或受傷後盡快取得並遵守適當的醫療及手術建議；
- 向我們提供我們合理要求提供的所有報告、證明書、資料及其他文件，有關費用須由您或代表您的任何人士支付。

我們有權要求

- 就非致命的受傷事件，由我們委派醫療諮詢人進行檢查；
- 就死亡事件，進行屍體檢驗；

就受保期內提出的任何索償，在進行理賠時，截至受保人死亡當日尚未繳付的任何保費餘額，將從本保單的應付投保額中扣除。

8. 賠償付款

- 除非保單持有人已按本公司接受的方式以書面向本公司指定其他人士，否則本保單(第4節 — 個人責任及第8.3節 — 個人責任下的保障除外)的賠償須支付予保單持有人。然而，若受保人死亡，則本公司所作出的賠償將支付予受保人的遺產。
- 任何由上述第8(a)段註明的人士向我們發出的收據，均被視為本公司最終和完全履行所有法律責任。
- 對於保單持有人/受保人就合資格費用及保障提出的任何以外幣為基礎的索償，本公司可按本公司不時採用的匯率把港幣兌換為外幣以進行理賠。

9. 其他保險

[適用於第2節 — 意外醫療費用]

就根據任何政府法律或僱員補償條例可就同一宗意外或受傷作出任何治療的賠償，或根據任何其他團體或個人保險保單可獲支付賠償而言，保單持有人及/或受保人必須首先根據該等法律或向其他保單索取任何補償後，才可向我們尋求任何進一步的賠償。

[適用於第4節 — 個人責任及第8.3節 — 個人責任]

若受保人有任何其他保單提供類似第4節 — 個人責任及第8.3節 — 個人責任所述條款的保障，我們將只會按部份比例而承擔責任。

10. 仲裁

因本保單引起或與之相關的任何爭議、糾紛、分歧或賠償(包括本保單的存在、有效性、詮釋、履行、違反或終止，或因本保單引起或與之相關的任何有關非合約性責任的爭議)須提交香港國際仲裁中心按照在提交仲裁通知時有效的香港國際仲裁中心規則進行仲裁，並由香港國際仲裁中心作最終決定。本仲裁條款適用的法律為香港法。仲裁地為香港特區。仲裁員人數須為一名。仲裁程序須以英語進行。若我們就本保單下的任何索償拒絕我們對您的責任，而該索償未有於拒絕日期起計十二(12)個曆月內根據本保單的條文提交仲裁，則該索償須就所有目的而言被視為已被放棄，其後不得根據本保單追討。

11. 續保

- 只有保單持有人(而非受保人)方可向我們確認續保保單。
- 我們無必定義務接納任何續保保費或通知您任何即將到期的續保保費。
- 在本保單每次續保之前，保單持有人須以書面通知我們有否發現或知悉受保人患上任何將會顯著增加意外或受傷風險的疾病、病症，或身體出現任何毛病或虛弱情況，否則，我們保留權利可毋須根據續保後的保單就該受保人提出的索償進行理賠。
- 在您透過您指定的信用卡戶口用自動轉賬支付續保保費後，保單將自動續保(若保單持有人在投保時已同意本保單自動續保)，惟我們保留不為保單續保的權利，若：
 - 在本保單續保前的受保期內已提交的任何索償或已進行的理賠；
 - 根據我們的核保準則，受保險人的職業由較低風險轉為高風險；
 - 受保人與保單持有人的關係有所改變；
 - 受保人患上任何將會顯著增加意外或受傷風險的疾病、病症，或身體出現任何毛病或虛弱情況；
 - 我們根據一般條款第3條行使我們取消保單的權利；
 - 根據一般條款第4條，保單持有人死亡；或
 - 在完成核保審查後，我們決定不為保單續保。
- 無論保單持有人在投保時是否同意本保單自動續保，本保單的續保均無年齡限制，但我們保留權利在一般條款第11(d)條(i)至(vii)項所述的任何情況下不為保單續保。

12. 保費、其他條款及條件

若我們為本保單進行續保，我們保留權利按照我們的絕對酌情權修訂保費或其他條款及條件，並將盡合理的努力就有關修訂生效前三十(30)日向保單持有人發出書面通知，我們可絕對自行決定(a)透過郵寄方式寄往保單持有人最後告知我們的通訊地址，或(b)僅以電子方式發送(例如用電郵發送到申請人最後為我們所知的電郵地址，或用短訊發送到申請人最後為我們所知的手機號碼)，而有關變動將由本保單的下一個續保日期起生效。承保表會列出保費及繳付方式(不論是按月或按年或以其他繳付方式)。應繳保費會在保費到期日於您指定的信用卡支付賬戶中直接扣除。

13. 最低保費

簡易計劃(只適用於「個人保障」)每份保單的最低保費為三百六十五(365)港元。

基本計劃每份保單的最低保費為五百(500)港元。

最低保費不適用於每月繳付保費方式的保單。

14. 司法管轄權

本保單須受香港法律規限並根據香港法律詮釋。

15. 合約(第三者權利)條例

任何不是本保單某一方的人士或實體，不能根據《合約(第三者權利)條例》(香港法例第623章)強制執行本保單的任何條款。為清晰起見，受保人並非本保單的一方當事人。本保單的一方當事人僅為保單持有人及我們。

如何提出索償

您須要

1. 查看受傷、意外或損失的起因是否在保單的保障範圍之內。
2. 遵守本保單的條款。
3. 您可向本公司索取並填妥索償表格。索償表格亦可於本公司的網頁下載。
4. 關於可能導致根據本保單提出索償的任何受傷、意外或損失，最重要的是您：
 - (a) 在發生任何損失之後三十(30)日內，以書面告知我們及提供全部詳情，包括發生意外及受傷的詳情；
 - (b) 將任何令狀、傳票或其他法律文件交給我們

我們將會

1. 在有需要時安排人員盡快致電您。該名人士將會是我們的員工或我們委任的任何代表。
2. 在其他情況下，若我們需要任何更多資料，我們會告知您。

重要事項 — 請跟從這些指引，因為它們將有助我們處理您的索償。

請在所有通訊當中列明您的保單號碼及/或索償號碼。

假如您有任何疑問或需要進一步意見，請致電 2523 3061 聯絡我們。當您一旦向我們索取賠償，我們便會委派一名「理賠員」專責協助您。

C 部份 — 承保範圍表

保單及 C 部份「承保範圍表」內使用的「投保額」一詞是指以下承保範圍表所列保障的最高賠償額或分項賠償額(如適用)。

承保範圍表所示括號內的數字和文字(即以「每日」或「每項」為基礎)是指有關保障的分項賠償額，並須符合有關保障項目的最高賠償額。

不同保障種類之間的投保額：

- (a) 就「**個人保障**」而言，承保範圍表所列每段受保期*的每個投保額均會獨立計算，並分別適用於每名個別受保人。
- (b) 就「**共享保障**」而言，承保範圍表所列的投保額由所有受保人共享，並為根據同一保單在每段受保期就所有受保人因所有受保事件而引致的所有索償的總賠償額。
- (c) 就「**共享保障**」而言，若 A 部份「主要保障」第 3.2 節每日住院現金津貼及私家看護津貼須支付予一名以上的受保人，我們將為所有受保人支付「每日」限額，最多為 C 部份「承保範圍表」中指定的最高限額(即基本計劃港幣 10,000 元)。如果上述最高限額已支付，對任何受保子女或長者，我們將根據 C 部份「承保範圍表」所指定受保子女或長者最高限額(即基本計劃港幣 20,000 元)與上述已支付最高限額之間的差額，繼續賠償「每日」限額予受保子女或長者。

有關「**個人保障**」及「**共享保障**」的詳情，請參閱本保單第 **18** 頁的相關說明。

*第 2 節 — 意外醫療費用的最高賠償額按下列基礎計算：

- (i) 「**每宗意外**」，適用於醫生、中醫、跌打醫師及針灸醫師；
- (ii) 「**每段受保期**」，適用於脊醫及物理治療師

I部份 — 主要保障

簡易計劃
(僅適用於「個人保障」)

承保範圍		簡易計劃
		每名受保人的 最高賠償額(分項賠償額) (港元)
第1節 — 人身意外		
1.1 意外死亡及永久傷殘 <div>昏迷</div>	每段受保期	600,000
		不適用
1.2 意外死亡及永久傷殘雙倍賠償 若意外死亡及永久傷殘是由下列任何一個或多個情況所引致，我們將根據第 1.1 節的 最高賠償額作出額外最多 100% 的賠償。 – 以乘客身份乘坐公共交通工具 – 山泥傾瀉、水災、爆炸或火災 – 爆竊或搶劫 – 在大灣區(香港除外)內發生		600,000
1.3 意外死亡撫恤金 受保人意外死亡撫恤金		50,000
第2節 — 意外醫療費用		不適用
第3節 — 額外保障		
3.1 骨折(僅適用於長者)	每段受保期	不適用
3.2 每日住院現金津貼及私家看護津貼		不適用
3.3 復康輔助器材		不適用
3.4 年假補償 為照顧因意外並按醫生建議留院或留在家中的受保人而需要申請年假的家屬		2,000 (每日 500)
3.5 受保人遭受虐待(僅適用於子女及長者) 3.5a 創傷或心理諮詢費用 3.5b 新家庭傭工招聘津貼		3,000
3.6 轉職津貼(僅適用於成人)		不適用
第4節 — 個人責任		不適用
第5節 — 無索償折扣		不適用
第6節 — 緊急援助服務		
安盛 24 小時支援熱線(全球服務)	每段受保期	承保
全球入院保證金		40,000

I部份 — 主要保障

基本計劃
(適用於「個人保障」及「共享保障」)

承保範圍		基本計劃
		「個人保障」的每名受保人或 「共享保障」的每份保單的 最高賠償額(分項賠償額) (港元)
第1節 — 人身意外		
1.1 意外死亡及永久傷殘	每段受保期	600,000
昏迷		100,000
1.2 意外死亡及永久傷殘雙倍賠償 若意外死亡及永久傷殘是由下列任何一個或多個情況所引致，我們將根據第 1.1 節的 最高賠償額作出額外最多 100% 的賠償。 – 以乘客身份乘坐公共交通工具 – 山泥傾瀉、水災、爆炸或火災 – 爆竊或搶劫 – 在大灣區(香港除外)內發生		600,000
1.3 意外死亡撫恤金 受保人意外死亡撫恤金		50,000
第2節 — 意外醫療費用		
意外醫療費用	每宗意外	10,000 (中醫、跌打醫師或針灸醫師：每日 200； 食物中毒：每日 500)
– 脊醫或物理治療師	每段受保期	2,000 (每日 400)
第3節 — 額外保障		
3.1 骨折(僅適用於長者)	每段受保期	40,000 (80 歲以上的受保人：20,000)
3.2 每日住院現金津貼及私家看護津貼 3.2a 每日住院現金津貼 3.2b 私家看護津貼		10,000 (子女/長者：本節最高賠償額為 20,000) (每日 200)
3.3 復康輔助器材 適用於輔行工具，例如手杖、拐杖、學行架、助行器或輪椅，以及僅為提供輔行 工具目的而改造家居設備或車輛		20,000 (輔行工具：每項 2,000)
3.4 年假補償 為照顧因意外並按醫生建議留院或留在家中的受保人而需要申請年假的家屬		2,000 (每日 500)
3.5 受保人遭受虐待(僅適用於子女或長者) 3.5a 創傷或心理諮詢費用 3.5b 新家庭傭工招聘津貼		3,000
3.6 轉職津貼(僅適用於成人)		3,000
第4節 — 個人責任		
賠償受保人對第三者意外受傷或財物損毀所負的法律責任，以及任何相關法律費用及 開支	每段受保期	600,000
第5節 — 無索償折扣		
第6節 — 緊急援助服務		
安盛 24 小時支援熱線(全球服務)	每段受保期	承保
全球入院保證金		40,000

II 部份 — 自選保障（不適用於簡易計劃）

第7節 — 收入或付款保障（僅適用於在職成人）

（同時適用於「個人保障」及「共享保障」）

在職成人僅可根據第7.1節 — 收入保障或第7.2節 — 付款保障受保，不能同時受保。

第7.1節 — 收入保障

承保範圍		「個人保障」的每名受保人或「共享保障」的每份保單的最高賠償額（港元）		
		(a) 永久完全傷殘	或	(b) 暫時完全傷殘
收入保障	每段受保期	60,000		
在發生意外當月之後的第七個月或較後日期一整筆支付。				

第7.2節 — 付款保障

承保範圍		「個人保障」的每名受保人或「共享保障」的每份保單的最高賠償額（港元）			
		(a) 永久完全傷殘	或	(b) 暫時完全傷殘	
(a) 信用卡付款；及/或家用賬單	每段受保期	6,000		每30日期間1,000	或受保人平均每月收入的80%（以較低者為準），每連續三十（30）日為一時段，於每段受保期總計最多為六（6）個連續時段。
(b) 個人貸款		30,000		每30日期間5,000	
(c) 按揭貸款或房屋租金		60,000		每30日期間10,000	
在發生意外當月之後的第七個月或較後日期一整筆支付。					

第8節 — 體育運動保障（僅適用於子女及成人）

（同時適用於「個人保障」及「共享保障」）

承保範圍		「個人保障」的每名受保人或「共享保障」的每份保單的最高賠償額（港元）
8.1 意外死亡及永久傷殘	每段受保期	按照第1.1節 — 意外死亡及永久傷殘的最高賠償額作出額外25%的賠償
- 因心臟驟停而死亡		承保(第1.1節 — 意外死亡及永久傷殘的額外保障)
8.2 意外醫療費用	每宗意外	按照第2節 — 意外醫療費用的最高賠償額作出額外25%的賠償
- 脊醫或物理治療師	每段受保期	
8.3 個人責任	每段受保期	按照第4節 — 個人責任的最高賠償額作出額外25%的賠償
8.4 個人運動器材及運動服裝 適用於使用時遭損壞的運動器材或運動服裝的實際替換費用或修理費用，這項保障的索償必須連同第2節 — 意外醫療費用的索償一併提交	每段受保期	6,000 (每項3,000)

收集個人資料的聲明

安盛保險有限公司(下稱“**本公司**”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“**條例**”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的(“**有關目的**”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

- 1 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“**安盛關聯方**”)或本公司的商業合作夥伴(參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
- 2 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
- 3 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
- 4 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
- 5 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關)；
- 6 評估閣下的財務需求；
- 7 為客戶設計產品/服務；
- 8 為統計或其他目的進行市場研究；
- 9 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
- 10 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- 11 進行身份和/或信用核查和/或債務追收；
- 12 遵守任何適用的司法管轄區的法律；
- 13 開展與本公司業務經營有關的其他服務；及
- 14 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

- 1 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
- 2 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
- 3 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政，技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
- 4 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
- 5 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
- 6 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
- 7 在有合理需要履行任何上述有關目的段落2,3,4及5之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)、警方、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

- 1 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
- 2 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
 - a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
- 3 以上服務及產品將會由本公司及/或以下機構提供：
 - a) 任何安盛關聯方；
 - b) 第三方金融機構；
 - c) 提供上文2.所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
- 4 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道38號
安盛匯5樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

註：所有金額均以港元計算。

此中文譯本只供參考之用，如有歧異，概以英文版本為準。



SmartProtect Plus
Lite, Basic Plan
「卓越」豐盛守護樂
簡易, 基本計劃

安盛保險有限公司

AXA General Insurance Hong Kong Limited

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