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EXPRESS

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well lived 悠然生活



AMERICAN EXPRESS® PREMIER CRITICAL ILLNESS PROTECTOR
美國運通加護危疾保

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CALL (852) 2568 3359* FOR MORE INFORMATION 如有任何查詢，請致電 (852) 2568 3359*

* Service Hour: Monday to Friday, 9:00 a.m. to 5:30 p.m. (except Public Holidays) 服務時間：星期一至五上午9時至下午5時30分（公眾假期除外）

YOUR QUESTIONS ANSWERED

WHAT IS AMERICAN EXPRESS® PREMIER CRITICAL ILLNESS PROTECTOR?

The well-being of Your loved ones is crucial, that's why it is important to plan ahead for any unexpected events coming up. This insurance plan lets You rest assured that the financial burden on Your loved ones will be eased if You fall seriously ill, so You can concentrate on taking care of your health.

THE PROTECTION OFFERED BY THIS PLAN INCLUDES:

- lump sum benefit in the event of a Critical Illness diagnosis
- lump sum benefit in the event of one of the major 5 Critical Illnesses being diagnosed

WHAT MAKES THIS PLAN DIFFERENT?

American Express® Premier Critical Illness Protector gives you worry-free coverage that includes:

- a generous lump sum payment to help You after Your first diagnosis of a Critical Illness
- additional protection to provide financial assistance for You and Your loved ones if the Critical Illness that You are diagnosed with is one of the Major 5 Critical Illnesses
- 24-hour coverage anywhere in the world

WHO IS THE UNDERWRITER OF THE PLAN?

The plan is underwritten by Chubb Insurance Hong Kong Limited (hereinafter called "Chubb Insurance"/"Chubb").

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, Financial Lines and Consumer Lines designed for large corporates, mid-sized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by being consistent and responsive, by offering marketing leading claims services and innovative products, and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

WHOM DO I CONTACT WITH QUESTIONS ABOUT MY POLICY?

Please contact Chubb Insurance Hong Kong Limited, whose details are as follows:

Address: 39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong

Tel: (852) 2568 3359*

Fax: (852) 2519 3233

E-mail: cs.hk@chubb.com

Additional information can be found at www.chubb.com/hk.

* Service Hours: Monday to Friday, 9:00 a.m. to 5:30 p.m. (except Public Holidays)

常見問與答

「美國運通加護危疾保」是什麼？

我們深深明白，讓摯愛得到幸福無憂的生活，是您最大的心願。因此，您更需要為意想不到的挑戰做好準備。我們所提供的「美國運通加護危疾保」能夠保障您萬一不幸罹患危疾時，為您和摯愛家人提供財政支援，使您能夠安心休養，專心照顧自己的健康。

本計劃的保障範圍如下：

- 一旦被診斷患上任何一種列明的危疾時，可獲一筆過保障
- 一旦被診斷患上任何一種列明的主要五大危疾時，可獲額外的一筆過保障

本計劃有何優勝之處？

「美國運通加護危疾保」為您提供的危疾保障，讓您安心無憂。此計劃特點包括：

- 一筆過的大額保障，在萬一被診斷為首次患上任何一種列明的危疾時，為您提供有效支援
- 額外的一筆過保障，亦會在被診斷患上列明的主要五大危疾後，為您及摯愛提供更大的財政支援
- 在全球任何地方每日24小時均可享有保障

本計劃的承保人是誰？

本計劃的承保人為安達保險香港有限公司（簡稱「安達保險」/「安達」）。

安達為全球最大的上市財產及責任保險公司，經營一般保險及人壽保險業務，透過收購其前身公司，已立足香港特別行政區超過90年。安達香港的一般保險業務（安達保險香港有限公司）為大型及中小企業客戶、以及個人客戶設計及提供特定的保險產品，包括財產險、責任險、海上險、金融險和個人保險服務。多年來，安達憑著其雄厚財務實力及市場領導地位，開創新的保險產品，提供優質理賠服務，建立長遠穩健的客戶關係，與時並進。

更多相關的資訊，請瀏覽 www.chubb.com/hk。

如對保單有任何疑問，應與誰聯絡？

您可透過下列途徑與安達保險香港有限公司聯絡：

地址：香港鰂魚涌英皇道979號太古坊一座39樓

電話：(852) 2568 3359*

傳真：(852) 2519 3233

電郵：cs.hk@chubb.com

如欲查詢更多資料，請瀏覽 www.chubb.com/hk。

* 服務時間：星期一至五上午9時至下午5時30分（公眾假期除外）

SUMMARY OF COVER

COVER: CRITICAL ILLNESS LUMP SUM BENEFIT	
BENEFITS	<ul style="list-style-type: none"> ■ If the insured person is diagnosed with one of the listed Critical Illnesses or requires surgery defined by the list as a Critical Illness, a lump sum benefit will be paid.
COVER: EXTRA MAJOR 5 LUMP SUM BENEFIT	
BENEFITS	<ul style="list-style-type: none"> ■ If the Critical Illness that the insured person is diagnosed with is one of the below Major 5 Critical Illnesses (as defined), an Extra Major 5 Lump Sum Benefit will be paid on top of the Critical Illness Lump Sum Benefit. <ul style="list-style-type: none"> - Cancer; - Coronary Artery Bypass Surgery; - Kidney Failure; - Myocardial Infarction; and/or - Stroke.
REMARKS	<ul style="list-style-type: none"> ■ Benefits will not be paid if the Insured Person suffered from any listed Critical Illnesses and/or has any sign and symptoms of the conditions before the Commencement Date of the policy. ■ Benefits will not be paid if the condition occurs during the first 90 days after the Commencement Date and/or the Insured Person lives fewer than 30 days after diagnosis.

Remarks:

- (1) The above information is a summary of the cover available and is for reference only. Please refer to the Policy Wording for full details including terms, conditions and policy exclusions.
- (2) Please refer to the Policy Schedule for the limits of each particular cover.
- (3) In case of any discrepancy between the English and Chinese versions, the English version shall always prevail.

承保範圍摘要

保障項目：危疾一筆過保障	
保障摘要	<ul style="list-style-type: none"> ■ 若受保人被診斷患上任何一項列明的危疾或須進行在危疾定義內規定的手術，將獲支付危疾一筆過保障。
保障項目：額外主要五大危疾一筆過保障	
保障摘要	<ul style="list-style-type: none"> ■ 若受保人被診斷患上以下主要五大危疾的其中一種（須根據定義），除危疾一筆過保障外，亦將獲支付額外主要五大危疾一筆過保障。 <ul style="list-style-type: none"> - 癌症； - 冠狀動脈手術； - 腎衰竭； - 心肌梗塞； - 中風。
備註：	<ul style="list-style-type: none"> ■ 如受保人在保單生效前已患上任何一項列明的危疾及/或出現有關的症狀時，將不獲保障。 ■ 如受保人在生效日起計首90天內出現有關的症狀及/或受保人在診斷後的存活時間少於30天，將不獲保障。

備註：

- (1) 上述資料只屬保障摘要並僅供參考，有關各項保障的詳盡條款、細則及不保事項，請參閱保單內文。
- (2) 有關每項保障的最高賠償額請參閱保單承保表。
- (3) 本資料的中英文版如有任何差異，概以英文版為準。

HOW TO CLAIM / CUSTOMER SERVICE / RETURN OF POLICY

HOW TO CLAIM

If You wish to make a claim, please simply follow the below steps:

- Complete and sign the claim form (which is provided at the end of this brochure);
- Enclose related documents such as but not limited to any reports that have been obtained from the doctor or medical authorities, and any other documentary evidence required by Chubb Insurance under this policy;
- Mail the completed claim form with supporting documents to Chubb Insurance at the address stated on the claim form within thirty (30) days of the event taking place which gives rise to the claim;
- Provide (at Your or Your legal representative's expense) all other certificates and evidence that Chubb Insurance reasonably requires to assess the claim.

Please read section 9 - "Claims Conditions" in the Policy Wording for more details.

CUSTOMER SERVICE

American Express and Chubb Insurance strive to provide a high quality of service at all times. Should You have any enquires on the plan or the service received, please contact:

The Customer Service Manager
Chubb Insurance Hong Kong Limited
Address: 39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
Tel: (852) 2568 3359*
Fax: (852) 2519 3233
E-mail: cs.hk@chubb.com

* Service Hours: Monday to Friday, 9:00 a.m. to 5:30 p.m.
(except Public Holidays)

RETURN OF POLICY

If You are not satisfied with the policy and you have not made any claim under the policy, You may advise Chubb Insurance in writing and return it within fourteen (14) days after Your cover is activated and Chubb Insurance will refund all premiums paid without interest. However, You will not receive a refund if You have made a claim during this free policy examination period.

如何索償 / 客戶服務 / 退回保單

如何索償

如欲申請索償，只需依照下列簡單步驟：

- 填妥及簽署索償表格（附在本小冊子最後一頁）；
- 連同相關文件，例如（但不限於）從醫生或其他醫療機構拿到的證明或報告及其他安達保險所需的其他相關證明文件或證據；
- 將表格及所有相關文件，於受保事件發生後的三十（30）天內，寄回索償表格上所載之安達保險香港有限公司地址；
- 於合理的要求下，閣下或閣下的法律代表須自費提供所有醫療及其他證書、證明文件，以便安達保險評估索償。

詳情請參閱保單內文第九節—索償條款。

客戶服務

美國運通及安達保險致力為您提供最優質服務，若對本計劃或服務提供有任何疑問，請即與我們聯絡：

客戶服務經理
安達保險香港有限公司
地址：香港鰂魚涌英皇道979號太古坊一座39樓
電話：(852) 2568 3359*
傳真：(852) 2519 3233
電郵：cs.hk@chubb.com

* 服務時間：星期一至五上午9時至下午5時30分（公眾假期除外）

退回保單

如若發現本計劃未能符合您的要求，而您並未根據本保單提出任何索償，您可於保單生效後起計的十四（14）天內，來函要求退回保單，安達保險香港有限公司將按您已繳付的保費無息全數退還。

INTRODUCTION TO POLICY WORDING

IMPORTANT INFORMATION ABOUT THIS POLICY WORDING

GENERAL ADVICE

You should consider the appropriateness of this product having regard to Your objectives, financial situation and needs. You need to decide if the limits, type and level of cover are appropriate for You.

THE COVER

When You applied for this insurance, You completed an application either over the phone, online or by mail/fax.

Chubb Insurance has relied upon the information supplied to decide the terms of cover it will provide. The information you have provided shall form the basis of this contract of insurance. Chubb Insurance provides cover to You on the terms contained in the application, the Policy Wording and any other document including the most recent Policy Schedule that it issues to You.

The Policy Schedule will contain important information relevant to Your insurance including the Commencement Date, Your premium, the limits that apply for particular covers, and whether any standard terms have been varied by way of endorsement.

All of these make up Your "Policy" with Chubb Insurance.

UNDERSTANDING THE COVERAGE OF YOUR POLICY

To understand the significant features, benefits and risks of this insurance and to determine if it is appropriate for You, it is important that you read:

- the "Important Information Regarding Your Policy" and "Cover Under Your Insurance Policy" sections which contain information on important matters You need to be aware of before applying for this insurance;
- the "Meaning of certain words" and "Definitions of Critical Illness" section, which set out what Chubb Insurance means by certain defined terms in this insurance;
- the "Benefits" section, which sets out the cover provided under this insurance;
- the "General Exclusions" section, which sets out what Chubb Insurance does not cover under any of the "Benefits" sections;

■ the "General Conditions" section, which contains important information about the period, commencement, renewal and expiry of Your policy;

■ the "Cancellation of Your Policy" section which sets out how You and Chubb Insurance may cancel the policy;

■ the "Claims Conditions" section which details certain obligations that both You and Chubb Insurance have under the policy if You need to make a claim;

■ the "Privacy Statement" and "Dispute Resolution" sections which contain important information about Your privacy and the dispute resolution process; and

■ any other documents Chubb Insurance provides to You about the cover.

CANCELLATION RIGHTS

Your Policy may be cancelled in one of three (3) ways:

- You may cancel Your Policy;
- Chubb Insurance may cancel Your Policy; or
- Automatic cancellation.

Written notice is required if You or Chubb Insurance wishes to cancel Your Policy.

Automatic cancellation of Your Policy may occur without any written notice from Chubb Insurance. Automatic cancellation will occur if You fail to pay Your premium within thirty-one (31) days of when it is due.

Your Policy will cancel automatically if You are unable to meet the definition of Insured Person as defined in the Policy Wording, or if You / Your legal representative receives 100% of the Critical Illness Lump Sum Benefit claimable under this Policy for Critical Illness sustained by You, or if You die, or if You cease to be the holder of a valid Hong Kong Identity Card during the insurance period as defined.

You should refer to the section entitled "Cancellation of Your Policy" in the Policy Wording for full terms and conditions. Policy" in the Policy Wording for full terms and conditions.

保單內文簡介

本保單內文的重要事項

一般建議

閣下必須詳細考慮本產品是否切合自己的要求、財務狀況及需要。此外，閣下亦需要認真閱讀保障的各項限制條款、種類及保額以決定本計劃是否合適。

我們可以提供的保障

在閣下投購此保險時，已經透過電話、網上或郵件/傳真完成申請手續。

安達保險已依據閣下給予的資料按保單的條款提供保障。閣下提供的資料將構成本保險合約的基礎。安達保險會依據在申請表、保單內文、及任何其他文件，包括安達保險簽發給閣下最新的承保表內的條款，向受保人提供保障。

承保表記載與閣下保險有關的重要資料，包括生效日、閣下需繳付的保費、閣下保障的保障金額及透過背書更改的任何標準條款。

以上提及的全部將構成閣下與安達保險之間的「保單」。

認識閣下所享的保障

為了確保閣下清楚明白本保險的重點，保障範圍及風險，請閣下務必閱讀以下部份：

- 在「有關閣下保單的重要資料」及「閣下在此保單下的保障」這兩部份列明閣下在投保或接納本保險前所需要知悉的重要事項：
- 「詞彙的釋義」及「危疾的定義」這兩部份陳述安達保險在本保險內對一些詞彙所界定的意思：
- 「保障」部份陳述安達保險在本保險內會提供的保障：
- 「不保事項」部份列明所有不獲安達保險提供保障的事項：
- 「一般條款」部份列明閣下保單的保障時期、保障開始生效日期、續保及保單終止日期的重要資料：
- 「取消閣下的保單」部份陳述閣下及安達保險可如何取消保單：
- 「索償條款」部份說明當閣下需要索償時，閣下及安達保險雙方在本保單內的部份責任：
- 「私隱聲明」及「解決爭議」部份列明安達保險將如何處理閣下的重要個人資料及解決爭議的過程；及
- 任何安達保險向閣下提供有關保障的其他文件。

取消閣下的保單

閣下的保單可經以下三(3)種方式取消：

- 閣下要求取消保單；
- 我們取消閣下的保單；或
- 自動取消。

不論閣下或我們欲取消閣下的保單，都必須以書面通知。在閣下的保單自動取消的情況下，我們不會發出書面通知。當閣下在保費到期後的三十一(31)日內仍未清付保費，保單將會自動取消。

閣下的保單將會自動取消，若閣下不再符合保單內文受保人的釋義時；或閣下或閣下的法律代表因閣下患上危疾並領取了閣下的保單內100%的危疾一筆過保障；或閣下身故；或閣下在受保期間已不再持有有效的香港身份證。

有關條款的全文，請閣下參閱保單內文內「取消閣下的保單」之部份。

POLICY WORDING

SECTION 1 – IMPORTANT INFORMATION REGARDING YOUR POLICY

YOUR POLICY

Your Policy Wording and Policy Schedule describe the insurance contract between You and Chubb Insurance Hong Kong Limited (“Us”, “We”, “Our”, etc.).

In return for You paying Us the premium, We insure the Insured Person for the Events subject to the terms, conditions and exclusions in Your Policy Wording and Policy Schedule.

PLEASE READ YOUR POLICY

It is important that You carefully read and understand Your Policy Wording and Policy Schedule because they describe the terms, conditions and exclusions that apply to Your insurance under Your Policy.

CHECKING YOUR POLICY

Please check Your Policy Wording and Policy Schedule to make sure all the information on them is correct. Please let Us know straight away if any alterations are needed. Please contact Us if You change Your address or account details.

CONTACTING US

If You have any queries or need to contact Us, please telephone Us on: (852) 2568 3359 or write to Us at Chubb Insurance Hong Kong Limited, 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

KEEPING YOUR DOCUMENTS SAFE

You should keep Your Policy Wording and Policy Schedule in a safe place in case You need to refer to them in the future.

Certain types of cover under Your Policy require You to provide receipts and other documentary evidence to Us. You should keep those documents in a safe place in case We need them to settle a claim.

SECTION 2 – COVER UNDER YOUR INSURANCE POLICY

WHO AND WHAT IS INSURED?

The Insured Person is insured for the Events subject to the terms, conditions and exclusions in Your Policy.

SECTION 3 – THE MEANING OF CERTAIN WORDS

The following words when used with capital letters in Your Policy Wording or the Policy Schedule have the meaning given below.

Anniversary Date means the date exactly twelve (12) calendar months after the Commencement Date of this Policy and the same date in each consecutive year thereafter.

Biological Agent means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.

Chemical Agent means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

Commencement Date means 12:01 a.m. Hong Kong Time on the date We agree to provide insurance under the Policy and which is shown on Your Policy Schedule.

Critical Illnesses means any one of the followings as defined in Section 4:

Alzheimer's Disease; Amyotrophic Lateral Sclerosis; Aplastic Anaemia; Apallic Syndrome; Bacterial Meningitis; Benign Brain Tumour; Blindness; Brain Surgery; Cancer; Coma; Coronary Artery Bypass Surgery; Fulminant Viral Hepatitis; Heart Valve Replacement; Kidney Failure; Liver Failure; Loss of Hearing; Loss of Limbs; Loss of Speech; Major Burns; Major Organ Transplantation; Medullary Cystic Disease; Motor Neurone Disease; Muscular Dystrophy; Myocardial Infarction; Paralysis; Parkinson's Disease; Poliomyelitis; Primary Pulmonary Arterial Hypertension; Progressive Bulbar Palsy; Progressive Muscular Atrophy; Severe Brain Damage; Stroke; Surgery to Aorta; Systemic Lupus Erythematosus; Terminal Illness or Total and Permanent Disability.

Doctor means a legally registered western medical practitioner who is not You or Your relative.

Event(s) means an occurrence that could give rise to a claim for a benefit under Your Policy during the Period of Insurance.

Insured Person means You and Your Spouse (if applicable) who is/are residing in Hong Kong and who is the holder of a valid Hong Kong Identity Card on the Commencement Date until the end of the Period of Insurance. No benefits shall be paid under this Policy in respect of an Insured Person who is residing outside of Hong Kong for more than one hundred and eighty (180) consecutive days.

Major 5 Critical Illnesses means any one of the following Critical Illnesses: Cancer, Coronary Artery Bypass Surgery, Kidney Failure, Myocardial Infarction and Stroke.

Nominated Account means any credit card or bank account held by You (that can be accepted by Us), which will be used to pay premium of Our Policy or to credit any refundable amount to You; such Nominated Account must be maintained at a financial institution in Hong Kong and denominated in the currency of Hong Kong.

Nuclear, Chemical, Biological Terrorism means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical Agent and/or Biological Agent during the Period of Insurance by any person or group(s), of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Partner means Your de-facto partner who has been living permanently with for three (3) months or more at the time of the Event.

Period of Insurance means one (1) month from the Commencement Date or the latest Renewal Date whichever is the later.

However, if Your Policy is cancelled or otherwise terminated, the Period of Insurance will be from the Commencement Date or Renewal Date whichever is the later up to and including the date of cancellation or termination.

Policy means Your Policy Wording and Policy Schedule describing the insurance contract between You and Us.

Policy Schedule means the schedule which We send You at the commencement of Your Policy along with Your Policy Wording, as may be amended or replaced by Us from time to time, which sets out the level of benefits due to You under Your Policy.

Policy Wording means this document.

Pre-existing Medical Conditions means:

- (a) any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Commencement Date; or
- (b) a condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Commencement Date.

Principal Benefit Amount means the benefit amount stated in Your Policy Schedule at the commencement of Your Policy.

Renewal Date means one (1) month from the Commencement Date and subsequently, the same day of each successive month.

Spouse means Your legally married spouse or Partner named on the Policy Schedule, and who is eighteen (18) years of age or above and under sixty (60) years of age on the Commencement Date and under sixty-five (65) years of age upon any Anniversary Date of this Policy.

We/Us/Our means Chubb Insurance Hong Kong Limited.

You/Your means the owner of this policy, and is named as policyholder on the Policy Schedule, and who is eighteen (18) years of age or above and under sixty (60) years of age on the Commencement Date and under sixty-five (65) years of age upon any Anniversary Date of this Policy.

SECTION 4 – DEFINITIONS OF CRITICAL ILLNESS

1. **Alzheimer's Disease** means deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. The diagnosis must be clinically confirmed by an appropriate consultant.
2. **Amyotrophic Lateral Sclerosis** means unequivocal diagnosis by a consultant neurologist confirming well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centers in the brain and with specific weakness and atrophy of the muscles of the extremities.

3. **Aplastic Anaemia** means chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) Blood product transfusion;
- (b) Immunosuppressive agents; or
- (c) Bone marrow transplantation.

4. **Apallic Syndrome** means universal necrosis of the brain cortex, with the brainstem remaining intact. The definite diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one (1) month

5. **Bacterial Meningitis** means bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit persisting for at least six (6) consecutive months, such diagnosis to be confirmed by a consultant neurologist

6. **Benign Brain Tumour** means a non-cancerous tumour in the brain which either requires surgical excision or causes significant permanent neurological deficit persisting for at least six (6) consecutive months. For the avoidance of doubt, the following shall not fall within the definition of "Benign Brain Tumour" and are not covered:

- (a) Cysts, granulomas, malformations in or of the arteries or veins of the brain
- (b) Haematomas and tumours in the pituitary gland or spine

7. **Blindness** means the total and irrecoverable loss of sight of both eyes due to traumatic injury or disease. The diagnosis must be clinically confirmed by an appropriate eye specialist.

8. **Brain Surgery** means the actual undergoing of surgery to the brain during general anaesthesia during which the scalp is opened. Brain surgery due to accident is excluded.

9. **Cancer** means a malignant tumour characterized by uncontrolled growth and the spread of malignant cells. This includes Leukaemia, Hodgkin's Disease, Non Hodgkin's Lymphoma and invasive Melanoma which exceeds 0.75 mm in depth. It does not include:

- (a) Melanoma that is not invasive and has not exceeded 0.75mm in depth
- (b) Any other skin cancer
- (c) Carcinoma in situ (Carcinoma in situ is a malignant tumour arising from surface epithelial cells which are restricted to the epithelium, and have not penetrated the basement membrane).

(d) Kaposi's Sarcoma

(e) AIDS related cancers

Coverage is effective if the cancer is diagnosed by a Doctor and confirmed by a registered pathologist on the basis of the histopathologic or cytopathologic patterns of the lesion which correlate with the clinical and imaging findings. The cancer must be positively diagnosed by the pathologist using fixed tissue or appropriate cellular preparations (smears). The diagnosis must be established based on the cellular architecture of the preparations obtained from the lesions in conjunction with the clinical diagnosis.

10. **Coma** means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least ninety-six (96) hours and resulting in a neurological deficit which in the opinion of Our chief medical officer is of a permanent nature.

11. **Coronary Artery Bypass Surgery** means open heart surgery undergone to correct narrowing or blockage of two (2) or more coronary arteries by the use of saphenous vein grafts or internal mammary grafting in persons with limiting anginal symptoms. Angiographic evidence of the underlying disease must be provided. For the avoidance of doubt, non-surgical procedures such as balloon angioplasty or laser techniques shall not fall within the definition of "Coronary Artery Bypass Surgery" and are not covered.

12. **Fulminant Viral Hepatitis** means a submassive to massive necrosis of the liver caused by the hepatitis virus, leading precipitously to liver failure. All of the following diagnostic criteria must be met:

- (a) A rapidly decreasing liver size
- (b) Necrosis involving entire lobules, leaving only a collagen reticular framework
- (c) Rapidly degenerating liver function tests
- (d) Deepening jaundice

13. **Heart Valve Replacement** means the actual undergoing of the replacement of one or more heart valves with artificial valves due to stenosis or incompetence. For the avoidance of doubt, heart valve repair and valvotomy shall not fall within the definition of "Heart Valve Replacement" and are not covered.

14. **Kidney Failure** means end stage renal disease which presents chronic and irreversible loss of function of both kidneys as a result of which the Insured Person is required to undergo regular renal dialysis or kidney transplantation.

15. **Liver Failure** means chronic end stage liver failure which is permanent and irreversible and characterised by permanent jaundice, oesophageal varices, ascites and hepatic encephalopathy. For the avoidance of doubt, liver disease caused by or attributed to drug overdose or excessive alcohol ingestion shall not fall within the definition of "Liver Failure" and is not covered.
16. **Loss of Hearing** means total, bilateral and irreversible loss of hearing in both ears for all sounds as a result of acute sickness or accident. Medical evidence must be supplied by an appropriate (Ear, Nose and Throat) specialist and must include audiometric and sound- threshold test.
17. **Loss of Limbs** means the irreversible severance from the body of two (2) or more limbs where severance is above the wrist or ankle joint.
18. **Loss of Speech** means total and irrecoverable loss of the ability to speak due to damage to vocal chords which must be established for a period of twelve (12) consecutive months. Medical evidence must be supplied by an appropriate (Ear, Nose and Throat) specialist to confirm permanent loss of speech and damage to vocal cords. For the avoidance of doubt, loss of speech directly or indirectly due to psychiatric related causes shall not fall within the definition of "Loss of Speech" and is not covered.
19. **Major Burns** means burns which result in full thickness skin destruction of at least 20% of the total skin area.
20. **Major Organ Transplantation** means the actual undergoing of a transplant of the heart, lung, liver, pancreas or bone marrow as a recipient. For the avoidance of doubt, transplantation of isolated pancreatic islets shall not fall within the definition of "Major Organ Transplantation" and is not covered.
21. **Medullary Cystic Disease** means a condition involving poli-cystic kidney formation of multiple cysts in the medulla region of both kidneys and involving the collecting ducts as unequivocally diagnosed by Doctor.
22. **Motor Neurone Disease** means unequivocal diagnosis of "Motor Neurone Disease" by a consulting neurologist supported by obvious and definitive evidence of appropriate and relevant neurological signs with permanent neurological deficits.
23. **Muscular Dystrophy** means a hereditary muscular dystrophy confirmed by a consulting neurologist resulting in the inability of the Insured Person to perform without assistance in respect of three (3) or more of the following:
- (a) Bathing
 - (b) Dressing
 - (c) Using the lavatory
 - (d) Eating
 - (e) Movement in or out of bed or chair
24. **Myocardial Infarction** means the death of a portion of the heart muscle as a result of inadequate blood supply to the areas. The diagnosis must be based on all of the following:
- (a) A history of typical chest pain;
 - (b) New electrocardiographic changes; and
 - (c) Elevation of cardiac enzyme levels.
25. **Paralysis** means complete and permanent loss of use of two (2) or more limbs through neurological damage for the remainder of the Insured Person's life.
26. **Parkinson's Disease** means unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where all the following conditions of the disease are fulfilled:
- (a) It cannot be controlled with medication;
 - (b) It is idiopathic in nature (all other forms of Parkinsonism are excluded);
 - (c) It shows signs of progressive impairment; and
 - (d) The inability of the Insured Person to perform without assistance in respect of three (3) or more of the following: bathing, dressing, using the lavatory, eating and movement in or out of bed or a chair.
27. **Poliomyelitis** means unequivocal diagnosis by a consultant neurologist of infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases other than the foregoing shall not be regarded as "Poliomyelitis". For the avoidance of doubt, poliomyelitis not involving paralysis and other cases of paralysis shall not fall within the definition of "Poliomyelitis" and are not covered.
28. **Primary Pulmonary Arterial Hypertension** means primary pulmonary arterial hypertension as established by clinical and laboratory investigations include cardiac catheterization. All the following diagnostic criteria must be met:
- (a) Dyspnoea and fatigue
 - (b) Increase left arterial pressure (by at least twenty (20) units)
 - (c) Pulmonary resistance of at least three (3) units above normal
 - (d) Pulmonary artery pressures of at least forty (40) mm Hg
 - (e) Pulmonary wedge pressure of at least eight (8) mm Hg
 - (f) Right ventricular end-diastolic pressure of at least eight (8) mm Hg
 - (g) Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.
29. **Progressive Bulbar Palsy** means degenerative wasting of the muscles including the bulbar muscles as diagnosed by a consultant neurologist and agreed to by Our chief medical officer.
30. **Progressive Muscular Atrophy** means involving the wasting of muscles and increased spasticity resulting in inability to perform without assistance in respect of three (3) or more of the following: bathing, dressing, using the lavatory, eating and movement in or out of bed or a chair, as diagnosed by a consultant neurologist and agreed by Our chief medical officer.
31. **Severe Brain Damage** means impairment or loss of intellectual capacity as a result of brain damage sustained in an accident, following which permanent supervision or assistance is required to maintain existence.
32. **Stroke** means any cerebrovascular incident producing neurological sequelae lasting for more than forty-eight (48) hours and including infarction of brain tissue, cerebral haemorrhage or embolization from an extra cranial source. Evidence of permanent neurological deficit must be produced. For the avoidance of doubt, transient ischemic attacks shall not fall within the definition of "Stroke" and is not covered.
33. **Surgery to Aorta** means the actual undergoing of an open heart surgery for disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purposes of this definition, aorta shall mean the thoracic and abdominal aorta, but not its branches. A surgery performed to cure traumatic injury to the aorta shall not be regarded as "Surgery to the Aorta" and is not covered.
34. **Systemic Lupus Erythematosus ("SLE")** means an autoimmune illness in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes.
- (a) Clinically there must be at least four (4) out of the following presentations suggested by the American College of Rheumatology:
 - i. Malar rash
 - ii. Discoid rash
 - iii. Photosensitivity
 - iv. Oral Ulcers
 - v. Arthritis
 - vi. Serositis
 - vii. Renal Disorder
 - viii. Leukopenia (<4,000/ μ L), or Lymphopenia (<1,500/ μ L), or Haemolytic anaemia, or Thrombocytopenia (<100,000/ μ L)
 - ix. Neurological disorder
- AND
- (b) Two (2) or more of the following tests being positive:
 - i. Anti-nuclear Antibodies
 - ii. L.E. cells
 - iii. Anti-DNA
 - iv. Anti-Sm (Smith IgG Autoantibodies) AND
 - (c) There is lupus nephritis causing impaired renal function with a creatinine clearance rate of thirty (30) ml per minute or less.
35. **Terminal Illness** means the Insured Person must be suffering from a disease which in the opinion of a licensed medical consultant and supported by Our chief medical officer, is likely to lead to death within six (6) months from the date of notification of a claim under this Policy.
36. **Total and Permanent Disability** means the inability of the Insured Person to engage in any occupation or employment for remuneration or profit as a result of bodily injury or sickness and the inability of the Insured Person to perform without assistance in respect of three (3) or more of the following: bathing, dressing, using the lavatory, eating and movement in or out of bed or a chair. The "Total and Permanent Disability" must have continued without interruption for at least six (6) consecutive months, or for such longer period as We may reasonably require to establish that such disability is and will be total, continuous and permanent for the remainder of the Insured Person's life.

SECTION 5 – BENEFITS

A. CRITICAL ILLNESS LUMP SUM BENEFIT

If an Insured Person is diagnosed with any one of the listed Critical Illnesses or as requiring one of the surgeries defined as a Critical Illness during the Period of Insurance and a Doctor certifies this, We will pay You the Critical Illness Lump Sum Benefit showed on the Policy Schedule.

The Critical Illness Lump Sum Benefit will not be paid if:

- (a) The Insured Person suffered from any listed Critical Illnesses before the Commencement Date of Your Policy; or
- (b) The Insured Person has undergone one of the surgeries defined as a Critical Illness before the Commencement Date of Your Policy; or
- (c) the condition was caused directly or indirectly by a sickness or injury for which the Insured Person should have received relevant medical treatment or advice from a Doctor prior to the Commencement Date of Your Policy; or
- (d) the condition occurs during the first ninety (90) days after the Commencement Date; or
- (e) The Insured Person has been diagnosed with one of the Critical Illnesses or has undergone one of the surgeries defined as a Critical Illness and he/she lives for a period of less than thirty (30) days after the diagnosis; or
- (f) The Insured Person is under eighteen (18) years of age or over sixty- six (66) years of age when he/she first suffers the condition.

B. EXTRA MAJOR 5 LUMP SUM BENEFIT

If the Insured Person is entitled to receive the Critical Illness Lump Sum benefit under the Policy and if the type of Critical Illness that an Insured Person is diagnosed with is one of the Major 5 Critical Illnesses, and a Doctor certifies this, We will pay You the Extra Major 5 Lump Sum Benefit showed on the Policy Schedule in addition to the Critical Illness Lump Sum Benefit.

The Extra Major 5 Lump Sum Benefit will not be paid if:

- (a) The Insured Person suffered from any listed Major 5 Critical Illness before the Commencement Date of Your Policy; or

- (b) the condition was caused directly or indirectly by a sickness or injury for which the Insured Person should have received relevant medical treatment or advice from a Doctor prior to the Commencement Date of Your Policy; or
- (c) the condition occurs during the first ninety (90) days after the Commencement Date; or
- (d) The Insured Person has been diagnosed with one of the Major 5 Critical Illnesses and he/she lives for a period of less than thirty (30) days after the diagnosis; or
- (e) The Insured Person is under eighteen (18) years of age or over sixty- six (66) years of age when he/she first suffers the condition.

SECTION 6 – GENERAL EXCLUSIONS

Your Policy will not apply to any Event arising directly or indirectly out of:

- (a) any act of Nuclear, Chemical, Biological Terrorism as defined above regardless of any other cause or event contributing concurrently or in any other sequence to the loss; or
- (b) suicide, attempted suicide or deliberate self-inflicted injury by the Insured Person regardless of the state of his/her mental health; or
- (c) any criminal or illegal act committed or attempted by the Insured Person; or
- (d) Insured Person being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of any other drug unless it was prescribed by a Doctor and taken in accordance with the Doctor's advice and is not for the treatment of addiction to illegal drugs; or
- (e) Insured Person engaging in any professional sport meaning his/her livelihood is substantially dependent on income received as a result of his/her playing sport; or
- (f) Insured Person engaging in any motor sports as a rider, driver and/or a passenger; or
- (g) any consequences of war (whether declared or not), invasion or civil war, taking part in a Riot, or civil commotion, or any operation with or service in any disciplined forces, armed services, armed forces, naval, military or airforce of any country.

For the avoidance of doubt, disciplined forces shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc; or

- (h) Insured Person being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in any properly licensed commercial passenger aircraft; or
- (i) pregnancy, childbirth, miscarriage, abortion or complications arising from any of these; or
- (j) cosmetic surgery; or
- (k) Pre-existing Medical Conditions; or
- (l) Human Immunodeficiency Virus (HIV) or other forms of virus, Acquired Immune Deficiency Syndrome (AIDS), and AIDS-Related Complex (ARC) other than if contracted as a result of blood transfusion given by a Doctor; or
- (m) congenital anomalies, infertility, sterilization; or
- (n) any mental or nervous disease or disorder, or functional disorders of the mind; or
- (o) Insured Person participating in or conducting training for any of the following activities:
 - scuba diving, snorkelling, free-diving or the use of any type of equipment to aid breathing underwater; or
 - any kind of climbing, or mountaineering using rope or guides; or
 - pot-holing; or
 - parachuting, any kind of gliding, ballooning, bungee-jumping or micro-lighting; or
 - any activities involving any type of explosions (including but not limited to any activity involving the use of fireworks or firecrackers); or
 - winter-sports which means sports that are done on snow or ice (including but not be limited to skiing, snowboarding, ice skating, tobogganing); or
 - any kind of hunting; or
 - any kind of race other than on foot.

SECTION 7 – GENERAL CONDITIONS

ARBITRATION

Any dispute of any kind arising out of or in connection with this Policy shall be referred, within twelve (12) months from the date of first notice of dispute, to the arbitration and final decision of a sole arbitrator to be appointed by agreement between Us and You or, failing such agreement within twenty-eight (28) days, to be appointed by the President for the time being of the Law Society of Hong Kong. All disputes shall be arbitrated as domestic arbitration. If reference to arbitration shall not be made within the said twelve (12) months of first notice of dispute, the claimant shall be deemed to have waived all claims in connection with or arising out of the said dispute. The making of an award by such arbitrator shall be a condition precedent to any right of action against Us.

BENEFIT LIMITS

The maximum total amount payable per Event under Your Policy for each benefit is the sum specified on Your Policy Schedule for that benefit.

Except as specified otherwise, all other benefits payable under Your Policy shall be paid in addition to any other insurance benefit to which You may be entitled.

COMMENCEMENT AND PERIOD OF YOUR POLICY

Your Policy begins from the Commencement Date or the latest Renewal Date whichever is the later and continues for the Period of Insurance.

COMPLIANCE WITH APPLICABLE ECONOMIC AND TRADE SANCTIONS LAWS

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

Chubb Insurance Hong Kong Limited is a subsidiary/branch of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Hong Kong Limited is subject to certain US laws and regulations in addition to EU, UN and Hong Kong sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.

EXPIRY OF YOUR POLICY

Your Policy expires at the end of the Period of Insurance.

FOURTEEN (14) DAYS FREE POLICY EXAMINATION PERIOD

You have fourteen (14) days after final cover is activated to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Us in writing within those fourteen (14) days to cancel it. If You do this, We will refund any premiums You have paid during this period.

You will not receive a refund if You and/or any Insured Person have made a claim during this free policy examination period.

HONG KONG LAW

Your Policy is governed by the laws of Hong Kong. Any dispute or action in connection with Your Policy shall be conducted and determined in the courts of Hong Kong.

HONG KONG CURRENCY

All payments by You to Us and Us to You or someone else under Your Policy must be in Hong Kong currency.

HOW DO WE HANDLE FRAUD OR INCORRECT STATEMENT?

The Policy is issued based on the completeness and accuracy of information You give Us during the policy enrolment. If there is any fraud, mis-statement or concealment during such enrolment, or if You or the Insured Person or Your legal representative makes a dishonest claim, We will cancel this Policy immediately and will not pay any benefit. All claims under this Policy will be forfeited.

IF YOU HAVE MORE THAN ONE AMERICAN EXPRESS® PREMIER CRITICAL ILLNESS PROTECTOR

Insured Person is not allowed to be covered under more than one American Express® Premier Critical Illness Protector. If an Insured Person is covered under more than one such Policy:

- We will consider the Insured Person to be insured under the Policy which provides the highest amount of benefit; or
- We will consider the Insured Person to be insured under the Policy which was issued first if the benefit amount is the same.

In any case, We will refund the premium paid from the Commencement Date, without interest, to You under the Policy that does not provide You cover.

INDEXATION ON THE BENEFIT AND PREMIUM(S)

The Principal Benefit Amount of Critical Illness Lump Sum Benefit and Extra Major 5 Lump Sum Benefit described in Section 5 of this Policy together with the

premium(s) will increase annually in consecutive year(s) in accordance with the percentage and number of year to index that are stated in the Policy Schedule (collectively the "Indexation").

Indexation will start from the 1st Anniversary Date and cease automatically after the number of year to index as stated in the Policy Schedule.

If Your written instruction to cancel Indexation is received at least one (1) month before the Anniversary Date of this policy, the Critical Illness Lump Sum Benefit and Extra Major 5 Lump Sum Benefit and the premium(s) shown in the Policy Schedule will cease to be increased (ie indexed) upon Policy anniversary. Once Indexation is removed from the Policy, it cannot be activated again.

INTERPRETATION OF THIS POLICY

This Policy is written in both English and Chinese. The English version is the official version. If any dispute arises regarding the interpretation of any part of this Policy, the English version shall prevail.

LEGAL ACTION

No action at law or in equity shall be brought against Us either:

- before the expiration of sixty (60) days after written proof of claim has been submitted to and received by Us in accordance with the terms of this Policy; or
- after the expiration of three (3) years from the date on which written proof of claim is required to be submitted to Us under the terms hereof.

PREMIUM

The premium for each Insured Person is based on his/her age at the date the Policy commences. We will adjust the premium on the next Anniversary Date after he/she reaches the following ages.

Forty (40) years

Forty-five (45) years

Fifty (50) years

Fifty-five (55) years

Sixty (60) years

We may change the premium for Your Policy from each Anniversary Date if We notify You of the change prior to that date. If You do not receive a renewal notice then Your premium will not change.

REMUNERATION OF THIRD PARTIES

In taking out this insurance with Us, You acknowledge that We may have a relationship with a third party who We may pay for referring You/Your business to Us. We may pay them commission which is a percentage

of the premium of the insurance policy which You hold with Us. The commission is already incorporated into the premium payable by You and the amount can vary, depending on the type of arrangement We have with the third party and the type of product You purchase.

RENEWAL OF YOUR POLICY

Subject to Our right to decline renewal or to make any amendments to the premium rate, coverage, terms and conditions of this Policy as We deem appropriate on renewal, this Policy shall be renewed automatically on each Anniversary Date for a further consecutive twelve months period upon the due payment of premiums by You. In the event We exercise Our right to decline renewal or to make any amendments to the premium rate, coverage, terms and conditions of this Policy, We shall inform you of this thirty (30) days prior to the Anniversary Date.

SUBROGATION

We are entitled to subrogate the Insured Person's right of recovery/indemnity against any third party and have the right to proceed at Our expense in the name of the Insured Person against third parties who may be responsible for an event giving rise to a claim under this Policy. The Insured Person should co-operate and endeavor to secure such rights and shall not take any action to prejudice such rights.

THIRD PARTY OBLIGATION

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.

WHAT WILL HAPPEN IF YOU MIS-STATE INSURED PERSON'S AGE?

If You have mis-stated the Insured Person's age, then Our liability during the period the Insured Person is not eligible for cover is limited to the refund of the premium, which You have paid for the period upon Your request without interest.

WHAT WILL HAPPEN IF YOU USE YOUR POLICY FOR OTHER PURPOSES?

If You sell or transfer this Policy, or use it for any other kind of purpose, We will not recognize this. At all times, You need to ensure that it is kept in Your possession or control.

WHAT WILL HAPPEN TO THIS POLICY IF THERE ARE CLERICAL ERRORS?

If there is any clerical error in Your Policy, that clerical error shall be corrected and Your Policy will continue as if the clerical error had not occurred. If Your Policy is

wrongly cancelled due to a clerical error, We will reinstate Your Policy and Your Policy will continue as if the clerical error had not occurred. If this Policy is terminated for any reason other than a clerical error made by Us, Your Policy cannot be reinstated.

WHERE DOES YOUR POLICY APPLY?

Your Policy insures the Insured Person twenty-four (24) hours a day anywhere in the world.

SECTION 8 – CANCELLATION OF YOUR POLICY

WHEN YOU CAN CANCEL

You can cancel Your Policy at any time.

You must give Us one (1) month written cancellation notice in advance if You want to cancel Your Policy. The cancellation will take effect at 12:00 a.m. (midnight) Hong Kong Time on the next premium due date after the expiry of Your written cancellation.

If You cancel, We will refund the premium for Your Policy less an amount which covers the period for which the Insured Person was insured. However, We do not refund any premium if We have paid a benefit under Your Policy.

WHEN WE CAN CANCEL

In addition to any other legal rights, We may have under this Policy or otherwise, We may cancel Your Policy by giving You written notice if any Insured Person or You or Your legal representative:

- breach the duty of utmost good faith;
- make a misrepresentation to Us before or at the time Your Policy was entered into;
- breach a provision of Your Policy;
- make a fraudulent claim under any policy of insurance;
- engage in any act or omission which under Your Policy You are required to notify Us of, but You do not notify Us; or
- engage in any such act or omission which under the terms of Your Policy authorises Us to refuse to pay a claim either in whole or in part.

We will give You a notice in writing to Your address on file.

If We cancel, We will refund the premium for Your Policy less an amount to cover the period for which the Insured Person was insured. Any premium refund under Your Policy will not carry any interest.

AUTOMATIC CANCELLATION

Your Policy is cancelled automatically and without any written notice from Us if You do not pay any premium due to Us within thirty one (31) days of when it is due. The cancellation takes effect from the date the premium You have paid Us ceases to cover the insurance under this Policy.

The coverage available to any Insured Person named in the Policy Schedule will cancel automatically when:

- (a) Your Spouse are unable to meet the definition of Insured Person as defined in the Policy Wording; this will be confirmed in writing. Any unused premium paid will be refunded; or
- (b) You or Your legal representative receives 100% of the Critical Illness Lump Sum Benefit claimable under this Policy for Critical Illness sustained by Your Spouse; the cancellation will take effect from 12:00 a.m. (midnight) Hong Kong Time on the day when the benefit amount is payable to You; or

- (c) Your Spouse dies.

Your Policy will cancel automatically when:

- (d) You are unable to meet the definition of Insured Person as defined in the Policy Wording; this will be confirmed in writing. Any unused premium paid will be refunded; or
- (e) You or Your legal representative receives 100% of the Critical Illness Lump Sum Benefit claimable under this Policy for Critical Illness sustained by You; the cancellation will take effect from 12:00 a.m. (midnight) Hong Kong Time on the day when the benefit amount is payable to You; or
- (f) You die.

SECTION 9 – CLAIMS**MAKING A CLAIM**

If You, or any Insured Person, or Your legal representative wishes to make a claim You or they must:

- (a) Complete a claim form (claim forms are available from Us);
- (b) attach to the claim form:
 - (i) original receipts for any expenses incurred; and
 - (ii) any other documentary evidence required by Us under Your Policy.
- (c) provide Us with the completed claim form and accompanying documents within thirty (30) days of the Event taking place which gives rise to a claim; and

- (d) give Us at Your, or the Insured Person's, or Your legal representative's expense all medical and other certificates and evidence required by Us that is reasonably required to assess the claim.

We may also have the Insured Person medically examined at Our expense when and as often as We may reasonably require after a claim has been made. We may also arrange an autopsy if We reasonably require one.

PROCESSING AND PAYMENT OF CLAIMS

We must take all reasonable steps to pay a valid claim promptly.

Unless specified otherwise, We will pay amounts payable under Your Policy to You.

No payment under this Policy shall carry interest.

保單內文**第一節 — 有關「閣下」保單的重要資料****「閣下的」保單**

「閣下的」保單內文及「承保表」記載了「閣下」與安達保險香港有限公司(簡稱「我們」或「我們的」)之間的保險合約。

作為「閣下」繳付保費的代價，「我們」將依據「閣下」的「保單內文」及「承保表」內的條款、細則及不保事項的規定，為「受保人」提供「受保事件」的保障。

請閱讀「閣下的」保單

小心閱讀及了解「閣下的」保單內文及「承保表」是十分重要的，因為它們記錄了「閣下」保單內所列明保險的條款、細則及不保事項。

檢查「閣下的」保單

小心檢查「閣下的」保單內文及「承保表」，確保記載的所有資料皆正確無誤。如需作任何更改，請通知「我們」。如「閣下」需更新住址或銀行戶口的資料，請聯絡「我們」。

聯絡「我們」

如「閣下」有任何疑問或需要聯絡「我們」時，可致電(852)2568 3359或以書面郵寄香港鰂魚涌英皇道979號太古坊一座39樓安達保險香港有限公司。

安全保管「閣下」文件

「閣下」必須把自己的「保單內文」及「承保表」放置於一個安全的地方，確保日後能隨時查閱。

「閣下的」保單內部份類別的保障要求「閣下」向「我們」提供收據及其他證明文件。「閣下」必須把這些文件放置於一個安全的地方，以便「我們」處理索償時能使用。

第二節 — 「閣下」在此「保單」下的保障**誰是「受保人」及保障是什麼？**

「受保人」可依據「閣下」之「保單」內的條款、細則及不保事項的規定獲得「受保事件」的保障。

第三節 — 詞彙的釋義

以下名詞在「閣下的」保單內文或「承保表」中有其特定釋義。

「週年日」指由本「保單」「生效日」起計十二(12)個曆月及此後每一週年的同日。

「生效日」指「我們」同意提供「保單」內保障的日期，該日期已列於承保表內。保障將於該日的香港時間凌晨十二時零一分(12:01a.m.)起生效。

「生化媒體」指：任何致病性(製成疾病)生物及/或生物學上產生毒素(包括基因上進化生物及化學上合成毒素)，並會導致人類、動物或植物疾病及/或死亡。

「化學媒體」指：任何化合物，會於適當時散播，人類、動物、植物或實物會失去能力、引致損害或有致命的影響。

「危疾」指已於第四節定義的下列任何一種：亞爾茲默氏病；脊髓側索硬化症；再生障礙性貧血；植物人；細菌性腦(脊)膜炎；良性腦腫瘤；失明；開腦手術；癌症；昏迷；冠狀動脈手術；暴發性病毒性肝炎；心瓣置換；腎衰竭；肝衰竭；失聰；斷肢；喪失語言能力；嚴重燒傷；主要器官移植；囊腫性腎髓病；運動神經原疾病；肌肉營養不良症；心肌梗塞；癱瘓；柏金遜症；脊髓灰質炎；原發性肺動脈高血壓；惡化性延髓性逐漸癱瘓；惡化性肌肉萎縮症；嚴重腦部受損；中風；主動脈手術；紅斑狼瘡症；末期疾病或完全及永久傷殘。

「醫生」指合法、正式註冊及獲認可執業的西醫，但不包括「閣下」或「閣下」之親屬。

「受保事件」指在「受保期間」發生及能向本「保單」索償的事件。

「受保人」指「閣下」及/或「閣下」之「配偶」及/或「閣下」或「閣下」之子女(如適用)，他/她/他們及在「生效日」至「受保期間」定居於「香港」及持有有效的「香港」身份證。如「受保人」在「香港」以外地方居住連續超過一百八十(180)日將不獲保障。

「主要五大危疾」指以下任何一種「危疾」：癌症；冠狀動脈手術；腎衰竭；心肌梗塞及中風。

「指定賬戶」指由「閣下」持有的信用卡賬戶或銀行賬戶(而為「我們」接受的)，該指定賬戶用作支付「我們」的「保單」之保費，或收取任何退款；該「指定賬戶」必須於香港開立及維持有效運作，及以港元進行交易。

「核子、化學、生化恐怖活動」指：於「受保期間」，任何個人或一群人，獨自或以任何組織/機構或政府名義，或參與任何組織/機構或政府行動，使用任何核子武器、工具或發出、放出、散播、釋放或漏出任何固體、液體、「化學媒體」及或「生化媒體」，以達到其政治、宗教或某一種思想主義/理念目的，包括意圖影響任何政府，及/或公眾；或引起任何公眾恐慌。

「伴侶」指在「受保事件」發生時已與「閣下」有事實「伴侶」關係及已同住一起三(3)個月或以上的同居「伴侶」。

「受保期間」指由「生效日」或最近的「續保日」起計的一整曆月，以較後者為準。然而，如「閣下的」保單被取消或因其他理由被終止，則「受保期間」將由「生效日」或「續保日」起計，以較後者為準，直至取消或終止「保單」的當日為止。

「保單」指「閣下的」保單內文及「承保表」，當中列明「閣下」與「我們」之間的保險合約。

「承保表」指「我們」在「閣下的」保單生效時連同「閣下的」保單內文發送給「閣下的」文件，或不時發出修訂或更替的文件以便列明「閣下」在本「保單」內可享有的保障金額。

「保單內文」指本文件。

「之前已存在病症」指：

- (a) 在「保單」「生效日」前，已向註冊「醫生」求診或已接受治療護理或獲藥物配方的任何症狀；或
- (b) 於「保單」生效日時，任何一名正常人士理應留意到該症狀、表面症狀或病徵。

「基本保障金額」指「閣下的」「保單」生效時於「承保表」列明保障金額。

「續保日」指由本「保單」「生效日」起計一 (1) 個曆月及此後同日的每一曆月。

「配偶」指「閣下的」合法「配偶」或「伴侶」，其姓名已列於「承保表」上，其年齡在「生效日」當日必須為十八 (18) 歲或以上及六十 (60) 歲以下，及在本「保單」的任何一個「週年日」時仍在六十五 (65) 歲以下。

「我們」/「我們的」指安達保險香港有限公司。

「閣下」/「閣下的」指本「保單」的持有人，已在「承保表」上列作「保單」持有人，其年齡在「生效日」當日必須為十八 (18) 歲或以上及六十 (60) 歲以下，及在本「保單」的任何一個「週年日」時仍在六十五 (65) 歲以下。

第四節 — 「危疾」的定義

1. 「亞爾茲默氏病」指經臨床狀態及標準問卷、測驗證明思考能力退化、喪失，或行為舉止之失常是由「亞爾茲默氏病」或不可還原之器質腦退化性疾病引致。因神經機能疾病、精神病及任何藥物、酒精引起的機能失調，並導致嚴重性之思維能力及社交活動能力退減，進而影響受保人須接受持續性之照顧不包括在內。診斷須由適合的顧問「醫生」作臨床驗證。
2. 「脊髓側索硬化症」指經由神經科「醫生」確定為脊髓神經及腦部運動中樞有永久性神經的虧損及有痙攣性之衰弱及肢體肌肉之萎縮。
3. 「再生障礙性貧血」指慢性及永久性的骨髓衰竭而導致貧血、嗜中性白血球減少及血小板減少之出現，須接受下列最少一 (1) 項的治療：
 - (a) 輸血；或
 - (b) 免疫系統抑制性藥物；或
 - (c) 骨髓移植
4. 「植物人」指腦皮質全面壞死，唯腦幹仍保持完整，有關診斷必須獲神經病科專科顧問確認，並證明腦皮質全面壞死的情況已持續不少於一 (1) 個月。
5. 「細菌性腦(脊)膜炎」指由細菌感染引致腦或脊髓發炎，並導致永久性神經虧損。有關診斷必須獲神經病科專科顧問確認，並證明永久性神經虧損已持續不少於六 (6) 個月。
6. 「良性腦腫瘤」指非惡性腦腫瘤，而必須接受手術切除或引起嚴重及連續達六 (6) 個月或以上之永久性缺損。為免爭議，「良性腦腫瘤」不包括下列各項：
 - (a) 腦內的囊腫、肉芽瘤、動靜脈畸形
 - (b) 腦下垂體或脊柱的水腫和腫瘤

7. 「失明」指因創傷或疾病引致不能康復的雙眼完全永久性失明。此病症必須根據專科「醫生」診斷及證明。
8. 「開腦手術」指於麻醉情況下，剖開頭皮接受腦部手術。為免爭議，不包括因意外而引致的開腦手術。
9. 「癌症」指惡性腫瘤，特徵為出現不受控制及擴散的惡性細胞。包括：血癌、霍奇金氏病、非霍奇金氏淋巴瘤和屬侵蝕性及深度超過 0.75 毫米的黑色瘤。但不包括：
 - (a) 非侵蝕性及深度不超過 0.75 毫米的黑色瘤
 - (b) 任何其他皮膚癌
 - (c) 原位癌 (原位癌是一惡性腫瘤，在表面上皮細胞出現並止於上皮內，而不穿過底層薄膜)
 - (d) 卡普氏肉瘤
 - (e) 與愛滋病有關的癌症當癌症經「醫生」診斷，並由一註冊病理學家在把臨床及影像結果與組織損傷所呈現的組織病理或細胞病理的圖案對照後作確定，保障才會生效。癌症必須由病理學家利用特定組織或適當的細胞測試 (抹片測試) 後呈現陽性反應而判定。此診斷必須在具備對組織損傷所做測試後的細胞圖析及臨床診斷才可確立。
10. 「昏迷」指一種失去知覺狀態，對外來刺激及本身體內生理需要失去反應，需要持續利用維生設備不少於九十六 (96) 小時來維持生命。並經「我們」之主任「醫生」認為屬永久性的神經系統缺損。
11. 「冠狀動脈手術」指接受剖開心臟手術以小腿靜脈或前胸動脈糾正兩 (2) 條或以上收窄或閉塞之冠狀動脈，「受保人」必須提供血管造影圖片以證明其確有潛在疾病。為免爭議，「冠狀動脈手術」不包括非剖心之手術性技巧，例如氣球血管成形術、激光治療阻塞。
12. 「暴發性病毒性肝炎」指由肝炎病毒引起次廣泛性至廣泛性肝壞死導致肝臟衰竭。診斷標準包括下列各項：
 - (a) 肝臟急速萎縮
 - (b) 壞死區域覆蓋整個肝葉，只剩餘膠原網狀結構
 - (c) 肝臟功能急速退化
 - (d) 嚴重黃疸
13. 「心臟置換」指因一塊或多塊心臟瓣膜的缺陷而確實進行人工心臟膜替換手術。為免爭議，「心臟置換」不包括瓣膜修復手術或切開手術。
14. 「腎衰竭」指因左右腎臟持續衰竭導致之末期腎病，以致「受保人」必須接受永久洗腎治療或接受換腎。
15. 「肝衰竭」指慢性及不能挽救末期肝衰竭，有持續性黃疸症，食道靜脈曲張，腹水及肝性腦病等症狀。「肝衰竭」不包括因濫用藥物或酒精而引起的繼發肝病。
16. 「失聰」指急性疾病或意外導致的永久性完全失去聽覺，需經由耳、鼻、喉專科「醫生」驗證及包括聽力測定和聲域測試。
17. 「斷肢」指手腳之任何兩 (2) 肢自手腕或足踝以上永久折斷。
18. 「喪失語言能力」指經由耳、鼻、喉專科「醫生」證實因聲帶之損傷或疾病引致永久性喪失說話能力持續達十二 (12) 個月。為免爭議，「喪失語言能力」不包括與精神病學的相關之喪失。

19. 「嚴重燒傷」指全身身體皮膚三級燒傷達 20% 或以上。
20. 「主要器官移植」指確實接受心臟、肺、肝臟、胰臟或骨髓移植。為免爭議，「主要器官移植」不包括胰臟之胰島細胞移植。
21. 「囊腫性腎髓病」指「受保人」兩個腎臟之髓質及尿素收集管內形成多重囊腫，該病況須經「醫生」診斷證實。
22. 「運動神經原疾病」指經由神經科專科「醫生」明確驗證，根據明顯、合理的神經病症狀而被診斷為「運動神經原疾病」。
23. 「肌肉營養不良症」指經由神經科專科「醫生」確認患有遺傳性肌肉營養不良症引致「受保人」無法在不受輔助下完成三 (3) 項或以上的下列事情：
 - (a) 洗澡
 - (b) 穿衣
 - (c) 如廁
 - (d) 進食
 - (e) 上落床或椅子
24. 「心肌梗塞」指因心臟血液供應不足，引致部份心臟肌肉壞死。診斷標準包括：
 - (a) 最近的典型的胸痛病歷；
 - (b) 心電圖產生新近的變化；及
 - (c) 新近出現心肌酵素提高的情況。
25. 「癱瘓」指因神經受損傷以致「受保人」有生之年完全及永久喪失兩 (2) 肢或以上之功能。
26. 「柏金遜症」指經由神經科專科「醫生」明確的診斷並具備下列情況：
 - (a) 無法以藥物療法控制；
 - (b) 屬原發性柏金遜症 (不包括其他原因引致之柏金遜症)；
 - (c) 呈現漸增的惡化徵兆；及
 - (d) 日常生活活動評定確定「受保人」無法在不受輔助之下完成三 (3) 項或以上的下列事情：洗澡、穿衣、如廁、進食、上落床或椅子。
27. 「脊髓灰質炎」指經由神經科專科「醫生」驗證，因受脊髓灰質炎病毒的感染而引致行動機能受損或呼吸系統衰退之癱瘓性疾病。為免爭議，其他癱瘓情況將不列為「脊髓灰質炎」，並不會得到任何賠償。
28. 「原發性肺動脈高血壓」指經由臨床及包括心導管在內的各類檢查而確定為原發性肺動脈高血壓，並符合以下的診斷標準：
 - (a) 呼吸困難與疲勞
 - (b) 左心房壓上升 (最少增加二十 (20) 個單位)
 - (c) 肺阻力比正常值高出最少三 (3) 個單位
 - (d) 肺動脈壓至少達四十 (40) 毫米水銀柱以上

- (e) 肺血管楔壓至少達八 (8) 毫米水銀柱以上
 - (f) 右心室未舒張壓力至少達八 (8) 毫米水銀柱以上
 - (g) 右心室肥大、擴張及有右心衰竭的症狀和代償機能喪失。
29. 「惡性延髓性逐漸癱瘓」指經由神經科專科「醫生」診斷及「我們」之主任「醫生」確認為有肌肉萎縮並包括延髓控制之肌肉。
 30. 「惡性肌肉萎縮症」指經由神經科專科「醫生」診斷及「我們」之主任「醫生」確認為有肌肉萎縮及痙攣之症狀，狀態並持續增加導致「受保人」無法在不受輔助下完成三 (3) 項或以上的下列事情：洗澡、穿衣、如廁、進食、上落床或椅子。
 31. 「嚴重腦部受損」指因意外導致腦部受傷而智力受損或喪失，並必須長期依賴他人照料或協助才能維持生存。
 32. 「中風」指任何導致逾四十八 (48) 小時神經性後遺症之腦血管疾病，包括腦梗塞、顱內血管出血或顱外血栓而成之腦內栓塞。惟必須出示永久神經虧損之確據，為免爭議，短暫腦缺血不包括在內。
 33. 「主動脈手術」指因主動脈疾病而確實經受切除或置換之外科手術。包括胸及腹部的主動脈，非其分支。「主動脈手術」不包括主動脈創傷之手術。
 34. 「系統性紅斑狼瘡症」指一種自身免疫疾病，患者的細胞組織受到有害自身抗體和引起免疫反應的複合物所損害。
 - (a) 在診斷中必須驗出美國風濕病學會建議的下列症狀的其中四 (4) 種：
 - i. 面頰紅疹
 - ii. 碟狀紅疹
 - iii. 光敏感
 - iv. 口腔潰瘍
 - v. 關節炎
 - vi. 漿膜炎
 - vii. 腎臟失調
 - viii. 白血細胞減少 (少於 4,000/ μ L)，或淋巴細胞減少 (少於 1,500/ μ L)，或溶血性貧血或血小板減少 (少於 100,000/ μ L)
 - ix. 神經系統功能障礙 及
 - (b) 下列兩 (2) 個或以上測試呈陽性反應：
 - i. 抗核抗體測試
 - ii. 紅斑狼瘡細胞測試
 - iii. 抗去氧核糖核酸測試
 - iv. 抗史密斯抗體測試

及

- (c) 腎炎引致腎功能受損，肌酸肝清除率等於或少於每分鐘三十 (30) 毫升。

35. **「末期疾病」**指據「醫生」意見及「我們」之主任「醫生」証實，「受保人」身患疾病以致由通知本「保單」索償起計，可能僅剩不超過六(6)個月之壽命。

36. **「完全及永久傷殘」**指由於身體受傷或疾病引致「受保人」不能從事任何職業或受聘以得到報酬或利潤，同時「受保人」無法在不受輔助下完成三(3)項或以上的下列事情：洗澡、穿衣、如廁、進食、上落床或椅子。該傷殘為期必須維持連續六(6)個月或更長之時期以讓「我們」確定該傷殘為完全、連續及永久的。

第五節 — 保障

A. 「危疾」一筆過保障

若「受保人」在「受保期間」因被診斷患上任何一項列明的危疾或須進行在「危疾」定義內規定的手術，並獲「醫生」證明，「我們」會向「閣下」支付於「承保表」上列明的「危疾」一筆過保障。

「危疾」一筆過保障將不會支付，當：

- (a) 「受保人」在「保單」「生效日」前已/曾患上任何一項列明的「危疾」；或
- (b) 「受保人」在「保單」「生效日」前，已/曾進行在「危疾」定義內規定的手術；或
- (c) 「受保人」在「保單」「生效日」前，有關的症狀是由疾病或損傷直接或間接引致，而「受保人」應該已接受「醫生」給予的相關醫療治理或建議；或
- (d) 在「生效日」起計首九十(90)天期間出現有關的症狀；或
- (e) 「受保人」被診斷患上「危疾」或須進行在「危疾」定義內規定的手術，而「受保人」在診斷後存活一段少於三十(30)天的期間；或
- (f) 「受保人」被診斷患有其中一種症狀時，「受保人」的年齡是在十八(18)歲以下或超過六十六(66)歲。

B. 額外「主要五大危疾」一筆過保障

若「受保人」符合資格領取本「保單」內的「危疾」一筆過保障，及若「受保人」被診斷患上之「危疾」為「主要五大危疾」的其中一種，並獲「醫生」證明，除「危疾」一筆過保障外，「我們」亦會向「閣下」支付於「承保表」上列明的額外「主要五大危疾」一筆過保障。

額外「主要五大危疾」一筆過保障將不會支付，當：

- (a) 「受保人」在「保單」「生效日」前已/曾患上任何一項列明的「主要五大危疾」；或
- (b) 「受保人」在「保單」「生效日」前，有關的症狀是由疾病或損傷直接或間接引致，而「受保人」應該已接受「醫生」給予的相關醫療治理或建議；或
- (c) 在「生效日」起計首九十(90)天期間出現有關的症狀；或
- (d) 「受保人」被診斷患上「主要五大危疾」的其中一種，而受保人在診斷後存活一段少於三十(30)天的期間；或

(e) 「受保人」被診斷患有其中一種症狀時，「受保人」的年齡是在十八(18)歲以下或超過六十六(66)歲。

第六節 — 不保事項

「閣下的」「保單」不適用於由以下任何一個情況直接或間接而引致的受保事項：

- (a) 任何由「核子、化學、生化恐怖活動」行為所引起的，不論是否與其他原因或事件同時發生或由其他原因或事件引起的結果；或
- (b) 不論「受保人」的精神狀態如何，自殺、企圖自殺或蓄意作出自殘行為；或
- (c) 「受保人」參與或嘗試進行的任何犯法或非法的行為；或
- (d) 「受保人」受酒精影響，包括駕駛車輛時，血液之酒精含量超過法定水準，或受任何其他藥物影響，但按照醫生配方及指示服食而並非因治療沉溺藥物者，則屬例外；或
- (e) 「受保人」從事的任何專業運動，即「受保人」需倚賴透過參與該項運動以賺取生活費用；或
- (f) 「受保人」以司機及/或乘客身份參與的任何汽車比賽；或
- (g) 任何戰爭行為(正式宣戰與否亦然)，侵略或內戰、參與暴動或內亂；或在任何國家，從事下列職業的期間或執行下列職業的任務期間，所指的職業包括：紀律部隊、持械的人員、武裝部隊、海軍、陸軍或空軍。為免爭議，紀律部隊包括但不限於警隊、海關關員、消防隊、入境事務處主任/督察及懲教處主任/督察等；或
- (h) 「受保人」為機師、或航空服務人員，或參與任何航空活動；但不包括乘坐由已正式註冊的航空公司之民航客機的乘客；或
- (i) 懷孕、分娩、流產、墮胎或由此而引起之併發症；或
- (j) 整容手術；或
- (k) 「之前已存在病症」；或
- (l) 人體免疫力衰減症(HIV)或有關病毒，愛滋病(AIDS)及愛滋病相關症群期(ARC)，但經「醫生」進行輸血時感染者除外；或
- (m) 先天性不正常狀態，不育及不能受孕；或
- (n) 任何精神疾病、神經疾病或失常，或思想功能失常病徵；或
- (o) 「受保人」參與或進行以下任何一種活動的訓練：
 - 需要使用任何輔助呼吸設備之潛水或水中活動；或
 - 需要利用繩索或嚮導的任何攀石或攀山活動；或
 - 探洞；或
 - 跳降傘、任何類型的高空滑翔、乘坐氣球、高空躍跳或滑翔機；或
 - 任何類型的爆炸活動(包括但不限於使用煙花或爆竹的任何活動)；或

• 冬季運動指雪上或冰上運動(包括但不限於滑雪、單板滑雪、溜冰、雪橇)；或

• 任何形式的打獵；或

• 徒步以外的任何競賽。

第七節 — 一般條款

仲裁

本「保單」有關或引起之任何類別爭議，必須於提出爭議之書面通知日起十二(12)個月，交由「閣下」及「我們」協定之單一仲裁人仲裁及作出最後決定。倘於二十八(28)日仍未能協定仲裁人，則交由當時之香港律師會會長委任，所有爭議之裁決，必須以本地仲裁形式進行。倘索償人未能於上述通知規定之十二(12)個月期限提交仲裁所須之文件證據，將被視為已豁免上述爭議有關或引起之所有索償。

保障限額

「我們」在「閣下的」「保單」內的個別「受保事件」的最高賠償額，將以列於「閣下」「承保表」內該保障金額為上限。

除另有規定外，「閣下」在領取「閣下」「保單」所發放的賠償或保障的同時，亦可領取任何其他保險上「閣下」可享有的保障。

「閣下」「保單」的「生效日」期及保障期間

「閣下」的「保單」由「生效日」或最近期的「續保日」開始生效，以較後者為準；並在「受保期間」內繼續生效。

遵守適用的經濟和貿易制裁條例

當經貿易制裁規定或其他法規禁止「我們」提供保險(包括但不限於支付賠償金)時，本保險將不適用。「保單」中的所有其他條款及細則則維持不變。

安達保險香港有限公司是一間美國公司-Chubb Limited的子公司/分公司，Chubb Limited是紐約證券交易所上市公司，因此除了歐盟、聯合國和香港的貿易限制之外，安達保險香港有限公司還受某些美國法律和法規的約束，這些限制可能禁止其向某些個人或實體提供保險或支付賠償，或者對某些類型的活動及某些國家/地區例如古巴提供保障。

「閣下」「保單」到期

「閣下的」「保單」於「受保期間」完結時會終止。

十四(14)天免費「保單」審閱期

在保障正式生效後，「閣下」可享有十四(14)天的時間考慮本「保單」是否滿足「閣下的」需要。「閣下」可以在此十四(14)天內以書面通知「我們」取消「閣下的」「保單」。在收到「閣下」通知取消「保單」後，「我們」會把在此期間已繳付的任何保費退回給「閣下」。

但如「閣下」及/或任何「受保人」在免費「保單」審閱期內提出索償，則將不會獲退回款項。

香港法律

「閣下的」「保單」是受香港法律管轄。任何與「閣下的」「保單」有關之訴訟必須在香港法庭進行及裁決。

香港貨幣

任何由「閣下」向「我們」支付、或由「我們」支付予「閣下」或在「閣下」「保單」內的其他人士的款項均須以港元結算。

「我們」如何處理詐騙或失實聲明？

本「保單」是基於「閣下」在投購「保單」時所提供資料的完整性及準確性而簽發。如當中有任何詐騙、蓄意的失實聲明或隱瞞，又或「閣下」或「受保人」或「閣下的」法律代表提出不誠實的索償時，「我們」會立即取消並作廢本「保單」及不會支付任何保障。本「保單」將喪失索償權利。

如「閣下」擁有超過一份的美國運通加護危疾保

「受保人」不可同時受保多於一份美國運通加護危疾保「保單」。如「受保人」受保多於一份此類「保單」：

- 「受保人」將會被視作只受保於該份提供最高保障金額的保單；或
- 如每份「保單」提供的保障相同時，則會以「我們」首次簽發的「保單」。

在任何情況下，任何重覆投購的「保單」會由「生效日」開始失效，「我們」將會在不付利息下全數退回已繳交的保費給「閣下」。

保障及保費指數化遞增

第五節內的「危疾」一筆過保障 額外「主要五大危疾」一筆過保障的「基本保障金額」及其相關保費將依據「承保表」內列明的百份率及遞增年期逐年增加(下稱「指數化遞增」)。

指數化遞增將於首個「保單」「週年日」開始遞增，及於「承保表」內列明的遞增年期後自動停止。

如欲停止指數化遞增，「閣下」須於「保單」「週年日」前最少一(1)個月以書面通知「本公司」。「承保表」內列明的保障及保費將在「保單」續保時停止遞增。指數化遞增一旦停止就不能重新起動。

本「保單」的詮釋

本「保單」以中英雙語撰寫；以英文版本為正式版本。如因對本「保單」內任何地方的詮釋而引起任何爭議，均以英文版本為準。

法律訴訟

在以下任何一種情況，均不得對「我們」作出任何法律行動：

- (a) 按照本「保單」規定，「我們」收到書面索償證明後滿六十(60)天內；或
- (b) 按照本「保單」規定，「我們」收到書面索償證明起計三(3)年後。

保費

保費是依據「受保人」在「保單」開始生效時的歲數而決定。「我們」會在他／她達到以下年齡時的下一個「週年日」調整保費。

四十 (40) 歲

四十五 (45) 歲

五十 (50) 歲

五十五 (55) 歲

六十 (60) 歲

如「我們」由「週年日」起更改閣下的保費，「我們」會事前通知閣下。如「閣下」沒有收到有關續保通知，則表示「閣下」的保費維持不變。

第三方報酬

在與「我們」取得這筆保險時，「閣下」知道「閣下的」保險可能是由第三方轉介給「我們」，而「我們」可能會就此在「閣下」給付的保費中支出某百分比是作為佣金付予第三方。佣金已包含在「閣下」給付的保費中，同時就不同的保險產品及轉介方案佣金亦會有所不同。

「閣下的」「保單」續保

於續保時，在「我們」認為有需要的情況下，「我們」有權拒絕續保或修訂保費、保障範圍、條文及條款。在「閣下」繼續繳付保費的情況下，本「保單」將由每一「續保日」起自動續保十二 (12) 個月。若「我們」行使本「保單」授予「我們」的拒絕續保或修訂保費、保障範圍、條文及條款的權利時，「我們」會在「續保日」的三十 (30) 天前通知「閣下」。

代位權

「我們」有權以「受保人」名義追訴其他相關人事之索償或賠償及有權以自費方式，以「受保人」的名義對導致根據本「保單」提出索償的事件可能負上責任的第三方提出訴訟。「受保人」必須合作及盡一切能力保護此權利。

第三者權利

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」任何條款。

如「閣下」誤報「受保人」的年齡時，「我們」會如何處理？

在「閣下」誤報「受保人」的年齡時，「我們」對「受保人」在不符本「保單」的受保條件時的責任只限於退回任何「閣下」已繳交的保費，惟不付任何利息。

如「閣下」利用「保單」作其他用途時會如何？

如「閣下」售賣或轉讓本「保單」，或利用其作任何其他用途時，我們將不會承認本「保單」。在任何時候，「閣下」均必須確保本保單由「閣下」妥善保存或管理。

如有筆誤，本「保單」將會如何？

如「閣下的」「保單」內有任何筆誤，「我們」須更正該筆誤以使「閣下的」「保單」在無筆誤的情況下持續生效。倘若「閣下的」「保單」因該筆誤而被錯誤地取消，「我們」將重新續訂「閣下的」「保單」並視「閣下的」「保單」在無筆誤的情況下持續生效。若本「保單」因筆誤以外的原因被「我們」終止，「閣下的」「保單」將不會被重新續訂。

「閣下的」「保單」在哪裏適用？

「受保人」在全球任何地方每日二十四 (24) 小時均可享有「閣下的」「保單」內所提供的保障。

第八節 — 取消閣下的保單

「閣下」在何時可以取消「保單」

「閣下」可於任何時間取消「保單」。如「閣下」欲取消「保單」，必須在一 (1) 個月前以書面通知「我們」。

在「我們」收到「閣下的」書面通知後，取消「保單」的生效時間將在下一個保費到期日的香港時間 (午夜) 十二時 (12:00a.m.) 開始。

如「閣下」取消「保單」，則「我們」在減去「受保人」於仍受保障期間所需繳付的保費後，餘數會退回給「閣下」。然而，如「我們」在閣下的「保單」內曾支付保障，則「我們」不會退回任何保費。

「我們」在何時可以取消「閣下的」「保單」

除了在本「保單」內或在其他情況下給予「我們」應有的合法權利外，當出現以下情況時，「我們」會書面通知「閣下」取消「保單」，如任何「受保人」或「閣下」或「閣下的」法律代表：

- 違反絕對誠信的責任；
- 在達成「閣下」「保單」合約的事前或當時作出失實聲明；
- 違反「閣下」「保單」的條文；
- 在任何保險「保單」內提出虛假的索償；
- 在「保單」內規定「閣下」必須通知「我們」而「閣下」卻沒有遵行的任何行為或疏忽；或
- 作出任何行為或疏忽，令「我們」可根據「閣下」「保單」內規定拒絕支付全部或部份賠償。

「我們」會向「閣下」在「我們」文件案內的地址發出書面通知。如「我們」取消「閣下的」「保單」，則在減去「受保人」於仍受保障期間所需繳付的保費後，餘數會退回給「閣下」，惟不付任何利息。

自動取消

當在保費到期的三十一 (31) 天內「閣下」不繳付保費，「閣下的」「保單」將會被自動取消，而「我們」亦毋須發出任何書面通知，該取消「保單」將由「閣下」向「我們」停止繳付本「保單」的保費的當天生效。

「承保表」內任何列為「受保人」的保障在以下情況下會被自動終止，當：

- 「閣下的」「配偶」不再符合「保單內文」「受保人」的釋義時；「我們」將發出書面確認，任何沒提供保障的時段的保費將會退回；或
- 「閣下」或「閣下的」法律代表因「閣下的」「配偶」患上「危疾」並領取了「閣下的」「保單」內一百巴仙 (100%) 的「危疾」一筆過保障賠償。取消會於支付保障賠償予「閣下」的當日香港時間凌晨十二時 (12:00a.m.) (午夜) 開始生效；或
- 「閣下的」「配偶」身故。

「閣下的」「保單」將會自動取消：

- 「閣下」不再符合「保單內文」「受保人」的釋義時；「我們」將發出書面確認，任何沒提供保障的時段的保費將會退回；或
- 「閣下」或「閣下的」法律代表因「閣下」患上「危疾」並領取了「閣下的」「保單」內一百巴仙 (100%) 的「危疾」一筆過保障賠償。取消會於支付保障賠償予「閣下」的當日香港時間凌晨十二時 (12:00a.m.) (午夜) 開始生效；或
- 「閣下」身故。

第九節 — 索償

提出索償

如「閣下」或任何「受保人」或「閣下的」法律代表欲提出索償，則閣下或他們必須：

- 填妥索償表格 (可向「我們」索取表格)；
- 連同表格，遞交：
 - 任何費用的正本收據；及
 - 「我們」就「閣下的」「保單」而要求的任何其他證明文件。
- 於引起索償的「受保事件」發生後的三十 (30) 天內，須向「我們」提交已填妥的索償表格及其他相關文件；及
- 在「我們」的要求下，「閣下」或「受保人」或「閣下的」法律代表須自費提供所有醫療及其他證書、證明文件，以便「我們」評估索償。

在「我們」認為合理及需要的情况下，可在索償提出後，要求以自費的方式向「受保人」作出身體檢查。在「我們」認為合理及需要的情况下，亦會安排驗屍。

處理及支付索償

「我們」必定會按正常程序儘快支付獲批為有效索償的賠償。除另有規定外，「我們」將會把「閣下」「保單」內所定的賠償數額支付給「閣下」。

在本「保單」內的賠償概不付任何利息。

PRIVACY STATEMENT

We want to ensure that our Insured Persons are confident that any personal data collected by Us is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which We shall collect and use personally identifiable information provided by an Insured Person ("Personal Data"), the circumstances when Personal Data may be disclosed and information regarding the Insured Person's rights to request access to and correction of Personal Data.

1. Purposes of Collection of Personal Data

We will collect and use Personal Data for the purposes of providing competitive insurance products and services to an Insured Person, including considering his/her application(s) for any new insurance policies and administering policies to be taken out with Us, arranging the cover and administering and managing his/her and Our rights and obligations in relation to such cover. We will also collect the Personal Data to be able to develop and identify products and services that may interest an Insured Person, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services.

2. Transfer of Personal Data

Personal Data will be kept confidential and We will not sell an Insured Person's Personal Data to any third party. We shall limit the disclosure of an Insured Person's Personal Data but, subject to the provisions of any applicable law, an Insured Person's Personal Data may be:

- (i) disclosed to third parties who We believe are necessary to achieve the purposes set out in paragraph 1 above. For example, We may provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as contractors which We engage in processing an Insured Person's Personal Data, legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);

- (ii) made available to appropriate persons in Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) provided to the insurance intermediary through which an Insured Person purchased this Policy;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) where agreed by an Insured Person, provided to his/her representatives.

With regard to the above transfers of Personal Data, where applicable, the Insured Person consents to the transfer of his/her Personal Data outside of Hong Kong.

3. Access and correction of Personal Data

Under the Personal Data (Privacy) Ordinance ("PDPO"), an Insured Person has the right to request access to and correction of Personal Data held by Us about an Insured Person and We will grant an Insured Person access to and correct his/her Personal Data as requested by him/her unless there is an applicable exemption under the PDPO under which We may refuse to do so. An Insured Person may also request Us to inform him/her of the type of Personal Data held by Us about him/her.

Requests for access or correction of Personal Data should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
Telephone: (852) 3191 6800
Fax: (852) 2560 3565
Email: Privacy.HK@Chubb.com

Insured Person's request to obtain access or correction will be considered within forty (40) days of Our receipt of his/her request. We will not charge an Insured Person for lodging a request for access to his/her Personal Data and if We levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction

私隱聲明

「我們」竭力確保「保單」持有人對「我們」在收集個人資料方面的信心。「我們」於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述「我們」收集及利用由「閣下」提供以識別「閣下」個人的資料（「個人資料」）的目的、個人資料可能被公開的情況及「閣下」有權要求查閱及更改個人資料的詳情。

1. 收集個人資料的目的「我們」收集及使用「閣下」個人資料的目的，是為了向「閣下」提供具優勢的保險產品及服務，包括用作考慮「閣下」投保任何新的保險產品，及管理由「我們」提供的「保單」，安排保障，及執行和管理「閣下」及「我們」在該等保障下的權利及責任。同時，

收集個人資料亦使「我們」可以設計及識別能吸引「閣下的」產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用「我們」相應的產品及服務的聯盟及其他計劃。

2. 個人資料的轉讓個人資料將予以保密，而「我們」亦絕對不會將「閣下的」個人資料售賣給第三者。「我們」會對公開「閣下」個人資料作出限定：

但在任何適用的法例條文下，「閣下的」個人資料可能：

- (i) 會被透露予「我們」相信必須達成以上第一段所述目的之第三者。例如：「我們」把「閣下的」個人資料提供予「我們」相關的員工及承辦商、代理及其他涉及以上目的之人士，如與「我們」從事處理「閣下」個人資料的承辦商、律師行、會計師、精算師、損失評估人員及索償調查員、「醫生」及其他醫療服務提供者、保險局或信貸局、政府機構、分保人及分保代理（當中可能包括在香港以外的第三方）；
- (ii) 會給「我們」的母公司及附屬聯營公司或安達在本地及海外的相關人員使用；
- (iii) 會提供予保險中介人，「閣下」可以透過指定系統查閱有關資料；
- (iv) 會給予有關人士以維持公眾安全及法紀；及
- (v) 在「閣下」同意下提供予「閣下的」代表。

就以上個人資料的轉移，如有適用的地方，則代表「閣下」亦同意該資料在海外地方轉移。

3. 查閱及更改個人資料根據個人資料(私隱)條例，「閣下」有權要求查閱及更改曾給予「我們」的資料，另除非在個人資料(私隱)條例下有適用的豁免條款賦予「我們」可拒絕遵從，否則「我們」必須按「閣下的」要求，給「閣下」查閱及更改本身的個人資料。「閣下」亦可向「我們」要求提供持有「閣下」個人資料的類別。

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

香港鰂魚涌英皇道979號
太古坊一座39樓
安達保險香港有限公司
個人資料私隱主任收
電話：(852) 3191 6800
傳真：(852) 2560 3565
電郵：Privacy.HK@Chubb.com

在「我們」收到「閣下」查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，「我們」一般將不會收取任何費用；即使「我們」在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

DISPUTE RESOLUTION

We have developed an internal procedure for dispute resolution in accordance with "The Code of Conduct for Insurers". If at any time you have an unresolved complaint about Our products or services, you can use Our internal dispute resolution process. Your query or complaint will then be reviewed and We will respond within fifteen (15) working days. If you are unhappy with Our internal review of your complaint or you are not satisfied with Our final response, you may take your complaint, at no cost to you, to the Insurance Complaints Bureau for assistance. Contact details are given below.

Insurance Complaints Bureau
29th Floor, Sunshine Plaza,
No. 353 Lockhart Road,
Wanchai, Hong Kong.
Fax: (852) 2520 1967

解決爭議

「我們」已依據承保商專業守則建立了一套內部流程處理爭議。在任何時候，如「閣下」有一些關於「我們」產品或服務的投訴仍未獲解決，歡迎「閣下」使用「我們」的內部解決爭議程式。屆時「閣下的」查詢或投訴將會獲得調查，而「我們」亦會在十五（15）個工作天內回應。若「閣下」或「受保人」對「我們」最終的回應不滿意，可免費向保險投訴局尋求協助。聯絡資料如下：

保險投訴局
香港灣仔駱克道 353 號三湘大廈 29 樓
傳真：(852) 2520 1967

CALL (852) 2568 3359* FOR MORE INFORMATION
如有任何查詢，請致電 (852) 2568 3359*

* Service Hour: Monday to Friday, 9:00 a.m. to 5:30 p.m. (except Public Holidays)
服務時間：星期一至五上午 9 時至下午 5 時 30 分（公眾假期除外）



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