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安享寫意人生



CHUBB®



AMERICAN EXPRESS PREMIER HOSPITAL CASH PLUS
美國運通倍安心住院現金保障

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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 HOSPITAL CASH PLUS?

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 when unexpected hospitalization occurs, so you can concentrate on taking care of your health.

THE PROTECTION OFFERED BY THIS PLAN INCLUDES:

- Hospital Cash Benefit in the event of hospitalization due to Sickness or Bodily Injury
- Additional Hospital Cash Benefit in the event of one of the three specify reason

WHAT MAKES THIS PLAN DIFFERENT?

American Express Premier Hospital Cash Plus gives you worry free coverage that includes:

- a generous daily hospital cash payment for you and your loved one to use flexibly if you are Confined in a Hospital.
- additional hospital cash payment to help if your Confinement in Hospital is due to one of the below reason(s):
 - Infectious Diseases; or
 - Intensive Care treatment; or
 - If you and your Spouse Confined in Hospital at same time due to same Accident.
- Above benefit increase annually in consecutive year(s) for certain year(s)
- 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, midsized commercial and 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.

Chubb® and its respective logos, and Chubb. Insured.™ are protected trademarks of Chubb.

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

「美國運通倍安心住院現金保障」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「美國運通倍安心住院現金保障」能夠保障您面對突如其來的住院需要時，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。

本計劃包括的保障？

- 因疾病或意外引致住院時，可獲住院現金保障
- 因任何一種列明的原因而引致住院時，可獲額外的住院現金保障

本計劃有何優勝之處？

「美國運通倍安心住院現金保障」為您提供安心的保障。此計劃特點包括：

- 萬一因疾病或身體損傷而住院，大額住院現金保障可供您和摯愛家人靈活運用。
- 額外的住院現金保障，亦會在您因以下原因住院，為您和摯愛家人提供更大的財政支援：
 - 傳染病
 - 深切治療
 - 萬一您及配偶因同一意外而需同時住院
- 以上保障將在一定時期內續年增加。
- 在全球任何地方每日二十四(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。

Chubb®及其相關標誌，以及Chubb. Insured.™乃安達的保護註冊商標。

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: HOSPITAL CASH BENEFIT	
BENEFITS	<ul style="list-style-type: none"> ■ If the Insured Person is Confined in a Hospital as a result of Sickness or Bodily Injury, a Hospital Cash Benefit will be paid.
COVER: ADDITIONAL HOSPITAL CASH BENEFIT	
BENEFITS	<ul style="list-style-type: none"> ■ If the Insured Person is Confined in a Hospital: <ul style="list-style-type: none"> - due to suffering from one of the listed Infectious Diseases in the Policy Wording; or - required Intensive Care treatment and being Confined in an Intensive Care Unit; or - with his/her Spouse as a result of Bodily Injuries arising out of the same Accident an Additional Hospital Cash Benefit will be on top of the Hospital Cash Benefit.
REMARKS	<ul style="list-style-type: none"> ■ Hospital Cash Benefit and Additional Hospital Cash Benefit together with the Premium 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 ■ Only one Additional Hospital Benefit will be paid for a hospitalization. ■ If the Insured Person suffers from any Sickness during the first thirty (30) days from the Effective Date or Effective Date of the benefit increment, the Hospital Cash Benefit and Additional Hospital Cash Benefit will not be paid.

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：住院現金保障	
保障摘要	<ul style="list-style-type: none"> ■ 若受保人因疾病或身體損傷而須入住醫院接受治療，將獲支付住院現金保障。
保障項目：額外住院現金保障	
保障摘要	<ul style="list-style-type: none"> ■ 若受保人入住醫院： <ul style="list-style-type: none"> - 因確認感染保單內列明的傳染病；或 - 接受深切治療及入住深切治療部；或 - 因與其配偶在同一意外中蒙受身體損傷，並因該身體損傷而同時入院，將獲支付額外住院現金保障。
備註：	<ul style="list-style-type: none"> ■ 住院現金保障及額外住院現金保障及保費將依據承保表內列明的百分率及遞增年期逐年增加 ■ 每次住院只可獲支付其中一項額外住院現金保障。 ■ 如受保人於生效日或增加保障生效日之首三十(30)天內患上任何一種「疾病」，將不獲支付住院現金保障和額外住院現金保障。

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;
- 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 Part VI - "Claims" 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 enquiries 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；
- 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VI部份 — 索償。

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" part which contains information on important matters you need to be aware of before applying for this insurance;
- the "Benefits" part, which sets out the cover provided under this insurance;
- the "Definitions" and "Definitions of Infectious Disease(s)" part, which set out what Chubb Insurance means by certain defined terms in this insurance;
- the "Exclusions" part, which sets out what Chubb Insurance does not cover under any of the "Benefits" parts;
- the "General Policy Conditions" part, which contains important information about the period, commencement, renewal and expiry of your Policy;

- the "Claims" part which details certain obligations that both you and Chubb Insurance have under the Policy if you need to make a claim;

- the "Termination" part which sets out how you and Chubb Insurance may cancel the Policy;

- the "Personal Data (Privacy) Ordinance (PDPO)" and "Dispute Resolution" part 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; or
- 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 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 Part VII - "Termination" 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」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；
- 「保障」部份陳述安達保險在本保險內會提供的保障；
- 「釋義」及「傳染病定義」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；
- 「不保事項」部份列明所有不獲安達保險提供保障的事項；
- 「一般保單條款」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；
- 「索償」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；
- 「終止」部份陳述閣下及安達保險可如何取消保單；
- 「個人資料（私隱）條例」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；或
- 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第 VII 部份 — 終止。

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”, “Company”).

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.

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」、「我們的」或「本公司」）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。

安全保管閣下的文件

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在一個安全的地方，以便我們處理索償時使用。

POLICY WORDING

All information provided by the Policyholder relating to an Insured Person shall be the basis of and be deemed to have been incorporated into this Policy.

AGREED AS FOLLOWS:

PART I – BENEFITS

In consideration of the payment by the Policyholder of Premiums in accordance with Part V of this Policy, the Company agrees to pay benefits in accordance with the conditions, definitions, exclusions and provisions contain herein.

A. HOSPITAL CASH BENEFIT

If during the Period of Insurance an Insured Person is Confined in a Hospital as a result of Sickness or Bodily Injury upon the recommendation of a Physician, the Company will pay the Hospital Cash Benefit, as stated in the Policy Schedule, for each Day of Hospital Confinement.

Proviso:

- (a) The Hospital Cash Benefit shall be payable for a maximum period of seven hundred and thirty (730) days of all Hospital Confinements consequent upon any one Sickness or Bodily Injury resulting from any one insured event.
- (b) Recurrent Confinements
Hospital Confinement of the Insured Person (i) resulting from causes which are related to, directly or indirectly, causes of a prior Hospital Confinement for which benefits were payable under this Policy; and (ii) which is not separated from such prior Hospital Confinement by a period of at least twelve (12) consecutive months, shall be deemed to be a continuation of the prior Hospital Confinement. Such Confinement shall be deemed to have occurred during the same period of Sickness or to have resulted from the same Bodily Injury for the purpose of determining the benefit period and the maximum amount of benefit payable under this Hospital Cash Benefit.

Hospital Confinement which is separated from a prior Hospital Confinement under the same cause by a period of twelve (12) consecutive months or more shall be considered to be a separate Hospital Confinement and shall not be considered to have resulted from the same Sickness or Bodily Injury for the purpose of determining the relevant benefit period and the maximum amount of benefit payable under this Hospital Cash Benefit.
- (c) The Company shall not be liable to pay Hospital Cash Benefit under Part I-A of this Policy, if the Insured Person suffers from any Sickness during the first thirty (30) days from the Effective Date or Effective Date of the benefit increment.

B. ADDITIONAL HOSPITAL CASH BENEFIT

B1. Additional Hospital Cash Benefit - Infectious Diseases

If during the Period of Insurance an Insured Person is Diagnosed as suffering from any of the Infectious Diseases as herein defined and has to be Confined in a Hospital upon the recommendation of a Physician as a result thereof, the Company will pay this Additional Hospital Cash Benefit - Infectious Disease for each Day of Hospital Confinement subject to a maximum period of forty-five (45) days for each Diagnosis of an Infectious Disease provided the Hospital Cash Benefit of Part I item A is paid or payable.

Proviso:

Recurrent Confinements - Infectious Diseases
Hospital Confinement of the Insured Person, which is:

- (i) caused by the same Diagnosed Infectious Disease, for which Additional Hospital Cash Benefit - Infectious Disease was payable in the prior Hospital Confinement under this Policy; and
- (ii) not separated from such prior Hospital Confinement (as described in item (i) of this clause) by a period of at least twelve (12) consecutive months, shall be deemed to be a continuation of the prior Hospital Confinement.

"Recurrent Confinement - Infectious Diseases" shall be deemed to have occurred during the same period as the prior Hospital Confinement for the same Diagnosed Infectious Disease for the purpose of determining the amount payable under the Additional Hospital Cash - Infectious Diseases, subject always to a maximum of forty-five (45) days.

Hospital Confinement which is separated from a prior Hospital Confinement for the same Diagnosed Infectious Disease by a period of twelve (12) consecutive months or more shall be considered to be a separate Hospital Confinement and shall not be deemed as "Recurrent Confinement - Infectious Diseases" defined herein.

B2. Additional Hospital Cash Benefit - Intensive Care treatment

When the Hospital Confinement of an Insured Person necessitates Intensive Care treatment and being Confined in an Intensive Care Unit, the Company agrees to pay the Additional Hospital Cash Benefit - Intensive Care treatment for the duration of such Intensive Care treatment, subject to the maximum of one hundred and twenty (120) days per Sickness or Bodily Injury.

Proviso:

Recurrent Confinements - Intensive Care treatment
If the Insured Person requires another Intensive Care treatment which is:

- (i) related to, or directly or indirectly caused by the same Sickness or Bodily Injury as the prior Hospital Confinement for which Additional Hospital Cash Benefit - Intensive Care treatment was payable under this Policy; and
- (ii) not separated from such prior Hospital Confinement by a period of at least twelve (12) consecutive months, shall be deemed to be a continuation of the prior Hospital Confinement.

"Recurrent Confinement - Intensive Care treatment" shall be deemed to have occurred during the same

period as the prior Hospital Confinement for the same Sickness or Bodily Injury for the purpose of determining the amount payable under this Additional Hospital Cash Benefit - Intensive Care treatment, which is subject always to the maximum of one hundred and twenty (120) days.

Hospital Confinement which is separated from a prior Hospital Confinement for the same Sickness or Bodily Injury by a period of twelve (12) consecutive months or more shall be considered to be a separate Hospital Confinement and shall not be deemed as "Recurrent Confinement - Intensive Care treatment" defined herein.

B3. Additional Hospital Cash Benefit - Simultaneous Confinement

If during the Period of Insurance, an Insured Person and his/her Spouse are necessarily Confined in a Hospital at the same time as a result of Bodily Injuries arising out of the same Accident, the Company agrees to pay the Additional Hospital Cash Benefit - Simultaneous Confinement for the duration of such Confinement, subject to the maximum of seven hundred and thirty (730) days per Accident. This benefit shall cease following the discharge of the other Spouse, and this Additional Hospital Cash Benefit will not be given to the Insured Person again even if such other Spouse shall be required to be Confined in the Hospital again due to the same Bodily Injury.

PROVISION FOR THIS PART B:

- (a) The Company shall not be liable to pay Additional Hospital Cash Benefit under Part I-B of this Policy, if the Insured Person suffers from any Sickness during the first thirty (30) days from the Effective Date or Effective Date of the benefit increment.
- (b) For the avoidance of doubt, if a hospitalization shall fulfil the coverage terms and conditions under all of these Additional Hospital Cash Benefits, the Company will only pay one of these Additional Hospital Cash Benefits for such hospitalization.

PART II – DEFINITIONS

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

Accident means a sudden, unforeseen and fortuitous event and "Accidental" shall be construed accordingly.

Additional Hospital Cash Benefit means the amount of benefit payable subject to the terms and conditions of this Policy and in accordance with Part I-B as stated in the Policy Schedule.

Anniversary Date means the anniversary of the Effective Date of this Policy.

Atypical Pneumonia means Severe Acute Respiratory Syndrome ("SARS") which is caused by highly contagious diseases, mycoplasma, chlamydia or virus other than Pneumococcal, Staphylococcal or Klebsiella.

Bodily Injury means Accidental injury which:

- (a) is sustained by the Insured Person during the Period of Insurance; and
- (b) is caused by violent, external and visible means, including unavoidable exposure resulting from such Accident; and
- (c) directly and independently of any other cause, results in the Insured Person's Hospital Confinement covered by this Policy within six (6) months from the date of such Accident.

Civil Commotion means a disturbance, commotion or disorder created by civilians usually against a governing body or policies thereof.

Company means Chubb Insurance Hong Kong Limited.

Day of Hospital Confinement means each day the Insured Person is being Confined in a Hospital as a Resident Inpatient.

Diagnosed means the definitive diagnosis made by a Physician attending the Insured Person based on specific evidence including but not limited to viral or bacterial culture, pathological or laboratory evidence used in arriving at such diagnosis and acceptable to the Company. The word "Diagnosis" shall be construed accordingly.

Effective Date means the date as stated in the Policy Schedule from which insurance cover for the Insured Person commenced under this Policy. Insurance cover for the Insured Person shall commence at 00:01 a.m. Hong Kong time on the Effective Date.

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

Hospital means a legally constituted establishment operated pursuant to the laws of the country in which it is situated, which meets all of the following requirements:

- (a) it operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a Resident Inpatient basis;
- (b) it admits Resident Inpatients only under the supervision of a Physician or Physicians at least one of whom is available for consultation at all times;
- (c) it maintains organized facilities for the medical diagnosis and treatment of such persons, and provides facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- (d) it provides twenty-four (24) hour nursing service by and under the supervision of a staff of Nurses;
- (e) it maintains at least one (1) legally licensed and qualified Physician in residence at all times;
- (f) "Hospital" shall not include the following:
 - a mental institution; an institution operating primarily for the treatment of psychiatric disease including sub-normality; the psychiatric department of a Hospital;

- a place for the aged; a rest home; a place for drug addicts or alcoholics;
- a health hydro or nature-cure clinic; a nursing or convalescent home; a special unit of a Hospital which is used primarily as a place for drug addicts or alcoholics, or a nursing, convalescent, rehabilitation, extended care facility or rest home.

Hospital Cash Benefit means the benefit payable in respect of each Day of Hospital Confinement of the Insured Person as a Resident Inpatient for Sickness or Bodily Injury covered by this Policy as stated in the Policy Schedule.

Hospital Confinement or **Confinement** means admission to and Confinement in a Hospital as a Resident Inpatient for at least eight (8) hours on the advice and under the regular care and attendance of a Physician, and for which the Hospital makes a charge for room and board. The word "Confined" shall be construed accordingly.

Infectious Diseases with respect to this Policy refers to any of the infectious and parasitic diseases as defined in Part III item 1 below.

Insured Person means the person

- whose name(s) is/are stated in the Policy Schedule;
- who can either be the Policyholder or Spouse, whose age must be eighteen (18) years or above and under sixty-five (65) years on the Effective Date and under seventy (70) years of age upon the last Anniversary Date of this Policy; or
- who is the legal child (including step child and legally adopted child) of the Policyholder who is unmarried and aged between one (1) month and eighteen (18) years or twenty-two (22) years (if he/she is a full time student) on the Effective Date and age twenty-two (22) years or below during the Period of Insurance "Child/Children"; and
- who is residing in Hong Kong and who is the holder of a valid Hong Kong Identity Card on the Effective 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.

Intensive Care means advanced and highly specialized care provided to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring. It is usually administered in a specially equipped unit of a Hospital.

Intensive Care Unit or **ICU** means a part of a Hospital which:

- is established for a formal Intensive Care program;
- is exclusively reserved for patients in a critical condition;

(c) provides all necessary life-saving equipment, drugs and supplies in the immediate vicinity on a stand-by basis; and

(d) for which a specific additional charge for daily ICU use is made.

Nominated Account means the American Express account or other account that is designated by the Policyholder, or other account under the name of the Policyholder subsequently notified to the Company by the Policyholder and accepted by the Company. The Nominated Account will be used by the Company to charge the Premiums as stated in the Policy Schedule or to credit to the Policyholder any refundable amount under this Policy. Such Nominated Account must be opened in Hong Kong and denominated in the currency of Hong Kong dollars.

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 organization(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.

"Biological" agent means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized 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.

Nurse means a qualified or trainee Nurse or general Nurse properly trained, duly qualified and registered pursuant to the laws of the country in which he or she is employed and, who is employed and performing duties as such.

Period of Insurance means the period commencing on the Effective Date and terminating with respect to the Insured Person on the date of termination of this Policy in accordance with Part VII of this Policy.

Physician means a person other than the Insured Person or a member of the Insured Person's immediate family who is qualified and legally licensed to practice medicine and/or surgery pursuant to the laws of the country in which such practice is maintained.

Policy means this Policy, the Policy Schedule, any endorsement(s) (if applicable) and any amendments (if applicable) to the same that may have been made from time to time.

Policyholder means the Nominated Account holder named in the Policy Schedule ; and who is residing in Hong Kong with a valid Hong Kong Identity Card on the Effective Date and throughout the Period of Insurance.

Policy Schedule means the schedule attached to and incorporated in this Policy and subsequent endorsement(s), if any.

Policy Wording means this document.

Policy Year means each continuous twelve (12) month Period of Insurance under this Policy, the first of which shall start on the Effective Date and thereafter on each Anniversary Date.

Pre-existing Medical Conditions means any Sickness or diseases contracted or Bodily Injury sustained by the Insured Person prior to the Effective Date for which the Insured Person has or should reasonably have received relevant medical treatment or advice from a Physician. In the event that benefit(s) in respect of the Insured Person has increased subsequently by endorsement after the Effective Date, then with respect to the amount of such additional benefit, "Pre-existing Medical Conditions" means any Sickness or diseases contracted or Bodily Injury sustained by an Insured Person for which he or she has or should reasonably have received relevant medical treatment or advice from a Physician prior to the Effective Date of the benefit increment.

Premium(s) means the amount payable in respect of the Insured Persons as specified in the Policy Schedule under this Policy.

Resident Inpatient means an Insured Person who is Confined in a Hospital as a resident bed patient and whose Confinement is necessary for the diagnosis, medical care, and treatment of a Sickness or Bodily Injury covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

Riot means

- the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a Strike or lock-out or otherwise);
- the action of any lawfully constituted authority in preventing or attempting to suppress any such or in minimizing the consequences of any such act.

Sickness means Sicknesses or diseases (including but not limited to those listed as Infectious Diseases) contracted by the Insured Person and commencing during the Period of Insurance of this Policy, except as provided in Part IV Exclusions of this Policy.

Spouse means the Policyholder's legally married Spouse. For the purpose of this Policy, a common law marriage is not considered as a legal marriage.

Strike means

- the willful act of any striker or locked-out worker done in furtherance of a Strike or in resistance to a lock-out; or
- the action of any lawfully constituted authority in preventing or attempting to prevent any such act in minimizing the consequences of any such act.

PART III – DEFINITIONS OF INFECTIOUS DISEASE(S)

The following defined terms shall have the same meaning set out as follows in this Policy:

1. **"Infectious Diseases"** with respect to this Policy refers to Atypical Pneumonia and the infectious and parasitic diseases listed below (1-001 to 1-099):

Arthropod-borne viral diseases

- 1-001 Arthropod-borne hemorrhagic fever
- 1-002 Dengue
- 1-003 Mosquito-borne viral encephalitis
- 1-004 Phlebotomus fever, Tick-borne fever, Venezuelan equine fever, Mosquito-borne fever
- 1-005 Tick-borne viral encephalitis
- 1-006 Viral encephalitis transmitted by other and unspecified arthropods
- 1-007 Yellow fever

Helminthiases

- 1-008 Ancylostomiasis and necatoriasis
- 1-009 Cestode infection - other
- 1-010 Echinococcosis
- 1-011 Filarial infection and dracontiasis
- 1-012 Intestinal helminthiases - other
- 1-013 Intestinal parasitism, unspecified
- 1-014 Schistosomiasis[bilharziasis]
- 1-015 Toxocariasis and gnathostomiasis
- 1-016 Trematode infections - other
- 1-017 Trichinosis

Intestinal Infectious Disease

- 1-018 Amoebiasis
- 1-019 Cholera
- 1-020 Protozoal intestinal diseases - Balantidiasis, Giardiasis, Coccidiosis, Trichomoniasis
- 1-021 Salmonella septicaemia/ Salmonellosis / Localized salmonella infections
- 1-022 Shigellosis
- 1-023 Typhoid and paratyphoid fevers

Mycoses

- 1-024 Blastomycotic infection
- 1-025 Candidiasis
- 1-026 Coccidioidomycosis
- 1-027 Histoplasmosis
- 1-028 Opportunistic mycoses

Other bacterial diseases

- 1-029 Actinomycotic infections
- 1-030 Diphtheria
- 1-031 Diseases due to other mycobacteria
- 1-032 Erysipelas
- 1-033 Gas gangrene, Rhinoscleroma, Whipple's disease, Necrobacillosis
- 1-034 Leprosy
- 1-035 Meningococcal infection
- 1-036 Septicaemia
- 1-037 Streptococcal sore throat and scarlatina
- 1-038 Tetanus
- 1-039 Whooping cough

Other diseases due to viruses and chlamydiae

- 1-040 Diseases due to Chlamydiae
- 1-041 Diseases of conjunctiva due Chlamydiae
- 1-042 Infectious mononucleosis
- 1-043 Mumps
- 1-044 Ornithosis
- 1-045 Rabies
- 1-046 Specific diseases due to Coxsackie virus
- 1-047 Trachoma
- 1-048 Viral hepatitis

Other infectious and parasitic diseases

- 1-049 Acariasis
- 1-050 Ainhum, Behcet's syndrome, specific infections by free-living amoebae, pneumocystosis, psorospermiasis and Sarcosporidiosis
- 1-051 Myiasis, arthropod infestation - other and hirudiniasis
- 1-052 Pediculosis and phthirus infestation
- 1-053 Sarcoidosis
- 1-054 Toxoplasmosis
- 1-055 Trichomoniasis

Other spirochetal diseases

- 1-056 Bejel / Njovera
- 1-057 Leptospirosis
- 1-058 Pinta
- 1-059 Vincent's angina
- 1-060 Yaws

Poliomyelitis and other non-arthropod-borne viral diseases of central nervous system

- 1-061 Acute poliomyelitis
- 1-062 Boston Exanthem
- 1-063 Chickenpox
- 1-064 Cowpox and paravaccinia
- 1-065 Erythema infectiosum
- 1-066 Herpes simplex
- 1-067 Herpes zoster
- 1-068 Lymphocytic choriomeningitis, Meningitis due to adenovirus
- 1-069 Measles
- 1-070 Meningitis due to enterovirus
- 1-071 Rubella
- 1-072 Slow virus infection of central nervous system
- 1-073 Smallpox

Rickettsioses and other arthropod-borne diseases

- 1-074 Bartonellosis
- 1-075 Epidemic typhus, Murine typhus and Scrub typhus
- 1-076 Leishmaniasis
- 1-077 Louse-borne [epidemic] typhus
- 1-078 Malaria
- 1-079 Relapsing fever
- 1-080 Rickettsialpox, Q-fever and Trench fever
- 1-081 Tick-borne rickettsioses
- 1-082 Trypanosomiasis

Tuberculosis

- 1-083 Miliary tuberculosis
- 1-084 Primary tuberculous infection
- 1-085 Pulmonary tuberculosis

- 1-086 Respiratory tuberculosis - Tuberculous pleurisy, Tuberculosis of intrathoracic lymph nodes, Isolated tracheal or bronchial tuberculosis, Tuberculosis of glottis
- 1-087 Tuberculosis of bones and joints
- 1-088 Tuberculosis of genitourinary system
- 1-089 Tuberculosis of intestines, peritoneum, and mesenteric glands
- 1-090 Tuberculosis of meninges and central nervous system
- 1-091 Tuberculosis of other organs

Zoonotic bacterial diseases

- 1-092 Anthrax
- 1-093 Brucellosis
- 1-094 Glanders
- 1-095 Melioidosis
- 1-096 Plague
- 1-097 Rat-bite fever
- 1-098 Tularemia
- 1-099 Zoonotic bacterial disease - Listeriosis, Erysipelothrix infection, Pasteurellosis

PART IV – EXCLUSIONS

The Company shall not be liable to pay any benefits under this Policy in respect of Sickness or Bodily Injury directly or indirectly resulting from or consequent upon or contributed to by any one of the following:

1. 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;
2. Any mental or nervous disease or disorder;
3. Any optional surgery elected by an Insured Person which is not recommended or prescribed by a Physician in the treatment of a Bodily Injury or Sickness;
4. Confinement in an establishment which is not a Hospital;
5. Congenital anomalies; infertility, sterilization;
6. Cosmetic surgery;
7. Dental care, treatment and surgery; except as necessitated by Accidental injuries occurring during the Period of Insurance to natural sound teeth;
8. Engaging in aviation other than as a fare-paying passenger in an aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of passengers;
9. Engaging in (or practising for or taking part in training peculiar to) underwater activities involving the use of breathing apparatus, pot-holing, parachuting, gliding, skydiving, hang-gliding, paragliding, ballooning or micro-lighting, bungy-jumping, winter sports, any type of hunting, climbing or rock climbing or mountaineering necessitating the use of ropes and/or guides and/or other equipment, all

forms of professional sports and any kind of racing other than on foot;

10. Hospital Confinement for (i) a routine physical check or (ii) any other examination, unless there is an objective indication of abnormal health and such examination is considered necessary by a Physician;
11. Infection with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any opportunistic infections and/or malignant neoplasm (tumor) found in the presence of HIV, AIDS or ARC;
 - (a) For the purpose of this exclusion, the terms Acquired Immune Deficiency Syndrome (AIDS) shall have the meaning assigned to it by the World Health Organization, at the time of hospitalization;
 - (b) Opportunistic infections shall include but are not limited to pneumocystis, carinii pneumonia, organism of chronic enteritis virus and/or disseminated fungi;
 - (c) Malignant neoplasm shall include but not be limited to Karposi's Sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome;
12. Intentionally self-inflicted injury or suicide while sane or insane, or any attempt thereat;
13. Pre-existing Medical Conditions;
14. Pregnancy (including child birth, miscarriage, or abortion), and complications resulting therefrom;
15. Rest cures, treatment in sanatoria, or functional disorders of the mind;
16. The Insured Person acting contrary to the law of the country in which the Sickness or Bodily Injury occurs;
17. The Insured Person being under the influence of alcohol or drugs or in the state of insanity or psychiatric or psychological disturbance unless, in case of drug consumption, the Insured Person can prove that such drugs were taken in accordance with proper medical prescription and not for the treatment of drug addiction;
18. The Insured Person driving any kind of vehicle while the alcohol content of his or her breath, blood or urine exceeds the level permitted by the laws of the country where the Sickness or Bodily Injury occurs or, where no such level is prescribed, impairs the ability of the Insured Person to properly drive such vehicle;
19. War, invasion, act of foreign enemies, hostilities (whether war be declared or not), Strike, Riot and/or Civil Commotion, civil war, rebellion, revolution, insurrection or military duty with any armed force of any country, or international authority, or any operations with any armed force of the country.
20. any criminal or illegal act committed or attempted by the Insured Person.

PART V – GENERAL POLICY CONDITIONS

1. Addition

- (a) Policyholder may apply for insurance cover under this Policy for himself/herself, his/her legally married Spouse and/or Children by submitting their name, sex, Hong Kong Identity Card Number and the date of birth together with any other required information to the Company.
- (b) Subject to the written approval of the Company, insurance for such new applicant(s) will commence on the date of approval of such application or on the date as specified in the application, whichever is the later.
- (c) The relevant Premiums for the new applicant(s) will be charged to the Nominated Account.

2. 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 the Company and the Policyholder 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 the Company.

3. Commencement, Duration and Premiums

- (a) This Policy shall become effective and commence as at 00:01 a.m. Hong Kong time on the Effective Date.
- (b) Subject to the Company's right to decline renewal, or to make any amendment to the Premiums rate, coverage, terms and conditions of this Policy on renewal as it deems appropriate, this Policy shall be renewed automatically on each Anniversary Date for a further consecutive twelve (12) months period upon the due payment of Premiums by the Policyholder.

If the renewal shall be declined, the Company will send a non-renewal notice, not less than thirty (30) days before the next Anniversary Date of this Policy, to the Policyholder at his/her last known address, and this Policy will then cease to be in force from the next Anniversary Date.
- (c) If payment of Premiums is not made on the Effective Date or any Premiums payment date and/or the Premiums cannot be charged to the Nominated Account, the Policy shall lapse with immediate effect.

4. Entire Contract

(a) The Policy Schedule, the enrolment form/ acceptance form and all statements, warranties, relevant questionnaires and declarations contained therein shall be deemed incorporated in this Policy together with all endorsements and amendments hereto and shall be read together as one contract. Any word or expression to which a specific meaning has been attached shall bear such meaning wherever it may appear.

(b) No amendment to this Policy shall be valid until approved in writing by the Company and evidenced by an endorsement or amendment hereon or being attached hereto as part of this Policy. No agent of the Company has authority to amend or to waive any of the provisions of this Policy.

5. Fraud

Any fraud, mis-statement or concealment (i) in the enrolment form; or (ii) in the declaration on which this Policy is based; or (iii) in relation to any other matters affecting this Policy; or (iv) in connection with the making of any claim under this Policy; or (v) in respect of a claim(s) or any other matter(s) affecting or in connection with any other policy(ies) held by the Insured Person whether individually or jointly with others and issued by the Company shall render this Policy null and void and all claims hereunder shall be forfeited. Any Premiums collected or received by and on behalf of the Company shall not be refundable and shall be forfeited in such circumstances. Upon such termination, no benefits shall be payable unless such benefits have been become payable prior to the termination and conditions 4, 8 and 9 of Part VII shall apply.

6. Geographical Limits and Operative Time

Insurance afforded under this Policy shall apply twenty-four (24) hours a day anywhere in the world unless otherwise endorsed or amended by the Company.

7. Governing Law

This Policy shall be governed by and interpreted in accordance with the laws of Hong Kong, except as otherwise stated herein.

8. Jurisdiction

Both the Company and the Policyholder irrevocably submit to the non-exclusive jurisdiction of the courts of the Hong Kong.

9. Indexation on the Benefit and Premium(s)

Hospital Cash Benefit and Additional Hospital Cash Benefit described in Part I 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 Hospital Cash Benefit and Additional Hospital Cash Benefit and the Premium(s) shown in the Policy Schedule will cease to be increased (ie indexed) upon Policy renewal. Once Indexation is removed from the Policy, it cannot be activated again.

Cancellation of Indexation shall not effect the Company's Premium modification rights as stated in "15. Premiums" under Part V.

10. Legal Action

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

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

11. Miscellaneous

- (a) All Premiums payments and benefits payable under this Policy shall be in Hong Kong currency. No amount payable under this Policy shall carry interest.
- (b) Clerical errors by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.
- (c) Notice and payments to the Company must be sent to its Hong Kong address as stated in this Policy or as otherwise notified by the Company from time to time.
- (d) Payment of benefits under this Policy shall be subject to the terms and conditions of this Policy.
- (e) The headings in this Policy are for reference only and shall not affect the construction or meaning of the terms hereof.

12. Mis-statement of age

If the age of the Insured Person has been mis-stated, the Company may, in its sole discretion determine (i) that any Benefits payable under this Policy with respect to such person shall be the Benefit the Premium paid would have purchased if the age of that Insured Person had been correctly stated or (ii) to refund the additional amount of Premium paid.

In the event that the age of the Insured Person has been mis-stated and if, according to the correct age of the Insured Person, the cover provided by this Policy would not have become effective, or would have ceased prior to the acceptance of any Premium or Premiums, then the liability of the Company during the period the Insured Person is not eligible for cover shall be limited to the refund, upon request, to the Policyholder of that part of such Premium paid for the period not covered by this Policy.

13. No duplication of American Express Premier Hospital Cash Plus

- (a) The Insured Person shall not at any one (1) time be covered under more than one (1) American Express Premier Hospital Cash Plus with the Company. In the event that the Insured Person is covered under more than one such policy, the Company reserves the right to treat that person as being insured under the policy which provides the greatest amount of benefit. Where the benefit under each such policy is identical, the Company may treat that person to be insured under the policy first issued. The Company will refund any duplication of insurance Premium paid without interest, payment which may have been made by or on behalf of that person.
- (b) If an Insured Person defined herein shall be interested in other insurance product/plan underwritten by the Company that carries hospital cash/income benefit as a result of Bodily Injury and Sickness, such application will be subject to individual underwriting assessment without exception.

14. Payment of Benefits

- (a) All other Benefits payable under this Policy shall be paid to the Policyholder or to such person as otherwise is directed in writing by the Policyholder provided that such person survives at the time of payment.
- (b) In the absence of any such written direction, accrued amounts of Benefit unpaid at the time of the Policyholder's death will be paid to his or her legal personal representatives. Payment to the Policyholder or his or her legal personal representatives or any third party to whom the Policyholder has directed that payment be made in respect of Benefits payable under this Policy shall in all cases be final and complete discharge of all liability of the Company under the Policy.

15. Premiums

- (a) The Company reserves the right to amend Premiums in respect of like categories of Insured Person(s), such as by age or sex, for all policies issued under this Policy.
- (b) The Premiums as stated in the Policy Schedule shall be due on the Effective Date and thereafter on the same day of each month and the Premiums will be charged to the Nominated Account.
- (c) The Premiums for the Insured Person are based on his or her attained age as at the Effective Date or any Anniversary Date of this Policy or if the benefits are increased under an endorsement, the Effective Date of such endorsement, as the case may be. The Premiums applicable to the Insured Person will be revised as stated in the Policy Schedule on the Anniversary Date next following such Insured Person's attainment of any of the following ages: forty-one (41), fifty-one (51), sixty-one (61) and sixty-five (65).

16. Prohibition on Trust or Assignments

This Policy is not assignable and the Policyholder warrants that the Policy is not subject to a trust and will not be made subject to a lien or charge and that the Policy will be kept in the Policyholder's possession or control throughout the currency of the Policy.

17. Reinstatement

If this Policy is terminated for any reason, the Policyholder may apply for reinstatement by submitting the application for reinstatement form and any relevant questionnaire(s) to the Company. Such form must be received by the Company within three (3) months after the termination of this Policy. Subject to the acceptance and approval of such form by the Company and the payment of any outstanding Premiums, this Policy shall be allowed to be reinstated. The reinstated policy shall cover only Bodily Injury sustained after the date of reinstatement and Sickness commencing more than ninety (90) days after the date of reinstatement, subject to the terms and conditions that may be added in the reinstatement endorsement.

18. Terms and Conditions

Payment of any benefit under the Policy is subject to the terms, conditions and exclusions of this Policy. The due performance and observation of the terms and conditions of this Policy by the Policyholder, his or her legal personal representative or beneficiary, and any Insured Person shall be condition precedent to the liability of the Company to make payment under this Policy.

19. Unpaid Premiums

The Policyholder, his or her legal personal representative or any representative on his or her behalf shall be liable to pay any unpaid Premiums up to the date of the valid covered event before receiving the claim payment.

20. 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 the Company in writing within those fourteen (14) days to cancel it. If You do this, the Company 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.

21. 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.

22. 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.

23. Remuneration of Third Parties

In taking out this insurance with the Company, You acknowledge that the Company may have a relationship with a third party who the Company may pay for referring You/Your business to the Company. The Company may pay them commission which is a percentage of the Premium of the Policy which You hold with the Company. The commission is already incorporated into the Premium payable by You and the amount can vary, depending on the type of arrangement the Company has with the third party and the type of product You purchase.

24. Subrogation

The Company is entitled to subrogate the Insured Person's right of recovery/indemnity against any third party and have the right to proceed at the Company's 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.

25. 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.

expense, provide to the Company such certificates, information and evidence as the Company may from time to time require in connection with any claim under this Policy and in the form prescribed by the Company. Proof of all claims must be submitted to the Company within one hundred and eighty (180) days from the first day of the insured event giving rise to the claim.

4. The Company at its own expense shall have the right and opportunity to examine the Insured Person when and so often as it may consider necessary during the processing of a claim under this Policy and to make autopsy in case of death where it is not forbidden by law. In no circumstances shall the Company be liable to pay compensation or any benefit under this Policy unless the medical adviser or advisers appointed by the Company for this purpose consider Confinement is or was necessary (as the case may be) and/or the In-patient Medical Expenses incurred is or was medically necessary. In cases of conflict between medical opinions, the opinions of the medical adviser(s) appointed by the Company shall prevail.
5. Failure to notify or provide proof of claim to the Company within the time limits specified in this Policy shall not invalidate a claim if it can be shown that it was not reasonably possible to do so. Provided that all such notice and proof of claim shall be made as soon as reasonably possible and, in any event, as regards proof of claim, within one hundred and eighty (180) days of the expiry of the period by which such proof would otherwise be required under this Policy.

PROCESSING AND PAYMENT OF CLAIMS

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

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

No payment under this Policy shall carry interest.

- (d) make a fraudulent claim under any policy of insurance;
- (e) engage in any act or omission which under Your Policy You are required to notify the Company of, but You do not notify the Company; or
- (f) engage in any such act or omission which under the terms of Your Policy authorises the Company to refuse to pay a claim either in whole or in part.

The Company will give You a notice in writing to Your address on file. If the Company cancels Your Policy, the Company 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.

2. The Policyholder may give thirty (30) days prior notice in writing to the Company to terminate this Policy, such termination shall be effective on the last day preceding the next Premiums payment date following the expiration of such notice period or the date as specified in the notice, whichever is later. In the latter case, the Company shall under no obligation to refund any Premiums paid in respect of the remaining Period of Insurance.
3. If this Policy is not terminated in accordance with the terms hereof, this Policy shall also be automatically terminated forthwith on:
 - i. the death of the Insured Person or Policyholder; or
 - ii. the Anniversary Date immediately following the Insured Person's seventieth (70th) birthday; or
 - iii. the date on which the person who has been covered under this Policy ceases to meet the terms and conditions of being the Insured Person as defined in Part II of this Policy; or
 - iv. the termination of the Nominated Account.

Insured Person shall cease to be covered under this Policy at the date of the occurrence of the events as stated in items i to iv under this part.

4. The effective time of termination of this Policy shall be 00:01 Hong Kong time on the day of termination determined in accordance with this part.
5. In the event that the initial Premiums charged to the Nominated Account is not paid, this Policy shall be deemed to have been void as from the Effective Date.
6. Provided that one or more of the Premiums charged to the Nominated Account have been paid, non-payment of any subsequent Premiums when due shall terminate this Policy as of and with effect from the due date for payment of such unpaid Premiums.
7. In the event that a Premium has been paid for any period beyond the termination date of this Policy, the relevant proportion of the Premium shall be refunded to the Nominated Account.

8. In the event the required Premium has not been paid for any period up to the date of termination, the Policyholder shall be liable to the Company for and shall forthwith make full payment of such Premiums.
9. Termination of this Policy shall be without prejudice to any claims made prior to the effective time of termination determined in accordance with this condition.

The Company hereby insures the Insured Person named in the Policy Schedule attached hereto, in consideration of the Policyholder's payment of Premiums charged herein.

In Witness hereof, the Company has caused this Policy to be executed and to commence on the Effective Date stated in the Policy Schedule.

Provided that no insurance shall be in force unless the Policy Schedule attached hereto is signed by an authorized representative of the Company.

PART VI – CLAIMS

1. Written notice of claim must be given to the Company as soon as is reasonably possible, and in any event within thirty (30) days from the first day of the insured event giving rise to the claim under this Policy. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Person shall be deemed a valid notice.
2. Immediate written notice of death claim must be given to the Company or as soon as is reasonably possible in the event of death of the Insured Person and reasonable notice of at least seven (7) days must be given to the Company before interment or cremation and of any post-mortem examination or inquest and or the results thereof.
3. The Company, upon receiving a notice of claim, will furnish to the Insured Person or claimant such forms as it usually provides for filing proof of claim. The Insured Person or claimant shall, at his or her own

PART VII – TERMINATION

1. The Company shall be entitled to terminate this Policy at each Anniversary Date or the next Premiums payment date by giving not less than thirty (30) days written notice to the Policyholder at his or her address as stated in this Policy or as otherwise notified in writing from time to time to the Company.

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

- (a) breach the duty of utmost good faith;
- (b) make a misrepresentation to Us before or at the time Your Policy was entered into;
- (c) breach a provision of Your Policy;

保單內文

所有由「保單持有人」所提供之「受保人」資料，均會作為本「保單」基礎及被視為其中一部份。

茲雙方同意下述事項：

第 I 部份 — 保障

「保單持有人」按本「保單」第 V 部份繳付應付「保費」之情況下，「本公司」同意依據條文、釋義、不保事項及條款支付保障。

A. 「住院現金」保障

倘於「受保期間」，「受保人」因「疾病」或「身體損傷」，並由「醫生」建議須「入住」「醫院」接受治療，「本公司」將按「受保人」之「住院日」，支付載於「承保表」之「住院現金」。

條款：

(a) 「住院現金」將由「受保人」因任何單一受保事件引致的「疾病」或「身體損傷」而「住院」首日起計，因同一「疾病」或「身體損傷」而需支付的「住院現金」，合計概不可超逾七百三十 (730) 天。

(b) 延續性住院

「受保人」「住院」(i) 是由於與上次本「保單」支付保障金額之相關原因，直接或間接地引起的；及(ii) 兩次「住院」相距少於十二 (12) 個月，將被視為上一次「住院」的延續。當決定有關的保障期及本「保單」應付的最高保障時，此等「住院」將被視為由同一「疾病」或同一「身體損傷」所導致。

倘是次「住院」與上次「住院」相距十二 (12) 個月或以上，當決定有關的保障期及本「保單」應付的最高保障時，此等「住院」將被視為獨立住院期，而非同一「疾病」或「身體損傷」所導致的。

(c) 如「受保人」於「生效日」或增加保障生效日之首三十 (30) 天內患上任何一種「疾病」，「本公司」毋須就此情況發生時而支付本「保單」內第 I 部份 A 項「住院現金」中的保障。

B. 「額外住院現金」保障

B1. 「額外住院現金」- 「傳染病」

倘於「受保期間」，「受保人」因「確認感染」「傳染病」內任何一種傳染或寄生性疾疾病，並由「醫生」建議「入住」「醫院」接受治療，「本公司」將按「受保人」之「住院日」，支付「額外住院現金- 傳染病」，惟每一種在「傳染病」內「診斷」出之傳染或寄生性疾疾病最高之住院日數不可超逾四十五 (45) 天，唯條件是已支付或應付第 I 部份 A 項「住院現金」。

條款：

延續性住院 - 「傳染病」

若「受保人」今次「住院」是

- (i) 與上次本「保單」因「受保人」患上列於「傳染病」內傳染或寄生性疾疾病而提供「額外住院現金」- 「傳染病」的同一種傳染或寄生性疾疾病引起的；及
- (ii) 兩次「住院」(上述第(i)點) 相距少於十二 (12) 個月，被為上一次「住院」的延續。

當決定本「保單」應付的最高「額外住院現金」- 「傳染病」保障時，「受保人」將被視為「確認感染」同一「傳染病」所導致，而最高之住院日數不可超逾四十五 (45) 天。

倘是次「確認感染」傳染或寄生性疾疾病而「住院」與上次「確認感染」傳染或寄生性疾疾病而「住院」時間相距十二 (12) 個月或以上，此等「住院」將被不視為延續性住院 - 「傳染病」的「住院」。

B2. 「額外住院現金」- 深切治療

若「受保人」「住院」並須接受深切治療及「入住」「深切治療部」「本公司」同意在「受保人」接受深切治療期間，支付「額外住院現金」- 深切治療，惟每一「疾病」或「身體損傷意外」最高之住院日數不可超逾一百二十 (120) 天。

條款：

延續性住院 – 深切治療

若「受保人」須住院接受另一次深切治療，而

- (i) 是次與上次本「保單」支付「額外住院現金」- 深切治療之同一「疾病」或同一「身體損傷」原因，直接或間接地引起的；及
- (ii) 兩次「住院」相距少於十二 (12) 個月，將被視為上一次「住院」的延續。

當決定本「保單」應付的最高額外「住院現金」- 深切治療保障時，「受保人」將被視為由同一「疾病」或同一「身體損傷」所導致，而最高之住院日數不可超逾一百二十 (120) 天。

倘是次「住院」與上次「住院」時間相距十二 (12) 個月或以上，此等「住院」將被不視為延續性住院 - 深切治療的「住院」。

B3. 「額外住院現金」- 同時住院

在「受保期間」，若「受保人」與其「配偶」在同一「意外」中蒙受「身體損傷」，並因為該「身體損傷」須要同時「入院」接受治療，「本公司」同意為此等「住院」期間支付「額外住院現金」- 夫婦同時住院保障，惟最高不可超逾七百三十 (730) 日。這項保障將於夫婦其中一人離院的當日被終止，而且此項保障並不會就同一「意外」因夫婦中已離院的一人再度須要「入住」「醫院」而再次發放。

適用於此 B 項各保障的條款：

- (a) 如「受保人」於「生效日」或增加保障生效日之首三十 (30) 天內患上任何一種「疾病」，「本公司」毋須就此情況發生時而支付本「保單」內第 I 部份 B 項「額外住院現金」中的保障。
- (b) 為免存疑，倘若「住院」情況同時符合以上三項「額外住院現金」之條款及細則，「本公司」亦只會就該「住院」提供其中一項「額外住院現金」的賠償。

第 II 部份 — 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。

意外指：突發性、不可預見及偶然發生之事件。「意外的」與「意外」解釋相同。

額外住院現金指：「承保表」所載，根據本「保單」第 I 部份 B 項及條文及條款而支付保障金額。

週年日指，本「保單」「生效日」之任何週年日。

非典型肺炎指：嚴重急性呼吸系統病 ("SARS")，該疾疾病並非由肺炎球菌、葡萄球菌、克雷白桿菌所導致，而是由其他高傳染性疾疾病、細菌、支原體、衣原體或病毒所導致。

身體損傷指「意外的」受傷：

- (a) 「受保人」於「受保期間」蒙受；及
- (b) 因暴力、外來及可見方式所引致，包括於「意外」後因無可避免風險所引致；及
- (c) 「受保人」於純粹及不受其他因素影響下，並在「意外」發生後六 (6) 個月內而導致「住院」。

內亂指：在地區或國家內由民眾造成之擾亂、騷動或混亂，一般為反對有關之統治團體或政策。

本公司指：安達保險香港有限公司。

住院日指：「受保人」以「住院病人」形式「入住」「醫院」之每天。

確認感染指：「醫生」檢驗「受保人」後，根據明確證據性不限於病毒或細菌感染，病理或實驗證明等以確定患上該病症。證據須被「本公司」認同。「診斷」與「確認感染」解釋相同。

生效日指：「承保表」所載，每位「受保人」開始受本「保單」保障之日期。每一「受保人」之保障將於有關日期之「香港」時間零時零一分 (00:01a.m.) 起生效。

香港指：中華人民共和國香港特別行政區。

醫院指：合法組成及按照其國家法律營運之機構，並須符合以下所有標準：

- (a) 主要營運目的乃以「住院病人」形式接待患病、抱恙及受傷人士，並為彼等提供醫療護理及療程；
- (b) 在一名或若干「醫生」之指導下接納以「住院病人」形式治療，其中最少一名駐診「醫生」必須隨時當值診症；
- (c) 維持妥善設施以為上述人士提供醫學診斷及治療，並於機構內或由機構控管之地方內提供進行各主要手術之設備；
- (d) 設有由「護士」人員提供及督導之二十四 (24) 小時全職護理服務；
- (e) 設有最少一 (1) 名合法執業及合乎資格之駐院「醫生」長期駐診；
- (f) 「醫院」一詞之釋義不包括以下：
 - 精神病院，主要提供精神科或包括低能等心理病治療之機構，以及「醫院」之精神科病院；
 - 老人院、療養院、戒毒中心或戒酒中心；
 - 健康中心或天然治療所、療養或復康院，「醫院」內特別部門主要供有毒癮病人或酗酒者使用或供護理、復康、復原、延續護理設施或療養院。

住院現金指：「承保表」所載，「受保人」因本「保單」保障「疾病」或「身體損傷」，以「住院病人」形式「住院」，保障金額將按每一「住院日」而支付。

住院或**入院**指：依照「醫生」指示，以「住院病人」形式入住「醫院」不少於八 (8) 小時，並收取病房費用，及接受「醫生」之定期護理及照顧。「入住」與「住院」或「入院」解釋相同。

傳染病指：在本「保單」第 III 部份第 1 項所列之任何一種傳染或寄生性疾疾病。

受保人指：該名人士

- (a) 其姓名列於「承保表」內；
- (b) 是「保單持有人」或其「配偶」，在「生效日」，其年齡必須介乎十八 (18) 或以上及六十五 (65) 歲以下；於本「保單」已屆最後一個「週年日」時在七十 (70) 歲以下；或

(c) 「保單持有人」之所有合法未婚子女，(包括繼子女及合法領養子女)。此等子女於本「保單」之「生效日」時，年齡必須為一 (1) 個月或以上及十八 (18) 歲或以下 (如為全日制學生則二十二 (22) 歲或以下) 並在「受保期間」其年齡必須為二十二 (22) 歲或以下 (以下稱之為「子女」)；及

(d) 定居於「香港」及在生效日至受保期間持有有效的「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。

深切治療指：為有生命危險之病人或手術病人所設的特別護理治療，主要為緊密治療並密切監察病人的健康。該等治療通常被安排在「醫院」內設置有特別護理及監察裝備的治療室進行。

深切治療部指：在「醫院」內其中一個部門，並符合以下條件：

- (a) 醫院為正式之「深切治療」程序而設立；
- (b) 祇供嚴重及危急性情況之病人專用；
- (c) 以備用形式於最快及最鄰近位置提供各種必須之救生器材、藥物及供應品；及
- (d) 特別因入住「深切治療部」而須額外附加的每天收費。

指定賬戶指：「保單持有人」所選定之信用卡賬戶或其他銀行賬戶，或由「保單持有人」嗣後通知屬「本公司」可接受的賬戶。「指定賬戶」將用作扣除或退還本「保單」之「保費」。該「指定賬戶」須於「香港」開設並以「香港」貨幣進行交易。

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」氣體及或「生化」物質，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。

「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。

護士指：依據其受聘及將會受聘並執行職務的國家的法律，已接受正統培訓、經認可及正式註冊之合格、見習護士或普通護士。

受保期間指：由本「保單」「生效日」起，直至依據本「保單」第 VII 部份終止「受保人」在本「保單」之保障之期限。

醫生指：依據其執業國家之法律，認可正式註冊及執業之「醫生」或外科醫生。「醫生」一詞之釋義並不包括就本「保單」提出索償之「受保人」或其親屬。

保單指：本保單條文及「承保表」及背書 (如適用者) 及不時作出的更改 (如適用者)。

保單持有人指：列於「承保表」內的「指定賬戶」持有人；及在保單「生效日」及「受保期間」需於「香港」居住及持有有效的「香港」身份證。

承保表指：本「保單」內所附之承保表格及嗣後發出之背書 (如有)，屬本「保單」之一部份。

保單內文指：本文件。

保單年度指：於本「保單」內每連續十二 (12) 個月之「受保期間」，首個保單年度將由「生效日」開始，嗣後則於每一「週年日」開始。

之前已存在疾病指：「受保人」於本「保單」之「生效日」前，已接受或理應接受「醫生」治療或提供醫學意見之「疾病」或「身體損傷」。倘本「保單」之保障於「生效日」後以背書形式增加，則就此等額外保障而言，任何「之前已存在病症」指：「受保人」患上「疾病」或遭受「身體損傷」，並應已於本「承保表」所載之開始增加投保額的當日前已接受或理應接受「醫生」有關治療或醫學意見。

保費指：本「保單」內所有「受保人」須繳付之保費金額，並已載於「承保表」內。

住院病人指：因本「保單」保障範圍內之「疾病」或「身體損傷」，必須以住院病人形式「住院」接受醫療及治療之「受保人」，而「受保人」之「住院」並非純因接受任何形式之護理、復康、復原、療養或延展護理療程。

暴動指：

(a) 與他人共同參與之任何擾亂公眾治安行為（與罷工或工廠封閉有關與否亦然）；

(b) 任何依法成立機關就鎮壓或企圖鎮壓該等騷亂，或減低任何騷亂所構成影響而採取之行為。

疾病/病症指：於本「保單」保障期間開始後，「受保人」才患上之疾病或病症（包括惟不限於已列於「傳染病」），惟已列入本「保單」內第IV部份不保事項內除外。

配偶指：「保單持有人」之合法配偶。茲於本「保單」，依普通法結合之夫婦，將不視為合法配偶。

罷工指：

(a) 任何罷工工人或受工廠封閉影響之工人，企圖將罷工升級或阻止工廠關閉而作出之蓄意行為；或

(b) 任何依法成立機關，因防止或企圖防止類似罷工之活動，或是盡量減低該等活動之影響而採取之行動。

第III部份 — 「傳染病」定義

在本「保單」內，以下定義解作：

1. **「傳染病」**於本「保單」指「非典型肺炎」及下列(1-001至1-099)的傳染或寄生性疾病：

節肢動物傳播的病毒性疾病

- 1-001 節肢動物傳播的出血熱
- 1-002 登革熱
- 1-003 蚊傳播的病毒性腦炎
- 1-004 白蛉傳播的熱病、蝨傳播的熱病，蚊傳播的熱病
- 1-005 蝨傳播的病毒性腦炎
- 1-006 由其他不明的節肢動物傳播的病毒性腦炎
- 1-007 黃熱病

蠕蟲病

- 1-008 鉤蟲病及板口線蟲病
- 1-009 其他條蟲感染
- 1-010 棘球蚴病
- 1-011 絲蟲病及麥地那龍線蟲病
- 1-012 腸寄生蟲病
- 1-013 腸寄生物病
- 1-014 血吸蟲病
- 1-015 弓首線蟲病及顎口線蟲病
- 1-016 其他吸蟲感染
- 1-017 旋毛蟲病

腸道傳染病

- 1-018 阿米巴病
- 1-019 霍亂
- 1-020 原生動物腸道疾病-小袋蟲病、賈第蟲病、球蟲病、毛滴蟲病
- 1-021 沙門菌敗血症/沙門菌病/局部沙門菌感染
- 1-022 志賀菌-痢疾
- 1-023 傷寒及副傷寒

真菌病

- 1-024 芽生菌病的傳染病
- 1-025 念珠菌感染
- 1-026 球孢子菌病
- 1-027 組織細胞黴菌症
- 1-028 機會性真菌感染

其他細菌感染

- 1-029 放線菌感染
- 1-030 白喉
- 1-031 其他分枝桿菌導致的疾病
- 1-032 丹毒
- 1-033 氣性壞疽、鼻硬結病、腸原性脂肪代謝障礙、壞死桿菌病
- 1-034 癩瘋
- 1-035 腦膜炎雙球菌感染
- 1-036 敗血症
- 1-037 鏈球菌所致喉嚨疼痛及猩紅熱
- 1-038 破傷風
- 1-039 百日咳

由病毒及衣原體導致的其他疾病

- 1-040 由衣原體導致的疾病
- 1-041 由衣原體導致的結膜疾病
- 1-042 傳染性單核白血球增多症
- 1-043 腮腺炎
- 1-044 鳥疫
- 1-045 狂犬病(恐水症)
- 1-046 由庫克薩基病毒所致疾病
- 1-047 砂眼
- 1-048 病毒性肝炎

其他傳染病及寄生蟲病

- 1-049 疥癬
- 1-050 自發性斷肢病、Behcet綜合徵、由能自由生活的阿米巴引致的特定傳染病、肺孢子蟲病、毛囊鱗癬及肉孢子蟲病
- 1-051 蠅蛆病、其他節肢動物的侵染及水蛭病
- 1-052 蝨病及陰蝨的侵染
- 1-053 肉樣瘤病
- 1-054 弓形體病、毒漿體原蟲病
- 1-055 滴蟲病、梨形蟲病、陰道毛滴蟲症

其他螺旋體感染

- 1-056 非性病性梅毒
- 1-057 勾端螺旋體病(魏爾氏病)
- 1-058 品他病
- 1-059 奮森氏咽峽炎
- 1-060 雅司病

小兒麻痺症及其他中樞神經系統非節肢動物傳播的病毒性疾病

- 1-061 急性小兒麻痺症
- 1-062 波士頓疹
- 1-063 水痘
- 1-064 牛痘及副牛痘
- 1-065 傳染性紅斑
- 1-066 單純疱疹
- 1-067 帶狀疱疹
- 1-068 淋巴細胞性脈絡叢腦膜炎、腺病毒引致腦膜炎
- 1-069 麻疹
- 1-070 腸道病毒引致腦膜炎
- 1-071 風疹、德國麻疹
- 1-072 中央神經系統慢性病毒感染
- 1-073 天花

立克次氏體及其他節肢動物叮傳之疾病

- 1-074 巴爾通體病
- 1-075 流行性斑疹傷寒、地方性斑疹傷寒及叢林斑疹傷寒
- 1-076 黑熱病、利什曼病
- 1-077 蝨傳播的斑疹傷寒
- 1-078 瘧疾
- 1-079 回歸熱
- 1-080 立克次氏體症、寇熱及戰壕熱
- 1-081 蝨叮立克次氏體
- 1-082 錐蟲病

結核病

- 1-083 急性粟粒型結核病
- 1-084 原發性肺結核感染病
- 1-085 肺結核病
- 1-086 呼吸道結核病-結核性的胸膜炎、胸內的淋巴源性結核病、支氣管結核病、聲門結核病
- 1-087 骨骼及關節結核病
- 1-088 生殖泌尿系統結核病
- 1-089 腸道、腹膜及腸繫膜結核病
- 1-090 腦膜及中樞神經系統結核病
- 1-091 其他人體器官結核病

動物細菌性疾病

- 1-092 炭疽病
- 1-093 布魯士菌病
- 1-094 馬鼻疽；鼻疽
- 1-095 類鼻疽
- 1-096 鼠疫、瘟疫
- 1-097 鼠咬熱
- 1-098 土拉菌病、兔熱病
- 1-099 動物細菌性疾病-李司特菌、丹毒絲菌、巴斯德菌

第IV部份 — 不保事項

「本公司」毋須就以下任何一個情況引起或導致或引致之「疾病」或「身體損傷」而支付本「保單」之保障：

- 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；
- 任何精神疾病、神經疾病或失常；
- 任何由「受保人」自行決定，並非由「醫生」建議或規定因治療任何「身體損傷」或「疾病」而進行的選擇性手術；

- 「受保人」「入住」並不能符合本文所定為「醫院」之機構；
- 「受保人」之先天性不正常狀態、不育及不能受孕；
- 「受保人」之整容手術；
- 「受保人」之牙醫護理及治療，惟「受保人」於「受保期間」「意外」損傷健全之天生牙齒則除外；
- 「受保人」參與航空活動，惟並不包括以繳費乘客身份乘坐已註冊定期航行及設有多引擎及固定機翼之商用客機或商用機位；
- 「受保人」進行（或作有關訓練或參與有關訓練）須使用水肺之潛水活動、探洞、跳傘、高空滑翔、架空滑翔、風箏滑翔、跳傘滑翔、坐氫氣球、滑翔飛機、高空躍跳、冬季運動、任何種類的打獵、需要使用繩索或/及鉤環或/及其他工具攀山、攀石或爬山活動，一切專業運動及除徒步以外之競賽；
- 「受保人」「住院」(i)接受例行身體檢查或(ii)任何其他檢驗，除非有客觀病徵證明其健康情況不正常及獲得「醫生」證明有需要作出檢查；
- 「受保人」患上人體免疫力衰減症、愛滋病、愛滋病相關症群期或任何其他感染病症及/或以上病症引致之惡性腫瘤；
 - 茲為本項不保事項之目的，「愛滋病」一詞之釋義，將以「受保人」住院時世界健康組織所指定者為準；
 - 意外感染病症包括惟不限於卡氏肺囊蟲肺炎、慢性腸炎菌有機物及/或散播性真菌；
 - 惡性腫瘤包括惟不限於卡普氏肉瘤、中央神經系統淋巴瘤及/或其他現時或以後証實為愛滋病致死病因之惡性腫瘤；
- 「受保人」於神志清醒或瘋狂狀態下，蓄意自我損傷、自殺或企圖作出上述行為；
- 「之前已存在病症」；
- 「受保人」懷孕(包括分娩、流產或墮胎)，及由此引起之併發症；
- 休養治療法，於療養院接受治療或思想功能失常病徵；
- 「受保人」在任何國家從事違法行為而導致患上「疾病」或「身體損傷」；
- 「受保人」受酒精或藥物影響或處於瘋狂、精神錯亂或心理困擾，就服食藥物而言，若「受保人」可證明乃按照正式「醫生」配方而並非因沉溺藥物而服食藥物，則屬例外；
- 「受保人」於酒精在呼吸、血液或尿液內含量超過國家法定可接納容量的情況下駕駛任何車輛，因而發生「意外」並造成「身體損傷」或患上「疾病」，或在沒有法定可接納酒精在呼吸、血液或尿液內含量參考情況下，「受保人」未能正常駕駛其車輛；
- 戰爭、侵略、外敵行為、敵意行動(正式宣戰與否亦然)、罷工、暴動、內亂、內戰、叛亂、革命、叛變、於任何國家或國際權力組織之軍隊之作戰任務，或任何武裝部隊之行動。
- 受保人參與或嘗試進行的任何犯法或非法的行為。

第 V 部份 — 一般保單條款

1. 附加

- (a) 「保單持有人」可向「本公司」提交書面申請，附加自己、其合法配偶、及／或「子女」。此等申請文件須載明他們之姓名、性別、香港身份證號碼及出生日期，及「本公司」所需之其他資料。
- (b) 「本公司」發出書面批核後，上述保險之申請將由該項申請獲「本公司」接納當日或該項申請指定之日期起生效，兩者以較後日期為準。
- (c) 上述保險之申請之「保費」將入賬「指定賬戶」繳付。

2. 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)個月內，交由「本公司」及「保單持有人」協定之單一仲裁人仲裁及作出最後決定。倘於二十八(28)日內仍未能協定仲裁人，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)個月期限內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。

3. 開始生效期、期限及保費

- (a) 本「保單」之保險將於「生效日」的零時零一分(00:01)(「香港」時間)開始生效。
- (b) 「本公司」有權就「保費」、保障範圍、條文及條款或其他有關需要的情形下拒絕續保或修訂此「保單」。此「保單」可於「本公司」之同意下於每個保單「週年日」自動續保十二(12)個月，惟「受保人」已繳付「本公司」有效「保費」表上所載之「保費」。倘續保被拒絕，「本公司」將於本「保單」下一「週年日」的三十(30)天前，寄出不續保背書予「保單持有人」在「本公司」最後記錄之地址。而本「保單」將在本「保單」下一「週年日」終止保障。
- (c) 倘「保費」在「生效日」或「保費」付款日因任何理由未支付及／或「保費」未能列入「指定賬戶」，本「保單」將即時終止。

4. 整份合約

- (a) 「承保表」、投保表格／接納書及本文所載之所有陳詞、保證、有關的問卷及聲明文件，連同本文之所有背書及修訂，概將被視為構成立約雙方之「保單」，並應一併閱讀。其中具指定之個別詞語或措辭，概將統一闡釋。
- (b) 除經「本公司」以書面批准，並由附於或載於本文之背書或修訂證明為本「保單」之一部份外，任何於本「保單」上之更改概不生效。任何保險代理概毋權擅自更改或豁免本「保單」之任何條款。

5. 詐騙

若發現任何詭騙、虛報或隱瞞(i)於投保表格內；或(ii)於作為本「保單」依據之聲明內；或(iii)於任何足以影響本「保單」之其他事項上；或(iv)於有關本「保單」提出索償之事宜，或(v)於任何其他事件或索償上影響本「保單」或其他「保單」；而不論該「保單」是「受保人」個人持有或與其他人一同持有，並由「本公司」簽

發，「本公司」均有權隨時終止本「保單」及確定所有有關之索償權利失效及作廢。而任何由「本公司」收取或以「本公司」名義收取之「保費」於此情況下將被收及不會退還。在此情況下終止之保單，除非終止條款實行前已作實支付保障，並以第 VII 部份第 4、8 及 9 執行，否則將不會支付任何保障。

6. 地理規限

除經「本公司」另以背書或修訂外，本「保單」之保險將於全球任何地點每日二十四(24)小時生效。

7. 管轄法律

除本文另作規定外，本「保單」受「香港」法律管轄，並按其闡釋。

8. 法權

「本公司」及「保單持有人」雙方須接受及同意所有與本「保單」有關之訴訟，須以「香港」法庭之司法權管轄。

9. 保障及保費指數化遞增

第 I 部份內的「住院現金」保障及「額外住院現金」保障及保費將依據承保表內列明的百分率及遞增年期續年增加(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，閣下須於保單續保日前最少一(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。

停止指數化遞增不會影響「本公司」在第 V 部份「15. 保費」條款內所指更改保費的權利。

10. 法律訴訟

在以下任何一種情況，均不得對「本公司」作出任何法律行動：

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

11. 其他

- (a) 本「保單」之「保費」及所有保障均以「香港」貨幣計算，本「保單」之所有賠償金額概不附帶任何利息。
- (b) 本「保單」如有「本公司」之筆誤，概不會令原已生效之保險失效，亦不會令已失效之保險繼續生效。
- (c) 所有提交「本公司」之通知及付款，必須送達本「保單」所載之「本公司」位於「香港」之地址，或「本公司」隨時通知之其他地址。
- (d) 本「保單」訂明支付之保障，須遵從本「保單」之條文與條款。
- (e) 本「保單」所列之各項標題純為方便而設，概毋損各項條文之結構或釋義。

12. 誤報年齡

倘「受保人」誤報年齡，「本公司」享有絕對權，(i)就本「保單」訂明支付之任何「保障」將定為倘「受保人」正確

地申報年齡其已付訖「保費」應可投購之「保障」，或(ii)退還多繳之「保費」予「保單持有人」。

倘誤報年齡「受保人」之真實年齡令本「保單」之保險失效，或應於「本公司」收訖任何「保費」前已停止生效，則「本公司」於該「受保人」不符合本「保單」資格投保期間之責任，將只限於在「受保人」要求時退回該未能承保部份之已繳訖「保費」。

13. 「受保人」不得重複投購美國運通倍安心住院現金保障

- (a) 「受保人」概不可於同一時間在「本公司」受保多於一(1)份美國運通倍安心住院現金保障。倘「受保人」受保多於一(1)份此等保單，「本公司」將視為只受保於保額較大之保單。倘若該等重覆投購保單之保額均完全相同，「本公司」將只承認最先投購之保單為受保之保單。「本公司」會於不附利息下退還該「保單持有人」或以其名義於重覆投購保單內已繳納的「保費」。
- (b) 若「受保人」欲申請由「本公司」承保的其他因應「疾病」或「身體損傷」而提供住院現金或賠償實際醫療費用的保險計劃時，該申請必須經過個人審核處理。

14. 支付保障

- (a) 本「保單」之「保障」將支付予「保單持有人」或依從「保單持有人」之書面指示領取此「保障」之人士，惟在領取保障時，此等人士需仍然生存。
- (b) 倘「保單持有人」並毋發出任何書面指示，截至「保單持有人」身故為止之未付應計「保障」，將支付予其合法個人代表。當「保單持有人」、其合法個人代表或由「保單持有人」指示接受本「保單」「保障」之任何第三者，於收訖賠償金額後，「本公司」於任何情況下均已完全及有效地履行本「保單」規定之賠償責任。

15. 保費

- (a) 「本公司」保留權利修訂根據本「保單」所發出之同類「受保人」之「保費」，例如根據年齡或性別等。
- (b) 在「承保表」所載之「保費」將於本「保單」之「生效日」到期繳付，「保費」於嗣後每月同日期到期，並將於「保費」到期時入賬「指定賬戶」支付。
- (c) 「受保人」之「保費」將按本「保單」之「生效日」或任何「週年日」或如保障以背書形式增加，該有關「生效日」之實際年齡釐定「保費」。「受保人」應付之「保費」將於其年屆四十一(41)、五十一(51)歲、六十一(61)歲及六十五(65)歲時之下一「週年日」作出修定。

16. 禁止信託或轉讓

本「保單」不得轉讓。「保單持有人」必須保證不以本「保單」作為信託，亦不作為留置物或抵押物，並保證本「保單」於其生效期內，將由「保單持有人」保存及控管。

17. 重訂保單

本「保單」因任何理由終止後，「保單持有人」可再次提交續保申請書及任何有關問卷到「本公司」，上述表格必須於本「保單」終止後三(3)個月內送達「本公司」。經「本公司」發出書面接納及批核後，本「保單」即可由書面

接受及批准日起再度生效。所有重訂保單，只保障在保單重訂日後發生的「身體損傷」及保單重訂九十(90)天後開始之「病症」。此外，並需遵守在保單重訂背書上可能附加的條款。

18. 條文與條款

本「保單」規定支付之賠償，概遵從本「保單」之條文、條款及不保事項。「保單持有人」、其合法個人代表、或任何受益人，及「受保人」必須執行及履行本「保單」之條文與條款，「本公司」方看履行本「保單」規定支付保險賠償。

19. 欠繳「保費」

「保單持有人」，其合法個人代表或以其名義之代表須於收取本「保單」之賠償金額前，付清所有欠繳「保費」至有效保障事件為止。

20. 十四(14)天免費保單審閱期

在保障正式生效後，閣下可享受有十四(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「本公司」取消閣下的保單。在收到閣下通知取消保單後，「本公司」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。

21. 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。

22. 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。

23. 第三方報酬

在與「本公司」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紹「本公司」，而「本公司」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。

24. 代位權

「本公司」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。

25. 遵守適用的經濟和貿易制裁條例

當經貿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。

第VI部份 — 索償

- 「受保人」於引起本「保單」之索償事件後，須於合理之盡早時間及於任何情況下概不可超過三十(30)天，向「本公司」提交索償通知書。任何「受保人」本人或以其名義向「本公司」發出之通知，倘能連同足以證明「受保人」身份之資料，將一律被視為有效通知。
- 倘因「受保人」死亡而提出索償，必須即時或在「受保人」身故後在最短及合理的時間內通知「本公司」。此外，並須於進行入殮、火葬、任何驗屍或解剖之前及有結果之前，最少七(7)日，向「本公司」呈交通知書。
- 「本公司」接獲索償通知後，將依照慣例向「受保人」提供一份索償表格以便歸檔。「受保人」或索償人須自費及以「本公司」規定之形式，向「本公司」提供由「本公司」隨時規定與本「保單」任何索償有關之該等證書、資料及證據。所有證明此索償之文件必須於導致索償事件發生首天後一百八十(180)天內呈交予「本公司」。
- 除非「本公司」在處理索償時，於合理及需要情況下，要求每次以「本公司」自費方式委派一位或多位「醫生」向「受保人」作出檢查，並得到該「醫生」證明有「住院」需要，否則「本公司」毋須向「受保人」作出任何賠償或支付保障。若「本公司」委任之「醫生」之醫學意見與「受保人」委任「醫生」之醫學意見存在衝突，則以「本公司」委任「醫生」(們)之醫學意見為準。
- 倘索償人未能於本「保單」規定之期限內向「本公司」發出索償通知及提供有關證明文件，惟可證明情況並不合理允許作出上述行動者，則概毋損任何索償效力。惟索償人必須於合理之盡早時間發出此等通知及提供此等證明文件。茲有關索償證明文件，於任何情況下，概不可逾本「保單」規定出示證明之期限後一百八十(180)日提交「本公司」。

處理及支付索償

「本公司」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，「本公司」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。

第VII部份 — 終止

- 「本公司」有權於本「保單」每一「週年日」或下一「保費」付款日不少於事前三十(30)天，致函本「保單」之「保單持有人」地址或其後以書面通知「本公司」之地址，以通知終止本「保單」。
- 除了在本保單內或在其他情況下給予「本公司」應有的合法權利外，當出現以下情況時，「本公司」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；

(e) 在保單內規定閣下必須通知「本公司」而閣下卻沒有遵行的任何行為或疏忽；或

(f) 作出任何行為或疏忽，令「本公司」可根據閣下保單內規定拒絕支付全部或部份賠償。

「本公司」會向閣下在「本公司」文件案內的地址發出書面通知。如「本公司」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。

- 「保單持有人」亦有權發出三十(30)事前書面通知，以終止本「保單」。此終止須於「本公司」接獲通知後下一個「保費」付款日之前一天生效，或在通知書上指定之日期，以較後日期為準。若在上述第二個情況下，「本公司」將不負任何責任退還「受保期間」之任何已付之結餘「保費」。
- 本「保單」尚未依據本文條款規定而提前終止或屆滿，本「保單」將於下列情況下終止：
 - 「受保人」或「保單持有人」身故；或
 - 「受保人」年屆七十(70)歲之下一「週年日」之前一天；
 - 在本「保單」之受保人士並不符合本「保單」內第V部「受保人」之釋義；或
 - 「指定賬戶」已取消。
 本「保單」內之「受保人」將於此部份第i至iv項事件發生時不再受保於本「保單」內。
- 本「保單」將於本部份規定之終止日「香港」時間零時零一分(00:01a.m.)正式終止；
- 倘「本公司」入賬「指定賬戶」收取之首期「保費」尚未收訖，則本「保單」將於「生效日」起失效；
- 如「指定賬戶」已繳付一期或多期「保費」，惟嗣後並未繳付任何其他「保費」，則本「保單」將由該等「保費」到期日起終止；
- 本「保單」之保險終止後，已繳訖之有關「保費」溢額，將按比例退回「指定賬戶」。
- 倘「保單持有人」於截至「保費」終止時欠繳「受保期間」內任何「保費」，則必須就此等「保費」向「本公司」承擔責任，並即時繳清有關「保費」；
- 本保單之終止，概毋損於本「保單」按照本文此項終止生效前所提出之任何索償。

「本公司」現正式依據本「保單」訂明之條款，承保「承保表」上所列明之「受保人」，惟「保單持有人」必須已繳付「保費」作為該保障之代價。

為昭信守，「本公司」現於「承保表」所載之「生效日」起開始履行「保單」之責任。

惟「承保表」必須由「本公司」之授權代表簽署，本保險方始生效。

PERSONAL DATA (PRIVACY) ORDINANCE (PDPO)

PRIVACY STATEMENT

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

This Personal Information Collection Statement sets out the purposes for which the Company 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

The Company 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 the Company, arranging the cover and administering and managing his/her and the Company's rights and obligations in relation to such cover. The Company 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 the Company's respective products and services.

2. Transfer of Personal Data

Personal Data will be kept confidential and the Company will not sell an Insured Person's Personal Data to any third party. The Company 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:

- disclosed to third parties who the Company believe are necessary to achieve the purposes set out in paragraph 1 above. For example, the Company may provide it to the Company's relevant staff and contractors, agents and others involved in the above purposes such as contractors which the Company engages 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 the Company's 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 the Company 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 the Company may refuse to do so. An Insured Person may also request the Company to inform him/her of the type of Personal Data held by the Company 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 the Company's receipt of his/her request. The Company will not charge an Insured Person for lodging a request for access to his/her Personal Data and if the Company levies any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

個人資料(私隱)條例

私隱聲明

「本公司」竭力確保保單持有人對「本公司」在收集個人資料方面的信心，「本公司」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「本公司」收集及利用由受保人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

「本公司」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「本公司」提供的保單，安排保障，及執行和管理閣下及「本公司」在該等保障下的權利及責任。同時，收集個人資料亦使「本公司」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「本公司」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「本公司」亦絕對不會將閣下的個人資料售賣給第三者。「本公司」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「本公司」相信必須達成以上第一段所述目的之第三者。例如：「本公司」把閣下的個人資料提供予「本公司」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「本公司」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「本公司」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「本公司」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「本公司」可拒絕遵從，否則「本公司」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「本公司」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「本公司」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，「本公司」一般將不會收取任何費用；但即使「本公司」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

The Company has 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 the Company's products or services, you can use the Company's internal dispute resolution process. Your query or complaint will then be reviewed and the Company will respond within fifteen (15) working days. If you are unhappy with the Company's internal review of your complaint or you are not satisfied with the Company's final response, you may take your complaint, at no cost to you, to the Insurance Authority or Insurance Complaints Bureau for assistance. Contact details are given below.

Insurance Authority
19/F, 41 Heung Yip Road,
Wong Chuk Hang, Hong Kong
Fax: (852) 3899 9993

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

解決爭議

「本公司」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「本公司」產品或服務的投訴仍未獲解決，歡迎閣下使用「本公司」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「本公司」亦會在十五(15)個工作天內回應。若閣下或受保人對「本公司」最終的回應不滿意，可免費向保險業監管局或向保險投訴局尋求協助。聯絡資料如下：

保險業監管局
香港黃竹坑香葉道41號19樓
傳真：(852) 3899 9993

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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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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