ZURICH®

AMERICAN EXPRESS

Cherish everyday with wellness and joy

AMERICAN EXPRESS MEDICAL PROTECTOR

Table of Contents

? **CALL ZURICH 24-HOUR CUSTOMER SERVICE HOTLINE AT +852 2903 9446 FOR MORE INFORMATION**

YOUR QUESTIONS ANSWERED

WHAT IS AMERICAN EXPRESS MEDICAL PROTECTOR?

The plan offers a comprehensive and flexible medical protection around the world, some of the superior features are as follows :

- The plan offers high sum insured and coverage up to 100 years to protect you against any unexpected hospitalization that might exist throughout lifetime.
- In the unfortunate event of sickness or accident which results in hospitalization of the insured person, the medical expenses incurred will be reimbursed in 100% without any sub-limits by types of surgical operation, to relieve the financial burden on you and your beloved ones.
- The pre-approved direct settlement feature will exempt all the eligible in-patient medical expenses in Hong Kong to ensure you receive quality medical treatment with no hassle.
- Apart from the inpatient benefits, the insured person can also enjoy other medical treatment including benefits for oncology, dialysis, organ transplant, AIDS / HIV treatment and post-surgery out-patient follow-up treatment.
- 24-hour worldwide emergency assistance on hospital admission guarantee, emergency medical evacuation, overseas telephone medical advice and referral service.
- To allow you enjoy greater saving in premium, this plan offers a wide range of deductible options for selection and other privileged discounts for family enrolment and no claim discount up to 8%!

HOW CAN I ENJOY THE NO CLAIM DISCOUNT AND HOW DOES IT WORK?

We encourage you to lead a healthy lifestyle by rewarding you with a no claim discount. This unique bonus is a special incentive on every renewal after a claim-free year. If you have not made a claim, your insurance premium will be discounted for the following year upon renewal, with 2% in the first no claim year, followed by 5% in the second no claim year, and accumulated up to a maximum of 8% in the third no claim year.

WHO IS THE UNDERWRITER OF THE PLAN?

The plan is underwritten by Zurich Insurance Company Ltd.

Zurich Insurance Company Ltd is part of Zurich Financial Services Group, the world's largest Swiss insurance-based financial services provider[1] and a Fortune Global 100 company[2]. We have a global network of subsidiaries and offices in North America and Europe as well as in Asia-Pacific, Latin America and other markets. Found in 1872, the Group is headquartered in Zurich, Switzerland. It employs approximately 60,000 people serving customers in more than 170 countries.

The Group achieved business operating profit of about HKD43.6 billion in 2009[3]. Our financial strength is built on a prudent and focused business strategy. We are rated AA- by Standard & Poor's[4]. Zurich is listed on the SWX Stock Exchange in Switzerland.

Being a top 10 insurer in Hong Kong, we offer a full range of general insurance solutions for individuals as well as companies. Distribution channels include agents, brokers, banks as well as the internet.

[1] Measured by a composite ranking for sales, profits, assets and market value, source: The Forbes Global 2000, April 2010
[2] In terms of revenue, source: Fortune Global 500, July 2010
[3] Zurich Annual Report 2009
[4] As of 29 April 2010

WHOM DO I CONTACT WITH QUESTIONS ABOUT MY POLICY?

You can call the Zurich 24-hour Customer Service Hotline at +852 2903 9446.

SUMMARY OF COVER

COVER: ROOM AND BOARD

BENEFIT

- If the insured person is confined in a hospital due to an accident or a sickness, this plan will reimburse the actual charges for accommodation, meals and general nursing services provided by the hospital. Benefits are also payable if the insured person is accommodated in an intensive care unit.
- If the insured person is under the age of 16 years and confined in a hospital, the cost of an accompanying bed will be provided for one of the parents to accompany with the insured person in the hospital.

REMARKS

- No benefit will be payable in respect of any day which the insured person has taken leave from the hospital.

COVER: SURGICAL COVER

BENEFIT

- If the insured person is confined in a hospital due to an accident or a sickness, this plan will reimburse the actual charges made by the attending medical practitioner for visit, treatment or consultation to the insured person during the confinement. Benefits are also payable for the actual charges made by a specialist which referred by the attending medical practitioner during the hospital confinement of the insured person.
- The hospital special services charges including the prescribed drugs and medicines, dressings, laboratory and x-ray examinations, electro-cardiograms, Magnetic Resonance Image (MRI) and ultrasound, etc. are all covered.
- The actual and customary charges of the surgical fees, operating theatre fee and anaesthetist charges to a surgical operation or procedure are reimbursed. Benefits are also payable for out-patient surgery in a hospital or a registered clinic.
- Surgical charges are extended to cover any procurement or use of special braces, appliances, etc. for angioplasty.

REMARKS

- The charges for MRI or ultrasound investigation must be recommended by the attending medical practitioner and incurred during the hospital confinement of the insured person. Any recommended MRI or ultrasound which to be performed in an out-patient setting must be approved by the Zurich Insurance Company Ltd before the investigation.

SUMMARY OF COVER

COVER: OTHER MEDICAL TREATMENT	
BENEFIT	■ In the unfortunate event that the insured person suffers from malignant tumors, this plan will reimburse the actual charges for cancer treatment including target-therapy, chemotherapy and radiotherapy and coverage also includes kidney dialysis due to chronic and irreversible kidney failure and the actual costs incurred for organ transplant for in-patient and out-patient follow up treatment. ■ Other benefits are payable for AIDS / HIV treatment, accidental dental treatment, cost of prosthetic devices if implanted during a surgical procedure and actual charges incurred to transport the insured person to the hospital by a local ambulance.
REMARKS	■ If the maximum benefit amount under the oncology benefit is paid in a policy year, the cover for this section shall automatically be ceased unless no treatment is required in 5 years following the last treatment or consultation. The cover for this section will reactivate on the effective day of the following policy year after such period.

COVER: POST-SURGERY COVER	
BENEFIT	■ If the insured person requires out-patient follow-up treatment after the surgical operation, this plan will reimburse the actual charges for post-surgery consultation and medication incurred within 45 days after the insured person discharged from the hospital. ■ This plan also covers the specialist out-patient follow-up consultation and medication of a covered critical illness incurred within 120 days after the insured person discharged from the hospital for a surgical operation. ■ The cost of home nursing fees will also be provided for a registered nurse to take care the insured person at home provided that it is recommended by the attending medical practitioner.
REMARKS	■ The specialist treatment must be recommended in writing by the attending medical practitioner to be eligible for the insurance coverage.

SUMMARY OF COVER

COVER: VOLUNTARY DEDUCTIBLE	
BENEFIT	■ A wide range of deductible options are available for the insured person to enjoy extra saving in premium, please refer to the policy schedule for your option chosen.
REMARKS	■ The amount payable for the hospitalization and surgical benefits will be deducted by the selected deductible amount.

COVER: WORLDWIDE EMERGENCY ASSISTANCE	
BENEFIT	■ If the insured person suffers any accident or sickness in overseas and requires in-patient treatment, a hospital admission deposit up to HKD39,000 will be guaranteed. The cost of returning the insured person's unattended children back to Hong Kong or arranging a close relative to visit the insured person aboard will also be covered. ■ Emergency medical evacuation will be provided in case of any serious injury sustained or sickness contracted by the insured person while traveling overseas within 90 days. ■ Other assistance services such as telephone medical advice and service provider referral, home nursing referral and arrangement of limousine service to transport the insured person back home upon discharge from the hospital are also available.
REMARKS	■ Worldwide Emergency Assistance is rendered by the service provider nominated by Zurich Insurance Company Ltd. Please call the Zurich 24-hour Emergency Assistance Hotline at +852 2886 3977 for assistance.

Remarks:
The above information is only a summary and does not constitute any part of the contract. For full terms and conditions and exclusions, please refer to the policy document itself. Zurich Insurance Company Ltd reserves the right of final approval.

HOW TO CLAIM / HOW TO APPLY FOR DIRECT SETTLEMENT SERVICE / CUSTOMER SERVICE / RETURN OF POLICY

HOW TO CLAIM

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

- Complete Part I[3] & Part II[3] of the Hospitalization Claim Form (which is provided at the end of this brochure) by you and your attending medical practitioner;
- Enclose related documents such as but not limited to the original receipts and other supporting documents, e.g. medical reports, doctor's referral letter, etc.;
- Please refer to Part 7 of the Policy Provisions for specific documents which is necessary for you to provide for each respective area of claims;
- Return the completed Hospitalization Claim Form with supporting documents within 30 days from the date of treatment in hospital to:

  Zurich Insurance Company Ltd
  24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

HOW TO APPLY FOR DIRECT SETTLEMENT SERVICE

If you wish to use the pre-admission assessment service and arrange direct settlement for hospitalization and surgical charges, please follow the below steps:

- Complete Part I[3] & Part II[3] of the Pre-admission Assessment Application Form (which is provided at the end of this brochure) by you and your attending medical practitioner;
- Fax or email to the following contacts **at least 3 working days prior to hospital admission:**

  Fax: 2917 6799
  Email: zurich-cs.hkz@hk.zurich.com

- The result of the pre-admission assessment will be notified to you within 3 working days after the receipt of your application form;
- Once the pre-admission assessment application is approved, the service provider rendered by Zurich Insurance Company Ltd will contact the hospital for direct settlement arrangement and you need not settle the hospitalization and surgical charges upon discharge.
- Complete Part I[3] & Part II[3] of the Hospitalization Claim Form (which is provided at the end of this brochure) by you and your attending medical practitioner and fax / email to the above contacts within 14 days after discharge from hospital.

Note:

1. The result of the pre-admission assessment is based on information provided on the application form. The actual reimbursement is subject to the information supplied on the claim form, actual situation and details of the insurance coverage, exclusion clauses, terms and conditions stated in the policy and any other relevant documents.
2. You will be required to provide treatment information and authorize Zurich Insurance Company Ltd to collect shortfall of medical expenses (if any) from your American Express Card account designated by yourself. If hospitalization is due to illness / disability classified under exclusion clauses, the pre-admission assessment application will not be accepted.
3. Part I under the Pre-admission Assessment Application Form / Hospitalization Claim Form should be completed by you and Part II by your attending medical practitioner, at your own cost.

CUSTOMER SERVICE

American Express and Zurich are dedicated to providing high quality services and strive to maintain this at all times. Should you have any enquiries on this plan or our service, please call the Zurich 24-hour Customer Service Hotline at +852 2903 9446, and we are more than happy to serve you.

RETURN OF POLICY

If you are not satisfied with this policy, you may cancel the policy by returning the policy to us and attaching a notice signed by you requesting cancellation within 21 days immediately following the day of delivery of this policy. In the event that no claim payment has been or is to be made, we will refund to you all the premiums you have paid without interest. In the event that a benefit payment has been made or is to be made , no refund of premium shall be made.

You may contact the Zurich 24-hour Customer Service Hotline at +852 2903 9446 for enquiries.

American Express Medical Protector

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

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

We agree with *you*, in consideration of the payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached *schedule* to pay the benefits defined to any *insured person(s)* who sustain(s) *disability* or incurs charges within the scope of coverage provided hereinafter as a result of *accidental* bodily *injury* or *sickness*. The benefits payable by *us* to an *insured person* as a result of any *sickness* or *accidental* bodily *injury* will be limited to the coverage provided by this contract at the time the first charge is incurred or loss is suffered for which a benefit is payable under this contract for such *injury* or *sickness*.

We will insure the *insured person(s)* under those sections shown in the *schedule* during any *period of insurance* for which *we* have accepted *your* premium, provided that all of the terms and conditions of this policy are complied with. This policy is an annual medical insurance policy which will be renewed subject to subsequent premium payments and *our* acceptance. *You* are responsible for the annual premium of any policy year when there is a claim made or service used.

Should *you* change any information given on *your* enrolment form, please keep *us* informed immediately as the changes may affect the *insured person*'s insurance cover.

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

PART 1 – DEFINITIONS

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

Accident/Accidental
Any *injury* resulting solely and directly from an unforeseen and an unexpected event of violent, *accidental*, external and visible nature and does not include *sickness* or *disease* or any naturally occurring condition or degenerative process.

Age/Aged
Age at last birthday.

Alcohol Dependence Syndrome
A mental or physical state which has been either directly or indirectly caused by or is in any way related to the ingestion of alcoholic drinks and which manifests itself in symptoms which include a compulsion to take alcohol on either a continuous or periodic basis.

Anaesthetist
A *registered medical practitioner* other than *you*, the *insured person* or *immediate family member*, legally registered under the Specialist Register of Anaesthesiology of the Medical Council of *Hong Kong* or the equivalent.

Annual Limit
The aggregate sum of benefits for which the *insured person* is covered under this policy during the twelve (12) months commencing from the first date the *insured person* is enrolled in a benefit plan under this policy or, if the *insured person* was registered as of the commencement date of this policy, during the twelve (12) months period measured from the policy effective date, *upgrade effective date*, or last reinstatement date of this policy, whichever is later.

Annual Renewal Date
Each twelve (12) months from the policy effective date or any anniversary thereafter at which time renewal will be offered on the terms, conditions and rates as notified by *us* at the annual renewal date.

Asia
Hong Kong, Macau, China, Taiwan, Philippines, Korea, Mongolia, Singapore, Malaysia, Brunei, Thailand, Indonesia, Vietnam, Burma, Laos, Nepal, Bhutan, Pakistan, India, Bangladesh, Sri Lanka and Maldives.

Benign Brain Tumour
Life threatening, non-cancerous tumour in the brain as confirmed by a neurologist or neurosurgeon. This includes intracranial tumours causing damage to the brain. Tumours must be deemed to require neurosurgical excision, or if inoperable cause permanent neurological impairment.

Cancer
The diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist. Cancer includes: leukaemia, malignant lymphoma, Hodgkin's Disease, malignant bone marrow disorders & metastatic skin cancer. The following are excluded:
(I) "Carcinoma in situ", cervical dysplasia, cervix cancer CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers;
(II) Early prostate cancer TNM classification T1 (including T1a and T1b) or equivalent classification;
(III) Skin melanoma, stage 0 (Tis, N0, M0, in situ, Clark I) and any subsequent stages as defined by version 8 (2017) of the AJCC classification;
(IV) Hyperkeratoses, basal cell and squamous skin cancers; and
(V) All tumours in the presence of HIV infection.

Child
Any person who is from the *age* of fifteen (15) days to nineteen (19) years and is an unmarried person, or up to the *age* of twenty-three (23) years for those who are registered as and are full time students at a recognized educational institution and is financially solely dependent.

Chronic Liver Disease
End stage liver disease or cirrhosis which means chronic end-stage liver failure that causes at least one of the following:
(I) Uncontrollable ascites;
(II) Permanent jaundice;
(III) Oesophageal or gastric varices; or
(IV) Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

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

Computer Virus
A set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to "Trojan Horses", "worms" and "time or logic bombs".

Congenital Conditions
Medical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing before the *insured person* attains the *age* of twelve (12).

Cyber Act
Any unauthorized, malicious or criminal acts, regardless of time and place, involving access to, processing, use or operation of any computer system, computer software programme, malicious code, *computer virus* or process or any other electronic system.

Deductible
The portion of costs for which the *insured person* is liable. *We* shall pay the hospitalization and surgical benefits of a covered *disability* after deducting the deductible as specified in the *schedule*. The deductible is on per *disability* basis, *we* shall only start paying the medical expenses when it exceeds the specified deductible. In case the *insured person* has made a claim reimbursement from other policy(ies) for a covered *disability*, the deductible will be reduced by the paid amount of the other policy(ies) and *we* are liable to pay the unpaid balance of such eligible covered charge of the same *disability* after the applied deductible.

Disability/Disabilities
A bodily *injury* or *sickness*. All bodily *injuries* sustained in any one *accident* shall be considered one disability. All *sickness* or *disease* existing simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one disability as well. If a disability is due to causes which are the same or related to the causes of a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a

separate disability except that after ninety (90) days or after five (5) years in case of any kind of *cancers* following the latest discharge from *hospital* or the last consultation or the latest date receiving medical *treatment* or prescribed drugs and no further *treatment* for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.

Elective Overseas Treatment
Non-*emergency hospital* / surgical overseas *treatment* planned for in advance.

Eligible Expenses
Those *medically necessary* expenses and incurred in respect of a covered *disability* for which the entire *treatment* is rendered by a registered *medical practitioner*.

Emergency
An event or a situation that *treatment* is needed immediately in order to prevent death or permanent impairment of an *insured person*'s health.

Heart Attack
The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle, as a result of an acute interruption of blood supply to the myocardium. The diagnosis must be based on a history of typical chest pain, new electrocardiography changes proving infarction, and significant elevation of cardiac enzymes. Angina is specifically excluded.

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

Hospital
An institution which
(I) is licensed in accordance with the applicable laws of the jurisdiction in which it is located,
(II) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and *treatment* of injured or sick person,
(III) has staff of one or more physician available at all times,
(IV) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the physician in charge,
(V) maintains in-patient facilities, and
(VI) maintains a daily medical record for each of its patient which is accessible to the medical director of *our* company.

Hospital does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the aged or alcoholics or drug addicts or for *treatment* of mental disorders, or a nursing home, or similar establishment.

Hospital Confinement/Confinement/Confine
The *insured person* is admitted to a *hospital* as a result of *injury* or *sickness* and requires *medically necessary treatment* for a minimum period of sixteen (16) hours upon the recommendation of a registered *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge by the *hospital* except when such confinement is in connection with an actual surgical operation which does not require residence in a *hospital* as an *in-patient*.

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

Injury/Injuries
Bodily damage to the *insured person* caused solely by an *accident* and independently of all other causes.

In-patient
A patient in a *hospital* who occupies a bed over-night and for a minimum period of sixteen (16) consecutive hours.

Insured person
The name listed under the "Insured Name" in the *schedule* who is being insured under this policy.

Intensive Care Unit
A part of a *hospital* which is staffed and equipped to provide care for critically ill patients requiring specialized or intensive care not normally provided within such *hospital* and for which a daily extra charge is made.

Kidney Failure
End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or undergoing a renal transplant.

Major Organ Transplant
The actual undergoing of a transplant of any of the below organs as a recipient or the inclusion on an official organ transplant waiting list for any of the below organs:
(I) One of the following whole human organs: heart, lung, liver kidney or pancreas; or
(II) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.

The transplant must be *medically necessary* and based on objective confirmation of organ failure. All other stem cell transplants are excluded.

Maternity
Any cause or condition arising out of or during any one pregnancy, childbirth or miscarriage or any complication arising therefrom.

Medically Necessary
The necessity to have a *treatment* or medical service of the *disability* involved which are widely accepted professionally in *Hong Kong* as effective, appropriate and essential based upon recognized standards of the health care specialty involved and which are:
(I) consistent with the diagnosis and customary medical *treatment* for the condition; and
(II) in accordance with standards of good and prudent medical practice; and
(III) not for the comfort or convenience of *you*, the *insured person*, or any person who cares for him or her or any person who is an insurance agent, business partner(s) or employer/employee of the *insured person* or a family member or a relative of the *insured person* or any medical professional(s); and
(IV) performed at a *reasonable and customary charge* on *treatment* of a covered *disability*; and
(V) sufficient to safely and adequately treat the *insured person*'s *disability* and are performed in the least costly setting required for *treatment* of a covered *disability*; and
(VI) not solely because the *insured person* is an *in-patient* on any day on which the *insured person*'s *disability* could safely and adequately be treated while not confined; and
(VII) not solely for health screening or body check-up; and for the avoidance of doubt,
(VIII) experimental, screening test and preventive services or supplies; and
(IX) those services rendered by a provider that do not require the technical skills of such a provider are not considered as *medically necessary*.

Medical Practitioner/Doctor/Surgeon
A registered medical practitioner or a surgeon under Medical Registration Ordinance, Chapter 161, Laws of *Hong Kong*, other than *you*, the *insured person*, or *immediate family member*, or should a claim and *treatment* occur out of *Hong Kong*, it shall mean a person other than *you*, the *insured person*, or *immediate family member*, who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.

Out-patient
An *insured person* who receives medical services and medicines in connection with *treatment* for a covered *disability* given in the clinic or office of a registered *medical practitioner*, out-patient department or *emergency* treatment room of a *hospital*.

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

Physiotherapist
A qualified physiotherapist other than *you*, the *insured person*, or *immediate family member*, legally registered or licensed under the law of the territory in which *treatment* is received, and is deemed to be a *specialist* only for services provided as a result of a referral from a registered *medical practitioner*.

Policy Anniversary
The anniversary of the effective date as stated in the *schedule*.

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

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

Reasonable and Customary Charges
In relation to a fee, a charge or an expense, means any fee or expense which

(I) is charged for *treatment*, supplies or medical services that are *medically necessary* and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a registered *medical practitioner*;
(II) does not exceed the usual level of charges for similar *treatment*, supplies or medical services in the locality where the expense is incurred; and
(III) does not include charges that would not have been made if no insurance existed. *We* reserve the right to determine whether any particular *hospital*/medical charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. *We* also reserve the right to adjust any or all benefits payable in relation to any *hospital*/medical charges which is not a reasonable and customary charge based on the above mentioned reference.

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

Serious Bodily Injury
An *injury* which requires *treatment* by a *medical practitioner* and which results in the *insured person* and is being certified by that *medical practitioner* as being unfit to travel or continue with the *insured person*'s original travel arrangement.

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

Specialist
A registered *medical practitioner* other than *you*, the *insured person* or *immediate family member*, legally registered in the Specialist Register of the Medical Council of *Hong Kong*. Should a claim and *treatment* occur out of *Hong Kong*, it shall mean a person other than *you*, the *insured person*, or *immediate family member*, duly qualified and registered to practise specialist care according to the equivalent specialty laws in the country in which the claim arises.

Surgical Fees
The fees payable to *surgeon*(s) as provided for in the policy for the operations performed in respect of a covered *disability* including his/her fees for one (1) pre-surgical assessment consultation within thirty (30) days before operation and up to a maximum of three (3) normal post-surgical care *treatments* within forty-five (45) days after completion of operation. Surgical Fees shall include the *reasonable and customary charges* of the *surgeon*'s fees, *anaesthetist*'s fee and operating theatre fee.

Terrorism
An act of terrorism includes any act, preparation or threat of action of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto committed for political, religious, ideological, or similar purposes, including the intention to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation and which
(I) involves violence against one or more persons; or
(II) involves damage to property; or
(III) endangers life other than that of the person committing the action; or
(IV) creates a risk to the health or safety of the public or a section of the public; or
(V) is designed to interfere with or disrupt an electronic system.

Treatment
Surgical or medical procedures undertaken by the registered *medical practitioner*, the sole purpose of which is the cure or relief of *injury*, *sickness* or *disease*.

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

Upgrade Effective Date
00:00 *Hong Kong* Time on the date *we* agree to provide an *upgrade* of *your* policy and such date is shown on *your* policy *schedule* or endorsement issued by *us*, recording that *upgrade*.

Usual Country of Residence
The country in which the *insured person* works or lives for the majority of the year. For *insured persons* who travel for a majority of the year, it means the country in which the *insured person* maintains his/her primary residence or in which the *insured person*'s last fixed residence was located, and will not consecutively stay in country other than the usual country of residence over one hundred and twenty (120) days.

Waiting Period
Thirty (30) days from the effective date of this policy, or the *upgrade effective date*, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit will be payable for any *sickness*, *disease* or condition sustained by the *insured person* with the signs or symptoms first manifested or occurred within such waiting period. For the avoidance of doubt, waiting period is not applicable to *accidental injury*.

War
A contest by force between two or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is
(I) an interruption of peaceful relations and
(II) a general contention by force, both authorized by the sovereign.

We/Us/Our
Zurich Insurance Company Ltd.

You/Your/Yours
The Insured shown in the *schedule* who is the owner of this policy.

PART 2 – BENEFITS TABLE

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

For claims concerning *hospital confinement*, the benefits payable as shown in the following Benefits Table are subject to the selected room type:

(1)	Private	Standard Plan:	30% of the eligible benefits as shown in Benefits Table
		Premier Plan:	50% of the eligible benefits as shown in Benefits Table
(2)	Semi-private	100% of the eligible benefits as shown in Benefits Table (for both Standard and Premier Plans)	
(3)	Ward	100% of the eligible benefits as shown in Benefits Table (for both Standard and Premier Plans)	

No benefit shall be payable for any *insured person confines* in a Suite, VIP or Deluxe Private Room or equivalent or any room charge that is higher than a private room type of charges. In case of dispute, *we* shall have the sole discretion in determining the classification of any room for the purpose of determining the amount of benefits payable. For the purpose of *our* determination, *we* will take into account the room type classification as adopted by the *hospital* where the *insured person* was *confined*.

Coverage	**Maximum benefits per *insured person* per policy year (HKD)**	
	Asia/Worldwide Standard Plan	*Asia*/Worldwide Premier Plan
Annual Limit	2,000,000	5,000,000
Section 1 – Room and Board		
1.1 Room, Board and General Nursing Charges	100% of the actual expenses	100% of the actual expenses
1.2 Room, Board and General Nursing for *Intensive Care Unit*		
1.3 Accompanying Bed Benefit (Parent Accommodation)		
Section 2 – Surgical Cover		
2.1 In-hospital *Doctor*'s Call Fees	100% of the actual expenses	100% of the actual expenses
2.2 In-hospital *Specialist* Consultation Fees		
2.3 *Hospital* Special Services Charges		

Coverage	Maximum benefits per *insured person* per policy year (HKD)	
2.4 Surgical Charges (including *Anaesthetist*'s Fee and Operating Theatre Charges)		
2.5 Out-patient Surgery		
Section 3 – Other Medical Treatment		
3.1 Oncology	80% of the actual expenses up to maximum 200,000	90% of the actual expenses up to maximum 300,000
3.2 Dialysis	80% of the actual expenses up to maximum 200,000	90% of the actual expenses up to maximum 300,000
3.3 Organ Transplant	80% of the actual expenses	90% of the actual expenses
3.4 Prosthetic Devices	80% of the actual expenses up to maximum 30,000 per item	80% of the actual expenses up to maximum 50,000 per item
3.5 AIDS/ HIV *Treatment*	80% of the actual expenses up to maximum 80,000	90% of the actual expenses up to maximum 120,000
3.6 *Accidental* Dental *Treatment*	80% of the actual expenses	90% of the actual expenses
3.7 Local Ambulance	100% of the actual expenses	100% of the actual expenses
Section 4 – Post-surgery Cover		
4.1 Post-surgery Out-patient Benefit	100% of the actual expenses up to maximum 2,000 per *disability*	100% of the actual expenses up to maximum 2,500 per *disability*
4.2 Home Nursing Fees	100% of the actual expenses up to maximum 30 days per *disability*	100% of the actual expenses up to maximum 60 days per *disability*
4.3 Post-surgery *Specialist* Treatment due to Critical Illness	80% of the actual expenses up to maximum 100,000 per *disability*	90% of the actual expenses up to maximum 120,000 per *disability*
Section 5 – Voluntary *Deductible*		
5.1 Voluntary *Deductible*	As stated in the *schedule* if applicable	

PART 3 – BENEFITS

If the *insured person* is *confined* in a *hospital* on the recommendation of an attending registered *medical practitioner* due to *disability* occurring during the *period of insurance*, upon receipt of proof acceptable to *us* and subject to the terms and conditions of this policy, *we* will pay the benefits shown as insured in the *schedule* to the *insured person* or; in the event of the *insured person*'s death, to the *insured person*'s estate. The benefits payable will be in accordance with the maximum benefit as shown under the plan selected in Part 2 – Benefits Table. In no event shall the aggregate benefits payable per policy year exceed the *annual limit* as stated under the plan selected in Part 2 – Benefits Table.

Under this policy, *hospital* room and board levels for *confinement* are defined as follow:

(1)	Private	A class of room having one patient bed per room (excluding Suite, VIP and Deluxe Private Room or equivalent)
(2)	Semi-private	A class of room having one, two or more patient beds per room
(3)	Ward	A class of room having three or more patient beds per room

If the *hospital confinement* is under Semi-private room or Ward, the reimbursement of all *eligible expenses* will be up to one hundred percent (100%) as shown in Part 2 – Benefits Table.

The reimbursement of all *eligible expenses* will be reduced to thirty percent (30%) and fifty percent (50%) for Private room under Standard Plan and Premier Plan respectively.

No benefit shall be payable for any *insured person confines* in a Suite, VIP or Deluxe Private Room or equivalent or any room charge that is higher than a private room type of charges.

In case of dispute, *we* shall have the sole discretion in determining the classification of any room for the purpose of determining the amount of benefits payable. For the purpose of *our* determination, *we* will take into account the room type classification as adopted by the *hospital* where the *insured person* was *confined*.

SECTION 1 – ROOM AND BOARD

1.1 Room, Board and General Nursing Charges

Room and board benefit shall be paid when, upon recommendation by a registered *medical practitioner*, an *insured person* is *confined* and registered as a bed patient in a *hospital* for the *treatment* of a *disability* and incurs charges therefor. The amount of the benefit shall be the actual charges for accommodation, meals and general nursing services provided by the *hospital* during the *insured person*'s *confinement*; but in no event shall the benefit under this clause exceed for any one (1) day the rate of room and board benefit or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table.

No benefit will be payable in respect of any day in which the *insured person* has taken any leave from the *hospital*.

1.2 Room, Board and General Nursing for *Intensive Care Unit*

Benefits are payable for the actual *hospital* charges incurred as a result of the *insured person* being accommodated in an *intensive care unit* recommended by the registered *medical practitioner* in charge but payment shall in no event exceed the limits of this section or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table. Payments made under this provision shall be in lieu of any room and board benefits for such *treatment*.

1.3 Accompanying Bed Benefit (Parent Accommodation)

If the *insured person* is a *child* under sixteen (16) years old and benefits are payable under Section 1.1 – Room, Board and General Nursing Charges, *we* shall pay the actual charges of one (1) extra bed for one of the *insured person*'s parents for the purpose of accompanying the *child* in the *hospital*.

Payment shall in no event exceed the limits of this section or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table.

SECTION 2 – SURGICAL COVER

2.1 In-hospital *Doctor*'s Call Fees

If an *insured person* is *confined* in a *hospital*, *we* will pay an amount equal to the charges made by the attending *medical practitioner* for such visit, *treatment* or consultation during such *confinement* but in no event shall the benefit payable exceed for any one (1) day the rate of *medical practitioner*'s fee, the limits of this section or the Maximum Benefit as set forth under the plan selected in Part 2 - Benefits Table.

The coverage provided under this Section 2.1 does not cover charges for:

(1) more than one (1) *treatment* visit or consultation during any one twenty-four (24) hour period, surgical or nursing service, pregnancy or resulting childbirth or miscarriage;
(2) medical services in connection with a *disability* during which a surgical procedure is performed; and
(3) any *treatment* by physiotherapy or any medical check-up by X-ray examination or any other means for purely diagnostic purposes.

2.2 In-hospital *Specialist* Consultation Fees

A benefit shall be paid in an amount equal to the actual charges made by a *specialist* (not related to any surgical operation) to whom the *insured person* has been referred by the attending registered *medical practitioner* in writing during *hospital confinement* but in no event shall exceed the limits of this section or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table.

2.3 *Hospital* Special Services Charges

A benefit equal to the amount actually charged by the *hospital* for any of the following services rendered during such *hospital confinement* and which are the normal, proper and customarily supplied by the *hospital* shall be paid; but in no event shall the benefits payable under this Section 2.3 exceed the limits or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table:

(1) drugs and medicines prescribed by the attending qualified *medical practitioner* and consumed in the *hospital*;
(2) dressings, ordinary splints and plaster casts but excluding special braces, appliances and equipment;
(3) pathology, laboratory and x-ray examinations;

(4) intravenous injections and solutions;
(5) electro-cardiograms and physical therapy;
(6) basal metabolism tests;
(7) administration of blood and blood plasma, but not the cost of blood or blood plasma;
(8) anaesthesia and oxygen and their administration; and
(9) Magnetic Resonance Image (MRI) and ultrasound.

Benefit shall be paid for investigation by MRI or ultrasound for diagnostic purpose which is *medically necessary* and recommended by the attending *medical practitioner* during the *confinement* in a *hospital*. Should any recommended MRI or ultrasound be performed in an out-patient setting, such request with *medical practitioner*'s referral and medical report should be sent to *us* for approval before the investigation takes place. Any non pre-approved MRI or ultrasound will be regarded as non-*eligible expense* and not covered under this policy.

2.4 Surgical Charges (including Anaesthetist's Fee and Operating Theatre Charges)

Benefit will be paid if an operation or procedure on the *insured person* is performed by a registered *medical practitioner*, who is a *surgeon*. Payment shall be equal to the *reasonable and customary charges* of *surgical fees* actually charged for surgical operation(s) including operating theatre fee and anaesthetic charges (other than the *surgeon* or registered *medical practitioner* who operates on the *insured person*) provided that the maximum benefit payable for all surgical operations performed in respect of any *disability* shall be not exceed the limit of this section or the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table.

If more than two (2) surgical operations are performed through a single incision, only the surgical operation with the highest *surgical fees* will be reimbursed.

Under this section, *we* extend to cover any procurement or use of special braces, appliances, equipment, including but not limited to balloon or stent used for angioplasty with a sub-limit of HKD100,000 and HKD150,000 per policy year for Standard Plan and Premier Plan respectively.

2.5 Out-patient Surgery

If the *insured person* shall require surgery for a covered *disability* by a registered *medical practitioner* or *surgeon* in the out-patient department of a *hospital* or a registered clinic, *we* shall pay the actual charges for the full procedure including operating theatre, anaesthetic charges, oxygen and equipments subject to the limit of this section or the Maximum Benefits set forth under the plan selected in Part 2 – Benefits Table.

SECTION 3 – OTHER MEDICAL TREATMENT

3.1 Oncology

We shall reimburse the actual charges incurred for *treatment* of *cancer* chemotherapy and radiotherapy in a *hospital* or clinic, and is further extended to cover target therapy up to a sub-limit of HKD100,000 and HKD150,000 for Standard and Premier plans respectively and is inclusive in the Maximum Benefit shown in Part 2 – Benefits Table, performed for one or more malignant tumors as recommended in writing by the attending registered *medical practitioner* of the *insured person*. Benefit payable is subject to the maximum amount as specified in this section under the plan selected in Part 2 – Benefits Table. All chemotherapy, radiotherapy treatments and/or target therapy for the same cause of *cancer* shall be regarded as one and same malignant tumor. All follow-up consultations and/or *treatments* not concerning such chemotherapy, radiotherapy and/or target therapy treatments will not be covered. Payment of this benefit shall be in lieu of all other benefits provided by this policy in respect of such *confinement* and *treatment*.

Once the aggregate amount paid exceeding the Maximum Benefit shown in Part 2 – Benefits Table for all malignant tumors in any one policy year, or the aggregate amount paid exceeding the Maximum Benefit shown in Part 2 – Benefits Table for all malignant tumors in accumulated policy years, whichever first occurs, this Section 3.1 shall automatically be ceased under this policy except that where after five (5) years following the latest medical *treatment* or consultation of such malignant tumors, and provided that no *treatment* is received during the five (5) years, this Section 3.1 will reactivate on the first (1) day of the policy effective date of the following policy year and any subsequent malignant tumors from the same cause or any other *cancer* shall be considered a separate malignant tumor thereafter.

3.2 Dialysis

We shall pay if the *insured person* has been discharged from *hospital* suffering from chronic and irreversible *kidney failure* and haemodialysis or peritoneal dialysis is recommended by the attending *medical practitioner*. The amount payable under this benefit equals to the amount actually charged as either *in-patient* or *out-patient* for such regular haemodialysis or peritoneal dialysis is subject to the plan selected in Part 2 – Benefits Table but shall not exceed the Maximum Benefit of this section.

3.3 Organ Transplant

The entire costs incurred to treat and/or to perform an organ transplant including all *hospital* services, surgery, *medical practitioner*'s fee and follow-up expense while the *insured person* admitted in the *hospital* will be paid under this benefit. Benefits shall be paid for the actual costs of transplant of heart, kidney, liver, lung, bone marrow and pancreas but no other organ transplantation is covered. This benefit is subject to the Maximum Benefit per *disability* as listed under the plan selected in Part 2 – Benefits Table. Organ transplant benefit does not cover any costs incurred by the donor(s) nor the costs of organ(s).

3.4 Prosthetic Devices

Prosthetic devices are the medical aids or an external artificial body part which is designed to form a permanent part of the *insured person*'s body or medical material or appliance implanted during surgery or used in replacement procedures, which is required to perform the surgery. Benefit is payable per item and in aggregate for all policy years and is subject to the maximum amount as stated under the plan selected in Part 2 – Benefits Table. If the maximum amount is not paid out in any one policy year, the remaining balance will be carried forward to the following policy year(s). In no event shall the maximum amount payable for any one item and in aggregate for all policy years exceed the Maximum Benefit as shown in Part 2 – Benefits Table.

Prosthetic devices that are covered in this section are:
(1) Lens for cornea of the eye
(2) Blood vessel valves for valve replacement
(3) Metallic or artificial joints for joint replacement
(4) Prosthetic ligaments for replacement or implantation between bones
(5) Prosthetic intervertebral disc
(6) Artificial limb
(7) Artificial eye

3.5 AIDS / HIV *Treatment*

We shall reimburse the charges incurred for *medically necessary treatment* of the *insured person* during such *hospital confinement* for any HIV infection related illness including Acquired Immune Deficiency Syndrome (AIDS). This benefit is only payable if the signs or symptoms of such *sickness* first occur after the policy has been effective for five (5) consecutive policy years. This benefit is only payable once and is subject to the maximum amount shown under the plan selected in Part 2 – Benefits Table. Payment of this benefit shall be in lieu of all other benefits provided by this policy in respect of such *hospital confinement* and *treatment*.

3.6 *Accidental* Dental *Treatment*

We shall reimburse the actual charges incurred for the *treatment* of sound natural teeth that arises solely and independently from an *accident* including consultation, staunch bleeding, tooth extraction and x-ray, provided such *treatment* is taken within two (2) weeks of the *accident* and in a legally registered dental clinic or *hospital*. Notwithstanding the foregoing, this benefit shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, or dental surgery performed in a *hospital* unless dental surgery is the only *treatment* available to alleviate the pain. It shall not cover any *treatment* for: (i) *injury* caused by eating or drinking; (ii) damage caused by normal wear and tear; and (iii) damage caused by tooth brushing or any other oral hygiene procedure.

In no event shall the payment under this section exceed the Maximum Benefit as set forth under the plan selected in Part 2 – Benefits Table.

3.7 Local Ambulance

We shall reimburse the actual charges incurred for *emergency* use of the local road ambulance to transport the *insured person* to and from a *hospital* for *in-patient treatment* in connection with *illness* or *injury*.

SECTION 4 – POST-SURGERY COVER

4.1 Post-surgery Out-patient Benefit

We shall pay the actual charges incurred for the *insured person*'s post surgery consultation and medication on an out-patient basis directly relating to and as a result of the surgical operation and which are incurred within forty-five (45) days after his/her discharge from the *hospital* following such operation and provided that the

consultation is in respect of the same covered *disability* and shall not exceed the Maximum Benefit of this section as set forth under the plan selected in Part 2 – Benefits Table.

4.2 Home Nursing Fees

We will pay the actual charges made by a *qualified nurse* in respect of services given to the *insured person* at the *insured person*'s usual residence (not being a nursing or convalescent home) which is required in writing by the attending *medical practitioner* immediately after the *insured person*'s discharge from the *hospital*. In no event shall the payment under this clause exceed Maximum Benefit of this section as set forth under the plan selected in Part 2 – Benefits Table.

The coverage provided under this section does not apply to charges for:

(1) a nursing service provided by more than one (1) nurse during any one twenty-four (24) hour period;
(2) any nursing service or *treatment* by physical therapy or any medical check-up by x-ray examination or any other means which are purely for diagnostic purposes.

4.3 Post-surgery *Specialist Treatment* due to Critical Illness

We shall pay for the actual, *reasonable and customary charges* by the registered *specialist* for the *insured person*'s post-surgery follow-up consultation and medication of the covered critical illness on an out-patient basis within one hundred and twenty (120) days following his/her discharge from the *hospital*, provided that the consultation is in respect of the same covered *disability* and shall not exceed the Maximum Benefit of this section as set forth under the plan selected in Part 2 – Benefits Table. Such *specialist treatment* must be recommended in writing by the attending registered *medical practitioner*:

Covered critical illness are:

(1) *Benign brain tumour,*
(2) *Chronic liver disease,*
(3) *Heart attack, and*
(4) *Major organ transplant.*

SECTION 5 – VOLUNTARY DEDUCTIBLE

For any *insured person* who voluntarily accepts a *deductible* amount on per *disability* claim basis made under this policy as stated in the *schedule*, *we* shall pay the hospitalization and surgical benefits of a covered *disability* after the *deductible* as specified in the *schedule*.

PART 4 – WORLDWIDE EMERGENCY

1. Home Nursing Care Referral Assistance
(available when the *insured person* is in *Hong Kong*)

Upon the request of the *insured* person, *we* will arrange for a baby sitter or domestic helper to take care of the *insured person*'s *child(ren)* or other *immediate family member* during the *insured person*'s absence. A *qualified nurse* can also be sent to the *insured person*'s residence to tend to the needs of any person specified by the *insured person*. The *insured person* shall bear the cost of the benefit service.

2. Telephone Medical Advice
(available when the *insured person* is outside *Hong Kong*)

We shall arrange for the provision of medical advice to the *insured person* over the telephone when traveling outside *Hong Kong* to assist in stabilizing his/her medical condition. Such advice shall not be construed as a diagnosis and the *insured person* shall be referred to a *medical practitioner*, if necessary. However, *we* shall exercise due care and diligence in providing such advice.

3. Medical Service Provider Referral
(available when the *insured person* is outside *Hong Kong*)

We shall provide to the *insured person* upon request, the name, address, telephone number and, if available, office hours of *medical practitioners*, *hospitals*, clinics, dentists and dental clinics worldwide (collectively, "medical service providers"). *We* shall not be responsible for providing medical diagnosis or *treatment*. Although *we* shall make such referrals, it cannot guarantee the quality of the medical service providers and the final selection of a medical service provider shall be the decision of the *insured person*. *We*, however, shall exercise due care and diligence in selecting the medical service providers.

All consultation fees and related charges shall be borne entirely and directly by the *insured person* without any reimbursement from *us*.

4. Guarantee of Hospital Admission Deposit
(available when the *insured person* is outside *Hong Kong*)

If the *insured person* is required to be hospitalized in a *hospital* approved by *us* whilst travelling outside *Hong Kong*, *we* will pay directly to the *hospital* the admission guarantee required by the *hospital*, up to a maximum of HKD39,000.

If *we* have paid any amount under this item whereby it is not covered by this policy, *you* shall repay the amount to *us*.

5. Arrangement of Limousine Service
(available when the *insured person* is in *Hong Kong*)

Upon the request of the *insured person*, *we* shall arrange and pay for limousine service for the *insured person* who is hospitalized in *Hong Kong* for a period in excess of seven (7) consecutive days. The limousine service shall be a single trip from the *hospital* to the place of residence in *Hong Kong*.

6. *Emergency* Medical Evacuation
(available when the *insured person* is outside *Hong Kong*)

We shall arrange and pay for the actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an *emergency* medical evacuation of the *insured person* who leaves *Hong Kong* not exceeding ninety (90) days. The timing, means and final destination of evacuation will be solely decided by Zurich Emergency Assistance and will be based entirely upon *medically necessary*.

7. Compassionate Visit
(available when the *insured person* is outside *Hong Kong*)

In the event that the *insured person* suffers from *serious bodily injury* and is being *confined* in a *hospital* as a resident *in-patient* for over three (3) consecutive days outside *Hong Kong*, *we* will arrange and pay for one (1) economy class return airfare or any reasonable transportation means (on economy class basis) for a close relative of the *insured person* to travel from *Hong Kong* to the *insured person*'s bedside. The arrangement will be solely decided by Zurich Emergency Assistance and will be based entirely upon *medically necessary*.

8. Return of Unattended Dependent
(available when the *insured person* is outside *Hong Kong*)

In the event that the *insured person* suffers from *serious bodily injury* and leaving his/her *child(ren)* under the *age* of seventeen (17) years unattended, *we* will arrange and pay for an economy class airfare ticket or any reasonable transportation means (on economy class basis) to return such *child(ren)* to *Hong Kong*, if the original ticket is not valid for such return. The arrangement will be solely decided by Zurich Emergency Assistance and will be based entirely upon *medically necessary*.

In respect to Benefits 1 – 4 under this part, any hospitalization expenses or medical expenses charged to *you* by a third party are to be borne by *you* unless they are covered by this policy.

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

PART 5 – GENERAL EXCLUSIONS THESE APPLY TO WHOLE POLICY

This policy will not cover any claim arising directly or indirectly from:

1. any *pre-existing condition*;
2. any *treatment* or expenses incurred within the *waiting period* except those arising out of an *accidental injury*;
3. any condition resulting from abortion, *maternity*, pregnancy including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, contraceptive or contraceptive devices, infertility or sterilization of either sex;
4. cosmetic surgery or plastic surgery for purposes of beautification except as medically necessitated by an *injury* or refractive errors of the eyes, eye tests or fitting of glasses or surgical correction of nearsightedness such as but not limited to radial keratotomy and keratectomy, or any dental surgery of any nature whatsoever except procedure necessitated by damage to sound natural teeth as a result of an *injury* occurring during the *period of insurance*. Benefit is payable purely for *emergency* condition and to alleviate the pain including consultation, staunch bleeding, tooth extraction and x-ray provided such *treatment* is provided within two (2) weeks of the *accident* and in a legally registered dental clinic or *hospital* but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
5. vaccination or inoculations for immunization or quarantine purposes, preventive treatments, preventive medicine, hair mineral analysis (HMA), general check-up, convalescence, custodial or rest care or sanitaria care, or expenses incurred not in accordance with

the diagnosis and *treatment* of the condition for which the *confinement* is required or any *treatment* which is not *medically necessary*, or *treatment* received in any home, health hydro, nature cure clinic, sanatorium or long term care facility;

6. congenital abnormalities and condition arising out of the same or resulting therefrom, including but not limited to epilepsy, strabismus, hydrocephalus, and hernia (up to the *age* of eight (8) years of *insured person*);
7. medical *treatment* and surgery for anal fistulae; cholecystitis; calculi of kidney or urethra or bladder; gall bladder calculi; diabetes mellitus; gastric or duodenal ulcer; hallux valgus; hypertension; cardio vascular disease or heart disease or disorder; tuberculosis; bone tumors; malignancies of blood or bone marrow unless the *insured person* has been continuously covered by this policy for one hundred and eighty (180) consecutive days immediately preceding such surgery or *treatment*;
8. medical *treatment* and surgery for cataracts, glaucoma/retinal disorder, breast mass/tumor, endometriosis, diseased tonsils, haemorrhoids/piles, thyroid disorder, hyperthyroidism, vocal nodule, tumours/ polyp/cyst/lesion/mass/lump of skin/subcutaneous or muscular tissue, pathological abnormalities of nasal septum or turbinates, sinus conditions,polyps/cyst/lesion/ mass/lump/fibroid/tumour/*cancer* of internal organs, circumcision unless the *insured person* has been continuously covered by this policy for three hundred and sixty-five (365) consecutive days immediately preceding such surgery or *treatment*;
9. procurement or use of special braces, appliances, equipment, including but not limited to organ; prosthetic appliances, hearing aids, wheelchairs, crutches, denture, CPAP machine or any other similar equipment;
10. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, schizophrenia and other behavioral disorders; or under the influence of alcohol, *alcohol dependence syndrome* or drugs otherwise than in accordance with the direction of a registered *medical practitioner*;
11. *treatment* or *disabilities* arising out of engaging in professional or hazardous sports or pastimes such as climbing, mountaineering, pot-holing, skydiving, parachuting, hang-gliding, para-sailing, water skiing, ballooning, all diving, motor cycling, hunting, aviation or aeronautics (other than as fare-paying passenger on a duly licensed commercial aircraft), ice hockey, figure skating, ice or water ski-jumping, show jumping, rugby, racing of any kind other than on foot or where the *insured person* would or could earn any remuneration from engaging in such sport or race or participating in any illegal acts;
12. air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier or engaging in naval or military or armed force or services;
13. *treatment* by any person other than a registered *medical practitioner* or by any person who ordinarily resides in the *insured person*'s home;
14. services which are not recommended and prescribed by the *insured person*'s attending *doctor*; or cases considered experimental or elective or carried out by a facility not recognized as a *hospital*;
15. any costs incurred by any *insured person* outside any *period* of *insurance* of this policy or for any *period* of *insurance* of this policy for which the appropriate premium has not been paid;
16. any *disabilities* for which compensation is payable under any government law or for which benefits are payable under any other insurance policies except to the extent that such claim is not reimbursed under or pursuant to such laws or other policies or any expenses that are recoverable from a third party;
17. *war*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), *civil war*, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion;
18. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
19. *disease* or *sickness* arising from asbestos;
20. charges for non-medical services such as telephone, television, radio, telex, extra meal, extra bed or similar facilities;
21. venereal diseases, sexually-transmitted diseases, communicable disease requiring by law isolation or quarantine;
22. aquisition of the organ itself to be used for organ transplantation and all expenses incurred by the donor, who is someone other than the *insured person*;
23. *elective overseas treatment* for non-*emergency* conditions;
24. (1) any act of *terrorism* regardless of any other cause of event contributing concurrently or in any other sequence to the loss;

    (2) any action in controlling, preventing, suppressing, retaliating against or responding to any such act of *terrorism*.

    In any action, suit or other proceedings where *we* allege that by reason of the provisions of this condition any loss or damage is not covered by this insurance the burden of proving that such loss or damage is covered shall be upon the *insured person*.
25. *treatment* of obesity (including morbid obesity) and weight control programmes, or *treatment* of an optional nature;
26. any expense for health supplements and all specialized Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, gingseng, cordceps sinensis, agaricus blazei murill, sika deer antler, donkey-hide gelatin, hippocampus, antelope horn powder, placenta hominis, must, and pearl powder, etc;
27. any *treatment* for Hepatitis B, C or D virus and/or liver disorders while the *insured person* is a "known" hepatitis B, C or D carrier prior to the effective date of the policy; and
28. *treatment* for learning difficulties in *child(ren)*, such as dyslexia or behavioural problems, attention deficit, hyperactivity disorder, or development problems such as shortness of stature.
29. Any *cyber act* that results in any *accident*, *disability*, *sickness* and/or *injury*.

PART 6 – GENERAL PROVISIONS

1. Entire Contract

This policy including the *schedule*, enrolment form, endorsements, attachments and amendments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* officer and evidenced by endorsement of amendment.

2. *Age* Limit and Eligibility

The Insured must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* Identity Card, with a permanent address and live in *Hong Kong* as a *usual country of residence*, and *aged* between eighteen (18) and sixty-five (65) years old (including eighteen (18) years old and sixty-five (65) years old) will be eligible to apply as the Insured.

Unless specifically mentioned to the contrary, the *age* of the *insured person* must be between fifteen (15) days and sixty-five (65) years old (including fifteen (15) days and sixty-five (65) years old) at the effective date of this policy and this policy is renewable up to the *age* of one hundred (100) years old, and the *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* Identity Card, with a permanent address and live in *Hong Kong* as a *usual country of residence* will be eligible to application subject to individual underwriting and acceptance by *us* as the *insured person*.

3. Area of Cover

All benefits are applicable within its geographical limit only, and the area of cover will be shown on the policy *schedule*.

If benefits are applicable in *Asia*, it means all benefits are applicable in *Asia* countries, however, no benefits shall be paid under this policy in respect of any *insured person* who is on temporary or permanent location in countries other than *Hong Kong* except where such temporary location does not exceed ninety (90) consecutive days.

If benefits are applicable worldwide, it means all benefits are applicable in worldwide countries, however, no benefits shall be paid under this policy in respect of any *insured person* who is on temporary or permanent location in countries other than *Hong Kong* except where such temporary location does not exceed ninety (90) consecutive days.

4. Refusal or Acceptance of Application

We reserve the right to refuse any application without giving any reason or to accept the applicant for membership on any special terms which *we* may require.

5. *Upgraded* Benefits

If the medical benefits to any *insured person* under the terms of this policy are to be increased to a higher class at the time of the policy *annual renewal date*, written notice in a form prescribed by or satisfactory to *us* must be given by the Insured. If such *insured*

person shall have been afflicted with a covered *disability* before the said written notice was received, the benefits payable in respect of such *disability* shall not exceed the limit(s) or maximum(s) of benefits applicable to that *disability* prior to the date the written notice was received by *us*.

6. Notice of Claims

On the happening of any event which may give rise to a claim under this policy, the Insured shall give notice with all available particulars to *us* as soon as possible and in any case within thirty (30) days from the date of admission to *hospital*, and failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible to give such notice. Admission of any claim will be subject to the proof as required to be provided by the Insured or the *insured person*.

7. Proof of Loss

Affirmative proof of loss, including receipts and itemized bills with the diagnosis in original, for which claim may be made together with a fully completed claim form supplied by us must be furnished by the Insured to us within thirty (30) days after termination of treatment for the disability for which the claim is being made.

We will not be liable in any event until satisfactory proof is furnished to us. Claimant will furnish such information, assistance documents, medical evidence and reports signed by the registered *medical practitioner* and in such form and of such nature as *we* may prescribe at claimant's own expense. *We* shall have the right at *our* expense to examine the *insured person*, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy, and also the right to perform an autopsy at *our* expense in case of death (where it is not forbidden by law).

8. Overseas Claims

All benefits are applicable within its geographical limit only and shall in accordance to the plan and geographical area as selected by the Insured or the *insured person*, however, no benefits shall be paid under the policy in respect of any *insured person* who is temporary or permanent staying in a country or countries other than *Hong Kong* except where such temporary stay does not exceed ninety (90) days and the medical condition or *treatment* has been incurred as the result of an *accident* or *sickness* occurring in that other country or those other countries. However, elective surgery or medical *treatment* outside *Hong Kong* is not covered under this policy unless pre-approval agreement is obtained from *us*.

We reserve the right to obtain the proof of the *insured person*'s country of residence, including proof that the *insured person* has not taken up residence outside *Hong Kong*, to *our* satisfaction at the time of processing any claim or payment of any benefit under this policy.

9. Claims in Foreign Currencies

Any claim for reimbursement of expenses made by an *insured person* in any foreign currency shall be converted to *Hong Kong* dollars at the official buying rate of such currency for *Hong Kong* dollars in effect in *Hong Kong* at the time payment of such claim is paid by the patient, or if no such official rate exists, at the rate certified as appropriate by *our* bankers which shall be deemed to be final and binding.

10. Medical Examination

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

11. Payment of Claims

Indemnity for death of the *insured person* is payable to the estate of the *insured person*. All other indemnities provided in this policy are payable to the *insured person* immediately after the receipt of due proof, except under Part 4 – Zurich Emergency Assistance where the benefits will be paid based on actual cost directly to the provider of service.

12. Misrepresentation, Non-disclosure or Fraud

We have the right to declare this policy void as from the policy effective date and notify *you* that no cover shall be provided for the *insured person* in case of any of the following events :

(a) any material fact relating to the health related information of the *insured person* which may impact the risk assessment by *us* is incorrectly stated in, or omitted from the enrolment form or any statement or declaration made for or by the *insured person* in the enrolment or in any subsequent information or document submitted to *us* for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected *our* underwriting decision, such that *we* would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.

(b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

(i) *we* shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).

(ii) if the total amount of the above offsetting items exceeds the applicable premiums received by *us*, *you* must repay such excess to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

In the event of (b), *we* shall have the right:

(i) not to refund the applicable premiums paid;

(ii) and to demand that all past claim payments previously paid to *you* be repaid to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

13. Premium Charge

(1) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or monthly basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire policy year and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such policy year. *We* will not be liable to refund any premium paid.

(2) *We* reserve the right to revise or adjust the premium under the following circumstances:

(a) According to *our* applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by *you* and/ or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.

(b) The premium rate should be adjusted automatically according to the attained *age* of the *insured person* at the time of renewal.

14. No Claim Discount

No claim discount on the renewal premium of any policy year of this policy may be available and is calculated as follows:

(1) If no claim has been made by or has arisen from the *insured person* prior to the *policy anniversary*, the no claim discount on the renewal premium of the following policy year will be increased by two percent (2%) in the first no claim year, followed by five percent (5%) in the second no claim year, and accumulated up to eight percent (8%) in maximum in the third no claim year.

(2) If a claim has been made by or has arisen from the *insured person* prior to the *policy anniversary*, the no claim discount on the renewal premium of the following policy year will be decreased to nil percent (0%). The maximum deduction of the no claim discount is up to eight percent (8%) and the minimum of the no claim discount is nil percent (0%).

(3) The no claim discount of any policy year shall be invariably deducted from the originally chargeable renewal premium (without deduction of no claim discount) of such policy year and shall disregard the balance of the originally chargeable renewal premium of any previous policy year after deduction of the no claim discount of such previous policy year.

15. Grace Period

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

16. Reinstatement

If *we* have allowed this policy to lapse due to non-payment of premium, *we* may allow this policy to be reinstated if you provide *us* with a satisfactory written application for reinstatement including

proof of insurability. The reinstated policy shall only cover an *injury* sustained by the *insured person* after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than ten (10) days after the date of reinstatement.

17. Cancellation

(1) *We* have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing by post to *your* last known address. Under no circumstances *we* will be obligated to reveal *our* reasons for cancellation. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy.

The payment or acceptance of any premium subsequent to such termination shall not create any liability on *us* but *we* shall refund any such premium received by *us*.

(2) *You* have the right to cancel this policy by giving thirty (30) days' advance notice in writing to *us*. In such event, *we* will refund the unearned premium actually paid by *you* provided that no claim has been made during the period starting from the policy effective date to the date on which the cancellation takes effect ("Policy Period"), the earned premium shall be calculated in accordance with the table below but in no event shall the earned premium be less than *our* customary minimum premiums. If this policy is pay on monthly payment mode, *we* have the right to charge *you* the remaining balance of the annual premium for the current policy year in accordance with the charges indicated below.

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

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

Notwithstanding the above, if *you* are not satisfied with this policy, *you* may within twenty-one (21) days immediately following the day of delivery of this policy, cancel the policy by returning the policy to *us* and attaching a notice signed by *you* requesting cancellation. In the event that no claim payment has been or is to be made, *we* will refund to *you* all the premiums *you* have paid without interest. In the event that a benefit payment has been made or is to be made, no refund of premium shall be made.

18. Termination of Policy

This policy shall automatically terminate on the earliest of:

(1) the *insured person* is no longer eligible for the benefits under this policy in view of Clause 2 – *Age* Limit and Eligibility of this Part;
(2) cover under this policy ceases pursuant to the Clause 12 – Misrepresentation, Non-disclosure or Fraud of this Part;
(3) you fail to pay after expiry of the 31-day grace period in accordance with Clause 15 – Grace Period of this Part; or
(4) either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 17 – Cancellation of this Part.

19. Renewal

The policy shall remain in force for a period of one (1) year from the policy effective date and this policy will be automatically renewed at *our* discretion. *We* reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance by giving thirty (30) days' written notice to *you*. *We* will not be obligated to reveal *our* reasons for such amendments and such renewal will not have to take place if before the policy effective date of any *period of insurance*, *you* have indicated to us that such amendments are not acceptable to *you*.

20. Misstatement of *Age* or Sex

If the *insured person*'s *age* or sex has been misstated, the premium difference would be returned or charged according to the correct *age* or sex. In the event the *insured person*'s *age* has been misstated and if, according to the correct *age*, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that the *insured person* is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this policy.

21. Additions and Deletions

You must notify *us* in writing of *your* request for any additions to or deletions of the benefits or *insured person* in this policy. Such request shall be subject to *our* right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions of this policy.

22. Claims Admittance

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

23. Change in Country of Residence

The insured must notify *us* in writing of any change in his/her or *insured person*'s *usual country of residence* within the first thirty (30) days of the change. Changes in *usual country of residence* outside the insured's or *insured person*'s *usual country of residence* as declared to *us* shall result, at *our* sole discretion, in the coverage being modified or the policy being cancelled. Changes in residence to the United States or North America or Western Europe, shall result in the non-renewal of the policy. Failure to notify *us* of any change and should a claim occur, *we* reserve the right to decline such claim.

24. Subrogation

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

25. Arbitration

All differences or disputes arising out of this policy shall be determined by arbitration in accordance with the Arbitration Ordinance, Chapter 341, Laws of Hong Kong as amended from time to time. If the parties fail to agree upon the choice of the arbitrator, then the choice shall be referred to the Chairperson of the Hong Kong International Arbitration Centre. It is agreed that the decision of the arbitrator shall be final, conclusive and binding on the parties and no further legal action will be taken by both parties. If *we* shall disclaim liability to the *insured person* for any claim hereunder and such claim shall not within twelve (12) calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

26. Compliance with Policy Provisions

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

27. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of the *Hong Kong* courts.

28. Statement of Purpose for Collection of Personal Data

All personal data collected and held by *us* will be used in accordance with *our* privacy policy, as notified to *you* from time to time and available at this website: https://www.zurich.com.hk/en/services/privacy. *You* and/or *insured person* shall, and shall procure all other *insured persons* covered under the policy to, authorize *us* to use and transfer data (within or outside *Hong Kong*), including sensitive personal data as defined in any applicable legislations, rules or guidelines, for the necessary purposes as set out in *our* privacy policy as applicable from time to time. When information about a third party is provided by the *insured person* to *us*, the *insured person* warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to *us*, enabling *us* to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

29. Pre-admission Assessment Service

The Pre-admission Assessment Service is rendered by the service provider which is nominated by *us*, and this service is available for private *hospitals* in *Hong Kong* only. If *you* require such service, please make *your* application by following the procedures below:

(1) Call Claims 24-hour hotline through 2903 9446 to obtain Pre-assessment Application Form.

(2) Complete Parts I & II of the Pre-assessment Application Form by *you* and *your* attending *doctor* and return it to the service provider by fax 2917 6799 not less than 3 working days prior to *your* admission to the *hospital* for assessment.

(3) After receiving *your* application, the service provider will inform *you* whether the Pre-assessment is approved within 3 working days. Should the pre-assessment is approved, the service provider will contact the *hospital* for direct settlement arrangement.

(4) Upon discharge, *you* and *your* attending *doctor* are required to complete and return the formal Hospitalization Claim Form to *us* within 14 days.

The assessment is based on information before admission. The actual reimbursement is subject to the information supplied on the claim form, actual situation and details of the insurance coverage, exclusion clauses, terms and conditions stated in the policy and any other relevant document.

You will be required to provide *treatment* information and authorize *us* to collect shortfall of medical expenses, if any, from a American Express® Card account designated by yourself. If hospitalization is due to illness/*disability* classified under exclusion, application will not be accepted.

30. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

PART 7 – CLAIMS PROCEDURE

For application of Pre-admission Assessment Service and direct settlement:

Step 1: Contact *our* Claims Hotline and return *us* with the Pre-admission Assessment – Application Form completed by the attending *doctor* **no later than 3 workings days** prior to admission date.

Step 2: Claim form completed and signed by the attending *doctor* **within 14 days** upon discharge

For non-direct settlement claim:

Step 1: Notify *us* **within 30 days** from the date of treatment in *hospitals*.

Step 2: Complete the claim form and supply *us* the following original documents as appropriate.

1. Hospitalization

(i) *Hospital* statement showing:
- name of the patient
- period of *confinement*
- itemized charges

(ii) Receipts of all attending *doctors/specialists/anaesthetists/ surgeons/physiotherapists* showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given
- amount charged

2. *Specialist Treatment*

(i) Receipts of all attending doctors/*specialists/anaesthetists/ surgeons/physiotherapists* showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given

(ii) *Specialist*'s receipt showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given
- amount charged

3. Post-surgery Out-patient/Post-surgery *Specialist Treatment* due to Critical Illness

(i) Doctor's receipt showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given
- amount charged

(ii) Referring letter by attending *doctor* for *specialist treatment*

4. Post-surgery Home Nursing

(i) Written requirement of the attending *doctor*

(ii) Receipt of *qualified nurse* for services showing:
- name of the patient
- period of services
- amount charged (per day/total)
- name of *qualified nurse*

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

美國運通醫療保

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

請細閱本保單，並確保本保單內容符合「閣下」的需要，如有任何修正請求，並請盡快提出。

本保單連同「附表」及嗣後發出的任何附帶批單應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非我們書面確認，否則不得接受任何變更。而「閣下」的投保表格及聲明，不論以口述（若是由「本公司」或「本公司」授權之代理錄音）或書面形式提供，均會構成本合約的依據。

「本公司」現與「閣下」協議，鑒於「閣下」支付保費及信賴各陳述、保證或聲明，以及遵從本保單及隨附之「附表」的條款與規章如任何「受保人」因「意外」「損傷」或「疾病」而導致「傷疾」或招致下文所訂承保範圍內的費用，「本公司」將支付指定的保障。「本公司」就任何「疾病」或「意外」「損傷」向任何「受保人」支付的最高賠償額為該「受保人」最初因「損傷」或「疾病」招致費用或蒙受損失時的本合約投保額。

「本公司」將於收訖「閣下」所繳的保費後，在「保險期」內為「受保人」提供「附表」內訂明各節的保障，惟「閣下」必須履行本保單所列出的所有條款與條件。此乃全年醫療保險保險單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。如已獲得本保單賠償或接受服務，「閣下必須繳交保單全年之保費。

「閣下」於投保表格內填報的資料如有任何更改，請盡早通知「本公司」，以免影響本保單的保障內容。

此乃一份有法律效力的文件，敬請妥為保存。

第一部份 —— 定義

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

「意外」
任何不可預見或預料的、暴力的、意外的、外在及可看見的事故，並直接導致「受保人」蒙受「損傷」之突發事件，但不包括「疾病」或任何自然地發生的健康情況或退化過程。

「年齡」
上個生日的年齡

「酒精依賴綜合症」
直接或間接或因任何因素與攝取酒精飲料相關並出現併發症包括感到一種難以抗拒的衝動地持續性或週期性渴酒的一種心理或肉體上的狀態。

「麻醉科醫生」
麻醉科醫生指在「香港」醫務委員會以麻醉科專科登記或具其他同等資歷的「註冊醫生」。惟「閣下」、「受保人」或「直系親屬」除外。

「保險年度最高賠償額」
「受保人」於本保單成功登記起計的十二個月保障的總賠償額，或「受保人」登記在本保單之起保日期，以保單起保日期、「提升保障生效日期」或最後重訂保單日期，以較後發生者為準計算的十二個月內的總賠償額。

「續訂保單週年日期」
以保單起保日期或「保單週年日期」計算每十二個月於年度續訂保單日期，「本公司」會通知給予續訂保單條款及保費。

「亞洲」
「香港」、澳門、中國、台灣、菲律賓、韓國、蒙古、新加坡、馬來西亞、汶萊、泰國、印尼、越南、緬甸、寮國、尼泊爾、不丹、巴基斯坦、印度、孟加拉共和國、斯里蘭卡及馬爾代夫。

「腦部良性腫瘤」
由神經科專科醫生或神經外科專科醫生鑑定的腦內非癌性致命腫瘤，包括損害腦部的顱內腫瘤。此腫瘤必須被視為需進行神經切除手術，或如不動手術則會導致永久性神經機能缺陷。

「癌症」
此診斷為呈現生長不受控制的惡性腫瘤和惡性細胞擴散，以致入侵及破壞正常組織。癌症必須由合資格的腫瘤科醫生或病理學專科醫生證明為惡性腫瘤的組織學證明。癌症包括：血癌、惡性淋巴瘤、何杰金氏病、惡性骨髓病變及轉移性皮膚癌。以下並不在保障範圍之內：

(i) 原位癌、子宮頸細胞病變、子宮頸癌 CIN-1、CIN-2 及 CIN-3，以及所有癌變前期症狀或非侵襲性癌；
(ii) 早期前列腺癌 TNM 分類法 T1（包括 T1a 及 T1b），或相同的分類法；
(iii) 皮膚黑色素瘤，根據 AJCC 第 8 版（2017 年）分類中第 0 期（Tis，N0，M0，原位，克拉克 I 級）或後續的期數；
(iv) 角化過度症、基細胞及鱗狀皮膚癌；及
(v) 愛滋病病毒感染引致的所有腫瘤。

「子女」
任何「年齡」由十五日至十九歲的未婚人士或直到二十三歲於認可教育機構註冊的全日制學生，並且沒有獨立經濟能力。

「慢性肝病」
末期肝病或肝硬化導致以下最少一種情況的慢性末期肝衰竭：

(i) 無法控制腹水；
(ii) 持續性黃疸；
(iii) 食管或胃靜脈曲張；或
(iv) 肝性腦病。

因濫用酒精或藥物引致之肝病並不在保障範圍之內。

「內戰」
相同國家的公民或民族互相對抗而發生互相攻擊的戰爭或「戰爭」。

「電腦病毒」
是指一組損壞的、有害的或未經授權的指令或代碼，包括一組通過程序或其他方式惡意傳播的未經授權指令或代碼，並通過電腦系統或任何性質的網絡傳播。電腦病毒包括但不限於"特洛伊木馬"、"蠕蟲"和"時間或邏輯炸彈"。

「先天性症狀」
於出生時存在的醫學異常，包括「受保人」到達十二歲前由初生兒發展成的身體異常。

「網絡行為」
是指在任何時間和地點所做的任何未經授權、惡意或犯罪行為。而該行為涉及進入、處理、使用或操作任何電腦系統、電腦軟體程式、惡意代碼、「電腦病毒」或流程或任何其他電子系統。

「自負額」
為「受保人」應付的部份費用。「本公司」將支付扣除「附表」列明的自負額後受保「傷疾」的住院及手術保障費用。自負額以每「傷疾」為基礎，「本公司」祇會支付超過列明的自負額之醫療費用。

若「受保人」的受保「傷疾」已從其他保險公司取得賠償，自負額將扣減已從其他保單取得的賠償金額，並「本公司」應支付同一「傷疾」扣除適用自負額後未獲賠償的合資格醫療費用。

「傷疾」
意思指「損傷」或感染「疾病」。若是「損傷」，即指因同一事故所引起的所有「損傷」。所有因為相同原因或相關原因引致的同時存在的「疾病」及所有由此發生的併發症均會被視為同一次傷疾。若傷疾是與先前傷疾的相同原因或相關原因引致，包括所有由此發生的併發症均會

被視為先前傷疾的延續而不是另一傷疾，除非最近的出院日期，或最後一次到「醫生」診所接受診斷或「治療」或領取藥物之日期（以較遲為準）且無需再接受「治療」已相隔最少九十天或是五年若傷疾是任何類別的「癌症」，其後的傷疾將被視為另一傷疾。

「選擇性海外治療」
意思指非緊急的預先計劃的海外住院手術治療。

「合資格費用」
「註冊醫生」為受保「傷疾」提供的「治療」所需的「醫療必需」費用。

「緊急」
意思指需要即時的「治療」防止「受保人」死亡或對「受保人」的健康造成永久損害。

「心臟病」
心臟病或心肌梗塞初次病發，指心肌的血液供應急性中導致部份心肌壞死。診斷必須以胸痛史、證實導致梗塞的新心電圖轉變，以及心臟酵素明顯提高之紀錄作依據。心絞痛並不在保障範圍之內。

「香港」
中華人民共和國香港特別行政區。

「醫院」
符合下列條件的機構：
(i) 持牌醫院（如所在國家或司法管轄區規定領取牌照）；及
(ii) 主要業務為接受患病、染或受傷人士住院及提供醫療護理服務；及
(iii) 有一名或以上的持牌「醫生」時刻駐院；及
(iv) 駐有合格護士或「註冊護士」每天二十四小時提供看護服務；及
(v) 具有完善的住院診斷設備及外科手術設備；及
(vi) 保存有病人的每日醫療記錄，並可由「本公司」的醫療主管取用。
醫院並不包括：主要業務為診所、照料類別的診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構，或護理院，或類似的機構。

「住院」
「受保人」因「損傷」或「疾病」而遵照「醫生」囑咐及於「醫療必需」下入住「醫院」接受「治療」最少十六小時，並在出院前一直逗留於「醫院」內。「受保人」須出示「醫院」發出的每日房間及膳食費用單據，以作證明。惟毋須以「住院病人」形式入住「醫院」而進行的外科手術除外。

「直系親屬」
「閣下」或「受保人」的配偶、父母、配偶父母、祖 / 外祖父母、「子女」、兄弟姊妹、孫兒女或合法監護人。

「損傷」
「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。

「住院病人」
於「醫院」佔用床位過夜超過最少十六個小時的病人。

「受保人」
「附表」訂明為受保人並受本保單保障的人士。

「深切治療部」
於「醫院」內設有醫護人員及設備專為病危人士提供超出一般「醫院」護理範圍以外的特別或深切治療，並且每日收取額外治療費用的部門。

「腎衰竭」
為腎病的晚期階段，病狀為兩個腎臟呈現慢性及不能復原的功能衰竭。診斷必須以定期腎臟透析或移植手術作依據。

「主要器官移植」
以接受移植者或器官移植名單輪候人士身份實際進行以下任何一項器官移植手術。
(i) 以下任何整個器官：心臟、肺部、肝臟、腎臟或胰臟；或
(ii) 清除所有骨髓後利用造血幹細胞製造人類骨髓。

移植手術必須為「醫療必需」，並且由「醫生」作出器官衰竭的客觀證明。上述幹細胞移植以外的項目並不在保障範圍之內。

「婦產」
任何與懷孕、分娩或流產有關原因或情況或任何由此衍生的併發症。

「醫療必需」
為「傷疾」必需或有需要之照顧、「治療」或醫療服務，並此等「治療」在「香港」專業認可的醫學標準中普遍接受為有效、適當及不可缺的，並以下列各項作為提供有關服務之必要性：
(i) 因應有關診斷或「治療」而所需；及
(ii) 符合良好及謹慎的行醫標準；及
(iii) 並非為「閣下」、「受保人」或任何照料他/她的人或任何保險代理、「受保人」的業務伙伴或僱主僱員或家庭成員或親屬、或任何專業醫學人士提供方便；及
(iv) 以「合理及慣常收費」的標準為受保「傷疾」進行的「治療」收費；及
(v) 安全及有效地為「受保人」提供適當程度的「治療」；及
(vi) 並非祇為「受保人」已是「住院病人」，然而「受保人」的「傷疾」在非住院的情況下也能得到安全及適當的「治療」；及
(vii) 並非為健康審查或身體檢查；及
(viii) 為免存疑，現聲明
  (a) 實驗性、評估檢查及預防性醫療服務或用品；或
  (b) 毋須擁有技術技能的服務供應商所提供的服務，一律不會視作「醫療必需」。

「醫生」、「外科醫生」或「註冊醫生」
已根據《醫生註冊條例》（香港法例第 161 章）規定登記成為醫生或外科醫生，但「閣下」、「受保人」或「直系親屬」除外。如索償或「治療」發生於「香港」以外之地方，則代表擁有合格西醫學位，並已獲准在其執業的地區合法授權提供醫療及外科手術服務的人士，但「閣下」、「受保人」或「直系親屬」除外。

「門診病人」
「受保人」因本保單承保的「傷疾」在「註冊醫生」的診所或辦事處、或「醫院」門診部或急症室接受醫療服務及藥物「治療」。

「保險期」
「附表」內所訂明之保險有效期，而該保險期間之保費已為「本公司」接納。

「物理治療師」
並非「閣下」、「受保人」或「直系親屬」的合格物理治療師，根據接受「治療」當地的法律合法註冊或持牌，而被視作提供此等服務的專家，並經由「註冊醫生」所轉介。

「保單週年日期」
列明於「附表」之生效日期的週年日。

「投保前已存在之傷疾」
在本保單生效日、復效日或「升級生效」（三者取其較遲）之前已存在的任何「損傷」、「疾病」或病況，及/或「受保人」已呈現病徵或已接受診療、診斷或建議或服用處方藥或藥物、「治療」或囑咐一段時間而其知悉或理應知道的直接相關病況，除非「受保人」已於申請表格以全面披露此等病況並獲「本公司」書面接受，而保單文件無明確規定不承保之前已存在「傷疾」的「治療」費用，則屬例外。

「註冊護士」
註冊護士指合法批准持牌及獲准資格在其執業地區合法提供護理服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

「合理及慣常收費」
就任何費用、收費或開支而言，指符合以下規定的費用或開支：屬於「醫療必需」而乃按照良好醫療守則，為着照顧由「註冊醫生」治理、監督的受傷或患病人士或按「註冊醫生」指示
(i) 所提供的「治療」、用品或醫療服務之費用；
(ii) 不超過招致費用當地同類「治療」、用品或醫療服務的正常收費水平；及
(iii) 並不包括如非有投購保險便不會招致的費用。「本公司」保留權利釐定個別「醫院」/ 醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何

「醫院」/ 醫療費用並非合理及慣常收費，「本公司」保留權利調整任何或所有應付賠償的金額。

「附表」
隨附本保單並構成保單一部份之附表。

「嚴重損傷」
需經由「醫生」「治療」的「損傷」，並經「醫生」證實「受保人」不適宜旅遊或繼續其原訂的旅遊行程。

「疾病」
在「保險期」內健康出現不正常之病理癥狀。

「專科醫生」
指由合法註冊「香港」醫務委員會以專科登記的「註冊醫生」。若索償或「治療」於「香港」以外的地方發生，專科醫生指在發生索償的國家具有其他同等資歷的人士並登記從事專科治療。惟「閣下」、「受保人」或「直系親屬」除外。

「手術費」
指本保單訂明，「外科醫生」就受保「傷疾」進行手術所收取的費用，包括在手術前三十天內接受一次手術前評估的診症費，及完成手術後四十五天內最多三（3）次正常手術後覆診的費用。手術費包括「外科醫生」費、「麻醉科醫生」及手術室費之「合理及慣常收費」。

「恐怖活動」
恐怖活動包括任何人或團體不論合法與否獨自行動或代表任何組織或政府，為達到政治、宗教、意識或類似目的包括不論合法與否意圖影響任何國家、政治部門，由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇行動包括：
(i) 涉及以暴力對待一人或多人；或
(ii) 涉及財物損毀；或
(iii) 危害生命但不包括執行行動的人；或
(iv) 對健康或公眾或部份公眾的安全製造風險；或
(v) 設計去干擾或破壞某電子系統。

「治療」
指由「註冊醫生」進行的外科或醫療程序，目的純粹為治癒或舒緩「損傷」或「疾病」。

「提升保障」
指提升保障及/或計劃級別。

「提升保障生效日」
指「本公司」同意「閣下」保單「升級」當日「香港」時間 00：00 時，即「本公司」發予「閣下」訂明「升級」詳情之保單「附表」或批單所註明的日期。

「慣常居住國家」
指「受保人」全年大部份時間工作或居住之國家。若「受保人」全年中經常要出埠，則指「受保人」保留有最主要居所之國家或「受保人」最近期固定住址之國家，及「受保人」不會於慣常居住國家以外的國家連續逗留超過一百二十天。

「等候期」
本保單之生效日期、或任何附帶批單或其後增加的額外保障生效日（只限增加保障部份），或保單復效日，以較遲者為準，開始計算的三十日內。「本公司」不會就「受保人」在此期間首次出現病徵之「疾病」治療作出任何賠償。為避免疑慮，等候期不適用於「意外」「損傷」。

「戰爭」
兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主 權國正式授權而
(i) 終止和平關係；及
(ii) 陷入武裝敵對局面。

「本公司」
蘇黎世保險有限公司。

「閣下」
「附表」上註明為本保單持有人之人士。

第二部份 —— 保障表

以下各項計劃及保障必須於「附表」內訂明為有效的計劃及保障，方為適用。

關於「住院」索償，載於下列保障表中的應得保障將根據所選的房間類別作調整：

(1)	私家病房	標準計劃：	列於保障表中的應得保障的30%
		優越計劃：	列於保障表中的應得保障的50%
(2)	半私家病房	列於保障表中的應得保障的100%（適用於標準及優越計劃）	
(3)	標準病房	列於保障表中的應得保障的100%（適用於標準及優越計劃）	

任何「受保人」「住院」於套房、VIP 房、及豪華私家房或相同等級或任何收費高於私家病房的病房類別皆不受保障。如有爭議，「本公司」保留唯一權利決定病房等級，以據此釐定應付保障的金額。為確定病房等級，「本公司」將考慮到「受保人」入住的「醫院」採用的病房類別分級。

保障範圍	每位「受保人」於「保險期」之最高賠償額（港元）	
	「亞洲」/ 全球標準計劃	「亞洲」/ 全球優越計劃
「保險年度最高賠償額」	2,000,000	5,000,000
第1節 —— 房租及膳食費用		
1.1 房租及一般護理費用	實際費用的100%	實際費用的100%
1.2 「深切治療部」之房租及一般護理費用		
1.3 陪伴床位保障（父母陪伴床位）		
第2節 —— 手術費用保障		
2.1 「醫生」巡房費	實際費用的100%	實際費用的100%
2.2 住院「專科醫生」費		
2.3 「醫院」雜費		
2.4 手術費用（包括「麻醉科醫生」費用及手術室費用）		
2.5 診所手術費用		
第3節 —— 其他醫療保障		
3.1 腫瘤科治療	實際費用的80% 最高賠償額200,000	實際費用的90% 最高賠償額300,000
3.2 洗腎費用	實際費用的80% 最高賠償額200,000	實際費用的90% 最高賠償額300,000
3.3 器官移植	實際費用的80%	實際費用的90%

保障範圍	每位「受保人」於「保險期」之最高賠償額（港元）	
3.4 人造義體 / 義肢費用	實際費用的80% 每件最高保障額30,000	實際費用的80% 每件最高保障額50,000
3.5 愛滋病及人體免疫力缺乏病毒「治療」費用	實際費用的80% 最高賠償額80,000	實際費用的90% 最高賠償額120,000
3.6 「意外」後牙科「治療」	實際費用的80%	實際費用的90%
3.7 本地救護車服務	實際費用的100%	實際費用的100%
第4節 —— 手術後保障		
4.1 手術後門診保障	實際費用的100% 每宗「傷疾」最高賠償額2,000	實際費用的100% 每宗「傷疾」最高賠償額2,500
4.2 家居看護費用	實際費用的100% 每宗「傷疾」最長保障期為30日	實際費用的100% 每宗「傷疾」最長保障期為60日
4.3 危疾手術後「專科醫生」之「治療」費用	實際費用的80% 每宗「傷疾」最高賠償額100,000	實際費用的90% 每宗「傷疾」最高賠償額120,000
第5節 —— 自願性「自負額」（選擇性附加）		
5.1 自願性「自負額」	在適用情況下列於「附表」內	

第三部份 —— 保障

如「受保人」於「保險期」內因「傷疾」而須遵照「醫生」屬「住院」並接受「治療」，當「本公司」收到可接納的證明後，將根據本保單的條款與條件賠償「附表」內訂明之有關保障予「受保人」或；「受保人」不幸身故，賠償便會撥歸「受保人」的遺產承繼人。

有關賠償額以列於第二部份——保障表內所選計劃之最高賠償額為準。在任何情況下每保單年度之總賠償額不能超過列於第二部份一保障表內所選計劃之「保險年度最高賠償額」。

在此保單，於「醫院」「住院」的房租及膳食等級之定義如下：

(1) 私家病房　房間等級為一房一病床（套房、VIP房、及豪華私家房，或相同等級除外）
(2) 半私家病房　房間等級為一房一病床、兩張病床或以上
(3) 標準病房　房間等級為一房三張病床或以上

半私家病房及標準病房分類為基本等級而私家病房分類為高一個等級。如在「醫院」「住院」於基本等級，以列於第二部份一保障表內之有關所有「合資格費用」賠償最高至百份之一百。

選擇於高一個等級者的私家病房，於標準計劃及優越計劃中其有關所有「合資格費用」賠償分別最高為保障表賠償額的百份之三十及百份之五十。

任何「受保人」「住院」於套房、VIP 房、及豪華私家房或相同等級或任何收費高於私家病房的病房類別皆不受保障。

如有爭議，「本公司」保留唯一權利決定病房等級，以據此釐定應付保障的金額。為確定病房等級，「本公司」將考慮到「受保人」入住的「醫院」採用的病房類別分級。

第 1 節 —— 房租及膳食費用

1.1 房租、膳食及一般護理費用

當一位「註冊醫生」建議時，如「受保人」因之「治療」「傷疾」而在「醫院」登記為病人「住院」並引致費用，房租及膳食費用保障便會作出賠償。於「受保人」「住院」期間，其保障範圍為「醫院」實際收取的房租、膳食及一般護理費用，惟此項保障額不能超過任何一日的房租及膳食等級收費或最高賠償限額列載於第二部份——保障表的所選計劃內。

關於「受保人」在任何日子向「醫院」請任何假期均不受保障。

1.2 「深切治療部」之房租、膳食及一般護理費用

如「受保人」由一位主診「註冊醫生建議在「深切治療部」「住院」，「本公司」將支付「深切治療部」實際收取的房租、膳食及一般護理費用，惟此項保障額不能超過列載於第二部份一保障表的所選計劃內之限額或最高賠償限額。根據本條款支付的賠償將取代有關「治療」的任何房租、膳食及一般護理保障。

1.3 陪伴床位保障（父母陪伴床位）

如「受保人」是一位十六歲以下的兒童而於 1.1——房租、膳食及一般護理費用下受到保障，「本公司」將支付一張「醫院」實際收取的加床費用予「受保人」之父或母。

在任何情況下，賠償都不得超過本部分的限製或第 2 部分–保障表中選擇的計劃所定的最大利益。

第 2 節 – 手術費用保障

2.1 「醫生」巡房費

「受保人」於「醫院」「住院」期間，「本公司」將支付主診「醫生」實際收取的巡房費、「治療」或診斷費用，但於任何情況下，惟此項保障金額不能超過「醫生」一日巡房費，或第二部份——保障表列明「閣下」所選定計劃的最高賠償額。

此項保障範圍並不包括以下費用：

(1) 於二十四小時內多過一次「治療」巡房或診斷費用、手術或一般護理服務、懷孕引致的、分娩或流產；
(2) 於手術進行期間與「傷疾」有關之醫療服務；及
(3) 任何由物理治療或以 X-光作為醫療檢查或其目的或與診斷性的檢查有關。

2.2 住院「專科醫生」費

「受保人」於「醫院」「住院」期間並由一位主診「註冊醫生」書面建議，將支付「專科醫生」實際收取的費用（不包括任何手術）予「受保人」，惟此項保障額不能超過列載於第二部份——保障表的所選計劃內之限額或最高賠償限額。

2.3 「醫院」雜費

於「醫院」「住院」期間此保障將支付「醫院」實際收取的費用，作為提供以下任何一項服務而該服務需以標準、適當及慣常由「醫院」提供；惟此項保障額不能超過列載於第二部份——保障表的所選計劃內之限額或最高賠償限額：

(1) 由主診註冊醫生配方及於「醫院」服用的藥物及藥品費；
(2) 包數物料、普通石膏板及石膏筒夾費，惟不包括特別撐背件、器具及設備費；
(3) 病理學、化驗室測驗及測試費用及 X-光檢查；
(4) 靜脈注射及溶解方法；
(5) 心電圖及物理治療法；
(6) 基本的新陳代謝測試；
(7) 血和血漿的管理施用費，但不包括血或者血漿的費用；
(8) 麻醉法、氧氣及其管理施用費；及
(9) 磁力共振掃瞄（MRI）以及超聲波。

此保障支付磁力共振掃瞄（MRI）以及超音波作為診斷性的檢查並且是「醫療必需」及由一位主診「醫生」於「醫院」「住院」建議。惟任何建議的 MRI 或超音波於門診設備中進行，在檢查進行前或該要求開始前需提供「醫生」轉介信及醫療報告並需得到「本公司」之認可。任何未經預先認可的 MRI 或超音波將被作為非合資格的醫療費用及不能受保於此保單內。

2.4 手術費用（包括「麻醉科醫生」費用及手術室費用）

此保障將支付「受保人」接受一位「註冊醫生」並且是一名「外科醫生」履行之手術或程序。賠償將等如「合理及慣常收費」之實際收取的「手術費」並包括手術室費用及「麻醉科醫生」費用（「外

科醫生」或「註冊醫生」為「受保人」履行之手術除外），以每宗「傷疾」的所有手術費用之最高賠償限額為限，惟不能超過列載於第二部份—保障表的所選計劃內之限額或最高賠償限額。

如同一個切口涉及超過兩項的外科手術，只會賠償較高百份比的「手術費」的一項手術。

於本節中，「本公司」提供額外保障購置或使用於血管成型術（通波仔）的特製支架、器材、設備，包括但不限於球或支架，標準計劃每保單年度限額為 100,000 港元，優越計劃每保單年度限額為 150,000 港元。

2.5 診所手術費用

如「受保人」需於「醫院」門診部或註冊診所接受「註冊醫生」或「外科醫生」為「傷疾」進行手術，「本公司」將支付實際收取的手術費包括手術室費用、「麻醉科醫生」費用、氧氣及儀器，惟不能超過列載於第二部份——保障表的所選計劃內之最高賠償額。

第 3 節 – 其他醫療保障

3.1 腫瘤科治療

「本公司」將賠償「受保人」經主診「醫生」書面建議於「醫院」或診所中為一個或多個惡性腫瘤而接受「治療」惡性腫瘤化學療法及放射療法，並延伸保障至標靶治療所引起之實際收取費用，標準計劃限額為 100,000 港元，優越計劃限額為 150,000 港元，並已包括於第二部份——保障表的所選計劃內之最高賠償額內。惟保障不能超過列載於第二部份——保障表的所選計劃內之最高賠償額。所有因相同的惡性腫瘤所引起的化學療法、放射療法及 / 或標靶治療均被視為同一惡性腫瘤。所有化學療法、放射療法及 / 或標靶治療以外的覆診診斷或「治療」均不受保障。於同一「住院」及「治療」中，支付此項保障將代替其他任何保障。

於任何保單年度，如因所有惡性腫瘤支付的總賠償額已超過第二部份——保障表列明的最高賠償額，或因所有惡性腫瘤於累積保單年度支付的總賠償額已超過第二部份——保障表列明的最高賠償額，本保單第 3.1 節的保障將自動終止，除非最後一次就有關惡性腫瘤接受「治療」或診治距今已滿五年，而且期間不需再接受「治療」，則本第 3.1 節將於翌個保單年度保單生效日第一天重新生效。其後如有任何同一成因的惡性腫瘤或其他「癌症」，一律視作另一宗惡性腫瘤。

3.2 洗腎費用

如「受保人」已經出院並患上不可逆轉的慢性「腎衰竭」，而主診「醫生」建議進行血液透析或腹膜透析，「本公司」會支付賠償。本保障的賠償金額為「受保人」以「住院病人」或「門診病人」方式定期接受血液透析或腹膜透析的實際費用，但不可超過第二部份——保障表列明「閣下」所選定計劃的最高賠償額。

3.3 器官移植

如「受保人」出院時患有慢性和不可逆轉的腎衰竭或主治醫生建議進行血液透析或腹膜透析，我們將付款本保障會支付「治療」及 / 或進行器官移植招致的所有費用，包括入「醫院」期間招致的所有「醫院」服務、手術、「醫生」費及跟進開支。賠償涵蓋移植心臟、腎、肝、肺、骨髓及胰臟的實際費用，但不包括移植其他器官的手術費用。本保障不可超過第二部份——保障表列明每項「傷疾」的最高賠償額。器官移植保障不保障器官捐贈者招致的費用或器官的成本費用。

3.4 人造義體 / 義肢費用

義肢指醫療輔助器材或外置人工肢體，永久構成「受保人」身體一部份，或於手術期間植入或手術所需更換程序的醫療物料或器械。「受保人」每件義肢於所有保單年度的總賠償額不可超過第二部份——保障表列明的最高賠償額。如最高賠償額在任何一個保單年度沒有完全償付，則剩餘金額將於往後保單年度償付，惟在任何情況下，每件義肢於所有保單年度最高賠償金額不可超過訂明於第二部份——保障表內之最高賠償額。

本節中受保障的義肢如下：

(1) 眼角膜晶體
(2) 更換血管瓣膜手術所需的瓣膜
(3) 更換關節手術所需的金屬或人造關節
(4) 用於更換或植入骨間韌帶的人工韌帶
(5) 人工腰椎盤
(6) 義肢
(7) 假眼

3.5 愛滋病人體免疫力衰竭病毒「治療」

「本公司」會償付「受保人」「住院」治療任何愛滋病毒感染相關疾病的「醫療必需」費用，包括人體免疫力衰竭綜合症，然而「受保人」的徵狀或病徵必須是在保單連續生效五年後初現，「本公司」方會支付保障。本保障只限索償一次，最高金額為第二部份-保障表所列本保障的最高賠償額。「本公司」支付本保障，即取代本保單下所有其他「住院」及「治療」保障。

3.6 「意外」後牙科「治療」

如「受保人」純粹因「意外」而非任何其他事故以致天然健全的牙齒需進行「治療」，「本公司」將償付實際招致的費用，包括診症、止血、拔牙及 X-光費用，但「治療」必須在「意外」發生後兩星期內於合法註冊牙醫診所或「醫院」進行。儘管有前文規定，本保障並不涵蓋任何修復性或補救治療、任何貴金屬用料、任何性質的矯牙手術或於「醫院」進行的牙科手術，除非患者必須進行牙科手術才可舒緩痛楚則例外。此外，本保障概不適用於以下「治療」：（i）飲食造成的「損傷」；（ii）正常損耗造成的損害；及（iii）擦牙或其他口腔衛生程序造成的損害。

於任何情況下，本條訂明的賠償額均不會超過第二部份——保障表列明的最高賠償額。

3.7 本地救護車服務

「本公司」會償付「受保人」因「疾病」或「損傷」而於「緊急」情況下召喚本地道路救護車輛運載往來「醫院」接受住院「治療」所實際招致的費用。

第 4 節 —— 手術後保障

4.1 手術後「門診」保障

「本公司」會支付「受保人」完成手術從「醫院」出院後四十五天內實際招致的直接相關手術後門診覆診及醫療費用，然而只限於同一「傷疾」的覆診，而保障金額不可超過第二部份——保障表列明的最高賠償額。

4.2 家居看護費用

如「受保人」的主診「醫生」以書面證明「受保人」於出院後立即需要聘請一名「註冊護士」到「受保人」的日常住所（並不包括任何復康院或護理院）提供服務，「本公司」會支付該名「註冊護士」的實際費用。在任何情況下，本條訂明的賠償額均不會超過第二部份——保障表的所選計劃內本保障之最高賠償限額。

本條所訂的保障不適用於下列費用：

(1) 於任何二十四小時內由多於一名護士提供護理服務；
(2) 物理治療護理或「治療」服務或任何 X-光檢查或任何其他純粹作診斷的程序。

4.3 危疾手術後「專科醫生」之「治療」費用

如「受保人」從「醫院」出院後一百二十日內接受由註冊「專科醫生」提供的受保危疾手術後門診覆診及藥物，「本公司」會支付註冊「專科醫生」實際收取的「合理及慣常收費」，然而只限於同一受保「傷疾」的覆診，而保障金額不可超過第二部份——保障表列明的最高賠償額。上述「專科醫生」「治療」必須由主診的「註冊醫生」以書面建議。受保危疾包括：

(1) 「腦部良性腫瘤」
(2) 「慢性肝病」
(3) 「心臟病」
(4) 「主要器官移植」

第 5 節 —— 自願性「自負額」

若任何「受保人」自願接受按本保單每宗「傷疾」索償個別計算的「自負額」，自負金額將列於「附表」。於每宗索償「本公司」就受保「傷疾」支付的住院及手術保障將先扣除列於「附表」中的「自負額」。

第四部份 —— 全球緊急支援服務

1. 家居看護轉介支援服務（當「受保人」在「香港」提供）
「本公司」可應「受保人」要求安排褓母或家務助理，在「受保人」離家期間照顧「受保人」的「子女」或其他「直系親屬」，此外亦可指派「註冊護士」到「受保人」家中護理「受保人」指定的任何人士。本項保障服務的費用由「受保人」支付。

2. 電話醫療顧問服務（當「受保人」在「香港」境外提供）
「本公司」可於「受保人」到「香港」境外旅遊期間透過電話提供醫療顧問服務，以維持其身體狀況平穩。這類顧問指導並非診斷，如有需要「本公司」會轉介「受保人」到「醫生」診治，但「本公司」提供本項服務時將盡量小心和周全。

3. 轉介醫療服務供應商（當「受保人」在「香港」境外提供）
「本公司」可應「受保人」要求提供全球各地「醫生」、「醫院」、診所、牙醫及牙科診所（統稱「醫療服務供應商」）的名稱、地址、電話號碼及如有的辦公時間資料，然而「本公司」不會提供醫學診斷或「治療」。儘管「本公司」提供轉介服務，「本公司」不能保證醫療服務供應商的服務質素，最後是否選用任何醫療服務供應商，純粹由「受保人」自行決定，但「本公司」挑選醫療服務供應商時會盡量小心周詳。

所有診症及相關費用一律由「受保人」直接支付，「本公司」概不會作任何償付。

4. 入院按金保證（當「受保人」在「香港」境外提供）
如「受保人」身在「香港」境外期間入住「本公司」認可的「醫院」，「本公司」會直接向「醫院」支付入院按金，最高限額為39,000 港元。

如「本公司」根據本項服務支付任何非保單承保費用，「閣下」必須向「本公司」償還有關款項。

5. 安排轎車接送（當「受保人」在「香港」提供）
「本公司」可應「受保人」要求，為在「香港」住院超過連續七天的「受保人」安排轎車接送服務。轎車服務指從「醫院」前往「香港」境內住所的單程接送，費用由「本公司」支付。

6. 緊急醫療運送（當「受保人」在「香港」境外提供）
「受保人」離開「香港」不超過九十日期間因需要「緊急」醫療運送而無可避免地實際招致之必要運輸、醫療服務及醫療用品費用。運送的時間、方法及最終目的地由蘇黎世緊急支援完全基於「醫療必需」的考慮作出全權決定。

7. 親屬探望（當「受保人」在「香港」境外提供）
如「受保人」在「香港」境外蒙受「嚴重損傷」以致以「住院」病人方式入住「醫院」超過連續三天，「本公司」會安排及付費一張來回經濟客位機票或任何合理運輸工具（經濟客位）的費用，以便「受保人」一位近親從「香港」前往探望「受保人」。蘇黎世緊急支援會完全基於「醫療必需」的考慮，全權決定是否作出上述安排。

8. 護送無人照料受撫養人返回原居地（當「受保人」在「香港」境外提供）
如因「受保人」「嚴重損傷」以致其十七歲以下「子女」無人照料，而如「受保人」原購的機票已失效以致「子女」無法返港，「本公司」會安排及付費一張經濟客位機票或任何合理運輸工具（經濟客位）的費用，以便其「子女」返回「香港」。蘇黎世緊急支援會完全基於「醫療必需」的考慮，全權決定是否作出上述安排。

就第 1 - 4 項保障而言，任何第三者向「閣下」收取的住院費用或醫療費用，除非屬於本保單承保範圍，否則一律由「閣下」自行支付。

蘇黎世緊急支援服務是由蘇黎世保險有限公司指定的服務供應商提供。如需協助請致電「本公司」設於「香港」的 24 小時熱線+852 2886 3977。

第五部份 —— 一般不承保事項 - 用於全保單

本保單將不會承保因下列事故直接或間接引致之索償：

1. 「投保前已存在之傷疾」；
2. 任何於「等候期」內所引起的「治療」或費用，因「意外」「損傷」導致除外；
3. 任何因流產、「婦產」、天折、妊娠引致的狀況、包括但不限於分娩測試，產前、產後護理及其他有關併發症，避孕或避孕儀器，男女兩性的先天缺陷或不正常、不育或絕育手術；
4. 以美容為目的之美容手術或整容手術，惟因「損傷」導致醫療需要的「治療」除外或眼部驗光毛病、例行眼部測試、配眼鏡糾正視力或近視矯正手術，包括但不限於激光矯視及激光角膜切除術，或任何性質的牙科手術；除非是因天然健全牙齒於「保險期」內「損傷」而需進行手術則例外。本保障只適用於「緊急」及舒減痛楚的情況，包括診症、止血、拔牙及 X-光，但「治療」必須於「意外」發生後兩星期內於合法註冊牙醫診所或「醫院」進行。儘管有前文規定，本保障並不涵蓋任何修復性或補救治療、任何貴金屬用料、任何性質之矯牙手術、更換天然牙齒、假牙及矯形服務如牙橋、牙冠及其更換及相關費用；
5. 因應免疫或檢疫規定而接種疫苗或預防針、預防性治療、預防性藥物、頭髮重金屬元素分析、一般身體檢查、療養、監護療養或靜養，或並非因應「住院」傷病之診斷及「治療」所招致的開支，或任何非「醫療必需」「治療」，或於任何院舍、水療中心、自然療法診所、療養院或長期護養院接受的「治療」；
6. 先天性缺陷，包括但不限於癲癇、斜視、腦積水、「受保人」於八歲或之前所患之疝氣；
7. 因肛門疼、膽囊炎、腎石、尿道或膀胱結石、膽石、糖尿病、胃潰瘍或十二指腸潰瘍、姆趾外翻、高血壓、心臟血管疾病或心臟病、肺結核、骨瘤、血及骨髓的惡性病變之「治療」或手術，除非「受保人」於該等手術或「治療」前已連續受保於本保單連續超過一百八十天；
8. 因白內障、青光眼或視網膜疾病、乳房塊 / 腫瘤、子宮內膜異位、扁桃腺病、痔瘡、甲狀腺失調、甲狀腺機能亢進、聲帶痕肉、位於皮膚上、皮下或肌肉組織之任何腫瘤 / 瘜肉 / 囊腫 / 皮下組織塊腫塊）結塊、鼻中隔或鼻甲的病理性不正常、鼻竇之狀況、體內器官之痕肉囊腫皮下組織塊 / 腫塊 / 結塊 / 纖維瘤 / 腫瘤 /「癌症」或包皮環切除術，除非「受保人」於該等手術或「治療」前已連續受保於本保單連續超過三百六十五天；
9. 購置或使用特製支架、器材、設備，包括但不限於器官、義肢裝置、助聽器、輪椅、拐杖、假牙、正氣壓機或任何其他同類設備；
10. 自殘、企圖自殺、蓄意自我傷殘、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、焦慮症、厭食症、暴食症、精神分裂症及其他行為失常病症、受酒精影響、「酒精依賴綜合症」、非依照「註冊醫生」指示服藥產生的效應；
11. 因從事職業或危險運動或嗜好如攀石、攀山、探洞、高空跳傘、跳傘、滑翔風箏、滑翔傘、滑水、熱汽球、任何方式潛水、賽車、打獵、飛行或航天活動（以付費乘客身份乘搭正式持牌商業航機除外）、冰上曲棍球、花式溜冰、高台滑雪或高台滑水、馬術障礙賽、欖球、除競步外任何其他形式的競賽，或因「受保人」參與此等運動、競賽賺取報酬或參與任何非法活動導致「治療」或「傷疾」；
12. 飛行，除非以付費乘客身份乘搭由持牌商業航空公司營運的正式持牌航機、參加海軍、軍事、武裝部隊或服役則例外；
13. 由非「註冊醫生」或通常居於「受保人」家中的人士提供「治療」；
14. 並非「受保人」主診「醫生」建議及處方的服務，或任何被視為試驗性、非必要的服務，或由非認可「醫院」的機構提供的服務；
15. 「受保人」並非於本保單保險期內招致的費用，或於欠繳保費的本保單保險期內招致的費用；
16. 政府法律規定賠償的任何「傷疾」，或其他保單承保的「傷疾」，除非無法根據法律或其他保單索償則例外，或任何可向第三方追討的費用；

17. 「戰爭」、侵略、外敵入侵、敵對局面（不論正式宣戰與否）、「內戰」、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂；

18. 任何核子燃料或核子武器物料燃燒後所產生的核子廢料所引致的電離子輻射或放射性污染；

19. 石棉導致的病症或「疾病」；

20. 非醫療費用，如電話、電視、電台、電訊、額外膳食、加床或同類設施的收費；

21. 性病、透過性傳染疾病、法律規定隔離或檢疫的傳染病；

22. 購買器官作器官移植，以及並非「受保人」本身的器官捐贈者招致的所有費用；

23. 非「緊急」病況之「選擇性海外治療」；

24. (1) 任何「恐怖活動」，不管事件是由其他原因同時造成或損失的先後次序；
(2) 對此等「恐怖活動」作出任何形式的控制、防止、鎮壓、報復行動或作出反應。
於任何行動、控告或訴訟中「本公司」宣稱因為有此條款，任何損失或損害均不受本保單保障，要證明此等損失或損害受保障的責任落在「受保人」；

25. 肥胖症「治療」（包括病態肥胖症）及減肥計劃，或非必要的自選「治療」；

26. 任何保健食品及所有專門中藥材及 / 或滋補藥物的費用，包括但不限於燕窩、靈芝、人參、蟲草、姬松茸、鹿茸、阿膠、海馬、羚羊角粉、紫河車、麝香及珍珠末等；

27. 「受保人」於本保單生效日之前已知是乙型、丙型或丁型肝炎帶菌者而接受任何乙型、丙型或丁型肝炎病毒及 / 或肝病「治療」；

28. 兒童學習障礙的「治療」，例如閱讀困難或行為問題、專注不足 / 過度活躍症，或發育障礙如身形矮小；及

29. 任何由「網絡行為」引致的「意外」、「傷疾」、「疾病」及 / 或「損傷」。

第六部份 —— 基本條款

1. 整體協議

本保單，包括「附表」、投保表格、批單、附件及修訂本（如有者），乃立約各方之間的整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」的高級人員批准並簽發批單作實，方始生效。

2. 「年齡」及資格限制

投保人必須為「香港」市民，或居於「香港」而持有有效的「香港」身份證，有固定「香港」住址並以「香港」為「慣常居住國家」，「年齡」由十八至六十五歲（包括十八歲及六十五歲），即符合資格申請成為投保人。

除非另有訂明相反規定，於本保單生效日：「受保人」的「年齡」必須由十五天至六十五歲（包括十五天及六十五歲）。本保單可續保至一百歲。「受保人」必須為「香港」市民，或居於「香港」而持有有效的「香港」身份證，並且有固定「香港」住址並以「香港」為「慣常居住國家」，即符合資格申請成為「受保人」，但仍需由「本公司」按個別情況核保和接受承保。

3. 受保地區

所有保障祇適用於其地區限制範圍內，並且受保地區將列明於「附表」中。

若保障祇適用於「亞洲」，則指所有保障祇適用於「亞洲」國家，但倘任何「受保人」暫時或永久身處於「香港」境外之國家，「本公司」不會支付本保單的保障，除非暫時逗留不超過連續九十日。

若保障適用於全球，則指所有保障適用於全球任何國家，但尚任何「受保人」暫時或永久身處於「香港」境外國家，「本公司」不會支付本保單的保障，除非暫時逗留不超過連續九十日。

4. 拒絕或接受申請

「本公司」保留權利毋須作任何解釋而拒絕任何申請，或附加「本公司」指定的任何特別條款接受申請人成為會員。

5. 「提升保障」

「受保人」可在保單「續訂保單週年日期」提交「本公司」指定格式或接納為妥善的書面通知，提升本保單醫療保障的等級。如該「受保人」於「本公司」接獲上述書面通知之前出現本保單承保的「傷疾」，「本公司」只會支付「本公司」接獲書面通知當日之前現行的「傷疾」最高賠償限額。

6. 索償通知

如發生可根據本保單提出索償的事件，「受保人」必須盡快在事故發生後或在入住「醫院」後三十日內遞交通知書及所有可提供的資料，否則索償無效，除非「受保人」可證明於當時情況下確實無法發出通知則例外。索償是否受理，視乎投保人或「受保人」能否按規定提供必要的證明。

7. 損失證明

「受保人」必須在索償的「傷疾」「治療」完畢後三十日內向「本公司」提交確實損失證明，包括收據和明細列項賬單及診斷資料正本，連同填妥的索償表格，方可辦理索償。

「本公司」必須接獲合符要求的證明，而索償人亦必需自費提供「本公司」指定形式及性質的資料、協助、文件、「註冊醫生」簽發的醫療證明及報告，「本公司」方會履行責任作出賠償。

「本公司」有權在辦理本保單任何索償的過程中，按情況適當和需要自費檢驗「受保人」。如「受保人」身故，「本公司」有權進行驗屍解剖（如不違反法律）。

8. 海外索償

所有保障均受地理限制，及依照「受保人」選擇之計劃或「受保人」所選的地理範圍，但倘任何「受保人」暫時或永久身處於「香港」境外國家，「本公司」將不會支付本保單的保障，除非暫時逗留不超過九十日及於當時身處之海外國家遇到「意外」或「疾病」而導致傷病或「治療」則屬例外。然而，除非事前已向「本公司」預先申請並獲批准，否則本保單並不承保在「香港」境外接受的非緊急必要的外科手術或「治療」。

「本公司」保留權利在辦理本保單任何索償或支付任何保障時，要求索償人提交「本公司」滿意的「受保人」原居國證明，包括「受保人」並未在「香港」境外居留的證明。

9. 外幣索償

任何「受保人」如索償以任何外幣償付開支，款項將按照病人付款當時「香港」現行的官方買入匯價折算為港元，或如無官方匯率則由「本公司」指定的銀行適當釐定兌換率，銀行的決定將作終論並對各方約束。

10. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。如「受保人」身故，「本公司」有權自費進行驗屍。

11. 支付索償

如「受保人」身故，「本公司」將支付死亡賠償予「受保人」的遺產承繼人。所有本保單內之其他賠償，則一律於收妥所需的證明文件後，立即作出合理賠償予「受保人」。惟第四部份一全球緊急支援服務的保障則實報實銷，直接付予服務提供者。

12. 失實陳述，漏報或欺詐

「本公司」有權在下列任何一項情況下，宣告本保單自「保單生效日」起無效，並通知「閣下」，本保單不會為「受保人」提供保障：

(a) 在投保表格或任何其後就相關申請提交予「本公司」的資料或文件(包括相關資料的任何更新及改動)，其所作出的陳述或聲明中，就「受保人」健康狀況的任何"重要事實"作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「本公司」的風險評估。"重要事實"包括但不限於會影響「本公司」對「受保人」的核保決定的事實，若披露該事實「本公司」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。

(b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在 (a) 的情況下，「本公司」將：

(i) 退還已繳交的相關保費及保費徵費（如有）但需扣除所有已支付的索償金額及「本公司」支付的必要費用，包括但不限於「本公司」的合理行政費及因本保單而招致的服務費（如有）。

(ii) 如上述抵銷事項總數超越已繳交的相關保費，「閣下」必須在「本公司」發出付款通知書後十四 (14) 天內向「本公司」償還差額。

在 (b) 的情況下，「本公司」將有權：

(i) 不退還已繳交的相關保費；及

(ii) 追討所有過去已支付予「閣下」的賠償，並要求在「本公司」發出付款通知書十四 (14) 天內把有關賠償償還「本公司」。

13. 保費

(1) 本保單為年度之醫療保單。「閣下」可以以年繳或月繳方式付款予「本公司」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「本公司」。如「閣下」曾提出索償或在保險年度內曾使用服務，「閣下」必須負責繳付同「保險期」之保險年度全年保費，保單方惟有效。「本公司」亦不會就任何已付保費作出退款。

(2) 「本公司」保留權利，在以下情況更改或調整保費：

(a) 「本公司」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹，預期未來醫療費用，理賠紀錄及「閣下」及 / 或這產品招致之費用，及保障之更改），並於調整保費前 30 天以書面通知「閣下」。

(b) 於續保時，保費將按「受保人」之實際年齡自動調整。

14. 無索償折扣

在任何保單年度續保保費的無索償折扣計算如下：

(1) 如「受保人」於任何「保單週年日期」前並無任何索償紀錄，隨後保單年度的第一年續保保費便可享有百份之二（2%）的無索價折扣隨後保單年度的第二年續保保費可享有百份之五（5%）的無索償折扣，最高折扣累積可至第三年百份之八（8%）。

(2) 如「受保人」於任何「保單週年日期」前有任何索償紀錄，隨後保單年度之無索償折扣會被扣減至百份之零（0%），最高可被扣減之無索償折扣為百份之八（8%），或直至已沒有任何無索償折扣可被扣減。

(3) 不論已往保單年度續保時已扣減無索償折扣後之保費多少，任何保單年度之無索償折扣均以原本保單應收取的保費作計算（即不會扣除任何無索償折扣之前之保費）。

15. 寬限期

「閣下」付首期保費後，「本公司」將於每次保費到期時給予「閣下」三十一天寬限期。在寬限期內，本保單仍維持有效，如「閣下」於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。

16. 重訂保單

如「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後向「本公司」提交令「本公司」滿意的重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後蒙受的「損傷」，以及「受保人」於重訂日滿十日後開始患上的「疾病」。

17. 取消保單

(1) 「本公司」有權以三十(30)日書面通知「閣下」取消保單或任何章節或部份，通知書將以郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關取消之原因。保障取消時，若在有關取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。

(2) 「閣下」可於三十(30)日前向「本公司」提出書面通知以取消此保單，如在該保單生效日至取消保單生效日（保障期）期間無索償紀錄，「閣下」已繳交之全年但未到期之保費將根據下列適用之比率計算扣減並退還，但在任何情況下不可低於「本公司」慣常收取之最低保費。如保單以月繳方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩餘之全年保費。

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

保障期	「本公司」應收取保費比率
2個月（即慣常收取的最低保費）	40%
3個月	50%
4個月	60%
5個月	70%
6個月	75%
超過6個月	100%

儘管有上述規定，如本保單未符合「閣下」需要，「閣下」有權在緊接保單交付予閣下之日起計的二十一(21)日內交還保單及附上「閣下」的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，「本公司」將會把「閣下」已付之保費無息全數退還。若「閣下」曾獲賠償或將獲得賠償，則不獲發還保費。

18. 保障終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

(1)「受保人」根據本部份第 2 項 - 「年齡」及資格限制所述之情況，不再符合資格獲得本保單的保障；

(2) 本保單的保障會根據本部份第 12 項 - 失實陳述，漏報或欺詐所述之情況終止；

(3)「閣下」未能根據本部份第 15 項 - 寬限期所述之情況，在31日寬限期內付款；

(4) 任何一方根據本部份第 17 項 - 取消保單所述之情況，以三十(30)日內書面通知取消本保單。

19. 續訂保單

從保單生效日起計，本保單會維持生效一 (1) 年及由「本公司」酌情每年自動續保。惟「本公司」保留權利在任何「保險期」之續保前三十 (30) 日向「閣下」提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因及如「閣下」於本保單任何一個「保險期」之保單生效日前表示「閣下」不接納相關更改,續保可以不實行。

20. 虛報「年齡」或性別

如「受保人」虛報其「年齡」或性別，「本公司」會按正確「年齡」或性別應付之保費而退回或收取保費的差額。倘「受保人」投保時的正確「年齡」未符合保單的要求或已超出限制，「本公司」只會退回保費而不負責任何承保責任。

21. 增加及刪除

如「閣下」欲增加或刪除任何保障或「受保人」名單上任何人士，必須以書面通知「本公司」。「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項。

22. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於蒙受「傷疾」後滿十二個月方提出之有關索償支付賠償。

23. 更改居留國

投保人或「受保人」的「慣常居住國家」如有改變，必須於移居後三十日內以書面通知「本公司」。當「受保人」向「本公司」申報移居原居國家境外時，「本公司」將酌情修改保障範圍或取消本保單。如移居美國或北美洲或西歐地區，本保單將不再續保。投保人或「受保人」更改居留國時若不通知「本公司」，一旦索償時，「本公司」保留權利拒絕辦理。

24. 代位權

「本公司」有權自費以「受保人」名義對任何導致索償的承保事件的第三者進行追討。

25. 仲裁

由本保單引起的所有爭議，將按照當時適用的《仲裁條例》（香港法例第 341 章）進行裁決。如雙方未能就仲裁人人選達成共識，則由香港國際仲裁中心主席作出決定。為此同意仲裁人之決定乃最終的、決定性的、並對雙方有約束力的，而且雙方不可再進行法律訴訟。如「本公司」就「受保人」提出的索償拒絕承責，而「受保人」並未於「本公司」作出免責聲明後十二個月內依照本文規定將索償事件交由仲裁人處理，即被視為放棄索償，此後不得再根據本保單追討賠償。

26. 遵從保單條款

如違反本保單任何條款，所有就本保單提出的索償均告無效。

27. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」的專有司法裁判權。

28. 個人資料收集目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：https://www.zurich.com.hk/zh-hk/services/privacy。「閣下」及 / 或「受保人」須授權及須促使保單內其他「受保人」授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的必須用途，使用及轉發資料（至「香港」境內或境外）包括任何適用的法律、規則或指引所定義之敏感性個人資料。如「受保人」向「本公司」提供任何第三者資料，「受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及制裁查核。

29. 住院前評估服務

住院前評估服務由「本公司」所委任的服務機構代表提供服務，及此服務祇適用於「香港」之私家「醫院」。申請手續如下：

(1) 致電 24 小時索償熱線 2903 9446 索取住院評估申請表格。

(2) 由「閣下」和「閣下」的主「醫生」填妥預先住院評估申請表之「甲及乙部份，並在入院前不少於三個工作天傳真致 29176799「本公司」授權的服務機構代表作入院評估。

(3) 收到申請後，「本公司」所委任的服務機構代表將在三個工作天內評估「閣下」之申請及通知「閣下」申請是否得到接納。如申請被接納，「本公司」所委任的服務機構代表會聯絡醫院作直接結算安排。

(4) 出院時，「閣下」和「閣下」的主診「醫生」須在十四天內填妥正式住院索償表格及交回「本公司」。

住院評估是基於入院前所得之資料。實際賠償金額將根據索償表格提供之資料、實際情況、保單上列明之保障項目、不承保事項、條款及細則等所約束。

「閣下」須提供治療資料及授權「本公司」從「閣下」的美國運通卡帳戶收取醫療費用的差額（如有）。如因不受保事項的任何疾病而引致入院，申請均不會獲接納。

30. 制裁

若本保單提供的保險、款項、服務、保障及/或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「受保人」或其他一方提供任何保險或將向「受保人」或任何其他一方支付任何款項或提供任何服務或保障。

以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

第七部份 —— 賠償程序

申請入院前評估服務及直接償付程序：

步驟 1：致電「本公司」索償熱線及由「閣下」和「閣下」的主診「醫生」填妥預先住院評估申請表，並在入院前**不少於三個工作天**交回「本公司」。

步驟 2：出院時，主診「醫生」須在**十四天內**填妥並簽署正式住院索償表格。

申請住院索償程序：

步驟 1：入院後**三十天內**通知「本公司」。

步驟 2：填寫賠償申報表及提交下列所需正本的證明文件。

1. 住院

(i) 載明下列資料的「醫院」結單：
- 病人姓名
- 「住院」日數
- 收費分類明細表

(ii) 載明下列資料的所有主診「醫生」/「專科醫生」/「麻醉科醫生」/「外科醫生」/「物理治療師」收據：
- 病人姓名
- 診治日期
- 提供的診斷及/或「治療」
- 收費金額

2. 「專科醫生」「治療」

(i) 載明下列資料的所有主「醫生」/「專科醫生」/「麻醉科醫生」/「外科醫生」/「物理治療師」收據：
- 病人姓名
- 診治日期
- 提供的診斷及/或「治療」

(ii) 「專科醫生」收據
- 病人姓名
- 診治日期
- 提供的診斷及 / 或「治療」
- 收費金額

3. 手術後覆診危疾手術後「專科醫生」治療：

(i) 載明下列資料的「醫生」收據：
- 病人姓名
- 診治日期
- 提供的診斷及 / 或「治療」
- 收費金額

(ii) 到「專科醫生」「治療」的主診「醫生」轉介信

4. 手術後家庭看護

(i) 主診「醫生」的書面要求

(ii) 載明提供下列服務的「註冊護士」收據：
- 病人姓名
- 服務日數
- 收費金額（每天 / 總額）
- 「註冊護士」

（此保單分別有英文及中文版本，如中文與英文版本有異，均以英文為準。）

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）
香港港島東華蘭路 18 號港島東中心 25-26 樓