

**ZURICH INSURANCE COMPANY LTD**  
(a company incorporated in Switzerland)

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PA PLUS PERSONAL ACCIDENT PLAN  
INSURANCE POLICY

「多護保」人身意外保險計劃保險單

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## PA PLUS PERSONAL ACCIDENT PLAN

Zurich Insurance Company Ltd will insure the person(s) named in the *Schedule* during the *Period of Insurance* for which *We* have accepted *Your* premium provided all the terms and conditions of the policy are complied with.

### MEANING OF WORDS

Certain words in the policy have specific meanings. These meanings are given below. To help *you* identify these words in the policy *we* have printed them in italics throughout.

<b><i>You or Your</i></b>	The name shown in the "Name and Address" box of the <i>schedule</i> .
<b><i>We, Us or Our</i></b>	Zurich Insurance Company Ltd
<b><i>Schedule</i></b>	The <i>schedule</i> attached to and incorporated in the policy of insurance.
<b><i>Period of Insurance</i></b>	That period for which <i>we</i> have accepted <i>your</i> premium as stated in the <i>schedule</i> .
<b><i>Permanent Disabilities</i></b>	Total and permanent disability to attend to the occupation or profession as stated in the <i>schedule</i> or any partial and permanent disability as stated in the Table of Benefits, which within twelve months of the date of the <i>injury</i> is proved to <i>our</i> satisfaction to be permanent.
<b><i>Insured Person</i></b>	Those people named in the <i>schedule</i> as insured.
<b><i>Hospital</i></b>	A legally constituted establishment according to the laws of the country in which it is situated and which operates primarily for the reception and medical care of sick, ailing or injured persons on a resident in-patient basis, providing organized facilities for medical diagnosis and treatment of patients including facilities for major surgery within its confines under the supervision of a legally registered or licensed physician in residence and full time staff of nurses. <i>Hospital</i> does not include any mental institution or the psychiatric department of a <i>hospital</i> nor rest home, extended care or convalescent facility, retirement home or place for drug addicts or alcoholics.
<b><i>Accident</i></b>	A sudden and unforeseen event that happens unexpectedly and causes <i>bodily injury</i> to the <i>insured person</i> .
<b><i>Injury or Bodily injury</i></b>	<i>Bodily injury</i> to the <i>insured person</i> caused by <i>accident</i> solely and independently of any other cause.
<b><i>Medical Practitioner</i></b>	A registered <i>medical practitioner</i> other than an <i>insured person</i> legally licensed and duly qualified in the geographical area of his practice to render medical and surgical services.
<b><i>Personal Effects</i></b>	Personal possessions or clothing normally worn or carried on the <i>insured person</i> , but excludes money of any kind.
<b><i>Permanent</i></b>	Lasting 12 consecutive months from the date of the <i>accident</i> and at the expiry of that period being beyond hope of improvement.
<b><i>Loss of Limb</i></b>	Loss by physical separation at or above the wrist or ankle joint.
<b><i>Loss of Sight of Eyes</i></b>	The entire and <i>permanent</i> irrecoverable loss of sight.
<b><i>Loss of Speech</i></b>	The disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
<b><i>Loss of Hearing</i></b>	<i>Permanent</i> irrecoverable loss of hearing where:- if a dB = Hearing loss at 500 Hertz if b dB = Hearing loss at 1000 Hertz if c dB = Hearing loss at 2000 Hertz if d dB = Hearing loss at 4000 Hertz $1/6 (a+2b+2c+d)$ is above 80dB
<b><i>Loss of Use</i></b>	Total functional disablement and is treated like the total loss of the said limb or organ.
<b><i>Head</i></b>	Shall mean the part from vertex to mandible of a person.
<b><i>Second Degree Burns</i></b>	Shall mean both the epidermis and the underlying dermis are damaged.
<b><i>Third Degree Burns</i></b>	Shall mean the damage or destruction of the skin to its full depth and damage to the tissues beneath.
<b><i>Terrorism</i></b>	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 organization(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

- involves violence against one or more persons; or
- involves damage to property; or
- endangers life other than that of the person committing the action; or
- creates a risk to the health or safety of the public or a section of the public; or
- is designed to interfere with or disrupt an electronic system

***Hong Kong***

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

## THE COVER

### SECTION 1 – DEATH AND *PERMANENT DISABILITY* BENEFITS

#### 1.1. **Death**

We will pay you up to the insured amounts in the *schedule* in respect of death of the *insured person* as a direct result of an *accident* during the *period of insurance* occurring within twelve calendar months of the date of the *accident*.

In addition, we will pay you the actual expenses necessarily and reasonably paid for burial or cremation of the *insured person* in Hong Kong. The most we will pay herefor is HKD20,000 per *insured person*.

#### 1.2. **Permanent Disability**

We will pay up to the respective percentage of sum insured shown in the Table of Benefits if any *insured person* suffers *injury* as a direct result of an *accident* during the *period of insurance*. We will pay the benefit to you only if *permanent disability* occurs within twelve months of the date of the *accident*.

We will only pay benefit in respect of either item 1.1, Death or 1.2, *Permanent Disability* in respect of any one *accident*.

#### 1.3 **Table of Benefits**

We will pay the respective percentage of the sum insured as described below:

<u>Permanent Disability</u>	<u>Scale of Sum Payable Under Permanent Disability in the Schedule</u>
1. Loss / <i>loss of use</i> or total paralysis of one or more limbs	100%
2. Other total disability	100%
3. Total <i>loss of sight</i> in one or both eyes	100%
4. Total loss of lens of one eye	50%
5. Loss / <i>loss of use</i> of 4 fingers and thumb of one hand	75%
6. Loss / <i>loss of use</i> of 4 fingers of one hand	50%
7. Loss / <i>loss of use</i> of thumb	- both phalanges 30%
	- one phalanx 15%
8. Loss / <i>loss of use</i> of index finger	- three phalanges 15%
	- two phalanges 10%
	- one phalanx 5%
9. Loss / <i>loss of use</i> of middle finger	- three phalanges 10%
	- two phalanges 5%
	- one phalanx 3%
10. Loss / <i>loss of use</i> of ring finger	- three phalanges 7%
	- two phalanges 5%
	- one phalanx 2%
11. Loss / <i>loss of use</i> of little finger	- three phalanges 5%
	- two phalanges 3%
	- one phalanx 2%
12. Loss / <i>loss of use</i> of metacarpals	- first or second (additional) 3%
	- third, fourth or fifth (additional) 2%
13. Loss of all toes on one foot	20%
Loss of toes	- great, both phalanges 10%
	- great, one phalanx 5%
	- other than great, if more than one toe lost, each 3%
14. Total <i>loss of hearing</i> in both ears	80%
15. Total <i>loss of hearing</i> in one ear	20%
16. Total <i>loss of speech</i>	60%
17. Shortening of leg by at least 5 cm	10%

The aggregate of all percentages payable with respect to any one *accident* per *insured person* shall not exceed 100%.

In the event that 100% of the sum insured be paid under this section in respect of any one *insured person*, this policy shall then immediately cease to be in force with regard to such *insured person*. No premium for the unexpired period will be refunded.

Where the disability is not specified above, we shall adopt a percentage of disability which in *our* opinion is consistent with the above scale.

For all other losses paid which are less than 100%, the sum insured shall be reduced by the amount paid from the date of the *accident* until the expiration of the policy and all sums payable in respect of subsequent *permanent disabilities* will be calculated as a percentage of the original sum insured.

#### 1.4 Extensions to Section 1

##### 1.4.1 Double Indemnity

The amounts payable under item 1.1, death benefit of the section will be doubled or increased up to a maximum of HKD1,000,000.00 whichever is the lower if death of the *insured person* is sustained as a result of consequent upon or attributable to the *insured person* being:

1. An innocent victim in a robbery or attempted robbery including escape of the perpetrators therefrom.
2. Shot as an innocent victim by the police or criminal in a criminal act.
3. Attacked by shark.

The above extensions apply only when the incident takes place in *Hong Kong*.

##### 1.4.2 Burns Benefit

In the event an *insured person* suffers *Second or Third Degree Burns*, due to *accident*, on area listed hereunder and certified by a registered *medical practitioner*, we will pay to the *Insured Person*, 20 percentage of the Principal Sum Insured of Accidental Death as stated in the *schedule* or HKD500,000 whichever is the less, as per the following compensation table:

<i>Second or Third Degree Burns</i>		
Area	Damage as a percentage of total surface area	Percentage of principal sum insured
<i>Head</i>	a. Equal to or greater than 12% damage of total <i>head</i> surface area	100%
	b. Equal to or greater than 8% but less than 12% damage of total <i>head</i> surface area	75%
	c. Equal to or greater than 5% but less than 8% damage of total <i>head</i> surface area	50%
	d. Equal to or greater than 2% but less than 5% damage of total <i>head</i> surface area	25%
Body (Exclude <i>Head</i> )	a. Equal to or greater than 20% damage of total body surface area	100%
	b. Equal to or greater than 15% but less than 20% damage of total body surface area	75%
	c. Equal to or greater than 10% but less than 15% damage of total body surface area	50%

Benefit shall not be payable for more than one of the above events in respect of the same *injury*. Should more than one of the events occur from the same *injury*, we shall only be liable for the greatest compensation.

For any events which we have paid are less than 100%, the sum insured shall be reduced by the amount paid from the date of the *accident* until the expiration of the policy. All sums payable in respect of subsequent loss shall be calculated as a percentage of the original sum insured, and in no event should the aggregate of all percentages payable with respect to such *insured person* exceed 100%.

##### 1.4.3 Severe Weather Extension

If any *insured person* is unavoidably exposed to severe or prolonged and severe weather conditions resulting in the disappearance or death of the *insured person*, such disappearance or death will be treated by us as arising out of an *accident*.

##### 1.4.4 Loyalty Bonus

On the renewal of *your* policy, a 10% increase per year, up to a maximum of 50% and not exceeding HKD500,000.00 will be added to *your* sum insured under death and/or *permanent disability* benefits. The increase calculated will be based on the amount of sum insured on the date of the renewal, regardless of any changes of the sum insured prior or subsequent to such renewal date.

#### 1.5 Special Provisions for Section 1

1.5.1 The aggregate we pay under this section for any *insured person* aged 16 years or under at the time of an *accident* shall not exceed HKD200,000.00.

1.5.2 If the *insured person* disappears during the *period of insurance* and the body of the *insured person* has not been found within one calendar year after the date of the disappearance, sinking or wrecking of the common carrier in which the *insured person* was a fare-paying passenger, then upon receipt of evidence to the satisfaction of *us* the death of the *insured person* as the sole and direct result of an *accident* will be presumed. *We* will then pay the benefit of 1.1 under this section provided the beneficiary shall sign an undertaking to refund such sum to *us* if the *insured person* is subsequently found to be living.

#### 1.5.3 Maximum Liability on Accidental Death and Permanent Disablement

Where any individual life is insured under multiple policies which contain Accidental Death and Permanent Disablement covers and are issued by *us* and/or our related companies, the maximum liability in respect of any one individual life under all Accidental Death and Permanent Disablement covers shall not exceed HKD10,000,000 in aggregate and each policy shall bear a proportionate share of the total loss.

## SECTION 2 – MEDICAL EXPENSES

2.1 If any *insured person* suffers *bodily injury* during the *period of insurance* which necessitates medical or surgical treatment, *we* will pay *you* the actual medical expenses necessarily and reasonably incurred by an *insured person* to:

2.1.1 a *medical practitioner*, physician, surgeon, nurse, *hospital* and/or ambulance service for medical, surgical, X-ray, *hospital* or nursing treatment including the cost of medical supplies and ambulance hire, dental treatment incurred to sound and natural teeth necessitated by *accident* and the cost of physiotherapy treatment received as an in-patient only.

For treatment as an in-patient (being a patient confined in a *hospital* for twenty four hours or more) the most *we* will pay in respect of room and board charges is HKD750 per day.

The amount payable for room and board charges as an in-patient under this section will be doubled for a period of not exceeding thirty days of each *accident* or each series of *accidents* whilst an *insured person* is confined in an Intensive Care unit of a *hospital*.

2.1.2 a *medical practitioner*, physician, surgeon, clinic, diagnostic laboratory for out-patient consultation.

### 2.2 Extensions to Section 2

#### 2.2.1 Personal Effects

If any *insured person* suffers *bodily injury* and damage to *personal effects* in the same *accident*, *we* will pay *you* the actual replacement cost of such *personal effects* up to HKD200 in any one *accident* provided item 2.1.1 and/or 2.1.2 is/are also admitted by *us*.

The most *we* will pay under this item is HKD2,000 in any one year and the medical expense sum insured is inclusive of this amount.

#### 2.2.2 Bonesetting, Physiotherapy and Acupuncture Treatments

If any *insured person* suffers *bodily injury* during the *period of insurance* and necessitates bonesetting, physiotherapy or acupuncture treatments from a bonesetter, physiotherapist or acupuncturist, *we* will pay *you* the actual medical expenses incurred. The most *we* will pay under this item for any one visit and in any one day is HKD100, but not more than 5 visits in any one *accident* and HKD2,000 in any one year.

### 2.3 Other Insurance

If *you* are entitled to benefits payable under any other insurance policy, the benefits payable under this policy shall be limited to the balance of expenses not covered under such other insurance policy.

### 2.4 Special Provision for Section 2

The aggregate amount *we* will pay for any one *accident* under this section is the insured amount in the *schedule* in respect of Medical Expenses.

The limit on item 2.2.2 is payable in addition.

## SECTION 3 – ANNUAL INCOME PROTECTION

3.1 If any *insured person* suffers *bodily injury* during the *period of insurance* which results in the *insured person* being totally unable to attend to his occupation or profession as stated in the *schedule*, we will pay you an amount as shown in the *schedule* for each year that the *insured person* is unable to attend to his occupation or profession up to a maximum of two calendar years provided that such disability must occur within twelve months from the date of sustaining such *injury*.

The amount payable shall be calculated on a daily basis at pro rata of the sum shown in the *schedule*.

We will not pay any claim for the first seven calendar days of each period of disability.

### 3.2 Extension to Section 3

#### 3.2.1 Daily Hospital Cash Benefit

An allowance of HKD300.00 per day is payable to you in respect of this section up to a maximum of one calendar year for the period that the *insured person* is confined in *hospital* as a resident in-patient for treatment of the *bodily injury* covered by this policy.

### 3.3 Special Provision for Section 3

#### 3.3.1 Age Limitation

This Section does not apply to any *insured person* aged 16 years or under at the time of an *accident*.

#### 3.3.2 Self Employed Provision

In respect of self employed *insured person*, the amount payable under 3.1 above shall be limited to the actual loss of income during the period of confinement as an in-patient in a *hospital*.

#### 3.3.3 Other Insurance

If you or the *insured person* are/is entitled to amount payable under any other insurance policy except benefits awarded by the government or any other legal authority, the amount payable under this section shall be limited to the balance not covered under such other insurance policy.

#### 3.3.4 Maximum Sum Insured

The maximum sum insured under this section shall not exceed the actual annual total earnings from the *insured person's* occupation or profession.

## SECTION 4 – EMERGENCY ASSISTANCE

4.1 Provided that the *insured person* has insured benefits 1.1 and 1.2 under Section 1 of this policy, we will pay the following benefits in the event of the *insured person* having suffered from *injury* or illness whilst the *insured person* travels outside of *Hong Kong* for a trip not exceeding ninety days:

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

4.1.2 The reasonable and unavoidable expenses for transporting the *insured person's* mortal remains from the place of death to *Hong Kong* or the cost of local burial at the place of death as approved by us.

4.1.3 A guarantee of medical expenses incurred during the *insured person's* hospitalization up to a limit of HKD39,000 in respect of any one *insured person*. Such medical expenses are to be borne by you unless otherwise covered by this policy.

4.1.4 The cost of one companion round-trip economy class ticket for the *insured person's* relative or friend, if the *insured person* sustains serious sickness or *bodily injury* and is confined in a *hospital* as a resident in-patient for over three consecutive days outside of *Hong Kong* provided prior approval has been granted by us.

## **4.2 Twenty four hours telephone hotline information and referral services including:**

### **4.2.1 Pretrip Information Assistance**

We will provide the *insured person* with information concerning visa and inoculation requirements for foreign countries according to the most current edition of World Health Organisation Publication "Vaccination Certificate Requirements and Health Advice for International Travel" (for inoculation) and the ABC Guide to International Travel Information (for visas).

### **4.2.2 Embassy Referral**

We will provide the *insured person* with the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

### **4.2.3 Medical Service Provider Referral**

We will provide the *insured person* with the name, address and telephone of physicians, *hospitals*, clinics, dentist, and dental clinics.

### **4.2.4 Lost Passport Assistance**

We will assist the *insured person* when he/she loses his/her passport while travelling outside *Hong Kong* by contacting the appropriate authorities involved and providing directions for recovery.

### **4.2.5 Lost Luggage Assistance**

We will assist the *insured person* when he/she loses his/her luggage while travelling outside *Hong Kong* by contacting the appropriate authorities involved and providing directions for recovery.

### **4.2.6 Interpreter Referral**

We will assist the *insured person* by providing the name, address, telephone number and office hours of interpreters worldwide.

### **4.2.7 Legal Referral**

We will assist the *insured person* by providing the name, address, telephone number and office hours of lawyers and legal practitioner worldwide.

### **4.2.8 Overseas Telephone Medical Advice**

We will arrange to provide free medical advice to the *insured person* over the phone while travelling outside *Hong Kong*.

### **4.2.9 Monitoring of Medical Condition When Hospitalized**

Our doctors will, at *our* cost, monitor the *insured person's* case while hospitalized by liaising with the *insured person* and the treating physician or doctor to obtain medical assessment and reports if authorized by the *insured person* to obtain the medical information.

In respect of services 4.2.8 and 4.2.9 hereabove, hospitalization expenses or medical expenses charges to the *insured person* by a *hospital*, physicians other than *our* doctors, or any other medical professions are to be borne by the *insured person* unless otherwise covered under this policy.

**ZURICH EMERGENCY ASSISTANCE is rendered by the service provider which is nominated by Zurich**

**Insurance Company Ltd.**

## **4.3 Special Provisions for Section 4**

No service will be provided or paid under this section:

4.3.1 When the *insured person* is located in areas which represent war risks or political conditions such as to make the provision of services under this section impossible or reasonably impracticable.

4.3.2 For emergency medical evacuation or repatriation or repatriation of the *insured person's* mortal remains or other cost not approved in writing in advance by *us* and/or not arranged by *us*. This exclusion shall not apply to emergency medical evacuation from remote or primitive areas where *we* cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the *insured person's* prospect.

4.3.3 When the *insured person* is residing or travelling outside of *Hong Kong* contrary to the advice of a *medical practitioner*.



4.3.4 When the *insured person* is residing or travelling outside of *Hong Kong* for the purpose of obtaining medical treatment or for rest and recuperation following any prior *accident* or illness.

## CONDITIONS

### 1. Return of Policy

If *you* are not satisfied with this policy, *you* may return it to *us* within fourteen days of receipt. This policy will then be deemed as void from the effective date shown in the *schedule* and *we* shall not be liable for any loss sustained by the *insured person*. A full refund of any premium paid will be made.

### 2. Cancellation

*We* have the right to cancel this policy or any section or part of it by giving thirty days notice in writing by registered letter to *your* last known address.

*You* have the right to cancel this policy or any section or part of it by giving thirty days notice in writing to *us*.

In the event the policy being cancelled, the premium for the unexpired period will be refunded in accordance with *our* customary scale.

### 3. Multiple Policies

The *insured person* may not be insured under more than one Personal Accident insurance policy with *us* without *our* prior approval. If any *insured person* is covered under more than one such policy without *our* prior approval, *we* will pay only the benefit under the policy which provides the higher benefit amount. When the benefit under each such policy is identical *we* will pay the benefit under the policy that was first issued.

### 4. Change of Occupation

If the *insured person* changes his/her occupation from that shown in the *schedule* *you* must tell *us* in writing immediately and pay any additional premium that *we* may require. If *you* do not tell *us* of such change then no claim shall be payable in respect of any *injury* arising out of or in the course of attending such occupation.

### 5. Misrepresentation

If *you* or anyone acting for *you* makes a statement in the enrolment form or in connection with any claim knowing the statement is false *we* will not be liable for any claim and all cover under the policy shall cease.

### 6. Age Limit

The *insured person* must be under sixty five years of age at the effective date of this policy and all coverage will cease at the expiry date following the *insured person's* 70<sup>th</sup> birthday.

### 7. Notification of Claim

*You* must inform *us* in writing as soon as possible and always within two calendar months of any *accident* likely to cause a claim. *We* shall be entitled to call for

- i. an examination by a medical referee appointed by *us* for a nonfatal *injury*;
- ii. a post mortem examination if death occurs, at *our* expense. Reasonable notice prior to interment, cremation, post mortem examination or inquest must be given to *us*. The results thereof should be submitted to *us*.

*You* will supply all certificates, information, evidence and receipts required by *us* at *your* expenses and submit to medical examinations as required by *us* at *our* expense.

### 8. Payment of Claim

*We* will pay all benefits to the policyholder or the *insured person* named in the *schedule* for their respective rights and interests. In the event of death of the policyholder or *insured person* as shown in the *schedule*, *we* will pay all benefits not yet paid to the estate of the policyholder or *insured person*.

### 9. Prohibition on Trust or Assignments

This policy is not assignable and may not be made subject to any lien or charge or trust.

### 10. Time Limit

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

### **11. Alternative Dispute Resolution**

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of Hong Kong and applicable at the time of dispute. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of Hong Kong as amended from time to time. The arbitration shall be conducted in Hong Kong by a sole arbitrator to be agreed by the parties. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under this policy and *you* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, *your* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

### **12. Governing Law**

This policy is subject to the exclusive jurisdiction of *Hong Kong* and is to be construed according to the laws of *Hong Kong*.

### **13. 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 the following website:  
[www.zurich.com.hk/eng/cs\\_nonlifepolicyservices\\_privacy.htm](http://www.zurich.com.hk/eng/cs_nonlifepolicyservices_privacy.htm)

## **EXCEPTIONS**

This policy will not cover death, disability or other expenses arising directly or indirectly from:

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.
2. Engaging in duty with any armed force of any country or international authority.
3. Engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race.
4. Parachuting, sky diving, ballooning and hang-gliding or any other flying activities other than as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier.
5. Suicide, attempted suicide or intentional self-injury, insanity, whilst under the influence of alcohol or drugs, any kind of sickness or disease, childbirth, pregnancy, miscarriage or HIV related illness including AIDS and/or any mutant derivatives or variations thereof however caused or however named.
6. 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.

## **CLAIMS PROCEDURE**

Step 1. Notify Zurich or its agents/brokers as soon as possible.

Step 2. Fill in a Claim Form if necessary and supply the required documents as appropriate.

### **Accidental Death**

- \* Death certificate
- \* Coroner's report
- \* (in the event of disappearance) presumption of death as proclaimed by a court.

### **Permanent Disability**

- \* Certificate issued by a medical practitioner certifying the degree or severity of disability in accordance with the Table of Benefit 1.3
- \* Police report, where relevant.

**Medical Expenses**

- \* Diagnosis and treatment, including *insured person's* name, diagnosis and date of diagnosis, certified by a *medical practitioner*, and receipt
- \* Original *hospital* bill with itemized list/receipts issued by clinic or *hospital*
- \* Original leave certificate from a *medical practitioner*
- \* For any claims of damage to *personal effects*, official receipts, including date of purchase, price, model and type of items lost or damaged; and picture of the damaged item or the damaged item itself shall be submitted

**Income Benefit**

- \* Income proof such as pay slip, tax return or bank statement
- \* Original leave certificate from a *medical practitioner*
- \* For the self-employed, submit certification of period of hospitalization
- \* Employer's written confirmation of sick leave for the *insured persons* (claimants)

**Claims Promise**

- \* Claims will be processed within 7 working days if all necessary documentation is provided.
- \* For income benefit claims for periods of over two weeks, there is no need to wait for complete recovery before making a claim.

**WHAT TO DO WHEN YOU NEED HELP**

In a medical or other emergency, call Zurich Emergency Assistance Hotline on *Hong Kong* (852) 2886 3977 and quote *your* name and the policy number printed in the *schedule*. An experienced Assistance Coordinator will deal with *your* enquiry and tell *you* what to do next. To make a claim, call Zurich claims hotline, Monday to Friday 9:00 a.m. to 6:30 p.m. on (852) 2903 9388.

## 「多護保」人身意外保險計劃

蘇黎世保險有限公司將於收訖「閣下」所繳之保費後，在「保險期」內為本保單所載之「受保人」提供保障表內訂明各節之保障，惟「閣下」必須履行本保單所列出之所有條款與條件。

### 詞彙解釋

本保單內某些詞彙具有指定含意，釋義已分別列明於下。為方便「閣下」在本文識別有關詞彙，特將此等詞彙全部加上引號。

「閣下」	「附表」上“姓名及地址”一欄中註明之人士。
「本公司」	蘇黎世保險有限公司。
「附表」	隨附本保單並構成保單一部份之附表。
「保險期」	「附表」內所訂明之保險有效期，而該保險期間之保費須為「本公司」接納。
「永久傷殘」	完全及永久喪失執行「附表」內註明之工作或任職能力，又或蒙受保障表內列明之局部永久傷殘，並於蒙受「損傷」當日起十二個月內經「本公司」證實並接納為永久傷殘。
「受保人」	「附表」訂明為受保人之人士。
「醫院」	一家根據所在地法律合法開辦之機構，主要業務為接受患病、染恙或受傷人士住院及提供醫療服務，並提供有組織之設施為住院病人進行醫學診斷及護理，其中包括在院內由合法註冊或持牌駐院「醫生」及全職護士監督進行主要外科手術。醫院並不包括任何精神病院或任何醫院之精神病部門，亦不包括療養院、特別護理、康復設施、老人院、戒毒所或戒酒所。
「意外」	任何不可預見或預料並導致「受保人」蒙受「身體損傷」之突發事件。
「損傷」或 「身體損傷」	「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。
「醫生」	已獲准在其執業的地區合法提供醫療及外科服務的註冊醫生，但「受保人」本身除外。
「隨身物件」	「受保人」慣常隨身攜帶之物件或穿著之物件，惟不包括任何類型的金錢。
「永久」	「受保人」遭遇「意外」事故當日起計 12 個月後情況並無好轉。
「斷肢」	失去自手腕或足踝處或以上的肢體。
「失明」	視力完全及「永久」喪失並無法復原。
「喪失說話能力」	無法發出說話所需的四種語音中之三種，例如唇音、齒齶音、顎音及軟顎音，或聲帶完全喪失功能，或大腦控制說話的中樞受損，導致語言失能症。
「失聰」	聽力「永久」完全喪失，指周波數在 500、1,000、2,000、4,000 赫(hertz)時的聽力喪失程度分別為 a、b、c、d dB(強音單位)時，其(a+2b+2c+d) 之六分之一的值在 80dB 以上。
「殘廢」	完全喪失功能效用，其性質與完全喪失該肢體或器官相同。
「頭部」	人身體由頭頂至下頷骨的部位。
「二級燒傷」	表皮層和真皮層均一同燒傷。
「三級燒傷」	整個皮膚層包括表皮層、真皮層及皮下組織均一同燒傷及受到破壞。
「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： <ul style="list-style-type: none"><li>• 涉及以暴力對待一人或多人；或</li><li>• 涉及財物損毀；或</li><li>• 危害生命但不包括執行行動的人；或</li><li>• 對健康或公眾或部份公眾的安全製造風險；或</li><li>• 設計去干擾或破壞某電子系統。</li></ul>
「香港」	中華人民共和國香港特別行政區。

## 保障範圍

### 第一節 死亡及「永久傷殘」保障

#### 1.1 死亡

如「受保人」在「保險期」內因「意外」直接導致於事後十二個月內死亡，「本公司」將對「閣下」作出賠償，最高金額為「附表」訂明之投保金額。

此外，「本公司」並會支付「閣下」於「香港」土葬或火葬「受保人」之確實費用，惟該費用必須合理及有其實際需要。在此情況下，「本公司」之最高賠償金額為每位「受保人」港幣 20,000 元。

#### 1.2 「永久傷殘」

如任何「受保人」在「保險期」內因「意外」直接導致「損傷」，「本公司」將以保障表內所示之百分率計算賠償金額。「本公司」只會賠償「閣下」於「意外」發生日後十二個月內引致之「永久傷殘」。

「本公司」只會就任何一宗「意外」支付第 1.1 項或 1.2 項規定之保障。

#### 1.3 保障表

「本公司」將賠償以下之投保金額百分率：

「永久傷殘」		根據「附表」內「永久傷殘」 投保金額計算之賠償比例
1. 單或多肢癱瘓、「殘廢」或完全失去		100%
2. 其他完全傷殘		100%
3. 單或雙眼完全「喪失視力」		100%
4. 完全喪失單眼眼球晶狀體		50%
5. 喪失一隻手的四指及姆指或「殘廢」		75%
6. 喪失一隻手的四指及「殘廢」		50%
7. 喪失姆指或「殘廢」	— 雙指骨	30%
	— 單指骨	15%
8. 喪失食指或「殘廢」	— 三指骨	15%
	— 兩指骨	10%
	— 單指骨	5%
9. 喪失中指或「殘廢」	— 三指骨	10%
	— 兩指骨	5%
	— 單指骨	3%
10. 喪失無名指或「殘廢」	— 三指骨	7%
	— 兩指骨	5%
	— 單指骨	2%
11. 喪失尾指或「殘廢」	— 三指骨	5%
	— 兩指骨	3%
	— 單指骨	2%
12. 喪失掌骨或「殘廢」	— 額外之第一或第二節， 每節	3%
	— 額外之第三、四或五 節，每節	2%
13. 失去一隻腳所有腳趾		20%
失去腳趾	— 大腳趾雙趾骨	10%
	— 大腳趾單趾骨	5%
	— 其他腳趾，如喪失逾 一隻腳趾，每隻	3%
14. 雙耳完全「失聰」		80%
15. 單耳完全「失聰」		20%
16. 完全「喪失說話能力」		60%
17. 腿截短最少 5 厘米		10%

每位「受保人」就任何一宗「意外」獲賠償之保障百分率總額不超過 100%。

如「本公司」已向任何一位「受保人」賠償「附表」註明之全數投保金額，對已收到賠償的「受保人」而言，本保單亦即時停止生效，「本公司」將不退回剩餘之保費。

倘「損傷」狀況並未包括於上述保障表內，將以「本公司」認為符合上述比例之「損傷」程度釐定該「損傷」。有關所有其他損失，如賠償額不足百分之一百，則「本公司」將由「意外」發生當日起於本保單訂明之投保金額扣除已賠償金額，直至本保單期滿為止；倘期間因「永久傷殘」而索償，賠償將根據原先投保金額的百分比來釐定。

#### 1.4 第一節之額外保險

##### 1.4.1 雙重賠償

如「受保人」因以下事項導致或引致死亡，「本公司」會將本節第 1.1 項死亡保障之賠償金額加倍或至最高港幣 1,000,000 元，二者以較低者為準：

1. 遇劫或被意圖行劫時無辜被殺，包括於逃離時被害；
2. 在刑事罪案中無辜被警方或匪徒槍殺；
3. 被鯊魚襲擊致死。

以上各項額外保障只適用於發生「香港」之事件。

##### 1.4.2 燒傷保障

「受保人」因「意外」而導致「二級或三級燒傷」，並經「註冊醫生」證實蒙受以下所載之任何「損傷」，「本公司」將根據下列賠償表向「受保人」賠償「附表」中「意外」死亡保障額的百分之二十或港幣 500,000 元，以較低者為準。

「二級或三級燒傷」		
部位	燒傷部位佔總面積的百分比	最高保障額(%)
「頭部」	a. 「頭部」燒傷表面總面積 12%或以上燒傷	100%
	b. 「頭部」燒傷表面總面積 8%或以上，但不足 12%	75%
	c. 「頭部」燒傷表面總面積 5%或以上燒傷，但不足 8%	50%
	d. 「頭部」燒傷表面總面積 2%或以上燒傷，但不足 5%	25%
身體 (不包括「頭部」)	a. 身體燒傷表面總面積 20%或以上	100%
	b. 身體燒傷表面總面積 15%或以上，但不足 20%	75%
	c. 身體燒傷表面總面積 10%或以上，但不足 15%	50%

在同一宗「損傷」中，「本公司」只會賠償以上保障表的其中一項。假如「受保人」因同一宗「損傷」導致多項上述保障項目，「本公司」將就其中最高賠償額的一項作出賠償。

如任何「受保人」就以上任何項目提出索償而獲得低於 100%的保障額，則從發生「意外」當日開始，本保單的保障額將減去該項賠償金額，直至本保單期滿為止。此後所有損失賠款均會根據原保額百分率計算。於任何情況下，「受保人」所有索償項目的總額不得超過 100%。

##### 1.4.3 惡劣天氣額外保障

如任何「受保人」無可避免地暴露於惡劣或持續惡劣之天氣，以致失蹤或死亡，「本公司」將當「受保人」因「意外」失蹤或死亡處理。

##### 1.4.4 續保優惠

「本公司」將於「閣下」之保單續保時提供死亡及/或「永久傷殘」保障金額，每年的增額為 10%，最高可增加至 50%，但總優惠額不可超過港幣 500,000 元。「本公司」將根據續保時之投保額計算優惠，即使投保額於續保之前或之後有任何修改亦不會影響其優惠額。

## 1.5 第一節之特別條款

1.5.1 如「受保人」在「意外」發生當日年齡為十六歲或以下，本節規定之賠償總金額將不超過港幣 200,000 元。

1.5.2 如「受保人」在「保險期」內失蹤，其遺體在其失蹤及以繳費乘客身份乘坐之公共交通工具沉沒或觸礁後一年內未被尋獲，「本公司」將基於充份證據，假設「受保人」已遭遇「意外」並構成死亡之唯一及直接原因。「本公司」將支付本節第 1.1 項規定之保障，惟「受保人」之受益人須簽署保證書，以保證倘「受保人」嗣後被證實仍然生存，則須向「本公司」償還該賠償款項。

### 1.5.3 意外死亡及「永久」傷殘之最高賠償責任

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

## 第二節 醫療費用

2.1 如「受保人」在「保險期」內蒙受「身體損傷」而需接受醫療護理或外科手術治療，「本公司」將支付「閣下」：

2.1.1 「受保人」就醫療護理、外科手術、X-光、「醫院」治療或護理療程向「醫院」、醫師、外科手術「醫生」、護士、「醫院」及/或救護車支付確實、合理及必要之費用，包括醫療用品費用及救護車租用費、天然健全牙齒因「意外」而需接受牙醫護理之費用及只限以住院病人身份接受物理治療之費用。

「受保人」若需留院(留院二十四小時或以上)接受治療，「本公司」就病房及膳食支付之最高賠償額為每日港幣 750 元。

如「受保人」入住任何「醫院」之深切治療部接受治療，「本公司」將本節規定之住院病人病房及膳食賠償額增加一倍，為期不逾每次「意外」或連串「意外」發生後三十日內。

2.1.2 「受保人」就門診所支付「醫生」、醫師、外科手術「醫生」、診所、病理化驗所確實、合理及必要之費用。

## 2.2 第二節之額外保障

### 2.2.1 「隨身物件」保障

如「閣下」於同一宗「意外」中蒙受「身體損傷」及「隨身物件」損毀，「本公司」將支付「閣下」該「隨身物件」實際重新購買之價錢，惟「受保人」必須同時就第 2.1.1 項及或第 2.1.2 項得到「本公司」的賠償，方可獲得賠償。

「本公司」就本項支付之最高賠償額為每宗「意外」港幣 200 元，每年之最高賠償總額為港幣 2,000 元。醫療費用的投保金額已包括此項之賠償金額。

### 2.2.2 跌打、物理及針灸治療

如「受保人」在「保險期」內蒙受「身體損傷」而需要接受跌打「醫生」、物理治療師或針灸師之跌打、物理及針灸治療，「本公司」將賠償「受保人」所需的醫療費用予「閣下」。「本公司」就本項支付之最高賠償額為每天及每次治療港幣 100 元，惟每次「意外」之最高治療次數為 5 次及每年之最高賠償總額為港幣 2,000 元。

## 2.3 其他保險

倘「閣下」就其他保單獲得賠償，則本保單應付之賠償，只限於其他保障範圍以外之結餘費用。

## 2.4 第二節之特別條款

「本公司」就此節每宗「意外」之最高賠償總額為「附表」上醫療費用一欄所示的投保金額。

第 2.2.2 項之賠償上限並不受此條款限制。

### 第三節 每年收入保障

- 3.1** 如任何「受保人」於「保險期」內蒙受「身體損傷」，以致於事發十二個月內完全無法執行「附表」所示之職務或職業，「本公司」將按「附表」所訂，於「受保人」無法執行其職務或職業期間支付每年所損失之收入予「閣下」，為期最多兩年。

「本公司」支付之金額，將按「附表」訂明之金額以每日比例計算。

於每個喪失工作能力期間，「受保人」必須自負首七個曆日收入之損失。

### 3.2 第三節之額外保障

#### 3.2.1 每日住院現金賠償

如「受保人」以住院病人身份留院接受治療本保單保障範圍內之「身體損傷」，在住院期間，「本公司」將就本項保障每日支付港幣 300 元之津貼予「閣下」，為期最多一年。

### 3.3 第三節之特別條款

#### 3.3.1 年齡限制

本部份不適用於任何在「意外」發生當日年齡為十六歲或已下之「受保人」。

#### 3.3.2 自僱職業

「本公司」只根據上列 3.1 條款，賠償屬於自僱職業的「受保人」在住院期間的收入損失。

#### 3.3.3 其他保險

除由政府或其他政府機關裁定之賠償福利外，如「閣下」或「受保人」可從其他保險獲得保障，則此節所提供的保障只限於其他保險不承擔的餘額。

#### 3.3.4 最高投保額

此節之最高投保金額，不可超過「受保人」從其職業賺取的全年總收入。

### 第四節 緊急支援服務

- 4.1** 倘「受保人」已投保本保單第一節第 1.1 項及 1.2 項之保障，「本公司」將就「受保人」於離開「香港」外遊最多九十天期間蒙受「損傷」或患病而發生下列情況支付賠償：

**4.1.1** 如「受保人」在「香港」境外需要緊急醫療支援服務，「本公司」將提供必須及不可或缺之醫療服務或設備，照料「受保人」撤離遇事地點或遣送至另訂地點，而輸送之時間，交通工具及最終目的地，必須以「本公司」根據所需醫療狀況而決定。

**4.1.2** 若「受保人」身故，經「本公司」事前同意，「本公司」將支付遺體運返「香港」或於當地殮葬之合理及必須費用。

**4.1.3** 如「受保人」因住院而引致入院之醫療開支，「本公司」將會代付不超過港幣 39,000 元之入院保證金，除本保單另有訂明外，該等醫療費用一律由「閣下」自付。

**4.1.4** 如「受保人」於「香港」境外旅遊時蒙受嚴重「身體損傷」或生病而需住院超過連續三天，「本公司」將支付一位親友經濟客位來回機票乙張以便陪伴「受保人」，惟事前必須獲得「本公司」正式批准。

### 4.2 二十四小時熱線電話資訊及轉介服務包括：

#### 4.2.1 外遊前資訊援助

「本公司」可向「受保人」提供有關各國簽證及防疫注射規定詳情。所有資料均參照世界衛生組織刊物“Vaccination Certificate Requirements and Health Advice for International Travel” (防疫資料) 及“ABC Guide to International Travel Information” (簽證資料) 最新版所載內容。

#### 4.2.2 轉介大使館

無論「受保人」身處全球任何國家，「本公司」均可向「受保人」提供最就近的所須國家大使館及領事館地址、電話號碼及辦公時間。



#### 4.2.3 轉介醫療服務人員或機構

「本公司」可向「受保人」提供「醫生」、「醫院」、診所、牙醫及牙醫診所的名稱、地址及電話。

#### 4.2.4 遺失證件

如「受保人」離開「香港」旅遊時不幸遺失證件，「本公司」可向「受保人」提供資料聯絡有關管轄機關，同時指導「受保人」如何尋回及補領遺失證件。

#### 4.2.5 遺失行李

如「受保人」離開「香港」旅遊時不幸遺失行李，「本公司」可向「受保人」提供資料聯絡有關管轄機關，同時指導「受保人」如何尋回及認領遺失行李。

#### 4.2.6 轉介傳譯服務

「本公司」可向「受保人」提供全球各地傳譯員或傳譯社之名稱、地址、電話號碼及辦公時間。

#### 4.2.7 轉介律師

「本公司」可向「受保人」提供全球各地法律顧問及執業律師之姓名、地址、電話及辦公時間。

#### 4.2.8 海外電話醫療顧問服務

「本公司」可在「受保人」於「香港」境外旅遊時安排醫療顧問在電話免費向「受保人」提供醫療意見。

#### 4.2.9 住院期間監察病情

如「受保人」需住院接受治療，「本公司」的「醫生」將免費與「受保人」及主診「醫生」保持聯繫跟進病情。如獲得「受保人」授權，「本公司」的「醫生」可向主診「醫生」徵取醫學評估及報告，以便查閱醫療資料。

除此保單已另行保障外，就以上 4.2.8 及 4.2.9 之服務，「受保人」須負責支付「醫院」、「本公司」以外之醫療人員或任何其他醫療專業團體或人士收取之費用。

蘇黎世緊急援助服務由蘇黎世保險有限公司所委任的服務機構提供。

### 4.3 第四節之特別條款

在下述情況下，「本公司」將不提供此節之保障或支付有關之費用：

- 4.3.1 倘「受保人」所在地點存在戰爭危機或政治條件不良，以致無法或不可能提供本節之服務，「本公司」恕不提供任何本節之服務或支付本節之賠償金額。
- 4.3.2 事前未獲「本公司」以書面批准及/或並非「本公司」安排之緊急撤回、遣返、或其他費用。如「受保人」在遙遠或落後地方遇事，而緊急撤回前不可事先聯絡「本公司」，以及甚有可能延誤以致損失人命或嚴重損害「受保人」之康復前景，則本不承保事項並不適用。
- 4.3.3 倘「受保人」不遵從「醫生」建議而離開「香港」旅遊或居住，將不獲此節之保障。
- 4.3.4 「受保人」因遭遇「意外」或患病而離開「香港」接受治療、休養及調養，將不獲此節之保障。

### 保單條款

#### 1. 退回保單

「閣下」如對本保單不滿意，可於接獲本保單後十四日內退回「本公司」，本保單將由「附表」註明之生效日期起被視為失效。「本公司」毋須就「受保人」之任何損失承擔賠償責任。「本公司」將退還「閣下」已繳訖之所有保費。

#### 2. 取消保單

「本公司」有權於三十天前發出書面通知取消本保單或其中任何章節，上述通知書將以掛號郵件形式寄至「閣下」最後登記之地址。

「閣下」有權於三十天前向「本公司」發出書面通知取消本保單或其中任何部份。

若此保單於未屆期滿前取消，「本公司」將以慣常之算式計算退回之保費餘額。

### 3. 眾多保單

如未經「本公司」事前批准，「受保人」不可於「本公司」投保逾一份個人「意外」保險。如「受保人」未經「本公司」事前批准投保超過一份同類保險，「本公司」只會就保障額較高之保單支付賠償。倘所有同類保單之保障額相同，「本公司」只會就首先簽發之保單支付賠償。

### 4. 更改職業

「受保人」載錄於「附表」之職業如有更改，必須即時以書面通知「本公司」，並按「本公司」要求支付任何額外保費。如「閣下」未能通知「本公司」上述變更，「本公司」恕不就「受保人」從事新職業時發生或引起之任何「損傷」作出賠償。

### 5. 虛報資料

如「閣下」或「閣下」的任何代表於投保表格或就任何索償知情地作出任何虛假聲明，「本公司」概不就任何索償履行賠償責任，本保單規定之所有保障亦停止生效。

### 6. 年齡限制

「受保人」在本保單生效日必須為六十五歲以下。本保單之所有保障將於「受保人」年屆七十歲後之期滿日停止生效。

### 7. 索償通知

如有任何可能導致索償之「意外」，「閣下」必須盡早或於兩個月內通知「本公司」。

「本公司」有權要求：

- (i) 由「本公司」指定之醫療公證人檢驗非致命「損傷」；
- (ii) 於「受保人」死亡後進行驗屍，費用由「本公司」支付。如埋葬或火葬死者或進行驗屍或死因調查，必須於事前予「本公司」合理通知，並向「本公司」提供驗屍調查結果。

「閣下」必須自費提供「本公司」要求之所有證明書、資料、證據及收據。如「本公司」要求「受保人」接受身體檢查，費用則由「本公司」支付。

### 8. 支付賠償

「本公司」將按照保單持有人或「附表」註明之「受保人」各自之權利及權益向彼等支付賠償。如保單持有人或「受保人」身故，「本公司」會將所有尚未支付之賠償額支付予保單持有人或「受保人」之遺產承繼人。

### 9. 禁止轉讓或信託

本保單不可轉讓，並且不受制於任何留置權、抵押或信託安排。

### 10. 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「身體損傷」後滿十二個月方提出之有關索償支付賠償。

### 11. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據香港司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。所有未能解決之爭議，一律按照香港法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在香港進行，並由爭議各方同意之單一仲裁人裁定。現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「閣下」追索本保單之任何責任，而並未能於「本公司」所發出之通知十二個月內按以上規定展開仲裁，「閣下」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

### 12. 管轄法律

本保單須遵從「香港」的專有司法裁判權，並按「香港」法律詮釋。

### 13. 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」亦可透過以下網址查閱有關私隱政策：

[www.zurich.com.hk/chi/cs\\_nonlifepolicyservices\\_privacy.htm](http://www.zurich.com.hk/chi/cs_nonlifepolicyservices_privacy.htm)

### 不承保事項

本保單將不會承保因下列事故直接或間接引致之死亡、傷殘或其他費用：

1. 戰爭、侵略、外敵行動、敵對局面(不論曾正式宣戰與否)、內戰、叛亂、革命、反叛、軍事、或篡權行動導致之任何事件；
2. 任職於任何國家或國際權力機構之任何武裝部隊；
3. 以職業選手身份參加任何體育活動或競賽，或「受保人」將會或可以從上述體育活動或競賽中賺取任何酬金；
4. 跳降傘、高空跳傘、乘汽球及乘風滑翔或任何其他飛行活動而並非以繳費乘客身份乘坐由持牌商業航空公司所營運之航機；
5. 自殺、企圖自殺或蓄意自我傷害；神經失常；服用酒精或藥物；任何性質之病症或疾病、分娩、任娠或流產；人體免疫力衰竭病毒(HIV)及有關疾病，包括愛滋病(AIDS)及/或其不論如何引起或如何定名之變種、衍生或變故病體；
6. 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生之電離子輻射或放射性污染。

### 賠償程序

步驟 1：通知蘇黎世或保險代理/經紀

- 指導有關申請賠償程序

步驟 2：填寫賠償申報表及提交下列所需證明文件

#### 「意外」死亡：

- 死亡證
- 法醫官報告
- (如屬失蹤)法院宣佈「受保人」假設失蹤的證明。

#### 「永久傷殘」：

- 「醫生」根據 1.3 保障表所發出之有關傷殘程度證明
- 警方報告(如適用者)

#### 醫療費用：

- 經「醫生」證明的診斷及治療，包括「受保人」的姓名、症狀、診治日期及收據
- 詳列各項費用之診所或「醫院」正本賬單
- 「醫生」發出之正本病假證明
- 凡就「隨身物件」損失申請索償者，須提交正式收據，包括損壞物件之購買日期、價格、型號及類別；及損壞之物件或其照片。

#### 入息證明：

- 糧單、稅單、銀行存款單或僱主所發之僱用狀
- 「醫生」發出之正本病假證明
- 凡自僱投保人士，須提交住院期間證明
- 僱主書面發出之「受保人」(索償者) 病假證明

#### 賠償承諾：

- 一切有關文件齊備，保證七個工作天辦妥賠償
- 索償入息保障超過兩星期者，無須等候「受保人」完全康復及出院後才申請賠償

### 求助須知

如遇醫療或其他性質的緊急事故，請致電「香港」蘇黎世 24 小時緊急支援熱線，「香港」電話：(852) 2886 3977，說明「附表」所示「閣下」姓名及保單號碼，「本公司」將指派經驗豐富的支援人員處理「閣下」的查詢及指導「閣下」如何採取應變行動。如需提出索償，請於星期一至五上午 9:00 至下午 6:30 致電蘇黎世索償熱線，電話：(852) 2903 9388。

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*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。*