

HONG LEONG SMART SAVE ACCIDENT INSURANCE

This Policy, the Certificate of Insurance and any Endorsement or Memoranda thereon shall be considered one document (together "Policy") and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.

Whereas:

1. The Insured by an application form or statements made to the Company, including a declaration made to the Company, which shall be the basis of and shall form part of this Policy, has applied for insurance; and
2. Hong Leong Insurance (Asia) Ltd ("Company") has agreed to provide such insurance.

The Company agrees only on the basis of the Terms and Conditions contained in this Policy to provide insurance cover to the Insured Persons for those risks insured against to the extent and in the manner stated in this Policy and the Certificate of Insurance and subject to payment of the relevant premium.

Part 1 - Schedule of Benefits

Section 1

Cash Benefit for Accidental Injury or Death

If at any time during the Period of Insurance, an Insured Person shall sustain any bodily injury caused by an Accident, which solely, directly and independently of any other cause shall result in death or disablement or necessitate medical or surgical treatment as hereinafter defined, then the Company will pay the respective percentage of the Principal Sum Insured as set hereunder:

Covered Event	Percentage of Principal Sum Insured
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and Incurable Paralysis of all Limbs	100%
4. Permanent Total Loss of Sight of both Eyes	100%
5. Loss of or Permanent Total Loss of Use of two Limbs	100%
6. Loss of Speech and Hearing	100%
7. Permanent and Incurable Insanity	100%
8. Major Burns	100%
9. Permanent Total Loss of Sight of one Eye	50%
10. Loss of or Permanent Total Loss of Use of one Limb	50%
11. Permanent Total Loss of Hearing in	
(a) Both Ears	75%
(b) One Ear	15%
12. Loss of Speech	50%
13. Permanent Total Loss of Lens of one Eye	50%
14. Loss of or Permanent Total Loss of Use of four Fingers and Thumb of one Hand	50%
15. Loss of or Permanent Total Loss of Use of four fingers of one Hand	30%
16. Loss of or Permanent Total Loss of Use of one Thumb	
(a) both Joints	20%
(b) one Joint	10%
17. Loss of or Permanent Total Loss of Use of Finger	
(a) three Joints	7.5%
(b) two Joints	5%
(c) one Joint	2%
18. Loss of or Permanent Total Loss of Use of Toe	
(a) all-one Foot	15%
(b) great-both Joints	5%
(c) great-Joint	3%
19. Fractured Leg Patella with established non-union	10%
20. Shortening of Leg by at least 5 cm	7.5%
21. Permanent Disability not otherwise provided for under Covered Events 9-20 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the compensation provided under Covered Events 9-20 inclusive.	

Provisions Applicable to Section 1 of Part 1 only

1. The Company shall pay 200% of the Principal Sum Insured, in respect of any sums payable for Events 1-8 under Section 1 of Part 1 for losses due to Accidental Injury sustained while riding as a fare-paying passenger in any Common Carrier or whilst travelling in any Private Car or whilst playing or practicing golf for leisure on any recognised golf course or driving range.
2. Except as provided in Provision 1 above, the aggregate compensation in respect of each Insured Person shall not exceed 100% of the Principal Sum Insured.
3. If the insurance applies to the Insured and his or her Eligible Family Members, Insured and spouse will each receive the same level of benefits and each child shall be entitled to 25% of the Insured's Principal Sum Insured.

Section 2

Accidental Medical Expenses

To reimburse the Insured Person for Medical Expenses (after deduction of any sums recovered or recoverable from all other sources) up to the Maximum Benefit Payable per Accident and Policy Year stated in the Certificate of Insurance that reasonably and necessarily incurred within 365 days of Accidental Injury that occurs during the Period of Insurance for medical treatment as a direct result thereof.

Chinese Bonesetting and Acupuncture Expenses Extension

This Policy is extended to cover Chinese bonesetting and acupuncture fees necessarily incurred as a result of Accidental Injury up to the maximum consultation limit per visit per day and the Maximum Benefit Payable per Accident and per Policy Year as stated in the Certificate of Insurance provided that diagnosis of the treatment and an official payment receipt relating to the injury are submitted to the Company.

Section 3

Daily Cash Benefit for Hospital Confinement

When an Accidental Injury shall cause an Insured Person's Hospital Confinement, and provided such Confinement shall commence whilst insurance under this Policy is in effect, the Company will pay the Daily Cash Benefit as indicated on the Certificate of Insurance for each day the Insured Person has been so confined.

Provisions Applicable to Section 3 of Part 1 only

1. Benefit shall be paid for Hospital Confinement only when an Insured Person is under regular care and attendance of a Physician.
2. The Company shall pay 200% of the Daily Cash Benefit for each day the Insured Person is being confined in the intensive care unit of the Hospital.
3. The Daily Cash Benefit shall be paid from the first day of Hospital Confinement for a period not exceeding 120 days for all such Confinements consequent upon any one period of Accidental Injury resulting from any one Accident.
4. Hospital Confinement resulting from the same Accidental Injury and not separated by a period of at least 12 months shall be considered a continuation of the prior Hospital Confinement for the purpose of determining the Maximum Benefit Payable under this Policy.
5. No Benefit shall be payable in respect of :-
 - a. Hospital Confinement for a routine physical or any other examination where there are no objective indications or impairments in normal health;
 - b. Confinement in an establishment which is not a Hospital

Section 4

Credit Card Protection

When an Accident shall result in the Insured's or his/her spouse's death the Company will pay up to the Maximum Benefit Payable per Policy Year indicated on the Certificate of Insurance for any outstanding balance payable under the Insured's or his/her spouse's credit card for items and services charged to such card for the Period of Insurance.

Provisions Applicable to Section 4 of Part 1 only

1. Only the Insured and his/her spouse insured under this Policy is/are entitled
2. The Maximum Benefit Payable indicated on the Certificate of Insurance is the aggregate amount applicable to the Insured and his/her spouse.
3. Benefit is payable only if the Insured or his/her spouse is the principal credit card holder.
4. No interests accrued or financial charges shall be recoverable.
5. Benefits shall not be paid if the Insured Person is entitled to this cover under any other insurance policy.

Section 5

Repatriation of Remains

When an Accident occurring outside the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong SAR") shall result in the death of the Insured Person the Company will pay up to the Maximum Benefit Payable indicated on the Certificate of Insurance the reasonable expenses incurred for the transportation of the body or the ashes back to Hong Kong SAR.

Section 6

Burial and Funeral Expenses

When an Accident shall result in the death of the Insured Person the Company will pay up to the Maximum Benefit Payable indicated on the Certificate of Insurance for the reasonable charges for the burial or cremation and funeral expenses in the locality where death occurs or in Hong Kong SAR.

General Provisions

1. The Insured Person shall as soon as reasonably practicable after the happening of any Accidental Injury giving rise to a claim under this Policy procure and follow proper medical advice from a registered Physician.
2. If at the date of Accident, an Insured Person has already suffered any permanent disability including but not limited to amputation of or loss of use of a hand, arm foot or leg or loss of sight of one or both eyes, such disability or loss shall not be included in assessing any Benefit payable under this Policy.
3. If at the time of any happenings giving rise to any loss, damage, expense or liability for which indemnity provided under this Policy there will be any other policy(ies) issued by the Company covering such loss, damage, expenses or liability or any part thereof, the maximum amount payable by the Company will be limited to the greatest amount of benefits provided by any one such policy. This condition is not applicable to Section 1 and 3.
4. Except as provided in Condition 3 above, Benefit under this Policy shall be paid in addition to any other insurance benefit to which an Insured Person may be entitled. However, this Company shall not be liable to pay under Section 2, 5 and 6 if the Insured Person is covered under any other insurance for the same interests unless the limit of indemnity of such other insurance is exhausted; in which case the Company will only be liable to indemnify the Insured Person for the excess amount.

Part 2 - Definitions

1. **'Accident'** shall mean an unforeseen and unexpected event of violent and accidental nature which shall independently of any other cause be the sole and direct cause of bodily injury.
2. **'Accidental Death'** as defined under this Policy occurs after the date of the relevant Accident and directly and independently results from Accidental Injury.
3. **'Accidental Injury'** means bodily injury sustained by an Insured Person whilst this Policy is in force and which is solely caused by an Accident and independently of any other cause shall within 12 calendar months result in death or disablement or necessitate medical, surgical or Chinese bonesetter treatment or Confinement.
4. **'Benefit/ Maximum Benefit Payable'** means the maximum liability of the Company as set out in the Certificate of Insurance.
5. **'Certificate of Insurance'** means the Certificate of Insurance which is attached to and forms part of this Policy.
6. **'Common Carrier'** means any bus, coach, taxi, hotel car, ferry, hovercraft, hydrofoil, ship, train, tram or underground train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and any fixed-wing aircraft or helicopter provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers and operating only between established commercial airports or licensed commercial helicopters, and any regularly scheduled airport limousine, airport transit system operating on fixed routes and schedule.
7. **'Confinement'** means confinement to Hospital as a Resident Inpatient on the advice of and under the regular care and attendance of a Physician.
8. **'Daily Cash Benefit'** means the Benefit payable for each day of Hospital Confinement of an Insured Person for Accidental Injury covered by this Policy.
9. **'Day of Hospital Confinement'** means each continuous 24-hour period that an Insured Person is confined as a patient in Hospital for a minimum of 24 hours and for which room and board fee is charged to the Insured Person.
10. **'Eligible Family Members'** means the legally married spouse of the Insured under 60 years of age on the Effective Date of Insurance of this Policy, and all legally dependent unmarried children, including step children and legally adopted children of the Insured, who are aged between 6 months and 21 years old or full-time students upto 23 years old at a school, college or university on the Effective Date of Insurance of this Policy.
11. **'Hospital'** means an establishment recognized, constituted and registered as such under the laws of the territory in which that establishment is situated as a Hospital for the care and treatment of sick and injured persons as paying bed patients, and which (i) has facilities for diagnosis and major surgery, (ii) provides 24 hours a day nursing

service by a qualified and registered Physician, and (iii) is not primarily a clinic, a place for alcoholics or drug addicts, a sanitarium, a nature care clinic, a health hydro, a nursing, rest or convalescent home or home for the aged or similar establishment.

12. **'Insured'** means the one in whose name this Policy is issued and who is named in the Certificate of Insurance.
13. **'Insured Person'** means eligible persons named in the Certificate of Insurance.
14. **'Loss of Fingers or Toes'** means complete separation through or above the metacarpophalangeal joints or metatarsophalangeal joints.
15. **'Loss of Limb'** means loss by physical separation at or above the wrist or ankle joint.
16. **'Loss of Sight'** means the total and irrecoverable loss of all sight of an eye or eyes rendering an Insured Person absolutely blind beyond remedy by surgical or other treatment.
17. **'Loss of Use'** means total functional disablement and is treated like the total loss of said limb or organ.
18. **'Major Burns'** means the Insured Person suffers Third Degree Burns (destruction of the skin to its full depth and damage to the tissues beneath) with burnt areas equal to or greater than 10% of the Insured Person's total body surface area or 2% of the Insured Person's surface area of the head. Provided that the assessment of the burns is certified by a Physician with medical reports and full diagnosis.
19. **'Medical Expenses'** means the actual expenses paid by the Insured Person to a Medical Practitioner, Physician, Doctor or Hospital for medical, surgical, diagnostic or nursing treatment including the costs of medical supplies, ambulance hire or professional home-nursing fees, but excluding the cost of dental care and treatment unless such treatment is for emergency and caused by Accidental Injury to sound natural teeth.
20. **'Medical Practitioner', 'Physician', 'Doctor'** means a practitioner of western medicine (including dentist) duly qualified and legally registered as such under the laws of the country in which the claim arises and where the treatment takes place but excluding a person who is the Insured Person himself, or a relative of the Insured Person.
21. **'Period of Insurance'** means the period from the Policy Effective Date stated in the Certificate of Insurance and subsequently for any calendar month or year for which the Company has accepted a premium.
22. **'Permanent'** means lasting 12 calendar months from the date of Accident and at the expiry of that period being beyond hope of improvement.
23. **'Permanent Total Disablement'** means that after 12 calendar months of continuous total disability which has resulted from Accidental Injury an Insured Person is completely unable to engage in any gainful occupation or employment for the remainder of their life.
24. **'Policy Year'** means a consecutive period of 12 calendar months from the Policy Effective Date and its succeeding calendar year.
25. **'Private Car'** means any four-wheel pleasure type motor vehicle excluding such vehicle licensed to transport fare-paying passengers or licensed to transport merchandise for sale or delivery.
26. **'Resident Inpatient'** means an Insured Person whose Hospital Confinement is as a resident bed patient and whose Confinement is necessary for the medical care, diagnosis and treatment of an Accidental Injury covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended care.

Part 3 - Exclusions

This Policy will not cover any claim directly or indirectly caused by or resulting from:

1. War, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, riot or civil commotion assuming the proportions of or amounts to popular rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law.
2. Suicide, self-destruction, self-inflicted injury, or any attempt thereat whether sane or insane.
3. Engaging in aviation other than as a fare-paying passenger in an aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers.
4. An Insured Person having more than the legally permitted level of alcohol in the blood whilst driving any kind of vehicle.
5. An Insured Person having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for treatment of drug addiction.
6. Violation or attempted violation of the law or resistance to arrest; illegal acts of an Insured Person or an Insured Person's executors or administrators, legal heirs or personal representatives.
7. Any kind of sickness or disease, intoxication by alcohol or drug.
8. Any venereal disease or Acquired Immune-deficiency Syndrome ("AIDS"). AIDS related complex or infection by Human Immune-deficiency ("HIV").
9. Childbirth or pregnancy notwithstanding that such injury may have been accelerated or induced by Accident.
10. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
11. Nuclear weapons material.
12. An Insured Person's direct participation in terrorist acts.

Occupational Exclusion

For an Insured Person working in or doing any of the types of work or occupation listed below (whether on a temporary or permanent basis), no benefit shall be payable for any claim under this Policy which results from or is caused directly or indirectly by an Accident to the Insured Person whilst carrying out such work or occupation:

1. Air or ship crew
2. Artiste
3. Bodyguard
4. Carpenter
5. Chemical or petrochemical worker
6. Chimney builder & worker
7. Construction worker or worker on a construction site
8. Disciplinary services (clerical staff excepted)
9. Diving or working with compressed air
10. Drainage or sewage worker
11. Driver of goods vehicle, special purpose vehicle, taxi, bus, motor cycle or Mainland China going
12. Fisherman
13. Gambling establishments (Hong Kong Jockey Club counter and clerical staff excepted)
14. Gondola worker
15. Jockey
16. Massage, parlour or sauna bath
17. Metal working or welding
18. Mining or quarrying
19. Night club, disco, karaoke club or bar staff
20. Outdoor jewellery salesman
21. Professional sportsman
22. Reporter working in war zones or regions of conflict
23. Scaffolding, renovation or decoration worker
24. Security armed guard
25. Stevedore, worker on dock, quay, wharf or shipyard
26. Stunt person
27. Tunnel worker
28. Underwater or underground work
29. Engaging in duty with fire services or any armed force of any country or international authority
30. Engaging in a sport in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sport
31. Installing or maintaining lifts, escalators; gas, water or electrical appliances
32. Manufacturing, producing, transporting or working with ammunitions, explosives, fireworks or corrosive substance
33. Operating or maintaining machinery (portable home and office tools and appliances excepted)
34. Working at height of 10 feet or higher from ground or floor level
35. Working with asbestos or marble

Part 4 - Premium

1. The consideration for this Policy is the payment of premium when due.
2. The Company agrees that no adjustment in premium shall be made on this Policy alone. The Company reserves the right to amend premiums in respect of like categories of Insureds, such as by age or occupation for all Hong Leong Accident Insurance Policies issued.
3. Premium as stated in the Certificate of Insurance shall be payable monthly starting from the First Premium Due Date mentioned on the Certificate of Insurance, by direct debit to the Insured's nominated account.

Part 5 - Renewal Agreement

1. Payment of premium when due will continue this Policy in force until the next premium due date.
2. This Policy will be renewed upon the premium due date unless written notice of cancellation has been received by the Company.

Part 6 - Effective Date

1. This Policy shall become effective and commence on the date specified in the Certificate of Insurance.

Part 7 - Additions

1. If the Insured only is covered hereunder, he or she may include his or her Eligible Family Member by submitting a written application to the Company, specifying the name, sex and age of the person to be insured.
2. If the Insured and his or her Eligible Family Members are covered hereunder, any persons who subsequently become Eligible Family Members in relation to the Insured shall automatically become Insured Persons at no additional premium charge on the date they become Eligible Family Members.
3. Subject to approval by the Company, insurance for such Eligible Family Members will commence on the first day of the month following the date when the request was received.
4. The relevant premium for such Eligible Family Members will be charged to the Insured's nominated account.

Part 8 - Termination

1. If the Insured gives notice in writing to the Company to terminate this Policy, or to terminate cover with respect to any Eligible Family Members, such termination shall become effective on the first day of the month after notice is received by the Company.
2. If the Company gives notice of termination by mail to the Insured at his or her last known address, such termination shall become effective from the first day of the month following the date of such notice issued, provided such notice period will not be less than 7 days.
3. This Policy shall terminate upon the death of the Insured. Any Eligible Family Members shall cease to be an Insured Person upon his or her death or upon his or her ceasing to be an Eligible Family Member.
4. Insurance in respect of the Insured shall terminate forthwith upon the renewal date next following his or her attainment of age 65 years.
5. Insurance in respect of an insured dependent child shall terminate forthwith upon the renewal date next following his or her attainment of age 21 years, or 23 years if a full time student of a school, college or university, or the renewal date next following his or her marriage or otherwise ceasing to be a dependent of the Insured.
6. In the event the first premium charged to the Insured's nominated account is not paid, this Policy shall be deemed to have been void from the Effective Date of Insurance.
7. Provided one or more premiums charged to the Insured's nominated account have been paid, non-payment of any subsequent premiums shall terminate insurance under this Policy as of the first day of the month in which such premium became payable.
8. In the event premium has been paid for any period beyond the termination date of this Policy, or beyond the termination date of cover in respect of Eligible Family Members, the relevant proportion shall be refunded to the Insured's nominated account. If premium has not been paid for any period up to the date of termination, the Insured shall be liable to the Company for the payment of such premium.

Part 9 - General Policy Provisions

Consideration

This Policy is issued in consideration of the statements made to the Company by the Insured and the Insured's payment of premium when due.

Terms and Conditions

Payment of any Benefit under this Policy is subject to the Definitions and all other Terms and Conditions pertinent to the Benefit.

Entire Contract: Changes

This Policy, including the Certificate of Insurance, statements, and the endorsements and amendments, if any, will constitute the entire contract between the parties. No change in this Policy shall be valid unless approved by the Company and evidenced by endorsement or amendment.

Duties of the Insured

The due observance and fulfillment of the Terms and Conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any liability of the Company to make any payment under this Policy.

Right to Return Policy

In the event the Insured is not satisfied with this Policy for any reason, it may be returned to the Company within 15 days after the Effective Date of Insurance. Any premium billed to the Insured's nominated account will be refunded. In such event, this Policy shall be deemed to have been void from the Effective Date of the Insurance and the Company shall not be liable to pay any Benefit.

Mis-statement or Fraud

Any false statement made by the Insured to the Company or concerning any claim shall result in the Company's right to repudiate liability under the Policy.

Geographical Limits

The insurance afforded under this Policy shall apply 24 hours a day anywhere in the world unless otherwise endorsed or amended.

Exposure

When by reason of accident an Insured person is exposed to violent and severe or prolonged weather conditions and as a result of such exposure suffers death, such death shall be covered hereunder subject to the Definitions and all other Terms and Conditions of this Policy.

Disappearance

If the body of an Insured Person has not been found within 365 days after the date of the disappearance, forced landing, stranding, sinking or wrecking of the Common Carrier in which such Insured Person was a fare-paying passenger, the Insured Person shall be presumed to have suffered death as a result of Accidental Injury on the date of the aforesaid occurrence, subject to the Definitions and all other Terms and Conditions of this Policy.

Notice of Claim

Written notice of claim must be given to the Company within 14 days after the occurrence of an Accident covered by this Policy or the commencement of Hospital Confinement covered by this Policy.

Failure to give notice in the time prescribed shall not invalidate a claim if it can be shown to the Company's satisfaction that notice had been provided as soon as was reasonably practicable, and in any event within 60 days from the date of such Accident. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured shall be deemed notice.

Claim Forms

The Company, upon receiving a notice of claim, will furnish to the claimant such form as it usually provides for filing proof of claim.

Medical reports, and all proof of loss as required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe.

The Company shall in the event of the death of an Insured Person be entitled to have a post-mortem examination carried out at its own expense except when such examination is prohibited by law.

Proof of Claim

Written proof of a claim must be furnished to the Company within 30 days from the receipt of the claim form provided by the Company as above. Failure to furnish such proof with the time required shall not invalidate any claim if it was not reasonably practicable to give proof within such time, provided such proof is furnished as soon as is reasonably practicable, and in no event later than 180 days from the time such proof is otherwise required.

Physical Examination

The Company at its own expense shall have the right and opportunity to examine an Insured Person when and so often as it may reasonably require pending the outcome of a claim under this Policy.

Payment of Benefit

Benefit payable under Part 1 of this Policy shall be paid to the Insured or as otherwise directed in writing by the Insured. In the absence of any such written direction, accrued benefits unpaid at the time of the Insured's death shall be paid to the estate of the Insured. Any release given by the Insured, or any third party to whom the Insured has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

Legal Action

No action shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless commenced within 180 days from the expiration of 30 days within which proof of claim is required.

Arbitration

All differences arising out of this Policy, shall be referred to the decision of an arbitrator to be appointed by both parties or if they cannot agree upon a single arbitrator, to the decision of two arbitrators, one to be appointed in writing by each party, and in case of disagreement between the arbitrators, to the decision of an umpire who shall have been appointed in writing by the arbitrators before entering on the reference and an award shall be a condition precedent to any liability of the Company or right of action against the Company.

Interest

No benefit payable under this Policy shall carry interest.

Jurisdiction

The Company will in all competent judicial proceedings at the instance of parties suing in respect of matters arising out of this Policy acknowledge the jurisdiction of the Courts in Hong Kong SAR only.

Governing Law

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

Reinstatement

If this Policy is terminated for any reason, acceptance and approval of a subsequent application by the Company shall reinstate this Policy. The reinstated Policy shall provide benefits only for Accidental Injury or Accidental Death arising from an Accident after the date of reinstatement.

Prohibition on Trust or Assignments

This Policy is non-assignable and the Company shall not be affected by notice of any trust charge lien assignment or other dealing with this Policy. The Insured warrants that this Policy is not subject to a trust and will not be made subject to a lien or charge.

Third Party Rights

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

Language

In the event of any discrepancy between the English version and the Chinese version of this Policy, the English version shall prevail.

24-Hour Travel & Medical Assistance Service Hotline : (852) 2861 9294

豐隆智慳意外保險

本保險單、保險證明書及任何批註或附件均應視為同一份文件(統稱「保險單」)，載於該等文件而附特定意義的任何詞彙或字句，在整份文件中均具有該意義。

鑑於：

1. 保戶已申請保險而向本公司呈交之投保申請書或陳述，包括向本公司之聲明，將構成本保險單的基準；及
2. 豐隆保險(亞洲)有限公司「本公司」已接受投保。

在支付有關之保險費之條件下，本公司僅同意根據本保險單所載的條款及條件，按本保險單及保險證明書所述的程度及方式，向受保人就受保範圍內的風險提供保障。

第1部分 – 賠償範圍

項目1

意外受傷或身故的現金賠償

若受保人在受保期內遭遇意外導致身體受傷並純粹因此直接及獨立於任何其他因素引致受保人身故、傷殘或須接受內科或外科治療(定義見下文)，則本公司將按照下列所載基本保額相關的百分比支付賠償：

保障事項

基本保額百分比

1. 身故	100%
2. 永久性完全傷殘	100%
3. 無法治療的永久性四肢癱瘓	100%
4. 雙目永久性完全喪失視力	100%
5. 雙肢殘缺或永久性完全傷殘	100%
6. 喪失說話及聆聽能力	100%
7. 無法治療的永久性精神失常	100%
8. 嚴重燒傷	100%
9. 單目永久性完全喪失視力	50%
10. 單肢殘缺或永久性完全傷殘	50%
11. 永久性完全喪失聆聽能力	
(a) 雙耳	75%
(b) 單耳	15%
12. 喪失說話能力	50%
13. 永久性完全喪失單目晶狀體	50%
14. 一隻手的四指及拇指殘缺或永久性完全傷殘	50%
15. 一隻手的四指殘缺或永久性完全傷殘	30%
16. 一隻拇指殘缺或永久性完全傷殘	
(a) 兩個關節	20%
(b) 一個關節	10%
17. 手指殘缺或永久性完全傷殘	
(a) 三個關節	7.5%
(b) 兩個關節	5%
(c) 一個關節	2%
18. 腳趾殘缺或永久性完全傷殘	
(a) 全部——一隻腳	15%
(b) 大腳趾——兩個關節	5%
(c) 大腳趾——一個關節	3%
19. 接合不全的膝蓋骨折斷	10%
20. 腿部縮短至少五厘米	7.5%
21. 第9至20項保障事項(包括首尾兩項)以外的永久性傷殘。本公司在確保無抵觸第9至20項保障事項(包括首尾兩項)賠償的前提下，以絕對自主權決定賠償基本保額的百分比。	

只適用於第1部分項目1的條文

1. 若為購票乘客乘坐任何公共交通工具或乘坐任何私家車輛，或在任何認可高爾夫球場或練習場打高爾夫球消閒或練習時，遭遇意外受傷以致身故或傷殘體殘缺，本公司將就上文第1部分項目1第1至8項保障事項支付按照相關基本保額百分比所得金額200%的賠償。
2. 除上文第1條所規定者外，每位受保人的賠償總額不得超過基本保額的100%。
3. 若此份保險適用於保戶及其合資格家屬，保戶及其配偶的賠償額為相等，每位子女的賠償額則為保戶所享基本保額的25%。

項目2

意外醫療費用

若受保人在受保期內意外受傷，本公司將賠償意外受傷後365天內，受保人因該意外受傷而直接須要接受治療的合理及必要醫療費用(扣除從所有其他來源取回或可取回的款項)，以保險證明書所述每次意外及每個保單年度的最高賠償金額為限。

跌打及針灸費用額外保障

本保險單額外提供賠償意外受傷所引致的必要跌打及針灸治療費用，以保險證明書所述每日與每次意外及每個保單年度的最高賠償金額為限，惟受保人須向本公司提交治療傷患的診斷證明及正式付款收據。

項目3

住院每日現金保障

若受保人因意外受傷住院，且受保人乃於本保險單生效期間開始住院，本公司將根據保險證明書所示，給予受保人每天住院的每日現金保障。

只適用於第1部分項目3的條文

1. 受保人須接受醫生定期診治及護理，方可獲得住院保障。
2. 本公司將就受保人每天留在醫院深切治療部支付每日現金保障的200%。
3. 若受保人遭遇意外後受傷住院，本公司將由受保人住院首日開始支付每日現金保障，每次意外受傷計為期不超過一百二十天。
4. 就釐定本保險單項下的最高賠償金額而言，若受保人因同一次意外受傷在十二個月內再次住院，將視為延續上一次住院論。
5. 以下情況為不受保事項：
 - a. 受保人接受定期體格檢查或其他檢查而住院，亦無客觀結果顯示身體健康受損；
 - b. 入住的機構並非醫院。

項目4

信用卡保障

若保戶或其配偶意外身故，本公司將支付保戶或其配偶於受保期內使用其信用卡所簽付的物品及服務欠繳賬項，並以保險證明書所示每個保單年度的最高賠償金額為限。

只適用於第1部分項目4的條文

1. 本保險單的保戶及其受保配偶，方可獲得賠償。
2. 保險證明書所示的最高賠償金額乃適用於保戶及其配偶的總金額。
3. 保戶或其配偶須為信用卡卡主持有人，方可獲得賠償。
4. 任何應計利息或財務費用一概不獲賠償。
5. 若受保人於另一份保險單享有此方面保障，將不獲任何賠償。

項目5

遺體運送

若受保人在中華人民共和國香港特別行政區(「香港特別行政區」)境外意外身故，本公司會支付將遺體或骨灰運回香港特別行政區的合理費用，並以保險證明書所示的最高賠償金額為限。

項目6

殮葬費用

若受保人意外身故，本公司會支付在身故當地或香港特別行政區進行殮葬或火化及葬禮的合理費用，並以保險證明書所示的最高賠償金額為限。

一般條文

1. 若受保人遭遇任何可根據本保險單提出索償的意外受傷，應在合理情況下盡快尋求及聽取註冊醫生的醫療建議。
2. 若在發生意外前，受保人已有任何永久性傷殘，包括但不限於一隻手、手臂、腳或腿截肢或傷殘或單目或雙目失明，則該等情況不在本公司根據本保險單考慮賠償之列。
3. 若因任何事故引致本保險單承保的損失、損害、開支或責任出現，同時該等損失、損害、開支或責任或其任何部分亦獲本公司發出的其他一份或多份保險單承保，則本公司應付的最高賠償額，將以保額最高的保險單為限。此情況不適用於項目1及3。
4. 除上述條文3所列明者外，本公司會支付本保險單規定的賠償，連同受保人可能有權獲得的任何其他保險賠償。然而，若受保人於任何其他保險享有相同保障，本公司將毋須根據項目2、5及6賠償，除非該等保險的賠償金額不足，而在此情況下，本公司僅須向受保人賠償不足額。

第 2 部分—定義

1. 「**意外**」指無法預見及意料之外的暴力及偶發事件，並在不牽涉任何其他因素下，構成身體受傷的唯一及直接原因。
2. 「**意外身故**」根據本保險單所界定，指有關意外發生日期之後，直接且純粹由身體受傷而導致的死亡事件。
3. 「**意外受傷**」指受保人在本保險單生效期間，純粹由於意外而導致的身體受傷，且因此及獨立於任何其他因素在十二個曆月內引致身故或傷殘或須接受內科、外科或跌打治療或住院。
4. 「**賠償 / 最高賠償金額**」指保險證明書所載本公司應支付的最高保障額。
5. 「**保險證明書**」指附於本保險單並構成本保險單一部分的保險證明書。
6. 「**公共交通工具**」指由正式持牌定期運載乘客的運輸商所提供及經營的任何巴士、旅遊巴士、的士、酒店專車、渡輪、氣墊船、水翼船、輪船、火車、電車或地下鐵路；以及正式持牌定期運載乘客的航空公司或包機公司，其提供及經營只往來具規模商務機場或持牌商務直升機場的任何定翼飛機或直升機；以及任何設有固定路線及時間表的機場客車、機場運輸系統。
7. 「**住院**」指依照醫生的建議登記入住醫院為住院病人，並接受定期治療及護理。
8. 「**每日現金保障**」指受保人意外受傷住院，由本保險單承保其於住院期間每天可獲得的現金保障。
9. 「**住院日**」指受保人連續入住醫院二十四小時的期間，最少須住滿二十四小時，且院方會收取受保人食宿費用。
10. 「**合資格家屬**」指於本保險單生效日期時保戶六十歲以下的合法配偶，以及所有未婚且須供養的合法子女，包括保戶的繼子女及合法領養子女，惟彼等於本保險單生效日期時年齡須介乎六個月及二十一歲之間，或須為年齡二十三歲或以下在學校、書院或大學就讀的全日制學生。
11. 「**醫院**」指按其所在地法律認可、成立及註冊為醫院的機構，並設有收費病床用以治療受傷、患病人士，以及(i)須設有診斷及施行大型手術的設施；(ii)由註冊醫生提供全天二十四小時護理服務；(iii)基本上不是診所、酗酒或吸毒者的治療所、療養院、自然治療所、水療院、護理、休養或復康院、老人院或類似機構。
12. 「**保戶**」指本保險單以其姓名簽發，並名列於保險證明書的人士。
13. 「**受保人**」指名列於保險證明書的合資格人士。
14. 「**手指或腳趾殘缺**」指手指或腳趾自掌骨與指骨的關節或趾與趾的關節或以上之處完全分離。
15. 「**肢體殘缺**」指肢體自手腕或腳踝或以上之處從身體分離。
16. 「**喪失視力**」指完全及永久失去單目或雙目的所有視力，致使受保人絕對失明及無法以外科手術或其他治療作補救。
17. 「**傷殘**」指完全機能性殘廢，並視為等同於完全喪失有關的肢體或器官。
18. 「**嚴重燒傷**」指受保人遭三級燒傷(深層皮膚受損及皮下組織遭破壞)，燒傷面積佔受保人身體總面積 10%或以上，或頭面部積 2%或以上，惟燒傷程度須以醫生的醫療報告及全面診斷紀錄證明。
19. 「**醫療費用**」指受保人向西醫、醫生、醫師或醫院支付的實際費用，以接受內科、外科、診斷或護理治療，包括醫療物料費用，召喚救護車或專業家居護理服務的費用，但不包括口腔護理及治療費用，除非有關治療屬緊急性質，以及由意外受傷引致健全的牙齒受損。
20. 「**西醫**」、「**醫生**」、「**醫師**」指符合有關資格，並在接受治療及提出索償的國家，依該國法律正式註冊的西醫(包括牙醫)，但不包括受保人或受保人的親屬。
21. 「**受保期**」指保險證明書所述自保險單生效日期起計的期間，以及其後本公司已收取保費的任何曆月或年度。
22. 「**永久**」指由發生意外之日起計持續十二個曆月內及在該期間屆滿時並無任何改善的希望。
23. 「**永久性完全傷殘**」指意外受傷所導致的完全傷殘持續十二個曆月後，受保人在餘下的生活期間，完全不能從事任何可賺取收入的職業或工作。
24. 「**保單年度**」指自保險單生效日期起計連續十二個曆月的期間及其後的每個受保曆年。
25. 「**私家車輛**」指任何作私人用途的四輪房車，不包括接載乘客或運送供銷售或投遞貨物的持牌車輛。
26. 「**住院病人**」指住院時須佔用病床的受保人，其住院原因為遭遇本保險單所承保的意外受傷，須要住院接受醫療護理、診斷或治療，並非只為任何形式的護理、療養、康復、休養或延長護理而住院。

第 3 部分 — 不承保事項

本保險單不承保由下列事項直接或間接導致或造成的索償：

1. 戰爭、侵略、外敵行為、敵對行為或軍事行動(無論有否宣戰)、內戰、叛變、暴亂、具備民眾起義特質或構成民眾起義的民眾騷亂、軍事起義、起義、叛亂、革命、軍事或篡奪力量、軍法統治。
2. 在神志正常或精神失常的情況下自殺、自毀、蓄意自傷身體或作出任何企圖威脅自身的行為。

3. 任何航空活動，但購票乘搭由正式持牌定期運載乘客的航空或包機公司所經營的飛機則不在此限。
4. 受保人在駕駛任何種類車輛時，血液內酒精含量超過法律上允許的水平。
5. 受保人服用藥物，除非該藥物證實乃按照正確醫生處方服用，亦非作治療毒癮之用。
6. 違反或企圖違反法律或拒捕；受保人或其遺囑執行人或遺產管理人、合法繼承人或個人代表有任何不法行為。
7. 任何不適或疾病、酒精或藥物中毒。
8. 任何性病或後天免疫力缺乏症(愛滋病)、與愛滋病有關的併發症或因缺乏人體免疫力而感染病毒。
9. 分娩或懷孕，儘管其併發症可能因意外加劇或造成。
10. 核燃料或燃燒核燃料後的核廢料，放射出電離輻射或污染。
11. 核子武器物料。
12. 受保人直接參與恐怖主義行動。

不承保職業

從事下列任何工作類別(不論是臨時或長期性質)的受保人，在執行此等工作期間遭遇意外而直接或間接導致或造成根據本保險單提出索償，將不會獲得任何賠償：

1. 空中或航海的工作人員
2. 藝人
3. 保鏢
4. 木匠
5. 化學或石油工人
6. 煙囪技工及煙囪工人
7. 地盤工人或於建築地盤工作者
8. 紀律部隊人員(文書職員除外)
9. 潛水員或工作須接觸壓縮空氣
10. 排水道或污水道工人
11. 貨車、特別用途車輛、計程車、各類型巴士、電車或駕駛往返中國大陸司機
12. 漁民
13. 賭博場所職員(香港賽馬會櫃檯或文書職員除外)
14. 吊船工人
15. 騎師
16. 按摩院或桑拿浴室員工
17. 五金或燒焊工人
18. 礦工或石礦工人
19. 夜總會、的士高、卡拉 OK 俱樂部或酒廊的員工
20. 戶外珠寶業銷售員
21. 職業運動員
22. 戰地或暴亂地區的記者
23. 搭棚、修復工程或裝修工人
24. 擋械保安人員
25. 裝卸工人、客貨運碼頭或船塢工人
26. 特技人
27. 隧道工人
28. 在水底或地底工作者
29. 任職於任何國家或國際機構的消防服務或武裝部隊
30. 以專業身份從事體育運動或受保人可能或將能透過從事該等體育運動賺取收入或酬金
31. 從事安裝或維修升降機、電梯；氣體、水電或電器設備工人
32. 從事生產、製造、運輸或需要接觸軍火、爆炸品、煙花或腐蝕性物質
33. 機械操作或維修工人(手提式的家居及辦公室工具及器具除外)
34. 離地面或樓面十呎或以上工作的人士
35. 需要接觸石棉的工作人員或雲石工人

第 4 部分—保費

1. 本保險單的約因是到期日所繳付的保費。
2. 本公司同意不會單獨就本保險單調整保費。本公司保留就保戶所屬類別(如年齡或職業)修訂所有已簽發豐隆意外保險單保費的權利。
3. 保險證明書所示的保費須自保險證明書所述的首個保費到期日起按月繳付，保費會直接於保戶指定的賬戶中扣除。

第 5 部分 — 續保

1. 在保費到期時繳付保費後，本保險單將繼續生效，直至下一個保費到期日為止。
2. 本保險單將於保費到期時繳付保費後自動續保，除非本公司接獲取消通知書，則作別論。

第6部分 — 生效日期

1. 本保險單將於保險證明書上列明的生效日期開始生效。

第7部分 — 增加受保人

1. 若保戶為本保險單的唯一受保人，彼可向本公司提出書面申請，使其合資格家屬成為本保險單的受保人。提出申請時須註明有關家屬的姓名、性別及年齡。
2. 若保戶及其合資格家屬已成為本保險單的受保人，則以後凡有任何人士成為受保人的合資格家屬，便會由該等人士成為合資格家屬當天自動成為受保人，而毋須繳付額外的保費。
3. 經本公司批准後，該等合資格家屬的保險將於本公司接獲申請後翌月首日開始生效。
4. 該等合資格家屬的有關保費將從保戶指定的賬戶中扣除。

第8部分 — 終止保障

1. 若保戶以書面通知本公司終止本保險單，或終止本保險單內任何有關合資格家屬的保障，該保險單或該家屬保障將於本公司接獲該通知後翌月首日正式終止。
2. 若本公司將終止本保險單通知書以郵遞方式寄往最後所知的保戶地址，該保險單將於該通知書發出後翌月首日正式終止，惟最少須於七天前發出該通知書。
3. 本保險單將於保戶身故時終止。若合資格家屬身故或停止成為合資格家屬時，則該家屬將不再為受保人。
4. 本保險單將於保戶年屆六十五歲後緊接的續保日即時終止。
5. 保戶受供養子女的保險，將於其年滿二十一歲，或如其為學校、書院或大學全日制學生則年滿二十三歲，或於其結婚或停止成為保戶的受供養子女後緊接的續保日即時終止。
6. 若不能從保戶指定的賬戶內扣除首期保費，本保險單將於保險單生效日期起視作無效。
7. 若從保戶指定的賬戶內成功扣除一期或以上的保費，而其後出現任何保費欠繳者，則本保險單項下保險將於保費欠繳的月份首日終止。
8. 若保戶所繳付的保費超出本保險單終止日期時或有關合資格家屬的保障終止時應付的保費，本公司將按比例退還有關保費部分予保戶指定的賬戶。若保戶在終止日期前並未繳付所欠保費，則須向本公司支付該等保費。

第9部分 — 一般保險條文

約因

本保險單乃基於保戶向本公司所作聲明，及保戶到期繳付保費的約因而簽發。

條款及條件

本保險單所支付的任何賠償，須受與賠償有關的定義及所有其他條款及條件規限。

完整合約：修改

本保險單包括保險證明書、聲明、批註與修訂本(如有)，將構成雙方之間的完整合約。除非本公司批准，並附以批註及修訂本引證，否則本保險單任何修改均屬無效。

保戶的責任

保戶須妥善遵守並履行本保險單一切須進行或遵守的條款及條件，此乃本公司按本保險單承擔任何賠償責任的先決條件。

退回保險單的權利

若保戶基於任何原因不滿意本保險單的條款，可在保險單生效日期後十五天內交回本公司。屆時本公司將全數退還已從保戶指定賬戶中扣除的任何保費。在此情況下，本保險單將視為由保險單生效日期起無效，而本公司亦毋須支付任何索償。

錯誤陳述或欺詐行為

若保戶向本公司或在任何索償中作出任何虛假聲明或陳述，本公司有權拒絕履行本保險單的責任。

地域限制

本保險單所提供的保險在世界任何地方全日二十四小時適用，另有批註或修訂者則作別論。

暴露

若受保人因意外而暴露於猛烈及惡劣或持久天氣狀況之中，並因此身故，本保險單將就此提供保障，但須受本保險單的定義及所有其他條款及條件規限。

失蹤

在不抵觸本保險單定義及所有其他條款及條件的規限下，若受保人購票乘坐的公共交通工具失蹤、被迫強行著陸、擱淺、沉沒或失事，且發生事故後365天仍未能尋回受保人遺體，則假定受保人於發生上述事故當日意外受傷而身故。

索償通知

索償通知書必須在本保險單承保的意外發生後，或本保險單承保的住院首日起十四天內送交本公司。

假使未能在上述期限內遞交通知，若能向本公司證明索償人已在合理可行情況下盡快遞交通知，理由獲本公司接納，則該索償申請仍然有效，惟無論如何必須在意外發生當日後六十天內遞交通知。凡索償人或其代表向本公司遞交的通知具備足夠資料顯示受保人身份，則作通知論。

索償表格

本公司接獲索償通知後會提供索償表格予索償人，以供填交索償證明。

索償人須自費提交本公司要求的醫療報告及所有損失證明，且該等文件應符合本公司指定的形式及性質。

若受保人身故，本公司有權進行死因醫學檢驗，費用由本公司承擔，惟法律禁止進行有關檢驗者除外。

索償證明

有關索償的書面證明，必須在索償人收到上述由本公司提供的索償表格後三十天內送交本公司。假使未能在有關期限內遞交該等證明，而在有關期限內遞交證明並不合理可行，且索償人已在合理可行情況下盡快遞交證明，則該索償申請仍然有效，惟無論如何必須在上述三十天期限要求證明後一百八十天內遞交證明。

身體檢驗

本公司有權在合理情況下要求對受保人進行醫療檢驗，以處理本保險單項下的索償，費用由本公司承擔。

支付賠償

本保險單第1部分所有應付賠償，須支付予保戶或保戶書面指定的人士。若無該等書面指示，保戶身故時所有未支付的應計賠償將撥作保戶的遺產。保戶或保戶指示獲取賠償的第三者本公司發出解除責任文件，確認收受本公司根據本保險單所支付的賠償後，將視為本公司最終及完全履行所有法律責任論。

法律行動

按本保險單規定向本公司遞交索償書面證明後六十天內，索償人不得採取法律行動以求獲取本保險單的賠償，或索償人完全不得採取該等行動，除非該等行動在遞交索償證明的三十天期限後起計一百八十天內展開，則作別論。

仲裁

所有因本保險單而引起的分歧，將交由分歧雙方委任的仲裁人決定，或若有關雙方不能協議委任某名仲裁人，則各自以書面委任一名仲裁人，並交由該兩名仲裁人決定；又或該等仲裁人出現意見分歧，則交由仲裁人於進行轉介之前以書面委任的仲裁人決定。有關裁定將會是對本公司承擔任何法律責任或採取任何法律行動的先決條件。

利息

按本保險單支付的賠償一概不計利息。

司法管轄權

若在訴訟各方安排下就本保險單所引起的事件提出訴訟，本公司僅承認香港特別行政區法院司法管轄權內所有合資格司法程序。

管制法律

本保險單受香港特別行政區法律管制，並按香港特別行政區法律詮釋，惟本保險單另有訂明者不在此限。

恢復效力

無論本保險單基於任何原因而終止，若本公司接納及批准其後提出的投保申請，本保險單便會恢復效力。恢復效力的保險單僅就恢復效力日期後，因意外導致的意外受傷或意外身故提供賠償。

禁止信託或轉讓

本保險單不得轉讓，本公司將不受任何信託、抵押、留置權、轉讓或其他買賣本保險單的通知所影響。保戶亦保證本保險單不會作為信託，以及不會受留置權規限或用作抵押。

第三者權利

任何不是本保險單某一方的人士或實體，不能根據《合約(第三者權利)條例》(香港法例第 623 章) 強制執行本保險單的任何條款。

語言

倘本保險單之英文本及中文本出現歧異時，以英文本為準。

二十四小時全球支援熱線服務：(852) 2861 9294