
HONG LEONG SMART SAVE HOSPITAL CASH INSURANCE PLAN

Hong Leong Insurance (Asia) Limited (hereinafter called "the Company") agrees to insure the Insured Person against loss covered by this Policy subject to and in accordance with the exclusions, limitations, provisions and terms described herein.

This Policy is issued in consideration of the payment of premium in the manner stated herein. After taking effect, this Policy shall continue in effect until any condition contained in PART 5 shall occur, and subject to all other provisions set out hereunder.

All periods of insurance shall begin and end at 12:01 a.m., standard time at the place where the Policy was issued.

PART I - DEFINITIONS

A Period of Hospital Confinement shall mean any period during which the Insured Person is registered as an in-patient in a Hospital and charged for room and board for treatment of Injury or Sickness.

Accident shall mean an unforeseen and unexpected event of violent, accidental, external and visible nature, which shall independently of any other cause, be the sole cause of bodily injury.

Acquired Immune Deficiency Syndrome or AIDS shall have the meanings assigned to it by the World Health Organisation, including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Sickness in the presence of a sero-positive test for HIV.

Anniversary Date shall mean any anniversary of the Effective Date of the Policy.

Any One Disability shall mean all disabilities arising from the same cause including any and all complications therefrom, as well as concurrent disabilities from different causes during the same Period of Hospital Confinement or confinements except that after ninety (90) days following the latest discharge from Hospital, subsequent disability from the same cause or causes shall be considered as a new disability. The Company will not be liable for any Period of Hospital Confinement of new disability unless occurred during the currency of the Policy.

Cancer (excluding Skin Cancer) shall be defined as a focal autonomous new growth of abnormal cells, which has resulted in the invasion of normal tissues. Such Cancer must be positively diagnosed upon the basis of microscopic examinations of fixed tissues, or preparations from the haemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspect tumour, tissue or specimen. Clinical diagnosis does not meet this standard. Cancer of the skin, except for Malignant Melanoma and non-invasive carcinoma-in-situ and CIN lesion of whatever histology, grade or classification shall not be included.

Effective Date shall mean the Effective Date in respect of each Insured Person as stated in the Insurance Certificate.

Hospital shall mean only an institution licensed as a hospital and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more registered medical practitioners, and which has 24-hour a day professional nursing service. "Hospital" does not include any institution or that portion of any institution which is operated as a convalescent or

nursing home, rest home, home for the aged, a place for mental patients, alcoholics or drug addicts, or for any similar purpose.

Hospital Surgical Benefit shall mean the operating room charges, anaesthetist's charge and the actual surgical fee reasonably and customarily charged by a qualified Surgeon to perform the operation or surgery in the Hospital.

Injury shall mean bodily injury, which is sustained by the Insured Person during the currency of this Policy and is caused by an Accident solely and independently of any other causes.

Insured Person shall mean subject to clause (3) in Part 7 hereof, the Insured, his/her spouse and any of his/her unemployed and unmarried children provided that they are named in the application or their names are subsequently endorsed herein.

Intensive Care Unit shall mean a designated ward, unit of area within a Hospital for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialised or intensive care or services not regularly provided within such Hospital.

Major Organ Transplant shall actually having undergone, as a recipient, a transplant procedure involving any of the following organs: kidney, heart, liver, lung, bone marrow or pancreas.

Malignant Neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome.

Opportunistic Infection shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

Physician or Surgeon shall mean any person qualified by degree in western medicine legally authorised in the geographical area of his/her practice to render medical or surgical services, but excluding a registered medical practitioner who is the Insured Person himself/herself or agent of the Insured Person, or a member of the Insured Person's immediate family.

Positive Diagnosis shall mean diagnosis by Physician or Surgeon, including a written report(s) which satisfies each and every diagnostic requirement and evidence specified in this Policy corresponding to that illness or surgery operations.

Pre-existing Conditions shall mean any condition for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs; or medical advice or

treatment was recommended by a Physician; or the existence of any symptoms, known or unknown to the Insured Person, leading to a claim under this Policy; or any condition for which a prudent person would seek diagnosis, medical care or treatment; occurring within twenty-four (24) months preceding the effective date of this Policy.

Sickness shall mean sickness or disease contracted and commencing after the Insured Person has been covered under this Policy for not less than thirty (30) days and resulting in a loss covered hereunder.

PART 2 - BENEFITS

Daily Hospital Cash Benefit

If, as a result of accidental Injury or Sickness as provided in this Policy, the Insured Person shall be necessarily confined, commencing while this Policy is in effect, and registered as an in-patient in a Hospital upon recommendation of a Physician or Surgeon, the Company will pay the Daily Hospital Cash Benefit stated in the Insurance Certificate with respect to such Insured Person for each day that the Insured Person shall be so confined therein, up to a maximum of 730 days per Disability, of which not more than 30 days may be spent in Hospital Confinement outside Hong Kong SAR. One day of Hospital Confinement is defined as that period for which the Hospital makes a charge for room and board for treatment of Injury or Sickness. This benefit will extend to cover the following benefits:

a) Cancer and Major Organ Transplant Benefit

If the Insured Person is confined in a Hospital registered as an in-patient under the professional care of a currently registered Physician or Surgeon as a result of the Positive Diagnosis of Cancer or undergoing a surgery of Major Organ Transplant as defined, made by a registered Physician or Surgeon, the Company will pay the amount as stated in the Insurance Certificate with respect to such Insured Person for each day that the Insured Person shall be so confined therein, up to a maximum of 730 days per Disability, of which not more than 30 days may be spent in Hospital Confinement outside Hong Kong SAR.

b) Intensive Care Unit Benefit

If the Insured Person is confined to a special unit of a Hospital specifically providing Intensive Care, including a coronary care unit, the Company will pay the amount as stated in the Insurance Certificate with respect to such Insured Person for each day that the Insured Person shall be so confined therein, up to a maximum of 90 days per Disability, of which not more than 30 days may be spent in Hospital Confinement outside Hong Kong SAR. Benefit for Intensive Care shall not apply to post-operative Hospital Confinement in Intensive Care Unit of less than twenty-four (24) hours duration and Hospital Confinement as a result of the Positive Diagnosis of Cancer or undergoing a surgery of Major Organ Transplant described above.

c) Hospital Surgical Benefit

In addition to the Daily Hospital Cash Benefit paid, the Company will pay Hospital Surgical Benefit as defined, in an amount equal to the sum actually charged for such surgical operation during the Period of Hospital Confinement provided that the maximum benefit payable per Disability shall not exceed the amount shown in the Insurance Certificate. No benefit shall be payable in respect of any surgical operation unless the Insured Person is qualified for the Daily Hospital Cash Benefit.

If more than one surgical operation are performed during Any One Disability through a single incision or different incisions, the Company shall reimburse for the expenses

for all such operations but shall not exceed the maximum amount shown in the Insurance Certificate.

Provided that in the event of an Insured Person becoming entitled to a refund of all or part of such expenses from any other source the Company will only be liable for the excess of the amount recoverable from such other source.

Provided that the maximum benefit payable for Daily Hospital Cash Benefit, Cancer and Major Organ Transplant Benefit and Intensive Care Unit Benefit in respect of any Hospital Confinement shall not exceed twice the Daily Hospital Cash Benefit.

PART 3 - EXCLUSIONS

The Insurance under this Policy does not provide benefits in respect of:

1. Any Pre-existing Conditions.
2. Any Sickness occurring during the first thirty (30) days after the Effective date of this Policy.
3. Any Injury or Sickness caused directly or indirectly, wholly or partly, by (a) self-destruction or intentionally self-inflicted Injury or any attempt thereat while sane or insane; (b) war, declared or undeclared, invasion, civil war, revolution or any warlike operations; terrorism (c) service in the armed forces or while under orders for warlike operations or restoration of public order; (d) any violation or attempt of violation of the law or resistance to arrest; (e) Venereal Diseases or their sequel; and (f) Acquired Immune Deficiency Syndrome (AIDS) or any Sickness or Injury commencing in the presence of a sero positive test for HIV, and related disease.
4. Any congenital abnormalities and any condition, which is directly or indirectly caused by congenital defect or disease.
5. Any Injury or Sickness caused directly or indirectly, wholly or partly by (a) pregnancy, miscarriage or childbirth notwithstanding that such Event may have been accelerated or induced by Injury; (b) treatment of alcoholism, or drug abuse or any other complications arising therefrom or any Accident while under the influence of drugs and/or alcohol; (c) cosmetic or plastic surgery or any elective surgery; (d) dental care or surgery unless necessitated by injuries to sound natural teeth wholly occurring during the period of insurance; (e) eye refraction or optical treatment; (f) general check-up, convalescence, custodial or rest cure; (g) inoculation, medication or vaccination for immunisation or quarantine purposes; (h) psychotic, mental or nervous disorders (including any neurosis and their physiological or psychosomatic manifestations) and behavioural disorders.
6. Any treatment relating to obesity, birth control or treatments pertaining to infertility.
7. Health check-ups or tests not incident to treatment or diagnosis of an actual Sickness or Injury or any treatment, which is not medically necessary including but not confined to hospitalisation primarily for diagnosis scanning, X-ray examinations or therapy.
8. Any event consequent on an Insured Person engaging in or taking part in naval, military, air force, flight crew services or any armed forces operation, or any disciplinary forces or any high risk occupations or activities including but not limited to engaging in or taking part in skiing and other winter sports, diving,

mountaineering, aviation, parachuting, parasailing, daring feats or stunts, potholing, racing of any kind except foot racing, or other dangerous sports or activities or work or activities involving dangerous or contaminable substances.

9. Any event consequent on an Insured Person 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.
10. Expenses that can be compensated from any other sources (for Hospital Surgical Benefit Only)

PART 4 - GENERAL CONDITIONS

1. No claim shall be admissible in respect of hospital confinement resulting from Accident or Sickness occurring whilst the premium is in arrears.
2. Any fraud, mis-statement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any Benefit due hereunder shall be or become forfeited.
3. 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.
4. 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 SAR) to enforce any terms of this Policy.
5. This Policy shall be governed by and construed in accordance with the laws of Hong Kong SAR. The parties irrevocably submit to the non-exclusive jurisdiction of the courts of Hong Kong SAR in respect of any and all matters, disputes or judicial proceedings arising out of this Policy.
6. In the event of any discrepancy between the English version and the Chinese version of this Policy, the English version shall prevail.

PART 5 - TERMINATION OF COVERAGE

1. All coverage under this Policy will be terminated:
 - a) if the initial monthly or annual premium is not paid when due whereupon this Policy may be terminated by the Company as from the Effective Date;
 - b) if any other premium is not paid when due, this Policy may be terminated by the Company as of the first date of the month in which such premium became payable or, if payable yearly, each Anniversary Date from the Effective Date;
 - c) upon the death of the Insured Person.
2. The Insured Person may terminate this Policy or terminate cover with respect to any Insured Person by written notice to the Company and such termination shall become effective on the first date of the month following receipt of such notice by the Company or, if payable yearly, the date following receipt of such notice by the Company.
3. The Individual coverage for the adult(s), who is/are Insured Person(s), will be terminated on the first Anniversary Date of this Policy following his/her attainment of age sixty-five (65) years.
4. The individual coverage for Insured Person's dependent child(ren), who is/are Insured Person(s), if any, will be terminated on the first Anniversary Date of this Policy following the said dependent child (i) attaining the age of eighteen (18) years if not a full time student; (ii) attains

the age of twenty-three (23) if a full time student (iii) becomes married or; (iv) is under full time employment whichever come first.

5. The Company may cancel this Policy at any time by giving seven (7) days written notice of cancellation delivered to the Insured Person, or mailed to his last address as shown by the records of the Company stating when thereafter such cancellation shall be effective.
6. In any event, all coverage under this Policy shall terminate when the Policy terminates and from there on the Company shall not be liable for any Period of Hospital Confinement of Any One Disability.

PART 6 – PREMIUM

1. The Premium for each Insured Person is based upon the attained age of such person on the relevant Effective Date of the Policy and thereafter on each subsequent Anniversary Date.
2. The Company reserves the right to amend premiums in respect of like categories of Insured Persons, such as by age, sex or health conditions, for all Hospital Cash Policies or similar Policies issued.
3. The Premium as stated in the Insurance Certificate as payable when due which premium will be debited to the Insured Person's nominated account or by cheque payment if payable yearly.
4. Despite any claim(s) being brought, all premiums shall continue to be payable until such time as this Policy shall terminate.

PART 7 - POLICY PROVISIONS

1. **ENTIRE CONTRACT - CHANGES IN POLICY**
This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.
2. **UPGRADE OF BENEFIT**
Acceptance for any higher class of benefits shall not apply in respect of any medical condition or complaint existing at the time of the Company's acceptance for which there was then a foreseeable need for treatment unless such foreseeable need was fully disclosed in writing during application and accepted by the Company.
3. **AGE LIMITS FOR INSURED PERSON(S) UNDER THIS POLICY**
The Insurance under this Policy shall not cover any adult under the age of eighteen (18) years nor over the age of sixty five (65) years or any unmarried child of the Insured under the age of six (6) months nor over the age of twenty-three (23) years.
4. **REINSTATEMENT**
If this Policy lapses due to non-payment of premiums, it may be reinstated with the approval in writing of the Company. Benefits will not, however, be payable for any Injury or Sickness which occurs while the Policy has lapsed and the requirement under this Policy for pre-existing conditions will be counted from the date of reinstatement.

5. **NOTICE OF CLAIM**
Written notice of claim must be given to the Company within thirty (30) days from the commencement of hospitalisation. Failure to give such notice shall invalidate the claim unless the Insured Person can show that it was not reasonably possible to give such notice.
6. **CLAIM FORMS**
The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. Medical reports and all proof of loss such as original receipts and original itemised hospital bills as required by the Company in connection with any claim under this Policy shall be furnished at the expense of the Insured Person and shall be in such form and of such nature as the Company may prescribe. Written proof of loss must be furnished to the Company within ninety (90) days after the date of loss.
7. **PHYSICAL EXAMINATION**
The Company at its own expense shall have the right and opportunity to examine and/or have an agent to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim hereunder and the Insured Person shall submit to such examination.
8. **LEGAL PROCEEDINGS**
No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years from the date when the written proof of loss is required to be furnished.
9. **MISSTATEMENT OF AGE**
If the age of any Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured Person has been misstated and if, according to the correct age of the Insured Person, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by the Policy.
10. **STATUS CHANGES**
The Insured Person must take full responsibility to inform the Company of any status change of himself/herself and all the family members under this Policy, otherwise the Company reserves the right to invalidate all claims hereunder.
11. **GRACE PERIOD**
A grace period of thirty-one (31) days from the premium due date may, at the discretion of the Company, be allowed for payment of each premium after the first, during which period this Policy will remain in force.
12. **COMPLIANCE WITH POLICY PROVISIONS**
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
13. **ANY OTHER INSURANCE**
An Insured Person shall not at any one time be covered under more than one Hong Leong Hospital Cash Insurance Plan or similar insurance plan issued by the Company. In the event that an Insured Person is covered under more than one such policy, the Company reserves the right to treat that person as being insured under the policy, which provides the greatest amount of benefit. Where the benefit under each policy is identical, the Company may treat that person to be insured under the policy first issued.
14. **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.
- IN WITNESS WHEREOF, HONG LEONG INSURANCE (ASIA) LIMITED has caused this Policy to be signed by its Authorised Representative in Hong Kong SAR.

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

豐隆智慳住院現金保障計劃

豐隆保險(亞洲)有限公司(下稱「本公司」)同意向受保人提供本保險單承保的損失保障，惟必須受本保險單的不承保項目、限制、條文及條款規限並符合該等規定。

本保險單於投保人按其所述方式繳付保費後簽發。本保險單生效後，其效力將持續至第 5 部分所載情況出現為止，並須受下文所載所有其他條文規限。

所有受保期一概於本保險單簽發當地的標準時間零時零一分開始及結束。

第 1 部分 — 定義

「**住院期間**」指受保人登記入住醫院治療任何受傷或不適的期間，並且已支付住院期間的食宿費用。

「**意外**」指無法預見及意料之外的暴力、偶發、外在及可見事件，並為在不牽涉任何其他因素下，構成身體受傷的唯一原因。

「**後天免疫力缺乏症或愛滋病**」依照世界衛生組織所賦予的定義，包括人體免疫力缺乏病毒血清測試呈陽性反應的機會感染、惡性腫瘤、人體免疫力缺乏病毒、腦病(痴呆症)、人體免疫力缺乏病毒消瘦綜合症或任何疾病或不適。

「**週年日**」指本保險單生效日期的週年日。

「**任何一次傷病**」

指由同一原因造成的傷病及其一切併發症或在同一住院期間內，因不同原因而引致相同的傷病也會被視為同一項傷病。但此傷病在痊癒出院相隔九十天後，則會被視為一項新的傷病。

「**癌症(不包括皮膚癌)**」指異常細胞聚集自動增生，並侵襲人體正常組織。此癌症必須根據顯微鏡檢查，或血紅測試後正式診斷呈現陽性反應。診斷亦須經過分析此可疑腫瘤、組織或樣本的組織細胞結構並以惡性疾病的公認準則為唯一依據，臨床診斷並不符合該標準。惡性黑色素癌(Malignant Melanoma)以外的皮膚癌、非擴散性原位癌(carcinoma-in-situ)及子宮頸上皮分泌腺的良性或惡性腫瘤(CIN lesion)並不包括在內。

「**生效日期**」指保險證明書所載有關每位受保人的保險生效日期。

「**醫院**」指根據法律註冊為醫院及運作的機構，接受身體不適及受傷的病人登記入住並加以照護及治療，院內備有診斷及施行大型手術的設施，由一位或多位註冊醫生負責監督，提供全日二十四小時專業護理服務。「醫院」不包括以復康或護理院、療養院、老人院、精神病

人、酗酒或吸毒者治療所形式(或任何類似目的)運作的機構或機構的一部分。

「**住院外科手術保障**」指手術室費用、麻醉師費用及合資格外科醫生在醫院施行手術所合理及慣常收取的實際手術費用。

「**受傷**」指受保人在本保險單生效期間，純粹由於意外且獨立於任何其他因素而導致的身體損傷。

「**受保人**」指在本保險單第 7 部分條款(3)規限下，投保人、其配偶及其未就業未婚子女，惟彼等必須名列於投保表格或其後背書名列於本保險單。

「**深切治療部**」指醫院內特設病房範圍，院方會收取特定每日附加費，並有員工駐守及備妥有關設施，以持續提供不屬於該醫院常規服務的專門或深切醫療或護理。

「**重要器官移植**」指受保人作為接受移植手術者，確實進行了涉及任何下列器官的移植手術：腎臟、心臟、肝臟、肺、骨髓或胰臟。

「**惡性腫瘤**」包括但不限於卡波西氏腫瘤(Kaposi's sarcoma)、中樞神經系統淋巴瘤及/或其它已知或後知可因患有後天免疫力缺乏症而直接導致死亡、疾病或傷殘的惡性腫瘤。

「**機會感染**」包括但不限於卡氏肺囊蟲肺炎(pneumocystis carinii pneumonia)、生物體的慢性腸炎生物(organism of chronic enteritis)、病毒及/或擴散性真菌傳染。

「**醫生或外科醫生**」指於其執業地區獲合法授權西醫執業資格的任何人士，以提供內科或外科醫療服務，惟註冊醫生乃受保人本身、受保人代表或受保人直系親屬則除外。

「**陽性診斷/診斷呈現陽性反應**」指醫生或外科醫生診斷出有關疾病或外科手術符合本保險單指定的各項診斷規定及證明，並須附有一份或多份診斷書。

「已存在的病狀」指本保險單生效日期前二十四(24)個月內，受保人患有須接受醫療、診斷、諮詢醫生或服用處方藥物的病狀；或醫生建議尋求其他醫療意見或接受治療的病狀；或受保人患有任何已知或未知並會致使根據本保險單提出索償的病狀；或生性謹慎的人會尋求診斷、醫療護理或醫療的任何病狀。

「不適」指受保人獲本保險單保障不少於三十(30)天後開始患上的不適或疾病，以致出現本保險單承保的損失。

第2部分 — 保障

每日住院現金保障

若出現本保險單所規定的意外受傷或不適，以致受保人須依照醫生或外科醫生的建議登記入住醫院，且受保人乃於本保險單生效時入住醫院，則本公司將根據保險證明書所示，給予受保人每一天住院的每日住院現金保障，每次傷病的賠償以 730 天為限，其中入住香港特別行政區以外的醫院不得超過 30 天。住院一天指院方為治療受傷或不適而向受保人收取食宿費用的期間。本項保障亦包括下列保障：

a) 癌症及重要器官移植保障

若受保人經註冊醫生或外科醫生陽性診斷患上癌症或須接受重要器官移植手術(定義見上文)，而登記入住醫院接受當時註冊醫生或外科醫生的專業護理，本公司將根據保險證明書所示，給予受保人每一天住院的保障，每次傷病的賠償以 730 天為限，其中入住香港特別行政區以外的醫院不得超過 30 天。

b) 深切治療保障

若受保人入院內專門提供深切治療的特別病房(包括心臟加護病房)，本公司將根據保險證明書所示，給予受保人每一天住院的保障，每次傷病的賠償以 90 天為限，其中入住香港特別行政區以外的醫院不得超過 30 天。深切治療保障不適用於手術後入住醫院深切治療部不足二十四(24)小時的期間，以及如上文所述經診斷患上癌症或接受重要器官移植手術所須住院的期間。

c) 住院外科手術保障

除支付每日住院現金保障外，本公司亦會支付住院外科手術保障(定義見上文)，金額相當於住院期間施行外科手術的實際收費，惟每次傷病的最高賠償金額不得超過保險證明書所示金額。除非受保人符合領取每

日住院現金保障的資格，否則不會就任何外科手術獲得本項賠償。

若於任何一次傷病期間透過一個或多個切口進行超過一次外科手術，本公司將賠償所有該等手術的費用，但不得超過保險證明書所示最高金額。

若受保人有權從任何其他來源獲得該等費用的全部或部分退款，本公司僅須賠償超出從該等其他來源收回款額的部分。

住院所涉及的每日住院現金保障、癌症及重要器官移植保障及深切治療保障，合共賠償金額最高不得超過每日住院現金保障的兩倍。

第3部分 — 不承保項目

下列各項為不受保項目：

1. 任何已存在的病狀。
2. 本保險單生效日期後首三十(30)天內出現的任何不適。
3. 基於以下原因直接或間接、完全或部分所導致的任何受傷或不適：(a)在神志正常或精神失常的情況下自毀、蓄意自傷身體或作出任何企圖威脅自身的行為；(b)戰爭(不論是否已宣戰)、侵略、內戰、革命或任何戰事、恐怖主義活動；(c)在武裝部隊服役或受命參戰或回復公眾秩序；(d)任何違法或企圖違法行為或拒捕；(e)性病或其後遺症；及(f)後天免疫力缺乏症(愛滋病)或人體免疫力缺乏病毒血清測試呈陽性反應的任何不適或受傷，以及相關疾病。
4. 因先天缺陷或疾病直接或間接造成的任何先天異常及任何病狀。
5. 基於以下原因直接或間接、完全或部分所導致的任何受傷或不適：(a)懷孕、流產或分娩(儘管可能因意外加劇或造成)；(b)治療酗酒或濫用藥物或其他併發症，或在藥物及/或酒精影響下造成意外而須接受治療；(c)美容或整容手術或任何非必須性的手術；(d)牙科護理或外科手術，惟僅因受保期內自然健康牙齒意外受損而須接受護理或手術則除外；(e)視力矯正或視覺治療；(f)一般身體檢查、復康、看護或休養；(g)為免疫或檢疫而接受的接種、藥物或防疫注射；(h)心理、精神或神經錯亂(包括任何神經及其生理或

身心表現)及行為失常。

6. 與癩肥、節育有關的治療或不育治療。
7. 並非為治療或診斷實際不適或受傷所作的必需健康檢查或化驗，或並非醫療上所須的任何治療，包括但不限於主要為掃描診斷、X 光檢查或復康治療而住院。
8. 因受保人從事或參與海軍、陸軍、空軍、航空服務或武裝部隊行動、紀律部隊或任何危險職業或活動，包括但不限於從事或參與滑雪及其它冬季體育運動、潛水、攀山、飛行、跳傘、水上降傘、危險活動或特技、洞穴探險、各種競賽(賽跑除外)、其他危險體育運動或活動或涉及危險或污染物質的工作或活動，以致出現的任何事件。
9. 因受保人以專業身份參與體育運動，或受保人參與可能或將可從中賺取收入或酬金的體育運動，以致出現的任何事件。
10. 可從其他來源獲得賠償的費用(僅限於住院外科手術保障)。

第4部分 — 一般條款

1. 欠繳保費期間因意外或不適住院將不獲賠償。
2. 若此份保險或就其提出的任何索償涉及任何欺詐行為、失實陳述或欺瞞事實，本保險單將告無效及作廢，其項下任何賠償將予喪失。
3. 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。
4. 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》(香港特別行政區法例第623章)強制執行本保險單的任何條款。
5. 本保險單受香港特別行政區法律規管並按其詮釋。本保險單各方不可撤回地同意香港特別行政區法院就本保險單引起的一切及所有事宜、糾紛或司法程序具有非專屬司法管轄權。
6. 倘本保險單之英文本及中文本出現歧異時，以英文本為準。

第5部分 — 終止保障

1. 在下列情況下，本保險單所有保障將予終止：

- a) 首月或首年保費到期時未獲支付，本公司可於生效日期當日終止本保險單；
- b) 其他保費到期時未獲支付，本公司可於該等保費應付的月份首日或(如每年支付)生效日期後的週年日終止本保險單；
- c) 受保人身故。

2. 受保人可書面通知本公司終止本保險單，或終止本保險單內任何受保人的保障，有關終止將於本公司接獲該通知後翌月首日或(如每年支付)本公司接獲該通知後翌日生效。
3. 若受保人為成人，其個人保障將於彼年滿六十五(65)歲後首個保險單週年日終止。
4. 若受保人為受供養子女，其個人保障(如有)將於彼(i)(如非全日制學生)年滿十八(18)歲；(ii)(如全日制學生)年滿二十三(23)歲；(iii)結婚；或(iv)從事全職工作(以較早者為準)後首個保險單週年日終止。
5. 本公司可於任何時候向受保人發出七(7)天書面通知取消本保險單，或將通知書寄往本公司最後記錄的受保人地址，表明本保險單正式取消之日期。
6. 在任何情況下，本保險單終止後其項下所有保障亦告終止，此後本公司毋須為任何一次傷病的住院期間作出賠償。

第6部分 — 保費

1. 每名受保人的保費乃根據於保險單有關生效日期及其後每個週年日該人士的年齡計算。
2. 本公司保留就受保人所屬類別(如年齡、性別或健康狀況)為所有已簽發住院現金保障保險單或類似保險單修訂保費的權利。
3. 保險證明書所示的保費須於到期時支付，保費會於受保人指定的賬戶中扣除或(如每年支付)以支票繳付。
4. 即使已提出索償，惟所有保費仍須繼續支付，直至本保險單終止為止。

第7部分 — 保險單條文

1. 完整合約 — 修改保單
本保險單包括批註及附件(如有)，構成一份完整的保險合約。除非本公司行政人員批准，且經背書批准或

附奉批准書，否則本保險單的任何修改一概無效。代理人無權修改本保險單或豁免其中任何條文。

於要求遞交與損失有關的書面證明當日起計三(3)年後採取任何該等行動。

2. 提高保障

本公司對任何提高保障類別申請的接納均不適用於任何在接納有關申請時已存在可預期日後須要接受治療的病徵或疾病，除非在提出有關申請時受保人已書面全面披露該接受治療的預期需要，並獲本公司接納，則作別論。

3. 本保險單對受保人的年齡限制

本保險單項下保障不承保任何未滿十八(18)歲或六十五(65)歲以上的成人，或投保人六(6)個月以下或二十三(23)歲以上的未婚子女。

4. 恢復效力

若本保險單因欠繳保費而失效，可經本公司書面批准而恢復效力。然而，本保險單失效期間任何受傷或不適將不獲賠償，且本保險單對於已存在的病狀所作之時間規定將於恢復效力當日起重新計算。

5. 索償通知

索償通知書必須在住院首日起三十(30)天內送交本公司。未能遞交者，索償將會作廢，除非受保人能證明在期限內遞交通知並不合理可行。

6. 索償表格

本公司接獲索償通知後，會給予索償人索償表格，以填交有關損失證明。受保人須自費提交本公司就本保險單任何索償所要求的醫療報告及所有損失證明，如收據正本及分項明列的醫院賬單正本等，且該等文件應符合本公司指定的形式及性質。與損失有關的書面證明必須於損失當日後九十(90)天內送交本公司。

7. 身體檢查

處理本保險單項下索償時，本公司有權在合理情況下要求對受保人及/或委聘代理人對受保人進行醫療檢驗，費用由本公司承擔，而受保人須接受有關檢驗。

8. 法律行動

受保人按本保險單規定向本公司遞交與損失有關的書面證明後六十(60)天內，不得援引普通法或衡平法採取法律行動以求獲得本保險單項下的賠償，亦不得

9. 虛報年齡

若受保人虛報年齡，本保險單應支付的所有款額將按實際年齡計算，例如已繳保費須按實際年齡計算。若受保人虛報年齡，且根據受保人的實際年齡，本保險單提供的保障不會生效或理應於收取保費前終止，則本公司於受保人不符承保資格期間的責任，將僅限於退還本保險單承保期間的所有已付保費。

10. 身份改變

受保人須負全責知會本公司有關其本身及本保險單項下所有家人的身份改變否則本公司保留廢除所有索償的權利。

11. 寬限期

本公司可酌情於首期保費繳交後，就其後每期保費給予保費到期日後三十一(31)天作為寬限期，在此期間本保險單仍然有效。

12. 遵守保險單條文

若未能遵守本保險單所載的任何條文，則令本保險單項下所有索償失效。

13. 任何其他保障

受保人不得同時獲超過一份本公司簽發的豐隆住院現金保障計劃或類似保障計劃承保。若受保人如此獲超過一份保險單承保，本公司有權視該人士獲保額最高的保險單承保。若各份保險單保額相同，本公司可視該人士獲最早簽發的保險單承保。

14. 退回保險單的權利

若投保人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投保人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。

本保險單已由豐隆保險(亞洲)有限公司安排香港特別行政區內授權代表簽署，以資證明。

24 小時旅遊及醫療支援服務熱線：(852) 2861 9294