INDIVIDUAL PERSONAL ACCIDENT PROGRAM
CRITICAL ILLNESS BENEFIT

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, We, AIG Insurance Hong Kong Limited hereby insure and promise to pay indemnity for loss to the extent herein provided. All periods of insurance shall begin at 12:01a.m., standard time, at the place where the Policy was issued and end in accordance with Part IV – Termination of Coverage of this Policy.

PART I – DEFINITIONS

“Accident” means an unforeseen and involuntary event which causes an injury. “Acquired Immune Deficiency Syndrome” or “AIDS” shall have the meanings assigned to it by the World Health Organisation (hereinafter called “WHO”) including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV) Encephalopathy (Dementia) HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.

“Activities of Daily Living” means:
(a) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
(b) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
(c) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
(d) Mobility - the ability to move indoors from room to room on level surfaces;
(e) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
(f) Feeding - the ability to feed oneself once food has been prepared and made available.

“Acute Necrotizing Pancreatitis” means an unequivocal Diagnosis by doctor and needing excision of necrotizing tissue or partial of pancreas. Pancreas disease secondary to alcohol is excluded.

“Aids due to Blood Transfusion” means infection with the Human Immunodeficiency Virus (Type 1 or 2) through a medically necessary blood transfusion, provided that all of the following conditions are met:
(a) the infection is due to a medically necessary blood transfusion received after commencement of this Policy; and
(b) the institution which provided the transfusion admits liability for the HIV infection; and
(c) You do not suffer from Thalassaemia Major or haemophilia.

This insurance will not apply and no benefits payment will be payable whenever a Cure is available.

“Alzheimer’s Disease/Severe Dementia” means deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of You. This Diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by Our appointed doctor.

The following are excluded:
(a) Non-organic diseases such as neurosis and psychiatric illnesses; and
(b) Alcohol related brain damage.

“Angioplasty and Other Invasive Treatments for Coronary Artery” means You actually undergoes balloon angioplasty or similar intra arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography is excluded.

“Aplastic Anemia” means chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:
(a) Blood product transfusion;
(b) Marrow stimulating agents;
(c) Immunosuppressive agents; or
(d) Bone marrow transplantation.

The Diagnosis must be confirmed by a haematologist.

“Apical Syndrome” means Universal necrosis of the brain cortex with the brainstem remaining intact. The definite Diagnosis must be confirmed by a consultant neurologist holding such an appointment at an approved hospital. This condition has to be medically documented for at least one (1) month.

“Bacterial Meningitis” means bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological defect. Evidence of permanent neurological defect must be confirmed by a neurologist at the earliest six (6) weeks after the event and no claims can be admitted earlier. The Diagnosis is to be confirmed by a consultant neurologist.

“Benign Brain Tumour” means a benign tumour in the brain where all of the following conditions are met:
(a) It is life threatening; and
(b) It has caused damage to the brain; and
(c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
(d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computed Tomography, or other reliable imaging techniques.

The following are excluded:
(a) Tumours of the pituitary gland or spinal cord.

“Blindness (Loss of Sight)” means total and irreversible loss of sight in both eyes as a result of illness or Accident. The blindness must be confirmed by an ophthalmologist.

“Cardiomyopathy” means the occurrence of a cardiomyopathy where the following conditions are met:
(a) There is persistent impairment of left ventricular function (diastolic or systolic) for at least six (6) months, despite optimal treatment; and
(b) Physical impairment to the degree of class IV of the New York Heart Association Classification of the Cardiac Impairment.

Cardiomyopathy directly related to alcohol misuse is excluded.

“Cerebral Aneurysm Requiring Surgery” means You actually undergoes intracranial surgery via a craniotomy to clip or otherwise repair or remove an aneurysm of one or more of the cerebral arteries.

“Chrohn’s disease” means a disorder of the gastro-intestinal tract which should be characterized by clinical complications of fistula formation, malabsorption, intestinal obstruction, intestinal perforation, secondary amyloidosis. Diagnosis must be confirmed by the characteristic histopathological features.

“Civil War” means an internecine war, or a war carried on between or among opposing citizens of the same country or nations.

“Coma” means a coma that persists for at least ninety-six (96) hours. This Diagnosis must be supported by evidence of all of the following:
(a) No response to external stimuli for at least ninety-six (96) hours; and
(b) Life support measures are necessary to sustain life; and
(c) Brain damage resulting in permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.

Coma resulting directly from alcohol or drug abuse is excluded.

“Coronary Artery By-pass Surgery” means the actual undergoing of open-chest surgery to connect the narrowing or blockage of one or more coronary arteries with bypass grafts. This Diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist.

Angioplasty and all other intra arterial, catheter based techniques, “keyhole” or laser procedures are excluded.

“Creutzfeld-Jacob Disease” means the occurrence of the Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological defect, which is solely responsible for a permanent inability to perform two (2) or more “Activities of Daily Living”.

Disease caused by human growth hormone treatment is excluded.

“Critical Illness” means disease or incapacity as defined herein of which the symptoms first appear and is first diagnosed after the Waiting Period. A Critical Illness is considered “diagnosed” under this Policy only if You have been examined by one or more Registered Medical Practitioner each of which is a certified specialist in respect to the disease or illness corresponding to the Critical Illness, and a written report(s) prepared by each Registered Medical Practitioner or under his / her supervision which satisfies each and every diagnostic requirement specified in the Policy corresponding to that Critical Illness.

“Cure” means any treatment that renders the HIV inactive or non-infectious.

“Deafness (Loss of Hearing)” means total and irreversible loss of hearing in both ears as a result of illness or Accident. This Diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist. Total means “the loss of at least 80 decibels in all frequencies of hearing”.

“Diagnosis” means the definitive diagnosis made by a Registered Medical Practitioner, based upon such specific evidence, as referred to hereinbelow in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical,
historical or laboratory evidence acceptable to Us. Such diagnosis must be supported by Our medical director who may base his/her opinion on the medical evidence submitted by You and/or owner and/or any additional evidence that he/she may require.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, We have the right to call for an examination of You or the evidence used in arriving at such diagnosis, by an independent accredited expert in the field of medicine concerned selected by Us and the opinion of such expert as to such diagnosis shall be binding on both You and Us.

“Ebola” means the infection of the Ebola virus where following conditions are met:

(a) presence of the Ebola virus has been confirmed by laboratory testing;

(b) there are ongoing complications of the infections persisting beyond thirty (30) days from the onset of symptoms; and

(c) the infection does not result in death.

“Elephantiasis” means end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal diagnosis of elephantiasis must be clinically confirmed by an appropriate consultant, including laboratory confirmation of microfilariae, and be supported by Our chief medical officer.

Lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative oozing, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

“Encephalitis” means severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a consultant neurologist and the permanent neurological deficit must be documented for at least six (6) weeks.

“End Stage Liver Failure” means end-stage liver failure as evidenced by all of the following:

(a) Permanent jaundice; and

(b) Ascests; and

(c) Hepatitis encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

“End-stage Lung Disease” means End-stage lung disease causing chronic respiratory failure. This Diagnosis must be supported by evidence of all of the following:

(a) FEV1 test results which are consistently less than 1 liter; and

(b) Permanent supplementary oxygen therapy for hypoxemia; and

(c) Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO2 ≤ 55mmHg); and

(d) Dyspnea at rest. The Diagnosis must be confirmed by a respiratory physician.

“Excluded Occupation” means the job title or nature of blaster, jockey, detective, stuntman, steeve, fisherman, driver (cross-border between Hong Kong and Mainland China), test pilot, cirrus trainer, aerial worker, caisson worker, lift technician, building wrecker, driller-underground, wild animal trainer, secret service agent, container crane operator, including laboratory confirmation of microfilariae, and be supported by Our chief medical officer.

“Fulminant Hepatitis” means a submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following:

(a) rapid decreasing of liver size; and

(b) necrosis involving entire lobules, leaving only a collapsed reticular framework; and

(c) rapid deterioration of liver function tests; and

(d) deepening jaundice; and

(e) hepatic encephalopathy.

“Heart Attack” means death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This Diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack:

(a) History of typical chest pain;

(b) New electrocardiogram (ECG) changes proving infarction;

(c) Diagnostic elevation of cardiac enzyme CK-MB;

(d) Diagnostic elevation of Troponin (T or I);

(e) Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

“Heart Valve Surgery” means the actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The Diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

“Immediate Family Member” means Your Spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, grandchild or legal guardian.

“Injury” means bodily injury which is solely caused by an Accident and independently of any other cause.

“institution” means an organization through the introduction of which We issue this Policy to the Policyholder.

“Insured Person” wherever used in this Policy means the person(s) insured and named in the Schedule of Benefits or subsequently endorsed hereon.

“Kidney Failure” means chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

“Loss of Independent Existence”* must be confirmed by a Registered Medical Practitioner of the loss of independent existence resulting in a permanent inability to perform three (3) or more “Activities of Daily Living” as defined hereinabove for a continuous period of six (6) months. For the purpose of this benefit the word “permanent” shall mean beyond any hope of recovery with current medical knowledge and technology. All psychiatric related causes are excluded.

“Loss of Speech” means total and irrecoverable loss of the ability to speak as a result of Injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

“Motor Neurone Disease” means Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar effertent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This Diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

“Multiple Sclerosis”* means definite occurrence of Multiple Sclerosis. The Diagnosis must be supported by all of the following:

(a) Investigations which unequivocally confirm the Diagnosis to be Multiple Sclerosis; and

(b) Multiple neurological deficits which occurred over a continuous period of at least 6 months; and

(c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are excluded.

“Muscular Dystrophy” means a group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The Diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist. The condition must result in the inability of You to perform (whether aided or unaided) at least three (3) of the six (6) “Activities of Daily Living” for a continuous period of at least six (6) months.

*AIG Insurance Hong Kong Limited

IPA – Standalone CI – GI -201910
“Occupational Acquired HIV” means infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the person insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to Our satisfaction:

(a) proof of Accident given rise to the infection; and
(b) proof that the Accident involved a definite source of the HIV infected fluids; and
(c) proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented Accident. This proof must include a negative HIV antibody test within five (5) days of the Accident.

HIV infection resulting from any other means including sexual activity and the use of intravenous drug is excluded.

This benefit is only payable if You are at or over eighteen (18) years of age and Your occupation is a medical practitioner, nurse, laboratory technician, dentist (surgeon and nurse) or an ambulance paramedical worker in a medical center or dental clinic. This insurance will not apply and no benefits payment will be payable whenever a Cure is available.

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

“Other Serious Coronary Artery Disease” means the narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

“Paralysis” (Loss of use of Limbs) means total and irreversible loss of use of at least two (2) entire limbs due to Injury or disease. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

“Parkinson’s Disease” means the unequivocal Diagnosis of idiopathic Parkinson’s Disease by a consultant neurologist. This Diagnosis must be supported by all of the following conditions:

(a) the disease cannot be controlled with medication; and
(b) signs of progressive impairment; and
(c) inability of the You to perform (whether aided or unaided) at least three (3) of six (6) “Activities of Daily Living” for a continuous period of at least 6 months.

Drug-induced or toxic causes of Parkinsonism are excluded.

“Policy” means this policy and any other documents referred to in Clause 1 of Part V hereinafter.

“Policyholder” means a person is an applicant of the Policy named in the Schedule of Benefits as Policyholder.

“Polymyelitis” means the occurrence of Polymyelitis where the following conditions are met: (a) Poliovirus is identified as the cause; and (b) Paralysis of the limb muscles or respiratory muscles must be present and persist for at least three (3) months.

“Pre-existing Condition” means any illness, disease or other condition of the Insured Person within a five (5) years period prior to the effective date of this Policy, last reinstatement date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later for any: (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment; (b) required the Insured Person taking prescribed drugs or medicine; or (c) was treated by a Registered Medical Practitioner or a Qualified Medical Practitioner or treatment had been recommended by a Registered Medical Practitioner or a Qualified Medical Practitioner. Pre-existing Condition shall also mean the existence of symptoms of any illness, disease or other condition likely to cause a Critical Illness which would cause an ordinarily prudent person to seek diagnosis, care or test.

“Primary Pulmonary Hypertension” means primary pulmonary hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment (Source: “Current Medical Diagnosis & Treatment – 38th Edition”):

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.
Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

“Qualified Medical Practitioner” means any person legally authorized by the government in the geographical area of his or her practice to render medical or surgical service, but excluding a Qualified Medical Practitioner who is Your Immediate Family Member or Yourself.

“Registered Medical Practitioner” means any person qualified by degree in western medicine and legally authorized by the Government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is Your Immediate Family Member or You.

“Schedule of Benefits” means the attachment to this Policy entitled “Schedule of Benefits” as may be amended by Us from time to time.

“Severe Acute Respiratory Syndrome (SARS)” Severe Acute Respiratory Syndrome / Atypical Pneumonia must be diagnosed and confirmed by clinical and pathological tests by the appropriate medical authority in the country of Diagnosis.

“Severe Rheumatoid Arthritis” means the following criteria are met:

(a) the diagnostic criteria of the American Collage of the Rheumatology are met;
(b) permanent inability to perform at least two (2) “Activities of Daily Living”;
(c) widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrist, elbows, knees, hips, ankle, cervical spine or feet;
(d) the condition has been present for at least six (6) months.

“Spouse” means the person married to or in a civil partnership with the Insured Person. For these purposes, a marriage or civil partnership is a formal and legally binding union entered into between two people which is recognized as a marriage or civil partnership under the laws of the jurisdiction in which the union takes place.

“Stroke” means a cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This Diagnosis must be supported by all of the following conditions:

(a) Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and
(b) Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the Diagnosis of a new stroke.

The following are excluded:

(a) Transient Ischaemic Attacks;
(b) Brain damage due to an Accident or Injury, infection, vasculitis, and inflammatory disease;
(c) Vascular disease affecting the eye or optic nerve; and
(d) Ischaemic disorders of the vestibular system.

“Sum Insured” means the amount of sum insured as stated in the Schedule of Benefits.

“Surgery to Aorta” means the actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra arterial techniques are excluded.

“Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis” means a multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The Final Diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis
Class II Mesangial Lupus Glomerulonephritis
Class III Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV Diffuse Proliferative Lupus Glomerulonephritis
Class V Membranous Lupus Glomerulonephritis

“Terminal Illness” means You must be suffering from a condition, which in the opinion of an appropriate Registered Medical Practitioner is highly likely to lead to death within 12 months.

“Third Degree Burns” shall mean the damage or destruction of the skin to its full depth and damage to the tissues beneath.

“Waiting Period” means the period of ninety (90) days (except for SARS) which commences immediately following the effective date of this Policy, or last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only), whichever is later, whereas for SARS, means the period of fifteen (15) days which commences immediately following the effective date of this Policy, or last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only), whichever is later.

“War” means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

“We, Us, Our” means AIG Insurance Hong Kong Limited.

“You, Your, Yourself” means a person who is named as an Insured Person in the Schedule of Benefits in the Policy or subsequently endorsed hereon.

PART II – BENEFITS

Critical Illness Benefit

When You are first diagnosed by a Registered Medical Practitioner during the period of insurance to be suffering from or undergoing a covered surgery of any of the following Critical Illness, We will indemnify You for the benefit stated in the Schedule of Benefits or any endorsement hereon.
PART III - EXCLUSIONS

We will not pay any loss directly or indirectly, wholly or partly arising as a result of:

1. any Pre-existing Conditions, or any complication arising from it, or
2. any Illness or disease other than specified as Critical Illness as defined herein; or
3. any Critical Illness of which, the signs or symptoms first occurred within the Waiting Period (this exclusion shall be waived if the Critical Illness is caused by Accident as defined); or
4. any Critical Illness resulting from a non-disclosed physical or mental condition which existed before the Policy effective date, or the date of its last reinstatement, or date of any increase of benefit coverage (to the extent of such increase only), whichever is later; or
5. intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, psychosis, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-Deficiency Virus (HIV) infection; suicide, sleep disturbance disorder; or
6. congenital anomalies or any complications or conditions arising therefrom; or
7. any Critical Illness based on a Diagnosis made by You or Your Immediate Family Member or anyone who is living in the same household as You or by a herbalist, acupuncturist or other non-traditional health care provider; or
8. any Critical Illness which You do not survive after the Diagnosis for a period of at least fourteen (14) days (this exclusion shall be waived if the Critical Illness is caused by Accident as defined); or
9. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
10. cosmetic or plastic surgery or any elective surgery or cosmetic procedures that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature; or
11. drug abuse or any other complications arising therefore or any drug accident; or
12. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any warlike operations; or
13. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel, or
14. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
15. special nursing care, routine health checks or convalescence, custodial care, general debility, lethargy, rest cure; or
16. all investigation(s) or treatment not directly related to a covered Critical Illness or for re-existing Conditions, or any complication arising from it, or
17. any investigation(s) or treatment not directly related to a covered Critical Illness or the conditions or Diagnosis necessitating hospital admission; or
18. armed force, naval, military or air force service or operations; any flying service; or
19. any injury arising out of non-adherence to medical advice; or
20. any injury arising out of re-existing Conditions, or any complication arising from it, or
21. any injury arising out of non-adherence to medical advice; or
22. any injury arising out of re-existing Conditions, or any complication arising from it, or
23. any injury arising out of non-adherence to medical advice; or

PART IV – TERMINATION OF COVERAGE

1. This Policy will be terminated:

(a) when premium is not paid when due; or
(b) on next premium due date following the notification from the Policyholder (who is also an Insured Person) that his/her occupation is changed to any Excluded Occupation, and any claims related to such Excluded Occupation will be forfeited; or
(c) upon the payment of benefit to the Policyholder (who is also the Insured Person) under the circumstances mentioned under “Compensation clause (b)” of “Part II – Benefits” and no premium will be returned; or
(d) on next premium due date when the Policyholder (who is also an Insured Person) no longer fulfilled the eligibility as stated under “clause (2) – Age limit for Insured Person” of “Part V – General Provisions”; or
(e) when there is any fraud, misstatement, non-disclosure or concealment in
7. FORMS FOR PROOF OF LOSS

4. MISSTATEMENT OF AGE

2. AGE LIMIT FOR INSURED PERSON

The insurance under this Policy shall cover a) for adult – between eighteen (18) and fifty-five (55) years old (both years inclusive), renewable up to sixty-five (65) years old and all benefits shall terminate on the next premium due date following Your 66th birthday; b) for child – must be unmarried and unemployed, between six (6) months and twenty-one (21) years old (both years inclusive), renewable up to twenty-five (25) years old if a full time student. All benefits shall terminate on the next premium due date following the 22nd or 26th birthday of the insured child.

3. OCCUPATION RESTRICTION

No coverage hereunder whatsoever shall be provided to any person whose occupation falls within Excluded Occupation, save for an Insured Person who is an employee or member of an institution and who is issued this Policy as a result of introduction by the institution and whose application for insurance is acceptable to Us.

4. MISSTATEMENT OF AGE

If Your age has been misstated, the premium difference would be returned or charged according to the correct age. In the event Your age has been misstated and if, according to Your correct age, 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 Our liability during the period that You are not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by the Policy.

5. STATUS CHANGE

You must take full responsibility to inform Us forthwith of any change in respect of the information provided in the application for this Policy, otherwise We reserve the right to refuse or invalidate all claims under this Policy.

6. TIME OF NOTICE OF CLAIM

Written notice of claim must be given to Us within thirty (30) days after occurrence of any event likely to give rise to a claim under this Policy. However immediate notice must be given to Us in the event of accidental death.

7. FORMS FOR PROOF OF LOSS

We, upon receipt of such notice, will furnish to the claimant such forms, as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which a claim is made. All certificates information and evidence required by Us shall be furnished at Your or Your personal representative’s expense and shall be in such form and of such nature as We may prescribe.

8. SUFFICIENCY OF NOTICE

Such notice by or on behalf of the Policyholder or You given to Us, with particulars sufficient to identify the Policyholder or You shall be deemed to be noticed to Us. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible.

9. TIME FOR FILING PROOF OF LOSS

Affirmative proof of loss must be furnished to Us in case of a claim within ninety (90) days after the date of relevant loss.

10. MEDICAL EXAMINATION AND TREATMENT

We shall have the right and opportunity to examine You when and as often as it may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy at Our expense in case of death where it is not forbidden by law. You shall as soon as possible after the occurrence of any injury or sickness, whichever is appropriate, obtain and follow the advice of a duly qualified Registered Medical Practitioner and We shall not be liable for any consequences arising by reason of Your failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

11. TIME FOR PAYMENT OF INDEMNITIES

All indemnities provided in this Policy will be paid immediately after the receipt of due proof, except for the indemnity in respect of Permanent Total Disablement or for periodic payment.

12. TO WHOM INDEMNITIES PAYABLE

Indemnities for loss of Your life is payable to Your estate. All other indemnities of this Policy are payable to You.

13. LIMITATION OF TIME FOR BRINGING SUIT

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 two (2) years after the time written proof of loss is required to be furnished.

14. LIMITATION CONTROLLED BY STATUTE

If any time limitation of the Policy, with respect to giving notice of claim or furnishing proof of loss, is less than that permitted by the law of the state of which the Policyholder or You reside at the time this Policy is issued, such limitation is hereby extended to agree with the minimum time permitted by such law.

15. ASSIGNMENT

No notice of assignment of interest under this Policy shall be binding upon Us. We do not assume any responsibility for the validity of an assignment. No provision of the charter, constitution or by-laws of Us shall be used in defense of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

16. COMPLIANCE WITH POLICY PROVISIONS

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

17. REINSTATEMENT OF POLICY

If this Policy lapses due to non-payment of premiums, it may be reinstated with Our approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

18. DATA PRIVACY

The Policyholder/Insured Person agrees that:

(a) the personal data collected during the application process or administration of this policy may be used by AIG Insurance Hong Kong Limited ("AIGHK") for the purposes stated in its Data Privacy Policy, which include undertaking and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation);

(b) AIG HK may use the Policyholder's/Insured Person's contact details (name, address, phone number and e-mail address) to contact him/her about other insurance products provided by the AIG group (assuming AIG HK has obtained the agreement of the Policyholder/Insured Person to use such contact details for this purpose).

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purpose identified:

i) third parties providing services related to the administration of this policy, including reinsurers (per (a) above);

ii) financial institutions for the purpose of processing this policy and obtaining policy payments (per (a) above);

iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers (per (a) above);

iv) for the purpose of conducting direct marketing activities (per (b) above), marketing companies authorized by the AIG group;

v) another member of the AIG group (for all of the purposes stated in (a) and (b) in any country; or

vi) other parties referred to in AIG HK’s Data Privacy Policy for the purposes stated therein.

(d) The Policyholder/Insured Person may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact AIG HK with any comments in relation to the services it provides. The full version of AIG
19. ADJUSTMENT CLAUSE
This Policy will be in force by payment of premium in advance. However, We reserve Our right to make adjustment to the premium rates, benefits or terms and conditions of this Policy from time to time.

20. GRACE PERIOD
A grace period of thirty-one (31) days from the premium due date will be granted for the payment of each premium falling due after the first premium during which time the Policy shall be continued in force. Otherwise, the Policy will lapse from the premium due date.

21. RIGHT OF RECOVERY
In the event that authorization of payment and/or payment is made by Us and/or Our authorized representative for a claim which is not covered under this Policy or when the limit of liability of this insurance exceeds, We reserve the right to recover the said sum or excess from You and/or the Policyholder.

22. FRAUDULENT CLAIMS

If the claim in any respect be fraudulent or if any fraudulent means or devices be used by You or the Policyholder, or anyone acting on the aforementioned benefit under this Policy, all benefits in respect of such claims shall be forfeited.

23. CLERICAL ERROR
Our clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

24. GOVERNING LAW
This Policy is subject to the laws of the Hong Kong Special Administrative Region and the parties hereto agree to submit to the jurisdiction of the courts of the Hong Kong Special Administrative Region.

IN WITNESS WHEREOF, AIG INSURANCE HONG KONG LIMITED has caused this Policy to be issued in Hong Kong.
個人意外保障計劃
危疾保障

當我們，美亞保險香港有限公司收妥保費後，即依據保單或批註內的定義，不承保事項、限制、條款和條件，同意承保受保人及作出有關的賠償。

保障生效時間為保單簽發地點的標準時間零時零一分開始，而保障終止則按照保單條款第四部份-保單終止為準。

第一部份 - 定義

「意外」是指不能預料及非自願的事情而引致損害。

「後天免疫力缺乏綜合症」或「愛滋病(AIDS)」是參照世界衞生組織(以下稱為“世衞”)之定義為標準，指人體免疫不全病毒血清測詐呈陽性反應下出現的機會性感染、惡性腫瘤、人體免疫不全病毒感染性腦病變、人體免疫不全病毒之消瘦症候群或其他疾病。

「日常生活活動」是指:
(a) 清潔:能夠自行於浴缸或以淋浴進行清潔(包括進出浴缸或淋浴區)，或以其他方法進行清潔以達滿意清潔效果;
(b) 穿衣:能夠自行穿著及除掉、弄緊、鬆開所有衣物，如適用，亦包括支架、義肢、及一切外科手術裝置;
(c) 轉移:能夠自行從床上轉移到坐椅或輪椅，反之亦然;
(d) 移動:能夠自行由某一房間移動至另一間位於同一層的房間;
(e) 如廁:能夠自行進出、使用洗手間及控制膀胱及大腸的自發能力，以保持個人的衛生;及
(f) 进食:能夠自行進行一切的進食程序。

「急性壞死性胰腺炎」是指由醫生作出之確診及需進行壞死組織清除或胰腺部分切除的手術治療。因酒精作用所引致的急性壞死性胰腺炎不包括在保障範圍內。

「因輸血而感染愛滋病」是指因醫療所需之輸血而導致人類免疫不全病毒感染(1型或2型)，並須符合以下所有狀況:
(a) 感染是因醫療所需之輸血而導致，並於本保單生效日後發生;及
(b) 輸血之機構承認會為該人類免疫不全病毒之感染負上責任;及
(c) 你並沒有患上重型地中海貧血或血友病。

若已有任何療法，則此保險並不適用及我們不會作出任何賠償。

「亞爾茲默氏病/嚴重癡呆」是指因亞爾茲默氏病或不可復原的器質性腦退化疾病所致，經臨床報告及造影檢驗確認為智能衰退或喪失及行為異常，導致精神和社交能力顯著下降，且持續需要他人照顧。其診斷需經適當醫生作臨床驗證及得到我們指定醫生的支持。以下情況除外:
(a) 非器質性疾病如神經官能病或精神病;
(b) 因酒精引致的腦損害。

「血管成形手術及其他冠狀動脈疾病之創傷性療法」是指經冠狀動脈造影術證明你必需進行氣脹法血管成形手術或其他同類型的動脈導管內手術，用以糾正一條或以上之主要冠狀動脈收窄(達60%狹窄)。此等血管化手術必需由合格的心臟科專科醫生確認為醫療上必須進行。

此處所指的冠狀動脈包括左主幹、左前降、左迴旋及右冠狀動脈。診斷性動脈造影術並不包括在保障範圍內。

「再生障礙性貧血」是指因慢性及永久性的骨髓造血功能衰竭而導致貧血、中性球減少及血小板減少，而且必須接受下列至少一項的治療:
(a) 定期輸血;
(b) 需接受骨髓刺激性藥物治療;
(c) 需接受免疫系統抑制性藥物治療;
(d) 骨髓移植。

診斷必需經合格的血液病專科醫生確認。

「植物人」是指大腦皮質全面壞死，但腦幹仍保持完好。其診斷需由認可的醫院委派合格的神經科專科醫生確診，及需有醫療文件證明此狀況已持續最少一個月以上。

「細菌性腦脊髓膜炎」是指因細菌感染引致腦部或脊髓病變，且導致明顯的、不可復原的和永久性的神經損害。其症狀必須於事故發生後持續六個星期以上仍無改善跡象方可申請索賠，診斷亦必需經合格的神經科專科醫生確認。

「良性腦腫瘤」是指於腦部的良性腫瘤並符合以下所有狀況:
(a) 對生命有威脅;及
(b) 對腦部已造成實質性損害;及
(c) 已經接受手術切除，如不可進行手術則已經導致永久性的神經損傷;及
(d) 需由合格的神經科專科醫生或神經科手術醫生經磁共振影像掃描(CT)或其他可靠的造影科技確認其存在。

以下情況不包括在保障範圍內:
(a) 腦膜腫;
(b) 肉芽腫;
(c) 騼動靜脈畸形;
(d) 血腫;
(e) 椎體腫瘤或脊髄腫瘤。

「失明」是指因疾病或意外導致的雙眼視力永久性完全喪失-診斷必需經合格的眼科專科醫生確認。

「心肌病」之診斷必需符合以下所有狀況:
(a) 即使已接受最適當的治療，在心室功能(擴張或收縮)仍持續受損滿六個月;
(b) 有『受損程度已達到紐約心臟病學會(NewYorkHeartAssociationClassification-NYHA)』所定的心臟機能受損(CardiacImpairment)分類標準之第三級或以上。

直接因酒精而導致的心肌病並不包括在保障範圍內。

「腦動脈瘤手術」是指你實際進行顱內手術，經此手術以腦骨切開技術用夾子或其他方法修復或切除位於一條或以上腦動脈內的動脈瘤。以導管或血管技術作的手術不包括在保障範圍內。

「克隆氏病」是指腸胃道失調及具有以下臨床併發症的特質:廔管成形、吸收障礙、腸梗阻、腸穿孔、纖維性築様媛，診斷必需由合格的組織病理學專科醫生確診。

「內戰」是指互相毀滅的戰爭或在同一國家或民族內的公民互相對抗的戰爭。

「自殺」是指自殺者持續九十十六小時，診斷必需有以下所有證明:
(a) 外來刺激無反應達九十六小時;及
(b) 自行生命維持系統終止生命;及
(c) 於自殺後三十天內出現腦部損害而導致永久性之神經機能缺損。

因酒精或濫用藥物引致的自殺不在保障範圍內。

「冠狀動脈搭橋外科手術」是指治療冠狀動脈疾病的血管旁路移植手術，以矯正冠狀動脈收窄或阻塞而實際接受一條或以上冠狀動脈內的動脈瘤，以導管或血管技術作的手術不包括在保障範圍內。

血管成形術和血管內手術、通過導管技術作的手術，如『心肌打孔術』或激光治療術則不在保障範圍內。

「海綿性腦病變」是指海綿性腦病變(英文簡稱“CJD”)或變種CJD的出現並引致神經系統缺損，及因此原因而導致你永久不能完成本保單定義的日常生活活動其中兩項或以上。

因人類生長激素治療所引致的病變並不在保障範圍內。

「危疾」是指於本保單所限定受保的疾病或傷殘，其病徵必需於等候期後才首次出現及被首次診斷(不適用於意外導致的危疾)。本保單所受保的危疾必需由一位或以上之註冊醫生作出診斷，而每位醫生必需具備有關危疾的專業資格，及提供符合本保單之危疾診斷要求的醫療報告。

「療法」是指任何可以使人類免疫不全病毒變為不活躍或非傳染性的治療。

「診斷」是指由註冊醫生根據本保單內危疾的定義而作出確診的診斷。

「癱瘓」是指因疾病或意外所引致的雙耳聽力功能喪失，完全喪失是指語言頻率聽力損失最少80分貝。
該專家對診斷所作出的意見對你及我們均具有約束力。

【伊波拉】
是指受伊波拉病毒感染及診斷必需符合以下所有要求:
(a) 經實驗室測定證明伊波拉病毒確實存在;及
(b) 由發現病徵日起計必須不斷出現因受感染的併發症超過三十天;及
(c) 沒有並未引致死亡。

【象皮病】
是指末期絲蟲病,其特徵為身體組織因血液循環受阻或淋巴管堵塞而全身腫大。
有關之診斷必須明確地由適當的註冊醫生臨床證實及以微絲蚴的化驗結果確認,並且
得到我們的醫生支持。
因性病、外傷、手術後的疤痕、充血性心力衰竭或先天性淋巴系統不正常等情況所引
起之腫脹均不在保障範圍內。

【腦炎】
是指因病毒感染所致的嚴重腦實質發炎(大腦半球,腦幹或小腦)而導致永久性神經機能缺損,
其診斷需由合格的神經科專科醫生提供醫療記錄文件證明永久性神經機能缺損情況已
持續最少六個星期。

【末期肝病】
末期肝病必須具備以下所有證明:
(a) 永久性黃疸;及
(b) 腹水;及
(c) 肝性腦病。
因酒精或藥物而引起的繼發性肝病不在保障範圍內。

【末期肺病】
因末期肺病而導致慢性呼吸功能衰竭,其診斷必須具備以下所有證明:
(a) FEV1測定持續性低於1升;及
(b) 病人血氧不足必須永久性地進行輸氧治療;及
(c) 靜脈血氣分析血氧分壓等於或低於55 mmHg (PaO2 ≤ 55 mmHg);及
(d) 專家必須經合格的呼吸系統科專科醫生確認。

【不承保職業】
是指職位或職責是爆破工人、騎師、探偵、特技人員、貨船裝卸工人、漁民、中港司機(跨越香港及中國大陸)、飛機駕駛測試員、馬戲訓練員、高空工作工人、沉箱工人、電梯技工、拆除舊建築工人、地下鑽孔工人、野生動物訓練員、情報機構人員、貨櫃起重機操作員、地盤工人、爆炸/爆炸物操作員、政府/國家紀律部隊。

【暴發性病毒性肝炎】
是指由肝炎病毒所導致暴發性肝壞死,以至急劇性肝功能衰竭。
診斷必須具備以下所有證明:
(a) 肝臟體積迅速縮小;及
(b) 肝小葉完全壞死,僅剩下倒塌的支架結構;及
(c) 肝臟功能測定急劇退化;及
(d) 黃疸不斷加深;及
(e) 肝性腦病。

【心臟病】
是指由於冠狀動脈血液供應不足到有關的範圍而導致部分心肌壞死,其診斷必須同時符合下列三項或以上條件以符合診斷首次心臟病:
(a) 典型的胸痛症狀病歷;
(b) 心電圖(ECG)有新近的變化顯示心肌梗塞狀況;
(c) 心肌酵素(CK-MB)顯著升高;
(d) 心肌鈣蛋白(T或I)顯著升高;及
(e) 預測風險最低於50%。

【心瓣膜手術】
是指必需以開胸手術去更換或修補缺損或異常的心臟瓣膜。心瓣膜疾病的診斷必須有心
管導管造影報告、心臟超聲波檢查報告或心電圖檢查報告的支持,以及由合格的心
管病專科醫生確認為醫療上必須進行。

【直系親屬】
是指你的配偶、父母、配偶父母、袓父母、子女、女婿、兒媳、兄弟姊妹、孫/外孫或合法監護人。

【損害】
是指因遭遇意外及並無其他原因下引致的身體損傷。

【機構】
是指我們透過其推介並得以簽發保單予你的組織。

【受保人】
是指其名字已列於保障權益表或批註內之人士。

【腎衰竭】
指雙腎功能均出現慢性及不可復原的衰竭,並需定期進行腎透析或接受腎臟移植手術。

【不能獨立生活】
是指由註冊醫生確定你不能獨立生活而導致你永久不能完成本保單所列明的日常生活活動其中三項或以上,而此狀況必須已持續最少六個月或以上。此保障中所提及的永久是指根據現時的醫學知識及技術,已完全沒有希望復原。所有與精神心理因素有關之原因均不在保障範圍之內。

【喪失語言能力】
指因损害或疾病引起的聲帶損傷,而導致語言能力永久完全喪失,及此狀況需經連續十二個月或以上。診斷需有合格的語音病理學專科醫生確認及提供醫學證明。
所有與精神心理因素有關之原因均不在保障範圍之內。

【惡性腫瘤】
是指在後天免疫力缺乏症存在下出現包括但不限於卡波西士腫瘤、中樞神經系統淋巴瘤或其他已知或未知之惡性病變,直接導致死亡、疾病或殘廢。

【嚴重頭部創傷】
是指頭部因遭遇意外而蒙受損害及自該意外事故發生之日起六周內導致永久性神經機能缺損,其診斷必須經合格的神經科專科醫生作出具醫療診斷證明及清楚的磁力共振掃描(MRI)、電腦斷層掃描(CT)或其他可靠的造影科技的檢查結果。該意外損害必須是因遭遇外來的、突發、暴力所至及於意外發動的。

【重要器官移植或骨髓移植手術】是指接受以下的移植:
(a) 使用人類的造血幹細胞取代全骨髓所進行的骨髓移植手術;或
(b) 以下其中之一種器官功能衰竭且不能復原,包括心臟、肝、腎、腎臟或腎臟,其他任何幹細胞移植不在保障範圍內。

【腎髓質囊腫病】
之診斷必需符合以下所有要求:
(a) 於腎臟內發現腎髓質有腫囊、腎小管及間質性纖維化等現象;及
(b) 貧血、多尿及腎功能遂漸衰退之臨床證明;及
(c) 有關診斷需由腎活組織檢查確定。

【運動神經原疾病】
是指運動神經原病中的皮質脊髓束和脊髓前角細胞或延髓傳出神經元進行性的神經系出現持續退化的病徵,包括進行性肌萎縮症,進行性延髓麻痹,肌電圖検査(EMG)、運動神經元病(MRI)、血清內佐素測定、肌電圖等化驗報告。

【多發性硬化症】
是指多發性硬化症的確診;其診斷必須具備以下所有證明:
(a) 頸部神經節索証實診斷為不可復原的多發硬化症及
(b) 多項機能能夠持續維持六個月或以上;及
(c) 上述病症或神經機能缺陷有詳細的病歷紀錄,包括病證惡化及復原的病歷,其他原因所引致的神經系統損害如人體免疫不全病毒或系統性紅斑狼瘡均不在保障範圍內。

【肌肉營養不良症】
是指一組遺傳性的肌肉疾病,其特徵是肌肉無力和肌肉萎縮。診斷必須由合格的神經內科專科醫生確認及証實無法復原。此狀況亦導致你無法進行三項或以上的日常生活活動(無論需要或不需要扶助工具)且必須持續最少六個月以上。
均在本保障範圍之內。
此項保障只適用於你的職業為醫生、護士、實驗室技術員、牙醫（外科醫生及護士）或工作於醫療中心或牙科中心的救護車醫務輔助人員。
若已接受任何療法，則此項保障並不適用及我們不會作出任何賠償。

「機會性感染」包括但不限於肺囊原蟲肺炎、慢性腸炎之生物體、過濾性病毒或散佈性之真菌感染。

「其他嚴重的冠狀動脈疾病」是指經冠狀動脈造影術證明最少一條冠狀動脈腔收窄達75%及有其他兩條收窄達60%，不論是否需要作任何類型之冠狀動脈手術，此處所指的冠狀動脈包括在左主幹、左前降、左迴旋及右冠狀動脈。

「癱瘓」是指因疾病或損害導致兩條以上之全肢永久完全喪失機能。癱瘓的狀況必須由合格的神經科專科醫生確認。

因自我傷害的損害不在保障範圍內。

「柏金遜症」是指原發性的柏金遜症，其診斷需經合格的神經科專科醫生的確診及需具有下列所有狀況：
(a) 不能以藥物治療控制病情；及
(b) 有跡象顯示機能持續衰退；及
(c) 你並沒有能力自行進行三項或以上的日常活動（無論需要或不需要扶助工具），且最少持續六個月以上。

「脊髓灰質炎」是指脊髓灰質炎的發生及必須符合以下狀況：
(a) 確認由脊髓灰質炎病毒所感染；及
(b) 必須有肢體癱瘓或呼吸肌癱瘓情況而有關狀況持續最少三個月。

「受保前已存在之狀況」是指任何疾病或狀況於此保單生效日，保單覆效日，保額增加日（只限保額增加的部分），以較遲者為準，前五年內，
(a) 首次顯示、惡化、變為急性、展示病徵以使正常人士尋求診斷、護理、或治療；或
(b) 需要受保人服食處方藥物或藥物；或
(c) 曾接受註冊醫生或合資格醫生之治療，或曾被註冊醫生或合資格醫生建議治療。受保前已存在之狀況亦指任何己存在之危疾病徵以使正常人士尋求診斷、護理、或測詴。

「原發性肺動脈高血壓」是指以各項檢查（包括心導管術）證實右心室擴大而引致原發性肺動脈高血壓，導致永久性體能受損達到能損害達到紐約心臟病學會（New York Heart Association Classification - NYHA）制定的心臟損害（Cardiac Impairment）分類標準中的第四級。

「合資格醫生」是指得到當地政府批准並足以在其管轄範圍內提供醫療服務，但若合資格醫生為你本人或你直系親屬，則不包括在內。

「註冊醫生」是指獲取西方醫學學士學位的醫生，於當地合法註冊提供醫療或手術服務，但若註冊醫生為你本人或你直系親屬，則不包括在內。

「保障權益表」是指本保單其中之一附頁名為保障權益表（Schedule of Benefits），我們隨時有權對其作出更改。

「擴張性冠狀動脈損壞」是指造成三十八周至四十七周大的胎兒之胎盤損壞。

「末期肺病」是指包括肺功能損害之任何疾病。

「保單」是指本保單及於本保單第五部份第一點提及的所有文件。

「保單持有人」是指作為保單申請人的人士，並且列於保障權益表內為保單持有人。

「配偶」指與受保人有婚姻關係持法定伴侶關係之人士。就本保單而言，婚姻關係或法定伴侶關係是指兩個人之間，在承認結合的相關地區法律管轄下，正式而具法律效

「中風」是指由腦血管意處，包括腦細胞組織損壞、產生腦及蛛網膜下腔出血、腦血栓形成或腦栓塞，診斷標準必須包括以下狀況：

第一部份 - 基本保障

「危疾保障」若你於保障生效期間經註冊醫生首次診斷患上以下之危疾或接受受保之手術，我們將依根據保障權益表或批註上所載而作出賠償。

1. 中風
2. 癌症
3. 心臟病
4. 其他嚴重的冠狀動脈疾病
5. 冠狀動脈搭橋外科手術
6. 心瓣膜手術
7. 暴發性病毒性肝炎
8. 原發性肺動脈高血壓
9. 末期肺病
10. 原發性肺動脈高血壓
11. 脈絡叢動脈瘤
12. 主動脈外科创傷
13. 再生障礙性貧血

第二部份 - 保障利益

若於危疾保障生效期間內受保之醫生首次診斷患上以下之危疾或接受受保之手術，我們將依根據保障權益表或批註上所載而作出賠償。
1. 重要器官移植或骨髓移植手術
2. 矽肺
3. 肺癌
4. 胃癌
5. 肝癌
6. 肠癌
7. 乳腺癌
8. 頭及頸癌
9. 子宮內膜癌
10. 子宮頸癌
11. 末期癌症
12. 胰臟癌
13. 骨癌
14. 小細胞肺癌
15. 骨髓瘤
16. 淋巴瘤
17. 非何傑金氏淋巴瘤
18. 淋巴肉瘤
19. 恶性黑色素瘤
20. 殼癌
21. 脑炎
22. 脑膜炎
23. 脑炎
24. 亚尔茲默氏症
25. 肌肉營養不良症
26. 脊髓灰質炎
27. 多发性硬化症
28. 精神分裂症
29. 脑炎
30. 脑炎
31. 植物人
32. 系统性红斑狼疮
33. 克隆氏病
34. 海绵性脑病
35. 心肌病
36. 肺动脉高压
37. 高血压
38. 冠心病
39. 严重急性呼吸系统综合症
40. 严重类风湿性关节炎
41. 脑动脉瘤
42. 脑肿瘤
43. 脑肿瘤
44. 高血压
45. 肝硬化
46. 肝炎
47. 肾炎
48. 肾病
49. 脑炎
50. 脑炎
51. 脑炎
52. 脑炎
53. 脑炎
54. 脑炎
55. 脑炎
56. 脑炎
57. 脑炎
58. 脑炎
59. 脑炎
60. 脑炎
61. 脑炎
62. 脑炎
63. 脑炎
64. 脑炎
65. 脑炎
66. 脑炎
67. 脑炎
68. 脑炎
69. 脑炎
70. 脑炎
71. 脑炎
72. 脑炎
73. 脑炎
74. 脑炎
75. 脑炎
76. 脑炎
77. 脑炎
78. 脑炎
79. 脑炎
80. 脑炎
81. 脑炎
82. 脑炎
83. 脑炎
84. 脑炎
85. 脑炎
86. 脑炎
87. 脑炎
88. 脑炎
89. 脑炎
90. 脑炎
91. 脑炎
92. 脑炎
93. 脑炎
94. 脑炎
95. 脑炎
96. 脑炎
97. 脑炎
98. 脑炎
99. 脑炎
100. 脑炎
101. 脑炎
102. 脑炎
103. 脑炎
104. 脑炎
105. 脑炎
106. 脑炎
107. 脑炎
108. 脑炎
109. 脑炎
110. 脑炎
111. 脑炎
112. 脑炎
113. 脑炎
114. 脑炎
115. 脑炎
116. 脑炎
117. 脑炎
118. 脑炎
119. 脑炎
120. 脑炎
121. 脑炎
122. 脑炎
123. 脑炎
124. 脑炎
125. 脑炎
1. 完整的保險契約
此保單、保障權益表、投保書、批註及附加文件(如有者)均為本保險契約的一部份。保險申請人於投保書上作出的陳述, 均不得作為廢除本契約或利
用於法律訴訟，除非該陳述並涉嫌詐欺。任何營業員均無權更改或删除保單內
的任何條款，所有更改均由我們簽署同意並簽發批註後方為有效。
2. 受保人之年齡限制
本保單提供保障予：
a) 成年人—年齡由十八至五十五歲(全年均受保障)，可續保至六十五歲，所有保障將於受保人六十六歲生日後的首個保費到期日終止；
b) 小童—未婚及非在職，年齡由六個月至二十一歲(全年均受保障)，若為
全日制學生，可續保至二十五歲，所有保障將於受保小童的二十二或二十六
歲生日後的首個保費到期日終止。
3. 職業限制
倘若任何人士的工作屬於不承保職業的範圍，我們將不會提供保障，除非受
保人是機構內的僱員或會員，經此機構的推介及得到我們接受其投保申請，
才可獲得保單的簽發。
4. 年齡錯誤陳述
若你的年齡被錯誤陳述，我們會按正確年齡應付之保費而退回或收取保費的
差額。倘你投保時的正確年齡未符合保單的要求或已超出限制，我們只會退
回保費而不負責任何承保責任。
5. 現況轉變
如你在投保書內所提供之資料有任何轉變，你須通知我們有關之變更，否則
我們有權將所有賠償失效。
6. 申請賠償通知之期限
如要申請索償，應於事件發生之日起三十日內以書面通知我們。倘遭意外而
引致死亡，應立即通知我們。
7. 損害之證明文件
我們於接獲書面通知後，會將申請賠償表格送交索償人，以作填寫損害證
明之用。倘索償人於書面通知書發出後十五日內仍未收到該申請賠償表格，
我們將會將此書面證明視作已符合本條款之要求。我們所需之任何證明
文件，須依照我們所定之形式及性質提交，而所需費用概由你或你的代表負
責任。
8. 充足的通知期
該書面通知可由保單持有人、你或兩者
的代表人送交我們，並提供足夠資料以證明保單持有人或你的身份。倘有合理的緣由不能於限期內將該書面通知
送交我們，但已盡可能於限期後立即送出，則不會被視為放棄申請賠償的權
利。
9. 損害證明文件遞送之期限
所有賠償申請的證明文件需於事故發生
日後九十日內呈交我們。
10. 身體檢查
於處理申請賠償時，我們有權隨時要求你作身體檢查。倘若你身故，除法律
不允許外，我們有權要求解剖驗屍，而費用則由我們負擔。你應於蒙受損害
或感染疾病後(如適用者)迅速取得及遵從合格註冊醫生之建議，否則我們
對於你不能取得及遵從該建議及沒有依法使用該裝置或療法不會負上任何責
任。
11. 賠償金支付時間
我們當接獲所需的證明文件後，將立即作出合理賠償，但永久完全殘廢或定
期的賠償則除外。
12. 賠償金之受益人
倘若你身故，賠償金將付予你的合法遺產承繼人，其他賠償則付予你本人。
13. 法律訴訟之時間限制
依據本保單所規定之條款及期限內，將損害證明文件送交我們後，六十日內
不得進行法律訴訟或要求賠償。倘若任何人士對本保單之損害證明文件送交
我們後二年內進行，否則不得再進行訴訟。
14. 法律限制
倘若本保單內所載有關申請賠償通知書或損害證明文件之期限少於簽發保
單時你所居住之國家所允許之期限，則本保單將依其法例延長至該國家所容
許之最低期限的限度。
15. 轉讓
轉讓權益不會對我們構成任何的束縛，而我們亦不會對該轉讓的有效性承擔
責任。任何轉讓書證、組織的條款或我們的法規均不可以阻礙保單的索償，
除非有關的條款已詳細列於本保單內。
16. 保單條款之遵從
倘若你有違反本保單內所載的任何條文，所有賠償申請均不會被接納。
17. 保單之復效
倘若保費到期未有繳訖以致保單失效，經我們同意保單才可復效，但我們不會
負責保單失效期間發生之賠償。而保單復於復效日開始，因此保單內已存在
之狀況會再度執行。
18. 私隱條例
保單持有人/ 受保人同意及確認：(a) 美亞保險香港有限公司(“美亞保險”)
可按列於其私隱政策的用途使用於處理此保單申請或管理此保單所收集之個人資料，其用途包括核保及管理已
申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查
付款及行使代位權)；(b) 美亞保險可使用保單持有人/ 受保人的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡
受保人有關其它由 AIG 集團提供之保險產品(如美亞保險已獲保單持有人/ 受保人同意可如此使用其聯絡資料)
；(c) 美亞保險亦可向以下類別的
人士(不論在香港或海外)轉交該些個人資料，作上述列明之用途：(i) 提供有關保單管理服務的第三者(包括再保險公司)
(如上(a)項所述)；(ii) 財務機構，作處理此申請及收取保費(如上(a)項所述)；(iii) 公證人、調解員、第三者管理人、緊急支援服務提供者、法律
服務提供者、零售商、醫療提供者、及交通工具機構，以處理索賠事宜(如上
(a)項所述)；(iv) AIG 集團授權的市場推廣公司，以作直銷之用(如上(b)項所述)；(v) 其它在任何國家之 AIG 集團之成員公司，作上上述
(a)及(b)項所有列明之用途；或(vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策所列明之用途。
(d) 保單持有人/ 受保人可隨時致函到美亞保險香港有限公司之私隱事務
主任(地址: 香港鴻福街26號信德中心17樓)查閱、或要求修
改其個人資料(美亞保險可就查閱及修改要求收取合理費用)，或更 改有關
其個人資料被使用作直銷用途的選擇。如對美亞保險提供的服務有任何意見
，可按上述地址聯絡美亞保險。
19. 保費調整條款
此保單將於預繳保費後生效。我們對本保單之保費、保障、或條款及細則保留
調整的權利。
20. 宽限期
保費到期日後三十一天為繳付保費之寬限期
(不適用於新單繳費)，在此限期內
保單仍屬有效。如未能於此限期內繳付保費，保單會於保費到期日終止。
21. 權利之追討
若我們及/或我們的授權代表支付了不包括在此保單保障範圍內的索償，或超
過此保險的賠償限額時，我們會保留追討你及
/或保單持有人之權利。
22. 索償之欺詐
倘若單持有人、你或兩者的代表人在索償中存有任何欺詐的成份，所有賠償
或保障均會作廢。
23. 筆誤
我們的筆誤不會令生效的保單因而失效，或令失效的保單因而生效。
24. 法例監管
本保單受香港特別行政區法律法例之約束。而所涉及之人仕均同意服從香港特別
行政區法庭之裁決。茲證明本保單經由美亞保險香港有限公司發行，
此保單的版權為美亞保險香港有限公司所有，未經美亞保險香港有限公司同意不
得複製全部或部分保單之內容。

© AIG Insurance Hong Kong Limited IPA – Standalone CI – GI -201910