

# AIG CRITICAL ILLNESS SAFEGUARD

## CRITICAL ILLNESS BENEFIT

### Introduction

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, the **Company**, AIG Insurance Hong Kong Limited hereby insure and promise to pay indemnity for loss to the extent herein provided.

The **Policy Period** begins at 00:00 a.m., standard time, at the place where the **Policy** was issued and end in accordance with **Termination of Coverage** of this **Policy**.

### CRITICAL ILLNESS BENEFIT

In the event the **Insured Person** is **Diagnosed** by a **Consultant** to be suffering from a **Critical Illness** during the **Policy Period**, the **Company** will pay the **Insured Person** a **Compensation** as stated in the **Policy Schedule**.

#### 1.1 - Specific Conditions FOR THIS BENEFIT – In addition to the General Policy Conditions applying to all Sections

1. This benefit is payable if:
  - a) the **Diagnosis** of the **Critical Illness** occurs or manifests itself as a first incidence after the **Waiting Period** from the **Policy Effective Date**;
  - b) the signs or symptoms of such **Critical Illness** first manifests itself after s the **Waiting Period** from the **Policy Effective Date**; and
  - c) the **Insured Person** survives for at least **30** days after the **Critical Illness Diagnosis**. If the **Insured Person** is on a life support system for more than 3 days during these **30** days, the period that the **Insured Person** must survive will extend by one day for each day (beyond 3 days) that the **Insured Person** remains on life support.
2. **The Company** will only pay the **Insured Person** for one **Critical Illness Diagnosed** on the **Insured Person** during a **Policy Period** and this benefit will terminate immediately upon such **Compensation** payment unless a valid claim is made for **Critical Illness** 45, 46 and 47 as mentioned in the condition (3) below.
3. In the case of the covered **Critical Illnesses** listed below 45 – 47:
  - i) **Critical Illness 45. Angioplasty and Other Invasive Treatments for Coronary Artery**  
The **Company's** liability shall be limited to ten percent (10%) of the **Compensation** stated in the **Policy Schedule** and the cover for this **Critical Illness** shall cease thereafter.
  - ii) **Critical Illness 46. Severe Acute Respiratory Syndrome (SARS)**  
Upon first **Diagnosis** of **SARS** during the **Policy Period** by a **Consultant**, the **Company** shall provide the benefit up to ten percent (10%) of the **Compensation** in the **Policy Schedule** or HK\$20,000 whichever is lesser. In the event that it is subsequently found that a false **Diagnosis** of **SARS** was given, any payment made by the **Company** as a result thereof shall be returned to the **Company** forthwith and the **Company** shall incur no further liability therefor.
  - iii) **Critical Illness 47. Cerebral Aneurysm Requiring Surgery**  
- The **Company's** liability shall be limited to forty percent (40%) of the **Compensation** stated in the **Policy Schedule** and the cover for this **Critical Illness** shall cease thereafter.

If the **Company** has already made such cash payment for any of the covered **Critical Illnesses** 45 - 47 as listed above under this **Policy**, the **Compensation** stated in the **Policy Schedule** during the **Policy Period** shall be reduced by the amount of such cash payment and the cover for the respective **Critical Illness** shall cease thereafter.

4. In no event shall the total amount of compensation payable under this benefit exceed one hundred percent (100%) of the **Compensation** of **Critical Illness** benefit regardless of the number of events of the **Critical Illness** suffered. The **Company** shall bear no further liability after payment of the **Compensation** for this benefit. Coverage hereunder will henceforth be terminated accordingly.

5. If the **Insured Person** has been **Diagnosed** with a **Major Cancer** under this benefit, the **Company** will pay the **Compensation** less any amount which has already been paid or is payable on account of any claims made for "**Early Cancer Payout**" benefit, whether during the current or preceding **Policy Period** as stated in the **Policy Schedule**. (need review)

### 1.2 - Specific Exclusions FOR THIS BENEFIT – In addition to the General Policy Exclusions applying to all Sections

The **Company** will not pay any claim under this **Policy** in connection with:

The **Insured Person** having more than one policy in force with the **Company** which is the same product and provides the same cover.

## GENERAL DEFINITIONS

**Accident or Accidental** means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the **Policy Period**.

**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 the following activities which an **Insured Person** can perform (whether aided or unaided) on their own:

- (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.

For the above definition, inability to perform any of the activity must be confirmed and be given a clear prognosis for by a **Consultant**.

**Benefit** means any payments the **Claimant** receives from the **Company** and as shown in the **Policy Schedule**.

**Carcinoma In Situ** means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The **Diagnosis** of the **Carcinoma In Situ** must always be supported by a histopathological report. Furthermore, the **Diagnosis** of **Carcinoma In Situ** must always be positively **Diagnosed** upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. A Clinical **Diagnosis** would not suffice.

The following conditions are specifically excluded from coverage:

- (a) Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions.
- (b) Prostatic Intraepithelial Neoplasia (PIN).
- (c) Vulvar Intraepithelial Neoplasia (VIN).
- (d) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection

**Child/Children** means an **Insured Person** who is either:

- (a) a natural child of the Policyholder;
- (b) legally adopted by the Policyholder; or
- (c) a legal stepchild of the Policyholder following their marriage or civil partnership,

who is aged between 6 months old and :

- Up to 21 years of age, or
- Up to 25 years of age if they are a full-time student at an accredited institution of higher learning and are primarily dependent on their parent(s) for financial maintenance and support; or
- Up to 25 years of age if they are mentally impaired or handicapped and are primarily dependent on their parent(s) for financial maintenance and support.

**Compensation** means the amount payable for a benefit to the **Insured Person** up to the maximum limit as specified in the **Policy**

## Schedule.

**Chronic Medical Condition** means a medical condition that is **Diagnosed** or treated or is expected to persist for the remainder of the **Insured Person's** natural life.

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

**Congenital Conditions** means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. This includes hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the **Insured Person** was continuously covered under this **Policy**.

**Consultant** means a **Doctor** who:

- (a) specializes in an area of medicine appropriate to the cause of the claim;
- (b) is contracted to practice or is employed at a Hospital and
- (c) is treating the Insured Person for their condition.

The **Company** have the right to confirm all **Diagnosis** made by a **Consultant** with the **Company's Consultant** Medical Adviser.

The **Consultant** cannot be the **Insured Person**, the **Insured Person's** business partner or agent, **Insured Person's** employer or employee or **Insured Person's Partner, Immediate Family Member, uncle or aunt.**

**Critical Illness** means any of the following illnesses or medical conditions first and unequivocally **Diagnosed** by a **Consultant** and where required by the **Company**, will be confirmed by a **Consultant** chosen by the **Company**, and they are individually defined.

1. **Major Cancer**
2. **Heart Attack of Specified Severity**
3. **Stroke with Permanent Neurological Deficit**
4. **Coronary Artery By-pass Surgery**
5. **End Stage Kidney Failure**
6. **Irreversible Aplastic Anaemia**
7. **End Stage Lung Disease**
8. **End Stage Liver Failure**
9. **Coma**
10. **Deafness (Irreversible Loss of Hearing)**
11. **Open Chest Heart Valve Surgery**
12. **Irreversible Loss of Speech**
13. **Major Burns**
14. **Major Organ / Bone Marrow Transplantation**
15. **Multiple Sclerosis**
16. **Muscular Dystrophy**
17. **Idiopathic Parkinson's Disease**
18. **Open Chest Surgery to Aorta**
19. **Alzheimer's Disease / Severe Dementia**
20. **Fulminant Hepatitis**
21. **Motor Neurone Disease**
22. **Primary Pulmonary Hypertension**
23. **HIV Due to Blood Transfusion and Occupationally Acquired HIV**
24. **Benign Brain Tumour**
25. **Severe Encephalitis**
26. **Severe Bacterial Meningitis**
27. **Blindness (Irreversible Loss of Sight)**
28. **Major Head Trauma**
29. **Paralysis (Irreversible Loss of Use of Limbs)**
30. **Terminal Illness**
31. **Progressive Scleroderma**
32. **Persistent Vegetative State (Apallic Syndrome)**
33. **Systemic Lupus Erythematosus with Lupus Nephritis**
34. **Other Serious Coronary Artery Disease**
35. **Poliomyelitis**
36. **Loss of Independent Existence**
37. **Crohn's Disease**

- 38. Acute Necrotizing Pancreatitis
- 39. Elephantiasis
- 40. Severe Rheumatoid Arthritis
- 41. Medullary Cystic Disease
- 42. Cardiomyopathy
- 43. Ebola
- 44. Creutzfeldt-Jacob Disease
- 45. Angioplasty & Other Invasive Treatment for Coronary Artery
- 46. Severe Acute Respiratory Syndrome (SARS)
- 47. Cerebral Aneurysm Requiring Surgery

## 1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term **Major Cancer** includes, but is not limited to, leukemia, lymphoma and sarcoma.

**Major Cancer** diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
  - Pre-malignant;
  - Non-invasive;
  - **Carcinoma-in-situ** (Tis) or Ta;
  - Having borderline malignancy;
  - Having any degree of malignant potential;
  - Having suspicious malignancy;
  - Neoplasm of uncertain or unknown behaviour; or
  - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

For the above definition:

AJCC means the American Joint Committee on Cancer (AJCC) which is an organization best known for defining and popularizing cancer staging standards, officially the AJCC staging system.

TNM Classification means a cancer stage classification system to determine and describe the extent of disease progression in cancer patients. It utilizes in part the TNM scoring system: tumor size, lymph Nodes affected, metastases. TNM classification is based on the AJCC's staging system.

## 2. Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;

- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging
- must be done by Cardiologist specified by the Company.
- For the above definition, the following are excluded:
- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but
- not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

### 3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in **Permanent Neurological Deficit**. This **Diagnosis** must be supported by all of the following conditions:

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

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

### 4. Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct 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.

### 5. End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

### 6. Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The **Diagnosis** must be confirmed by a haematologist.

### 7. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This **Diagnosis** must be supported by evidence of all of the following:

- FEV1 test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ( $\text{PaO}_2 \leq 55\text{mmHg}$ ); and
- Dyspnea at rest.

The **Diagnosis** must be confirmed by a respiratory physician.

### 8. End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

### 9. Coma

A coma that persists for at least 96 hours. This **Diagnosis** must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in **Permanent Neurological Deficit** which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

#### 10. Deafness (Irreversible Loss of Hearing)

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”.

Irreversible means “cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Hong Kong after a period of 6 months from the date of intervention.”

#### 11. Open Chest Heart Valve Surgery

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.

#### 12. Irreversible Loss of Speech

Total and irreversible 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.

All psychiatric related causes are excluded.

#### 13. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the **Insured Person's** body.

#### 14. Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

#### 15. Multiple Sclerosis

The definite **Diagnosis** of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the **Diagnosis** to be **Multiple Sclerosis**; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

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

#### 16. Muscular Dystrophy

The unequivocal **Diagnosis** of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the **Insured Person** to perform (whether aided or unaided) at least 3 of the 6 “**Activities of Daily Living**” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

#### 17. Idiopathic Parkinson's Disease

The unequivocal **Diagnosis** of idiopathic Parkinson's Disease by a consultant neurologist. This **Diagnosis** must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the **Insured Person** to perform (whether aided or unaided) at least 3 of the 6 “**Activities of Daily Living**” for a continuous period of at least 6 months.

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

### 18. Open Chest Surgery to Aorta

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.

### 19. Alzheimer's Disease / Severe Dementia

Deterioration or loss of cognitive function 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 the **Insured Person**. This **Diagnosis** must be supported by the clinical confirmation of an appropriate consultant and supported by the **Company's** appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

### 20. Fulminant Hepatitis

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:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

### 21. Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent 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**.

### 22. Primary Pulmonary Hypertension

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

### 23. HIV Due to Blood Transfusion and Occupationally Acquired HIV

A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

- The blood transfusion was **Medically Necessary** or given as part of a medical treatment;
- The blood transfusion was received in Hong Kong after the **Policy Effective Date** of this **Policy**; and
- The source of the infection is established to be from the institution that provided the blood transfusion
- and the institution is able to trace the origin of the HIV tainted blood.

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the **Policy Effective Date** of this **Policy**, whichever is the later whilst the **Insured Person** was carrying out the normal professional duties of his or her occupation in Hong Kong, provided that all of the following are proven to the **Company's** satisfaction:

- Proof that the accident involved a definite source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the **Accident**; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in **Hospital**, medical centre or clinic.

#### 24. Benign Brain Tumor

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a **Permanent Neurological Deficit**; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

#### 25. Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in **Permanent Neurological Deficit** which must be documented for at least 6 weeks. This **Diagnosis** must be certified by a **Consultant** neurologist and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

#### 26. Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and Permanent **Neurological Deficit**. The **Neurological Deficit** must persist for at least 6 weeks. This **Diagnosis** must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

#### 27. Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

#### 28. Major Head Trauma

Accidental head injury resulting in **Permanent Neurological Deficit** to be assessed no sooner than 6 weeks from the date of the Accident. This **Diagnosis** must be confirmed by a **Consultant** neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

"Accident/Accidental" under **Major Head Trauma** means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

#### 29. Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

### 30. Terminal Illness

The conclusive **Diagnosis** of an illness that is expected to result in the death of the **Insured Person** within 12 months. This **Diagnosis** must be supported by a specialist and confirmed by the **Company's** appointed doctor.

Terminal illness in the presence of HIV infection is excluded.

### 31. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

### 32. Persistent Vegetative State (Apallic Syndrome)

Universal necrosis of the brain cortex with the brainstem intact. This **Diagnosis** must be definitely confirmed by a consultant neurologist holding such an appointment at a **Hospital**. This condition has to be medically documented for at least one month.

### 33. Systemic Lupus Erythematosus with Lupus Nephritis

The unequivocal **Diagnosis** of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final **Diagnosis** must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

The RPS/ISN classification of lupus nephritis:	
Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis (active and chronic; proliferative and sclerosing)
Class IV	Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global)
Class V	Membranous lupus nephritis
Class VI	Advanced sclerosis lupus nephritis

### 34. Other Serious Coronary Artery Disease

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 invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed.

**Diagnosis** by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

### 35. Poliomyelitis

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause,
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

The **Diagnosis** must be confirmed by a consultant neurologist or specialist in the relevant medical field.

### 36. Loss of Independent Existence

A condition as a result of a disease, illness or injury whereby the **Insured Person** is unable to perform (whether aided or unaided) at least 3 out of the 6 "**Activities of Daily Living Permanently**". This condition must be confirmed by the **Company's** appointed **Doctor**.

**Permanently** means lasting for at least 12 consecutive months and at the end of that time is certified by a **Doctor** as being beyond hope of improvement and will in all probability continue for the remainder of the **Insured Person's** natural life.

Non-organic diseases such as neurosis and psychiatric illnesses are excluded.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to

human aid.

### 37. Crohn's Disease

It is 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.

### 38. Acute Necrotizing Pancreatitis

It is an unequivocal **Diagnosis** by doctor and needing excision of necrotizing tissue or partial of pancreas. Pancreas disease secondary to alcohol is excluded.

### 39. Elephantiasis

**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 the **Company's** appointed **Doctor**.

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

### 40. Severe Rheumatoid Arthritis

**Severe Rheumatoid Arthritis** means the following criteria are met:

- the diagnostic criteria of the American College of the Rheumatology are met;
- permanent inability to perform at least two (2) "Activities of Daily Living";
- 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;
- the condition has been present for at least six (6) months.

### 41. Medullary Cystic Disease

**Medullary Cystic Disease** means the following criteria are met:

- the presence in the kidney of cysts in the medulla, tubular atrophy and interstitial fibrosis;
- clinical manifestations of the anaemia, polyuria, and progressive deterioration in kidney function;
- the **Diagnosis** is confirmed by renal biopsy.

### 42. Cardiomyopathy

**Cardiomyopathy** means the occurrence of a cardiomyopathy where the following conditions are met:

- there is persistent impairment of left ventricular function (diastolic or systolic) for at least six (6) months, despite optimal treatment; and
- physical impairment to the degree of class IV of the New York Heart Association (NYHA) Classification of the Cardiac Impairment.

Cardiomyopathy directly related to alcohol misuse is excluded.

### 43. Ebola

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

- presence of the Ebola virus has been confirmed by laboratory testing;
- there are ongoing complications of the infections persisting beyond thirty (30) days from the onset of symptoms; and
- the infection does not result in death.

### 44. Creutzfeldt-Jacob Disease

**Creutzfeldt-Jacob Disease** means the occurrence of the Creutzfeldt-Jacob Disease or Variant Creutzfeldt-Jacob Disease where there is an associated **Neurological Deficit**, 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.

### 45. Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of 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.

Payment under this condition is limited to 10% of the **Compensation** under this policy subject to a S\$25,000 maximum sum payable. This

benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the **Compensation** which may be payable herein.

Diagnostic angiography is excluded.

#### **46. Severe Acute Respiratory Syndrome (SARS)**

**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.

#### **47. Cerebral Aneurysm Requiring Surgery**

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

**Diagnosis** means the definitive diagnosis of a **Critical Illness** on the **Insured Person** made by a **Consultant** based upon such specific evidence, as referred to in the definition of the particular **Critical Illness** concerned, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the **Company**. Such **Diagnosis** must be supported by the **Company's** Consultant Medical Adviser who may base their opinion on the medical evidence which the claimant submitted and/ or any additional evidence that they may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the **Diagnosis**, the **Company** will have the right to call for the **Insured Person's** examination, or the evidence used in arriving at such **Diagnosis**, by an independent acknowledged expert in the field of medicine concerned selected by the **Company** and the opinion of such expert as to such **Diagnosis** shall be binding to both the **Insured Person** and the **Company**.

**Doctor** means a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialized accreditation and training.

**Excluded Occupation** means the job title or nature of blaster, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland China), test pilot, circus trainer, aerial worker, caisson worker, lift technician, building wrecker, wild animal trainer, secret service agent, container crane operator, construction site worker, dynamite/explosive operator, miner, underground occupations, underwater occupations, military.

**Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons with organized facilities for **Diagnosis** and surgery (including operating theatres) in the same premises, with 24 hours daily nursing service by registered graduate nurses and operated under the supervision of Doctor(s). It does not mean a clinic, a nursing home, rest home, a place for convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

**Immediate Family Member** means the **Insured Person's Spouse**, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, grandchild or legal guardian.

**Injury** means a bodily injury which is suffered by an **Insured Person** during the **Policy Period** and is caused by an **Accident** solely and independently of any other causes including but not limited to any Sickness, pre-existing or congenital condition.

**Insured Person** means the person(s) named in the **Policy Schedule** and insured under this **Policy** during a valid **Policy Period**. This shall include **Children** when a plan covering **Children** is selected by the **Policyholder**.

**Irreversible** means cannot be improved upon by medical treatment and/or surgical procedures used and recognized by the relevant health authorities of the Hong Kong SAR at the time of the claim.

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

**Medically Necessary** means a medical service provided by a **Doctor** which is:

- (a) consistent with the **Diagnosis** and customary medical treatment for a covered illness; and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
- (c) not for the convenience of the **Insured Person** or **Doctor** and unable to be reasonably rendered out of hospital (if admitted as an inpatient); and

- (d) not of an experimental, investigational, research, preventive or screening in nature; and for which charges are fair and does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar illness in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the **Insured person's** illness.

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

**Parent or Legal Guardian** means anybody who:

- (a) is a biological mother or father of a **Child**;
- (b) has legally adopted a **Child**; or
- (c) is a legal step-parent of a **Child** following marriage or civil partnership to the **Child's** biological **Parent**.

**Permanent Neurological Deficit** means the Symptoms of dysfunction in the nervous system that are **Diagnosed** to be present on clinical examination by a neurologist and expected to last throughout the life of the person covered.

Symptoms that are covered include:

- (a) numbness;
- (b) hyperaesthesia (increased sensitivity);
- (c) paralysis;
- (d) localised weakness;
- (e) dysarthria (difficulty with speech);
- (f) aphasia (inability to speak);
- (g) dysphagia (difficulty in swallowing);
- (h) visual impairment;
- (i) difficulty in walking;
- (j) lack of co-ordination;
- (k) tremor;
- (l) seizures;
- (m) dementia;
- (n) delirium; and
- (o) coma.

The following are not covered:

- (a) An abnormality seen on brain or other scans without definite related clinical symptoms;
- (b) Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms; and
- (c) Symptoms of psychological or psychiatric origin.

**Policy** means this insurance contract which consists of the policy wording, the latest **Policy Schedule** and any other documents the **Company** may issue to the **Policyholder** or **Insured Person** that will form part of this **Policy** (e.g. Endorsements).

**Policyholder** means the person who is named as the **Policyholder** in the **Policy Schedule**, who may or may not be insured under this **Policy**. Also, the **Policyholder** owns this **Policy**, is responsible for premium payments and has the right to exercise all privileges under this **Policy**.

**Pre-Existing Condition** means

Any Injury, sickness or illness,

- (a) for which **Insured Person** has sought or received treatment, medication, advice or **Diagnosis** in the 5 years before the **Policy Effective Date** under this **Policy**;
- (b) which first manifested itself, worsened, became acute or presented signs or symptoms in the 5 years before **the Policy Effective Date** under **Policy** and which would have caused any reasonable person to seek **Diagnosis**, care or treatment; or
- (c) which is a **Chronic Medical Condition** or cancer, diagnosed before the **Policy Effective Date**.

**Policy Period** means the period of cover shown on the **Policy Schedule** or subsequent renewal notice issued by the **Company**.

**Policy Effective Date** means the later of:

- (a) the initial effective date as specified on the **Policy Schedule**,
- (b) the first date **Insured Person** was covered under this **Policy**,

- (c) the effective date any additional cover or increased **Compensation** is granted to the **Insured Person** while they are covered under this **Policy**, only in respect to the additional cover or increased **Compensation**, or
- (d) the last reinstatement date of this **Policy**.

**Policy Schedule** means the document showing details of the **Policy Period** and the particulars of the **Policyholder** and eligible **Insured Persons**, including the applicable Policy benefits and the corresponding **Compensation**, which should be read with this **Policy**.

**Spouse** means someone the **Insured Person** is married to or in a civil partnership with, or someone they have been living with for a minimum of two years as if they were married or in a civil partnership.

**Third Degree Burns** means full thickness burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), that can also affect deeper tissues, as diagnosed by a Doctor. These burns usually require surgery or skin grafting. An assessment of the percentage of body affected by these burns will be determined by a Doctor.

**Waiting Period** means the period of ninety (90) days which commences immediately following the **Policy Effective Date**, whereas for SARS, means the period of fifteen (15) days which commences immediately following the **Policy Effective Date**.

**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.

**Company** means AIG Insurance Hong Kong Limited.

## GENERAL CONDITIONS

### ENTIRE CONTRACT

The **Policy**, **Policy Schedule**, application, riders, endorsements and attachments (if any) constitute the entire contract of insurance. No statement made by the applicant for insurance not included herein shall avoid the **Policy** or be used in any legal proceedings hereunder unless such statement is fraudulent. No **broker**, agent or **advisor** has authority to change this **Policy** or to waive any of its provisions. No change in this **Policy** shall be valid unless approved by the **Company** and such approval be endorsed hereon.

If any court finds that any provision of this contract or any other document embodying the contract between the **Policyholder** and the **Company** (or part thereof) is invalid, illegal or unenforceable that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the contract or any other document embodying the contract between the **Policyholder** and the **Company** shall not be affected.

### AGE LIMIT FOR INSURED PERSON

Subject to other terms and conditions of this **Policy**, the insurance under this **Policy** shall cover

- a) For adult – between eighteen (18) and sixty-five (65) years old (both years inclusive), renewable up to seventy-five (75) years old and all benefits shall terminate on the next premium due date following the **Insured Person's** 76<sup>th</sup> 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. All benefits shall terminate on the next premium due date following the 22<sup>nd</sup> or 26<sup>th</sup> birthday (as the case may be) of the insured **Child**.

### RESIDENCY

To be eligible for cover under this **Policy**, an **Insured Person** must hold a valid Hong Kong Identity Card.

### 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 the **Company**.

### NOTICES TO THE POLICYHOLDER

The **Company** provide formal written notices to the **Policyholder** either by post or by electronic means using the last updated contact information provided to the **Company**.

The **Company** will not be responsible for any consequences arising from **Policyholder's** failure to notify the **Company** of any change of contact information.

#### COMPLIANCE OF THE POLICY CONDITIONS

To receive **Compensation** under this **Policy**, the **Policyholder** and **Insured Person** must comply with all the terms and conditions of this **Policy**.

#### CHANGES OF THE TERMS OR CONDITIONS OR PREMIUM ADJUSTMENT

The **Company** reserves the right to amend the terms or conditions, and the right to adjust the premium of this **Policy** when it's necessary by giving the **Policyholder**:

- (a) 30 days' written notice of such change,
- (b) Immediate written notice of such change, if due to any Government or statutory declaration which impacts this **Policy**.

#### CANCELLATION

- (a) The **Company** can cancel this **Policy** by giving 30 days' prior written notice to the **Policyholder**.
- (b) The **Policyholder** can cancel this **Policy** by giving 30 days' prior written notice to the **Company**.

On cancellation of the **Policy**,

- (a) The **Company** will refund to the **Policyholder** the premium for any **Policy Period** remaining provided no claims or incidents have been reported to the **Company**.
- (b) and if a claim has been paid by the **Company**
  - in the preceding 12 months for a monthly renewable policy, or
  - in the current **Policy Period** for an annually renewable policy, no return premium will be paid. If an incident has occurred that could give rise to a claim under this **Policy**, then no return premium will be considered until the **Company** and the **Policyholder** finalize the claim and subsequently, if the claim is paid, no return premium will be paid to the **Policyholder**.

#### TERMINATION OF COVERAGE

1. This **Policy** will be terminated:
  - (a) for reasons stated under Condition of Cancellation;
  - (b) if the **Policyholder** requests that such **Insured Person** be deleted as an **Insured Person**;
  - (c) where the **Insured Person**, if categorized as **Spouse** or **Child** cease to be a **Spouse** or **Child**;
  - (d) when premium is not paid when due; or
  - (e) upon the payment of **Compensation** for the '**Critical Illness**' benefit to both the **Policyholder** (who is also the **Insured Person**) and the **Spouse** who is also an **Insured Person** under the family plan. Under such circumstances, for avoidance of doubt, no premium will be returned; or
  - (f) 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
  - (g) when there is any fraud, misstatement, non-disclosure or concealment in respect of this **Policy** or any claim hereunder this **Policy** shall be rendered null and void immediately. All the premiums paid and claims under this **Policy** shall be forfeited.
2. The **Insured Person's** individual coverage will be terminated on the next premium due date:
  - (a) when the **Insured Person** no longer fulfils the eligibility as stated under Age limit for **Insured Person**; or
  - (b) following the notification from the **Policyholder** that the **Insured Person's** occupation is changed to any **Excluded Occupation**, and for the avoidance of doubt, any claims related to such **Excluded Occupation** will be forfeited; or
  - (c) upon the payment of benefit to the **Insured Person** under the circumstances mentioned under the Specific Conditions of the Benefit. In such circumstance, no premium will be returned.
3. After the termination of the **Policyholder's** cover under the **Policy**, the remaining **Insured Persons** under the same **Policy** may opt at this time to continue on with the coverage. This continuation of cover under this **Policy** will be subject to i) age eligibility requirements, ii) if an equivalent plan is available to continue cover if applicable iii) premium adjustment if needed, and iv) on the agreement of the **Company**.

#### MISSTATEMENT OF AGE

If the **Insured Person's** age has been misstated, the premium difference would be returned or charged according to the correct age. In the event the **Insured Person's** age has been misstated and if, according to the **Insured Person's** 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 the **Company's** liability during the period that the **Insured Person** is not eligible for coverage shall be limited to the refund of all premiums paid for the relevant period covered by the **Policy**.

#### **MISREPRESENTATION OR FRAUD**

Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application for this **Policy**, for ongoing/subsequent disclosures or in connection with a claim made, will make this **Policy** invalid. In this event the **Company** will not refund any **Premiums** paid and the **Company** will not consider making payments for any claims submitted to the **Company**. The **Company** will report the matter to the Police if deemed necessary. The **Company** also reserves the right to recover any amount paid to the **Insured Person** in respect to any fraudulent claims submitted.

#### **STATUS CHANGE**

The **Insured Person** must take full responsibility to inform the **Company** forthwith of any change in respect of the information provided in the application for this **Policy**, otherwise the **Company** reserves the right to refuse or invalidate all claims under this **Policy**.

#### **DUPLICATION OF COVER & OTHER INSURANCES**

Only one policy providing the same benefits underwritten by the **Company** is allowed. If more than one policy is held, the **Company** will consider the **Insured Person** to be insured under the **Policy** with the highest compensation or, where the compensation under each policy is identical, under the policy that was first issued.

#### **SUFFICIENCY OF NOTICE**

Such notice by or on behalf of the **Policyholder** or **Insured Person** given to the **Company**, with particulars sufficient to identify the **Policyholder** or **Insured Person** shall be deemed to be noticed to the **Company**. Failure to give notice within the time provided (if any) 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.

#### **MEDICAL EXAMINATION AND TREATMENT**

The **Company** shall have the right and opportunity to examine the **Insured Person** 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 the **Company's** expense in case of death where it is not forbidden by law. The **Insured Person** 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 **Doctor** and the **Company** shall not be liable for any consequences arising by reason of the **Insured Person's** failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

#### **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

#### **LIMITATION CONTROLLED BY STATUTE**

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

#### **ASSIGNMENT**

No notice of assignment of interest under this **Policy** shall be binding upon the **Company**. The **Company** do not assume any responsibility for the validity of an assignment.

The **Company** shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this **Policy**.

#### **REINSTATEMENT OF POLICY**

When the **Policy** is cancelled due to the non-payment of premium, the **Policyholder** has to make an application for reinstatement of this **Policy** within 90 consecutive days from the first premium due date which premium was not paid on. All reinstatements will be determined at the **Company's** sole discretion and will require the **Policyholder** to agree to the **Company's** reinstatement terms and conditions before the **Policy** is reinstated.

Benefits will not be payable for any event likely to give rise to a claim under this **Policy** which occurs during the period the **Policy** is not in force.

#### **WAIVER OF INSURED PERSON'S RIGHTS**

If the **Company** reject liability for any claim made under this **Policy** and it is not referred to any dispute resolution/arbitration or settlement within 12 calendar months from the date of the **Company's** rejection, it shall be deemed that the **Policyholder** and the **Insured Person** have accepted the **Company** rejection of their claim and they have waived all their rights with respect to such a claim.

#### **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 underwriting 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](mailto: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 HK's Data Privacy Policy can be found at [www.aig.com.hk](http://www.aig.com.hk). To the extent of any inconsistency, the full version of AIG HK's Data Privacy Policy on [www.aig.com.hk](http://www.aig.com.hk) shall prevail.

#### RENEWAL CLAUSE

This **Policy** will be in force by payment of premium in advance. However, the **Company** reserve right to make adjustment to the premium rates, benefits, terms and conditions of this **Policy** from time to time, or not invite or accept renewal at the **Company's** discretion.

#### 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.

#### RIGHT OF RECOVERY

In the event that authorization of payment and/or payment is made by the **Company** and/or the **Company's** authorized representative for a claim, in each case which is not covered under this **Policy** or when the limit of liability of this insurance is exceeded, the **Company** reserves the right to recover the said sum or excess from the **Insured Person** and/or the **Policyholder**.

#### CONTRACT RIGHTS OF THIRD PARTIES

A person or any entity who is not a party to this **Policy** shall have no right whether under the Contracts (Rights of Third Parties) Ordinance or otherwise to enforce any terms or conditions of this **Policy**.

#### CLERICAL ERROR

The **Company's** clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

#### GOVERNING LAW AND DISPUTE RESOLUTION

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.

#### WORDING VERSION

The Chinese translation of this **Policy** is for reference only. In case of inconsistency between the Chinese and English versions, the English version shall prevail.

## GENERAL POLICY EXCLUSIONS

The following exclusions apply to all sections of this **Policy**.

The **Company** shall not pay under this **Policy** any claim in connection with the following:

1. Any **Critical Illness** which first manifested and was diagnosed within the **Waiting Period** from the **Insured Person's Policy Effective Date**.
2. The **Insured Person** dies within 30 days of being **Diagnosed** with a **Critical Illness**.
3. Any **Pre-Existing Condition** or any complications arising from it.
4. Any cancer diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Major Cancer** or any cancer which subsequently metastasised into the **Major Cancer**.
5. Any sickness, illness or disease which is not specified as a **Critical Illness** in this **Policy**.
6. When the **Insured Person** is diagnosed with a critical illness that is not **Covered** under this **Policy** or they are **Diagnosed** with a **Critical Illness**, but the **Diagnosis** does not meet the **Company's** definition of **Critical Illness**;
7. 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;
8. Any **Critical Illness** resulting directly from alcohol or drug abuse.
9. Any **Critical Illness** due to a self-inflicted injury.
10. Any **Critical Illness** contributed or aggravated or prolonged by childbirth or pregnancy before **Cover** started under this **Policy**.
11. When the **Insured Person**, the **Policyholder** or their legal representatives do not give the **Company** medical or other evidence that the **Company** require to confirm an **Insured Person's** claim.
12. When the **Company** finds the **Insured Person** or the **Policyholder** has given inaccurate, incomplete or false information on the application which would have affected the **Company's** decision to offer this **Cover**, or would have led the **Company** to offer it with different conditions.
13. An **Insured Person's**:
  - a) failure to follow medical advice given by a **Consultant**;
  - b) **Congenital Conditions**;
  - c) Physical impairment; and
  - d) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.
14. Any donation of any of the **Insured Person's** organs;
15. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease unless the Critical Illness is "HIV Due to Blood Transfusion and Occupationally Acquired HIV".
16. Any **Critical Illness** based on a **Diagnosis** made by the **Insured Person** or the **Insured Person's Immediate Family Member** or anyone who is living in the same household as the **Insured Person** or by herbalists, acupuncturist or other non-traditional health care provider.
17. Any 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.
18. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any warlike operations; or
19. armed force, naval, military or air force service or operations; any flying service; or
20. violation or attempted violation of the law or resistance to arrest; or
21. air travel except as a passenger in any properly licensed private and/or commercial aircraft; or
22. willful or deliberate exposure to danger (except in an attempt to save human life), or any Injury arising out of non-adherence to medical advice; or
23. engaging in a sport in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging in such sport; or
24. testing of any kind of conveyance; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
25. Any infectious disease (if applicable under this **Policy**) declared as an epidemic or pandemic by the World Health Organization (WHO) or the relevant government authority of the Hong Kong.  
In the event of an announcement or notification of an epidemic or pandemic by the health authority or government of the Hong Kong only, the notification shall take precedence and shall be deemed that an epidemic or pandemic has been announced.  
The cover for the epidemic or pandemic infectious disease shall cease from the date of such announcement or notification. This cover shall be restored when the World Health Organization (WHO) or the relevant government authority of the Hong Kong announces or notifies that it is no longer an epidemic or pandemic.
26. Nuclear, biological or chemical incidents outlined below:
  - (a) Any Nuclear explosion including all effects thereof or radioactive contamination caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel;
  - (b) The radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof; or

- (c) a terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or the release of pathogenic or poisonous biological or chemical materials.
- 27. A benefit for **Terminal Illness** if:
  - (a) the **Consultant** is unable to confirm if the **Terminal Illness** will lead to death within 12 months;
  - (b) A **Terminal illness** occurs in the presence of HIV infection.
- 28. The **Company** will not be liable to provide any coverage or to make any payment if to do so would be in violation of any sanctions law or regulations which would expose it, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

## CLAIMS CONDITIONS

### 1. Compliance with Policy Provisions

The **Company** shall not be liable for any consequences arising by reason of the **Insured Person's** failure to obtain or follow a **Consultant's** advice and use such appliances or remedies as may be prescribed in the event of a **Critical Illness** when claiming **Compensation**.

### 2. Claim Notification

- (a) The **Company** must be notified as soon as it is reasonably practical and in any event within 30 days after the date of the **Diagnosis** of a **Critical Illness** which leads to a claim.
- (b) Failure to do comply with a) above may result in the **Company's** rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the **Company** is unable to investigate it fully, or may result in the **Insured Person** not receiving the full amount claimed if the amount payable changes as a result of the delay.
- (c) In the event the **Insured Person** is a **Child**, all dealings in relation to any claim will be between the **Insured Person's Parent** and the **Company**.

### 3. Burden of Proof

If the **Company** alleges that by reason of any of the exclusions listed, an event is not covered by this **Policy**, the burden of proving the contrary shall be on the **Claimant**.

### 4. Information

- (a) The **Company** must be provided with all reasonable and necessary evidence required by the **Company** to support a claim. Information provided to the **Company** to support a claim includes but is not limited to original reports, invoices and receipts, medical certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the information supplied is insufficient, the **Company** will confirm the additional information required and all such requested information must be furnished at Insured Person's or Insured Person's legal representative's expense.
- (b) If the **Company** does not receive the information it requires within the time period advised, the **Company** may reject the claim or withhold payment until the information it requires has been received.
- (c) Where medical certificates or reports are required, the **Company** will only accept original medical certificates or reports issued by the attending **Consultant**. For avoidance of doubt, medical certificates or reports issued by other practitioners, including alternative and traditional medical practitioners, traditional Chinese medicine practitioner or chiropractors will not be accepted.
- (d) The **Company** may refuse to refund any expense for which the **Claimant** cannot provide original receipts or invoices.
- (e) The **Company** may require the **Insured Person** undergo a medical examination by a **Consultant** appointed by the **Company** before the initial or additional **Compensation** can be paid.
- (f) The **Company** may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

### 5. Forms for proof of loss

The **Company**, 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 by the **Company** 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 (if any) 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 the **Company** shall be furnished at **Insured Person's** or Insured Person's personal representative's expense and shall be in such form and of such nature as the **Company** may prescribe.

### 6. Settlement of Claim

- (a) **Compensation** will be paid in accordance to the **Policy** terms and conditions. It can only be made once the **Company** has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the **Policy**.

**Compensation** will be paid within a reasonable time after the receipt of due proof.

- (b) The **Compensation** for each benefit is payable as specified on the **Policy Schedule**. Any **Compensation** that the **Company** makes under this **Policy** will not exceed the limit shown in the **Policy Schedule** for the claim event. **Compensation** under each benefit is included only for the events specified in the **Policy Schedule**.
- (c) Unless otherwise specified in this **Policy**, payments or reimbursements will be made at the **Company's** sole discretion to the **Claimant** or directly to a service provider. If the **Insured Person** is a **Child**, the **Compensation** will be paid to their **Parent(s)**.
- (d) In the course of the **Company's** claims process, the **Claimant** is to render full cooperation to the **Company** and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

#### **7. Offset Clause**

If **Insured Person** is entitled to receive a reimbursement of all or part of claimed expenses from any other source for any of the benefits in this **Policy**, the **Company** will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum **Compensation** as specified in the **Policy Schedule**. This condition is only applicable to benefits whereby payment is on a reimbursement basis.

## AIG CRITICAL ILLNESS SAFEGUARD SPECIFIC MAJOR CANCERS BENEFIT

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### SPECIFIC MAJOR CANCERS BENEFIT

In the event the **Insured Person** is **Diagnosed** by a **Consultant** to be suffering from a **Specific Major Cancer** during the **Policy Period**, the **Company** will pay the **Insured Person** a **Compensation** as stated in the **Policy Schedule**.

#### SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

**Specific Major Cancer** means the **Major Cancer** which the **Insured Person** is **Diagnosed** with at the organs for female or male **Insured Person** as listed below:

Specific Major Cancer for Female Insured Person	
1	Breast Cancer
2	Colorectal Cancer
3	Uterus Cancer
4	Ovary & Fallopian Tube Cancer
5	Stomach Cancer

Specific Major Cancer for Male Insured Person	
1	Colorectal Cancer
2	Lung Cancer
3	Prostate Cancer
4	Liver Cancer
5	Kidney Cancer

#### SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- This benefit is payable if:
  - the **Diagnosis** of the **Specific Major Cancer** occurs or manifests itself as a first incidence after the **Waiting Period** from the **Policy Effective Date**;
  - the signs or symptoms of such **Specific Major Cancer** first manifests itself after the **Waiting Period** from the **Policy Effective Date**; and
  - The **Insured Person** survives for at least **30** days after the **Specific Major Cancer Diagnosis**. If the **Insured Person** is on a life support system for more than 3 days during these **30** days, the period that the **Insured Person** must survive will extend by one day for each day (beyond 3 days) that the **Insured Person** remains on life support.
- The **Company** will only pay the **Insured Person** for one **Specific Major Cancer Diagnosed** on the **Insured Person** during a **Policy Period** and this benefit will terminate immediately upon such **Compensation** payment.

3. This benefit is only payable if there is a valid claim for a **Major Cancer** paid or payable under this **Policy**.
4. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.
5. For the avoidance of doubt, the gender of the **Insured Person** refers to the gender stated in the Hong Kong Identity Card of the **Insured Person**.

**SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS**

The **Company** will not pay any claim under this **Policy** in connection with:

Any critical illness or medical condition diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Specific Major Cancer** or which subsequently metastasised into the **Specific Major Cancer**.

## AIG CRITICAL ILLNESS SAFEGUARD HOUSEHOLD BILLS PROTECTION BENEFIT

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### HOUSEHOLD BILLS PROTECTION BENEFIT

If Insured Person is Hospitalised due to a **Diagnosed Critical Illness**, the **Company** will pay a one-time **Compensation** for one of the following events as set out below to assist **Insured Person** financially with their regular household expenses, provided that their **Hospitalization** commences within 3 months from the date of **Diagnosis**.

Event	Hospitalization Period	Compensation Payable as specified in the Policy Schedule
1	At least 7 to 31 consecutive Days in total	1 payment of monthly Compensation
2	At least 32 to 62 consecutive Days in total	2 payments of monthly Compensation
3	At least 63 to 182 consecutive Days in total	3 payments of monthly Compensation
4	At least 183 consecutive Days	5 payments of monthly Compensation

#### SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is payable within the 12 months from the date of the **Diagnosis** of the **Critical Illness**
2. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.
3. The benefit is only payable if there is a valid claim for a **Critical Illness** paid or payable under this **Policy**.

## **AIG CRITICAL ILLNESS SAFEGUARD DAILY HOSPITALISATION INCOME DUE TO CRITICAL ILLNESS BENEFIT**

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### **DAILY HOSPITALISATION INCOME DUE TO CRITICAL ILLNESS BENEFIT**

If the **Insured Person** is **Hospitalized** as an **Inpatient** due to a **Diagnosed Critical Illness**, the **Company** will pay a **Compensation** as shown in the **Policy Schedule** for each **Day** the **Insured Person** spends as an **Inpatient** provided that the **Hospitalization** commences within 3 months from the date of the **Diagnosis**.

**Compensation** under this benefit shall commence after completion of the **Waiting Period** and shall continue up to a maximum 60 days or until the **Insured Person** is discharged from the **Hospital** as an **Inpatient**, whichever occurs first.

SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

**Hospitalization/Hospitalized** means the admission of the **Insured Person** to a **Hospital** as an **Inpatient** after the date of **Diagnosis** of the **Critical Illness**.

**Inpatient** means the **Insured Person** is confined in a **Hospital** for a continuous period as a registered patient for treatments for at least one **Day** and where such confinement is certified **Medically Necessary** by the attending **Doctor**.

**Day** means a completed period of 24 hours.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is only payable if there is a valid claim for a **Critical Illness** paid or payable under this **Policy**.
2. This benefit is payable for one **Critical Illness** only, regardless of the number of critical illnesses diagnosed or suffered by the **Insured Person** during same **Hospitalization** period.
3. Any **Hospitalization** shall be evidenced by the **Insured Person’s Hospital** discharge summary, **Hospital** billing statement and related medical report(s).
4. Subsequent periods of **Hospitalization** for the same **Diagnosed Critical Illness** are considered to be part of the same **Hospitalization** claim and subject to a maximum of 60 days, provided that the time between the different **Hospitalization** periods does not exceed 90 consecutive days.
5. This benefit is payable for only one **Hospitalisation** claim.
6. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.

# AIG CRITICAL ILLNESS SAFEGUARD

## ICU DAILY HOSPITALISATION INCOME DUE TO CRITICAL ILLNESS BENEFIT

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### ICU DAILY HOSPITALISATION INCOME DUE TO CRITICAL ILLNESS BENEFIT

If the **Insured Person** is **Hospitalized** as an **Inpatient** in the **Intensive Care Unit (ICU)** after the **Diagnosis** of a **Critical Illness**, the **Company** will pay the **Compensation** for this benefit as stated in the **Policy Schedule** for each **Day** the **Insured Person** spends as an **Inpatient** in the **Intensive Care Unit**, provided that the **Hospitalization** commences within 3 months from the date of the **Diagnosis**..

Any **Compensation** the **Company** pays under this benefit is in addition to any amount payable under any other “Daily Hospital Income” benefit in this **Policy**.

**Compensation** under this benefit shall commence after completion of the **Waiting Period**(if applicable) and shall continue up to a maximum of 60days as shown in the **Policy Schedule** or until the **Insured Person** is discharged from the **Hospital** as an **Inpatient**, whichever occurs first.

#### SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

**Intensive Care Unit (ICU)** means a section in a **Hospital** that is designated as an intensive care unit. It is solely dedicated for the treatment of patients who are in a critical medical condition who require constant and close monitoring of the vital body functions in a **Hospital**, which provides a high ratio of nursing staff to patients, which has full facilities for the resuscitation of patients and provides special nursing and medical services not available elsewhere in the **Hospital**.

**Hospitalization/Hospitalized** means the admission of the **Insured Person** to a **Hospital** as an **Inpatient** after the date of **Diagnosis** of the **Critical Illness**.

**Inpatient** means the **Insured Person** is confined in a **Hospital** for a continuous period as a registered patient for treatments for at least one **Day** and where such confinement is certified **Medically Necessary** by the attending **Doctor**.

**Day** means a completed period of 24 hours.

#### SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is only payable if there is a valid claim for a **Critical Illness** paid or payable under this **Policy**.
2. This **Benefit** is payable for one **Critical Illness** only, regardless of the number of **Critical Illness** diagnosed during the same **Hospitalization** period.
3. Any **Hospitalization** shall be evidenced by the **Insured Person’s Hospital** discharge summary, **Hospital** billing statement and related medical report(s).
4. The **Compensation** payable for this Benefit is up to **60 days** for the same **Critical Illness**, regardless of the number of claims made, and this benefit is payable within the 6 months from the date of the **Diagnosis** of the **Critical Illness**

5. Subsequent periods of **Hospitalization** for the same **Diagnosed Critical Illness** are considered to be part of the same **Hospitalization** claim and subject to a maximum of 60 days, provided that the time between the different **Hospitalization** periods does not exceed 90 consecutive days.
6. This benefit is payable for only one **Hospitalisation** claim.
7. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.

## AIG CRITICAL ILLNESS SAFEGUARD JUVENILE SPECIFIC ILLNESS BENEFIT (IF APPLICABLE)

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### JUVENILE SPECIFIC ILLNESS BENEFIT

In the event a **Juvenile** is **Diagnosed** by a **Consultant** to be suffering from a **Juvenile-Specific Illness** during the **Policy Period**, the **Company** will pay the **Insured Person** a **Compensation** as stated in the **Policy Schedule**.

#### SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

**Juvenile** means an **Insured Person** from the age of 6 months old after the date of normal healthy birth from the **Hospital** where birth took place, up to 18 years of age.

**Juvenile-Specific Illness** means the following illnesses and medical conditions:

1	Haemophilia
2	Insulin Dependent Diabetes Mellitus (Type I DM)
3	Kawasaki Disease with Heart Complications
4	Osteogenesis Imperfecta (Type III)
5	Still's Disease
6	Rheumatic Fever and Valvular Impairment

**Haemophilia** means a condition where all of the following diagnostic conditions must be met:

- (a) Level of either coagulation factor VIII or factor IX is less than one percent (%) of the normal level and
- (b) There are recurrent intra-articular or other hemorrhage necessitating treatment with coagulation at least twice per policy year for at least two (2) consecutive policy years.

**Insulin Dependent Diabetes Mellitus** means a condition where all of the following diagnostic conditions must be met:

- (a) there is an on-going absence of insulin production by the pancreas due to auto-immune disease;
- (b) exogenous insulin administration is **Medically Necessary** to maintain normal glucose metabolism as diagnosed by a consultant endocrinologist; and
- (c) the condition has been present for at least six (6) months.

**Kawasaki Disease with Heart Complications** means a condition which is characterised by mild anemia, with a white-blood-cell count above normal level, an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation and a sharp rise in number of platelets.

All of the following diagnostic conditions must be met:

- (a) there is persistent dilation or aneurysm formation in one (1) or more coronary arteries for at least six (6) millimetres in diameter; and
- (b) the dilation or aneurysm has persisted for at least six (6) months after the initial Diagnosis of this disease.

#### **Osteogenesis Imperfecta – Type III**

The occurrence of Osteogenesis Imperfecta – Type III where all of the following conditions are met:

- (a) The result of skin biopsy is positive for Diagnosis of Osteogenesis Imperfecta – Type III;
- (b) The result of X-ray studies reveals multiple fractures of bones and progressive kyphoscoliosis;
- (c) There is evidence of growth retardation and hearing impairment as a result of the disease; and
- (d) The **Diagnosis** is confirmed by a **Doctor** who is a pediatrician.

**Still' s Disease** (including Severe Juvenile Rheumatoid Arthritis) means a form of juvenile chronic arthritis where all of the following diagnostic conditions must be met:

- (a) widespread joint destruction and major deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankles, cervical spine or feet; and
- (b) the condition has been present for at least six (6) months.

**Rheumatic Fever with Heart Involvement** means acute rheumatic fever where all of the following diagnostic conditions must be met:

- (a) **Diagnosis** by a consultant cardiologist or pediatrician confirming presence of the diagnostic criteria specified by the American Heart Association on the **Insured Person**; and
- (b) Moderate incompetence of at least one (1) heart valve has developed as a sole consequence of rheumatic fever, supported by echocardiogram.

#### **SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS**

- 1. This benefit is payable if:
  - (a) the **Diagnosis** of the **Juvenile-Specific Illness** occurs or manifests itself as a first incidence after the **Waiting Period** from the **Policy Effective Date**;
  - (b) the signs or symptoms of such **Juvenile-Specific Illness** first manifests itself after the **Waiting Period** from the **Policy Effective Date**; and
  - (c) the **Insured Person** survives for at least 30 days after the **Juvenile-Specific Illness Diagnosis**. If the **Insured Person** is on a life support system for more than 3 days during these 30 days, the period that the **Insured Person** must survive will extend by one day for each day (beyond 3 days) that the **Insured Person** remains on life support.
- 2. The **Company** will only pay the **Insured Person** for one **Juvenile-Specific Illness Diagnosed** during a **Policy Period** and this benefit will terminate immediately upon such **Compensation** payment.
- 3. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.

#### **SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS**

The **Company** will not pay any claim under this **Policy** in connection with:

- 1. Any critical illness or medical condition diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Juvenile-Specific Illness** or which subsequently developed into the **Juvenile-Specific Illness**.
- 2. Any juvenile specific critical illnesses which are not listed in the definition of **Juvenile-Specific Illness**.

## AIG CRITICAL ILLNESS SAFEGUARD CHILDREN EDUCATION FUND BENEFIT (IF APPLICABLE)

This rider is attached to and forms part of the **Critical Illness** benefit policy (“the **Policy**”). It is issued in consideration of the payment of premium applicable to this rider. While the **Policy** is in force, the **Company** agrees to provide the following benefits up to the amount stated in the **Policy Schedule**, subject to the terms and conditions and exclusions of this rider provided that premium is paid when due.

This rider is subject to all the provisions of the **Policy** except as herein modified. Unless otherwise defined herein, words and expressions defined in the **Policy** shall have the same meanings in this rider.

This rider shows details of the cover and the terms and conditions that apply to it. The **Policyholder** and **Insured Persons** must read this rider to make sure that they understand the cover provided.

### CHILDREN EDUCATION FUND BENEFIT

In the event the **Insured Person** is **Diagnosed** by a **Consultant** to be suffering from a **Critical Illness** that directly results in the **Insured Person's** death within 365 days from the date of the **Diagnosis**, the **Company** will pay a one-time Compensation as specified in the Policy Schedule to assist the tuition fees for each of the **Insured Person's Children** enrolled in a **School**.

This benefit is payable up to a maximum of 3 **Children** and only once per eligible **Child** under this **Policy**.

SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

**School** means either a public or private full-time institution, with qualified teachers, for primary, secondary or tertiary education attended by the Insured Person's Child(ren) and which is approved to operate under the relevant Government authority for education in Hong Kong SAR.

**Parent(s)** means the biological mother or father, or the legal guardian of a Child, and on whom the Child is primarily dependent on for care, financial maintenance and support.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

This benefit is payable:

1. If there is a valid claim under “**Critical Illness**” benefit under this **Policy**.
2. To a **Parent** of the **Child(ren)** entitled to receive this benefit.
3. To the **Insured Person's** Child who is enrolled in a **School** at the time of the **Insured Person's** death.
4. This benefit will be terminated when the “**Critical Illness**” benefit is terminated under this **Policy** for the **Insured Person**.

IN WITNESS WHEREOF, AIG INSURANCE HONG KONG LIMITED has caused this Policy to be issued in Hong Kong.

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# AIG「倍安心」危疾保險

## 危疾保障

### 簡介

當本公司，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。

保障生效期由保單簽發地點的標準時間零時零分開始，而保障終止則按照保單條款「保障終止」為準。

### 危疾保障

倘受保人在保單生效期內經專科醫生診斷患上危疾，本公司將向受保人支付保障權益表所載之賠償。

#### 1.1 本保障的特定條件 – 適用於保單所有部分的基本條件以外的額外條件

1. 本保障只適用於：
  - a) 危疾的診斷於保單生效日起等候期期滿後才首次發生或展示為首次發生；
  - b) 該危疾之症狀或病徵於保單生效日起等候期期滿後才首次展示；及
  - c) 受保人在診斷患上危疾後至少存活 30 天。倘受保人在此 30 天內使用生命維持系統超過 3 天，受保人必須存活的日數則會根據受保人繼續使用生命維持系統（3 天以後）的每一天而相應延長一天。
2. 本公司僅會就受保人在保單生效期內診斷的一項危疾向受保人支付賠償，本保障在該賠償支付後即告終止，除非受保人是根據下述條件(3)的第45、46及47項危疾作出有效索償。
3. 若診斷患上下列第 45 至 47 項危疾：
  - i) 危疾45。血管成形手術及其他冠狀動脈疾病之創傷治療法  
本公司只會賠償於保障權益表上所載之賠償的百分之十（10%），此項受保危疾亦將於本公司作出賠償後即時終止。
  - ii) 危疾46。嚴重急性呼吸系統綜合症（SARS）  
如在保單生效期內經專科醫生首次診斷患上SARS，本公司將按照保障權益表上所載之賠償的百分之十（10%）或港幣20,000元（以較低者為準）作出賠償。倘其後發現該患上SARS的診斷為誤診，所有有關該誤診之已賠償金額須即時退還給本公司。本公司將不負責進一步的責任。
  - iii) 危疾47。腦動脈瘤手術  
- 本公司只會賠償於保障權益表上所載之賠償的百分之四十（40%），此項受保危疾亦將於本公司作出賠償後即時終止。

倘若本公司已就本保單上列第 45-47 項危疾任何一項作出現金賠償，於保單生效期內其保障權益表上所載之賠償將會按有關的現金賠償相對遞減。有關的危疾保障將於本公司作出該賠償後即時終止。
4. 不論受保人患上多少項危疾，本公司的總賠償額不會超過保障權益表上所載危疾之賠償的百分之一百（100%）。在支付此項保障賠償後，本公司不會承擔往後的其他責任，本保單之保障亦會相應終止。
5. 若受保人經專科醫生診斷患上本保障下的主要癌症，本公司支付的賠償將先扣除任何根據現行或任何之前的保單生效期間，其保障權益表上所載之「早期癌症賠付」保障中已經或須要支付的索償金額。

#### 1.2 本保障下的特定不承保事項 –

適用於保單所有部分的基本不承保事項以外的額外不承保事項本公司不會就以下情況就本保單的任何索償作出賠償：

受保人持有多於一張涉及相同保險產品及提供相同保障的本公司有效保單。

## 基本定義

**意外**是指於**保單生效期**內，在可識別的時間及地點發生，身體以外的突然、偶然、劇烈、可見及具體的事件。

「**後天免疫力缺乏綜合症**」或「**愛滋病 (AIDS)**」是參照世界衛生組織（以下稱為「世衛」）之定義為標準，指人類免疫不全病毒血清測試呈陽性反應下出現的機會性感染、惡性腫瘤、人類免疫不全病毒感染性腦病變、腦炎（癱瘓）、人類免疫不全病毒之消耗症候群或其他疾病或病症。

「**日常生活活動**」是指下列**受保人**可以自行進行的活動（無論是否需要輔助工具）：

- (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至滿意的清潔效果；
- (b) 穿衣：能夠自行穿上及脫下、弄緊及鬆開所有衣物，亦包括任何支架、義肢或其他外科手術裝置（如適用）；
- (c) 轉移：能夠自行從床上轉移到直立座椅或輪椅，反之亦然；
- (d) 移動：能夠自行在室內由一間房間移動至另一間位於同一層的房間；
- (e) 如廁：能夠自行使用洗手間或其他方法控制膀胱及腸道的功能，以保持個人衛生至滿意水平；及
- (f) 進食：能夠自行進食已準備妥當之食物。

就以上定義，若**受保人**無法從事以上任何活動，必須經由**專科醫生**確認並提供明確病況進展。

**保障**是指索償人根據**保障權益表**所收到來自**本公司**的任何款項。

**原位癌**是指局限於發病細胞、尚未侵入正常組織的癌細胞自發增生。「**侵襲**」是指滲入及/或活躍地破壞基底膜以下的正常細胞組織。**原位癌**的**診斷**必須以組織病理學的報告佐證。此外，**原位癌**的**診斷**須以顯微鏡檢驗定位細胞作為基礎並以活體組織檢查結果佐證來作出明確的**診斷**。臨床**診斷**並不足夠。

以下狀況明確排除在承保範圍之外：

- (a) 子宮頸表層細胞病變、CIN-1、CIN-2及CIN-3，以及低級別和高級別鱗狀上皮內病變。
- (b) 前列腺上皮內瘤變（PIN）。
- (c) 外陰上皮內瘤變（VIN）。
- (d) 感染人類免疫不全病毒（HIV）的所有腫瘤。

**子女**是指符合以下任何一個條件的**受保人**：

- (a) **保單持有人的**親生子女；
- (b) **保單持有人**合法收養的子女；或者
- (c) **保單持有人**經婚姻或民事伴侶關係所得的合法繼子女；

而其年齡介乎 6 個月：

- 至 21 歲；或
- 至 25 歲，並且是認可高等教育機構的全日制學生，主要依賴父母的經濟扶養及資助；或
- 至 25 歲，並且心智技能有缺損或障礙，主要依賴父母的經濟扶養及資助。

**賠償**是指就某項**保障**而應向**受保人**的支付金額，最高以**保障權益表**所載的上限為限。

**本公司**是指美亞保險香港有限公司。

**慢性醫療狀況**是指經**診斷**或治療或預計會在**受保人**的剩餘自然生命期內持續的醫療狀況。

**內戰**是指互相毀滅的戰爭或在同一國家或民族內公民互相對抗的戰爭。

**先天性狀況**是指出生時已有的任何醫學或身體異常情況，以及出生後 6 個月內新出現的身體異常情況，包括所有類型的疝氣及腦癱病，除非是**受保人**在**本保單**連續承保之日後發生的外傷所致。

**專科醫生**是指符合下列條件的**醫生**：

- (a) 專門研究與索償原因相關的醫學範疇；
- (b) 受聘以執業或受僱於**醫院**；及
- (c) 正在治療**受保人**的病情。

**本公司**有權與**本公司**的**醫療顧問**確認**專科醫生**作出的各項**診斷**。

**專科醫生**不能是**受保人**本人、**受保人**的業務夥伴或代理人、**受保人**的僱主或僱員，亦不能是**受保人**的伴侶、直系親屬、伯父、叔父、舅父、姑母或姨母。

危疾是指以下任何疾病或醫療狀況，首先由專科醫生明確診斷，並在本公司提出要求時，由本公司指定的專科醫生確認。各項危疾都有單獨的定義。

1. 主要癌症
2. 特定嚴重程度的心臟病
3. 導致永久性神經損傷的中風
4. 冠狀動脈搭橋外科手術
5. 末期腎衰竭
6. 不可復原的再生障礙性貧血
7. 末期肺病
8. 末期肝衰竭
9. 昏迷
10. 失聰（永久喪失聽覺）
11. 開胸心臟瓣膜手術
12. 永久喪失語言能力
13. 嚴重燒傷
14. 重要器官移植或骨髓移植手術
15. 多發性硬化症
16. 肌肉營養不良症
17. 原發性的帕金森症
18. 開胸主動脈外科手術
19. 亞爾茲默氏病 / 嚴重癡呆
20. 暴發性病毒性肝炎
21. 運動神經原疾病
22. 原發性肺動脈高血壓
23. 因輸血感染及因職業感染人類免疫不全病毒
24. 良性腦腫瘤
25. 嚴重腦炎
26. 嚴重細菌性腦脊髓膜炎
27. 失明（永久喪失視力）
28. 嚴重頭部創傷
29. 癱瘓（全肢永久喪失機能）
30. 末期疾病
31. 持續性硬皮病
32. 植物人狀態
33. 系統性紅斑狼瘡併發狼瘡性腎炎
34. 其他嚴重的冠狀動脈疾病
35. 脊髓灰質炎
36. 不能獨立生活
37. 克隆氏病
38. 急性壞死性胰腺炎
39. 象皮病
40. 嚴重類風濕性關節炎
41. 腎髓質囊腫病
42. 心肌病
43. 伊波拉
44. 庫賈氏病
45. 血管成形手術及其他冠狀動脈疾病之創傷治療法
46. 嚴重急性呼吸系統綜合症（SARS）
47. 腦動脈瘤手術

1. 主要癌症

一種經組織病理學證實為陽性的惡性腫瘤，其特徵是惡性細胞不受控制地生長，並侵入和破壞正常組織的能力。「主要癌症」包括但不限於白血病、淋巴瘤和肉瘤。

在缺乏明確和臨床可驗證證據的情況下，根據在血液、唾液、糞便、尿液或任何其他體液中發現的腫瘤細胞及/或腫瘤相關分子而診斷出的**主要癌症**並不符合上述定義。

上述定義不包括：

- 在組織病理學中以下的任何一種腫瘤類別：
  - 癌前病變；
  - 非侵入性；
  - **原位癌**（Tis或Ta 階段）；
  - 具有邊緣惡性腫瘤；
  - 具有任何程度的潛能發展成惡性腫瘤；
  - 有可疑的惡性腫瘤；
  - 動態未定或動態未知的腫瘤；或者
  - 所有級別的非典型增生、鱗狀上皮內病變（HSIL和LSIL）及上皮內瘤變；
- 任何非黑色素瘤皮膚細胞癌，皮膚局限性原發性皮膚淋巴瘤和隆突性皮膚纖維肉瘤，除非有轉移到淋巴結或以上的證據；
- 尚未侵入表皮以外的惡性黑色素瘤；
- 所有在組織病理學上描述為 T1N0M0（TNM 分類）或以下的前列腺癌；或其他同等或更低等分類的前列腺癌；
- 所有在組織病理學上分類為 T1N0M0（TNM 分類）或以下的神經內分泌腫瘤；
- 所有組織病理學分類為 T1N0M0（TNM分類）或以下的神經內分泌腫瘤；
- 所有組織病理學分類為 T1N0M0（TNM分類）或以下的神經內分泌腫瘤；
- 根據最新版《AJCC 癌症分期手冊》組織病理學分類為 I 期、IA期或以下的所有胃腸道間質瘤；
- RAI 第三階段前的慢性淋巴細胞性白血病；
- 所有不需要反覆輸血、化療、標靶治療、骨髓移植、造血幹細胞移植或其他主要介入治療的骨髓惡性腫瘤；及
- 所有感染人類免疫缺陷病毒的腫瘤。

就以上定義：

AJCC 是指美國癌症聯合委員會（American Joint Committee on Cancer），是以定義及推廣癌症分期標準（正式名稱為 AJCC 分期系統）而著稱的機構。

TNM分類是指一種癌症分期分類系統，用於確定及描述癌症患者的疾病進展程度。該分類使用TNM評分系統的一部分，根據腫瘤大小、受影響的淋巴結數目、轉移等作評分。TNM分類是基於AJCC的分期系統。

## 2. 特定嚴重程度的心臟病

因缺血導致的心肌死亡，並透過以下至少三個標準證明新的心臟病：

- 典型的胸痛病史；
- 新的特徵性心電圖改變；伴有以下任何一種發展：ST 抬高或下降、T 波倒置、病理 Q 波或左束支傳導阻滯；
- 心臟生化標記（包括 CKMB）升高至一般公認的正常實驗室水平以上，或心肌肌鈣蛋白 T 或 I 達到 0.5ng/ml 及以上；
- 影像證據表明新的存活心肌喪失或新的區域壁運動異常。造影檢查必須由**本公司**指定的心臟科醫生進行。

上述定義不包括：

- 心絞痛；
- 不確定年齡的心臟病發作；及
- 動脈內心臟手術（包括但不限於冠狀動脈造影和冠狀動脈成形術）後心臟生物標記或心肌肌鈣蛋白 T 或 I

升高。註釋：0.5ng/ml = 0.5ug/L = 500pg/ml

## 3. 導致永久性神經機能缺損的中風

因腦血管意外，包括腦組織梗塞、腦和蛛網膜下腔出血、腦內栓塞和腦血栓形成，導致**永久性神經機能缺損**。

其**診斷**必須符合以下所有條件：

- 此狀況於事故發生日起計六個星期後經神經科醫生臨床確認永久性神經機能缺損的證據；及
- 磁力共振掃描（MRI）或電腦斷層掃描（CT）的檢查結果，或符合新的中風**診斷**的其它可靠造影檢查結果。

以下情況除外：

- 短暫性腦缺血；
- 因意外或損害、感染、脈管炎及發炎性疾病所引致的腦損傷；
- 影響眼睛或視神經的血管疾病；
- 前庭系統的缺血性功能障礙；及

- 已存在的腦部病變內的繼發性出血。

#### 4. 冠狀動脈搭橋外科手術

通過血管旁路移植，以矯正一個或多個冠狀動脈收窄或阻塞而實際接受的開胸手術或微創冠狀動脈搭橋手術。**診斷**必須提供冠狀動脈造影報告以顯示出冠狀動脈有嚴重阻塞，以及由心臟科專科醫生確認屬**醫療必需**。

血管成形術和血管內手術、通過導管技術所完成的手術、「心肌打孔術」或激光治療術則不在保障範圍之內。

#### 5. 末期腎衰竭

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。

#### 6. 不可復原的再生障礙性貧血

經活組織檢查證實、由慢性持續性和不可復原的骨髓造血功能衰竭所導致的貧血、嗜中性白血球減少及血小板減少，而必須接受下列至少一項治療：

- 定期輸血；
- 需接受骨髓刺激性藥品治療；
- 需接受免疫系統抑制性藥物治療；或
- 骨髓或造血幹細胞移植。

**診斷**必須經血液科醫生確認。

#### 7. 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：

- FEV1測試持續性低於1升；
- 病人血氧不足必須永久性地進行輸氧治療；
- 動脈血氣分析血氧分壓等於或低於 55 mmHg (PaO<sub>2</sub> ≤ 55mmHg)；及
- 休息時出現呼吸困難。

**診斷**必須經呼吸系統科專科醫生確認。

#### 8. 末期肝衰竭

末期肝衰竭必須具備以下所有證明：

- 永久性黃疸；
- 腹水；及
- 肝性腦病。

因酗酒或濫用藥物而引起的繼發性肝病不在保障範圍之內。

#### 9. 昏迷

昏迷持續至少96小時。其**診斷**必須具備以下所有證明：

- 對外來刺激毫無反應達96小時或以上；
- 需利用生命維持系統維持生命；及
- 於昏迷後至少30天後出現因腦部損傷而導致**永久性神經功能缺損**

就上述定義，醫學上引起的昏迷和因酗酒或濫用藥物直接引起的昏迷不在保障範圍之內。

#### 10. 失聰（永久喪失聽覺）

因疾病或意外導致的雙耳聽力機能永久性完全喪失。**診斷**必須經耳鼻喉專科醫生提供及確認聽力測試及聲域測試的證明報告。完全喪失是指「喪失在所有頻率中至少80分貝的聽力」。

永久喪失是指「事故發生起6個月後，無法透過符合香港現行醫療服務標準的醫療、助聽器及/或外科程序合理恢復到至少 40 分貝的聽力。」

#### 11. 開胸心瓣膜手術

實際接受的開胸手術去更換或修補缺損或異常的心臟瓣膜。心臟瓣膜異常的**診斷**必須透過心臟導管造影報告、心臟超聲波檢查報告或心電圖檢查報告支持，而該程序必須由心臟科專科醫生確認為屬**醫療必需**。

#### 12. 永久喪失語言能力

因損害或疾病引起的聲帶損傷，而導致語言能力永久完全喪失。此狀況需連續維持十二個月或以上。**診斷**須經耳鼻喉科專科醫生提供的醫學證明支持。

所有與精神心理因素有關之原因均不在保障範圍之內。

### 13. 嚴重燒傷

三級（皮膚全層）燒傷覆蓋**受保人**身體表面的至少 20%。

### 14. 重要器官移植或骨髓移植手術

接受以下移植：

- 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
- 以下其中一種因功能衰竭且不可復原的器官，包括心臟、肺、肝臟、腎臟或胰臟。

任何其他幹細胞移植均不在保障範圍之內。

### 15. 多發性硬化症

明確**診斷**為多發性硬化症，必須具備以下所有證明：

- 經各項測試明確證實**診斷**為不可復原的**多發性硬化症**；及
- 連續維持六個月或以上的多項性神經機能缺損。

其他原因所引致的神經系統損害如系統性紅斑狼瘡或人類免疫不全病毒均不在保障範圍之內。

### 16. 肌肉營養不良症

必須由神經科專科醫生明確**診斷**。此狀況必須導致**受保人**至少連續六個月無法進行六項**日常生活活動**當中至少三項活動（無論是否需要輔助工具）。

就本定義而言，「輔助」是指借助特殊設備、裝置及/或設備，而非人類援助。

### 17. 原發性的帕金森症

原發性的帕金森症必須經神經科專科醫生明確**診斷**。其**診斷**必須符合以下所有條件：

- 不能以藥物治療控制病情；及
- **受保人**至少連續六個月無法進行六項**日常生活活動**當中至少三項（無論是否需要輔助工具）。

就本定義而言，「輔助」是指借助特殊設備、裝置及/或設備，而非人類援助。

### 18. 開胸主動脈外科手術

實際接受的大型開胸手術或開腹手術去修補或治療主動脈瘤、主動脈阻塞、主動脈縮窄或主動脈夾層分離。此處所指的主動脈包括胸、腹部的主動脈，但並不包括其分支血管。

以微創或血管內技術所作的手術均不在保障範圍之內。

### 19. 亞爾茲默氏病 / 嚴重癡呆

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查確認為認知功能衰退或喪失，導致**受保人**精神和社交能力顯著下降，持續需要他人照顧。其**診斷**須經適當醫生作臨床驗證及得到**本公司**指定醫生的認可。

以下情況除外：

- 非器質性疾病如神經官能病或精神病；及
- 因酒精引致的腦損害。

### 20. 暴發性病毒性肝炎

由肝炎病毒所導致的暴發性肝壞死，以至急劇性肝功能衰竭。其**診斷**必須具備以下所有證明：

- 腹部超聲波檢查證實肝臟體積迅速縮小；
- 肝小葉完全壞死，僅剩下倒塌的支架結構；
- 肝臟功能測試急劇退化；
- 黃疸不斷加深；及
- 肝性腦病。

### 21. 運動神經原疾病

特徵為皮質脊髓束和脊髓前角細胞或延髓傳出神經元持續退化的運動神經原病，包括脊髓進行性肌萎縮症、持續性的延髓麻痹、肌萎縮性側索硬化症和原發性側索硬化症。其**診斷**須由合格的神經科專科醫生確認為持續性及有**永久性神經機能缺損**。

### 22. 原發性肺動脈高血壓

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以達到紐約心臟病學會制定的心臟損害分類標準中的第四級。

紐約心臟病學會對心臟損害的分類標準：

第一級：	體力活動不受限，一般體力活動不會引起過度的疲倦、心悸、氣促和心絞痛。
第二級：	輕度體力活動受限，進行一般體力活動時已感到疲倦、心悸、氣促或心絞痛。
第三級：	體力活動明顯受限，靜息時無不適，但進行少量日常活動即致疲倦、心悸、氣促或心絞痛。
第四級：	不能舒適地參與任何體力活動，在休息的情況下也可能感到疲倦、心悸、氣促或心絞痛。

### 23. 因輸血感染及因職業感染人類免疫不全病毒

A. 因輸血而感染人類免疫不全病毒（HIV），須符合以下所有狀況：

- 輸血屬**醫療必需**，或是醫學治療的一部分；
- 在本**保單**的**保單生效日**之後在香港接受輸血；及
- 確定感染源自提供輸血的機構，並且該機構能夠追蹤受 HIV 污染的血液的來源。

B. 受保人在本**保單**的**保單生效日**之後，在香港上班期間進行正常專業職務時，發生意外而感染人類免疫不全病毒（HIV），須符合**本公司**要求下證明以下所有條件：

- 證明有關意外之確實來源是由受到HIV感染之液體所引起；及
- 證明記錄於**意外**發生日起計180天內，相關HIV血清的測試結果由呈陰性反應轉為呈陽性反應。此證明同時必須包括意外發生日起計五天內進行的陰性HIV抗體測試結果。
- 任何由其他途徑（包括性行為或使用注入靜脈內的藥物）所導致的HIV感染均不在本保障範圍之內。

此保障只適用於在**醫院**、醫療中心或診所工作的執業醫生、實習醫生、醫科學生、註冊護士、醫學實驗室技術人員、牙醫（外科醫生和護士）或醫務輔助人員的受保人。

### 24. 良性腦腫瘤

位於顱頂的非惡性腫瘤，僅局限於大腦、腦膜或顱神經，並滿足以下所有條件：

- 已經接受手術切除，如不可進行手術則已經導致**永久性神經機能缺損**；及
- 須由合格的神經科專科醫生或神經科手術醫生經**磁共振掃描（MRI）**、**電腦斷層掃描（CT）**或其他可靠的造影科技確認其存在。

以下情況除外：

- 腦囊腫；
- 腦膿腫；
- 血管瘤；
- 肉芽腫；
- 腦動靜脈畸形；
- 血腫；及
- 腦垂體、脊髓和顱底腫瘤。

### 25. 嚴重腦炎

因嚴重的腦部物質（大腦半球、腦幹或小腦）發炎並導致至少六星期有記錄證明的**永久性神經機能缺損**，其**診斷**必須經**神經科專科醫生**確認並由任何確診診斷測試支持。

經HIV感染所引起的腦炎不在保障範圍之內。

### 26. 嚴重細菌性腦脊髓膜炎

因細菌感染引致腦膜或脊髓病變，且導致明顯的、不可復原的和**永久性神經機能缺損**。神經功能缺損必須持續至少六星期。其**診斷**必須：

- 經腰椎穿刺證實腦脊髓液受細菌感染確認；及
- 經神經科專科醫生確認。

經HIV感染所引起的細菌性腦脊髓膜炎不在保障範圍之內。

### 27. 失明（永久喪失視力）

因疾病或事故導致雙眼永久及不可復原的視力喪失，即使使用視覺輔助工具，在施氏視力表或類似方法中測得的雙眼視力為6/60或更差，或者雙眼視野不超過20度。失明必須經眼科醫生確認。

失明必須為無法透過外科手術、植入物或任何其他手段予以糾正。

## 28. 嚴重頭部創傷

頭部因遭遇意外而蒙受損傷及自該意外事故發生日起六星期內導致**永久性神經機能缺損**。其**診斷**須由神經科專科醫生確認，並經磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他可靠的造影科技檢查結果支持。

就本定義而言，「意外」是指劇烈、意想不到、外部、非自願和可見的事件，與任何其他原因無關，以及是造成頭部損害的唯一原因。

以下情況除外：

- 脊髓損害；及
- 任何其他原因引致的頭部損害。

## 29. 癱瘓（全肢永久喪失機能）

持續至少六星期因受傷或患病導致至少兩條全肢永久完全喪失機能，並且無法預見恢復的可能性。癱瘓的情況必須由神經科專科醫生確認。

因自我傷害的損害不在保障範圍之內。

## 30. 末期疾病

受保人患病並預期在12個月內身故的**確切診斷**。其**診斷**須經合格的專科醫生驗證及得到本公司指定醫生的確認。

經HIV感染引起的末期疾病不在保障範圍之內。

## 31. 持續性硬皮病

一種由全身性膠原血管疾病引起的持續瀰漫性皮膚、血管和內臟器官纖維化。其**診斷**必須經風濕病專科醫生透過活檢或同等測試及血清學證據明確證實，病變亦必須侵入至心臟、肺或腎。

以下情況除外：

- 局部硬皮病（線性硬皮病或硬斑病）；
- 嗜酸性粒細胞筋膜炎；及
- CREST綜合症。

## 32. 植物人狀態

大腦皮質全面壞死，但腦幹仍保持完好。其**診斷**須由**醫院**委派神經科專科醫生確認，並須以醫療文件證明此狀況已持續最少一個月以上。

## 33. 系統性紅斑狼瘡併發狼瘡性腎炎

基於公認的診斷標準並得到臨床和實驗室證據的支持，明確**診斷**為系統性紅斑狼瘡。本**保單**所指的系統性紅斑狼瘡只限於與腎相關的系統性紅斑狼瘡（經腎活體組織檢查確診的第三級至第六級狼瘡性腎炎，並符合RPS/ISN分類標準）。最終**診斷**須由合資格的風濕病及免疫病專科醫生確認。

狼瘡性腎炎的RPS/ISN分類標準：	
第一級	腎小球系膜輕微變異狼瘡性腎炎
第二級	腎小球系膜增生性狼瘡性腎炎
第三級	局部狼瘡性腎炎（活動性及慢性；增生性及硬化性）
第四級	瀰漫性狼瘡性腎炎（活動性及慢性；增生性及硬化性；節段性及整體性）
第五級	膜性狼瘡性腎炎
第六級	高度硬化性狼瘡性腎炎

## 34. 其他嚴重的冠狀動脈疾病

以侵入性的冠狀動脈造影技術證明最少一條冠狀動脈腔收縮達75%及有其他兩條收縮達60%，不論是否已進行任何類型的冠狀動脈手術。

透過磁力共振掃描（MRI）或電腦斷層掃描（CT）等造影或非侵入性診斷程序所作的**診斷**不符合定義所要求的確認狀態。

就本定義而言，冠狀動脈包括左主幹、左前降、左迴旋及右冠狀動脈，但不包括上述冠狀動脈的分支。

## 35. 脊髓灰質炎

脊髓灰質炎必須符合以下狀況：

- 確認由脊髓灰質炎病毒所感染；及

- 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。

**診斷**必須由相關醫學範疇的神經科專科醫生或專家確認。

### 36. 不能獨立生活

因疾病、病症或損害導致**受保人**連續六個月無法進行六項**永久日常生活活動**當中至少三項（無論是否需要輔助工具）。此狀況必須由**本公司**指定的**醫生**確認。

**永久**是指持續至少連續 12

個月，在該時間結束時由**醫生**證明已完全沒有康復的希望，並且很可能在**受保人**的餘生一直維持。非器質性疾病如神經官能病或精神病不在保障範圍之內。

就本定義而言，「輔助」是指借助特殊設備、裝置及/或設備，而非人類援助。

### 37. 克隆氏病

腸胃道失調及具有以下臨床併發症的特質：瘻管成形、吸收障礙、腸梗阻、腸穿孔、續發性澱粉樣變。**診斷**必須有組織病理學特徵以資證明。

### 38. 急性壞死性胰腺炎

由醫生作出須進行壞死組織清除或胰腺部分切除的手術治療的明確**診斷**。因酒精引致的胰臟不在保障範圍之內。

### 39. 象皮病

「**象皮病**」是指末期絲蟲病，其特質為身體組織因血液循環受阻或淋巴管堵塞而全面腫大。

**診斷**必須明確地由適當的專科醫生經臨床證實及以微絲蚴的化驗結果確認，及得到**本公司**指定的**醫生**認可。

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致的淋巴水腫均不在保障範圍之內。

### 40. 嚴重類風濕性關節炎

「**嚴重類風濕性關節炎**」是指符合以下所有標準的病變：

- 符合美國風濕病學會的診斷要求；
- 永久不能完成六項**日常生活活動**當中至少兩（2）項；及
- 廣泛性關節損壞及下列最少三（3）個部位的關節出現嚴重臨床變形：手、手腕、手肘、膝、腕部、足踝、頸椎或足部；及
- 有關狀況已持續最少六（6）個月。

### 41. 腎髓質囊腫病

「**腎髓質囊腫病**」是指符合以下所有標準的病變：

- 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；
- 貧血、多尿及腎功能逐漸衰退之臨床證明；
- 有關**診斷**須由腎活體組織檢查確定。

### 42. 心肌病

「**心肌病**」是指符合以下所有標準的心肌疾病：

- 即使已接受最適當的治療，左心室功能（擴張或收縮）仍持續受損最少六（6）個月；
- 有關之受損程度已達到紐約心臟病學會制定的心臟損害分類標準中的第四級。
- 因濫用酒精而直接引致的心肌病不在保障範圍之內。

### 43. 伊波拉

「**伊波拉**」是指受伊波拉病毒感染的疾病。必須符合以下所有要求：

- 經實驗室測試證明伊波拉病毒確實存在；
- 由發現病徵日起計持續不斷出現因受感染的併發症超過三十天；及
- 感染並未引致死亡。

### 44. 庫賈氏病

「**庫賈氏病**」是指單獨因庫賈氏病或變種庫賈氏病導致相關的神經機能缺損而永久性不能完成**日常生活活動**的其中最少兩（2）項活動。

由人類生長激素治療引起的疾病不在保障範圍之內。

### 45. 血管成形手術及其他冠狀動脈疾病之創傷治療法

實際接受的氣漲法血管成形手術或其他同類型的動脈導管內手術，以糾正一條或以上經冠狀動脈造影技術證明之主要冠狀動脈收窄（收窄達60%）。此等血管化手術必須由心臟科專科醫生確認為屬**醫療必需**。

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。

本保障支付的賠償不得超過本保單**賠償**的百分之十（10%），最高保障額為港幣25,000元。本保障只作一次賠償及從本保單保額中扣除，即可能應付**賠償**金額亦相應減少。

診斷性動脈造影術不在保障範圍之內。

#### 46. 嚴重急性呼吸系統綜合症（SARS）

由作出此項診斷的國家所認可的醫療機構，經過臨床及病理學之測試後診斷及確認患上嚴重急性呼吸系統綜合症/非典型肺炎。

#### 47. 腦動脈瘤手術

「**腦動脈瘤手術**」是指**受保人**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。

**診斷**是指由**專科醫生**根據本保單內對**危疾**的定義中指定的證據為**受保人**作出明確的診斷。當不能提供指定的證據證明診斷結果時，醫生須根據**本公司**接受的放射結果、臨床診斷、細胞組織或實驗分析作出診斷。該**診斷**必須基於索償人遞交的醫療證明及/或任何額外要求的其他證明，並獲得**本公司**醫療顧問的支持認可。倘**本公司**對**診斷**結果的適合程度及準確性有異議，**本公司**有權指派一位獨立並受醫學界認可的專家為**受保人**檢查或檢驗有關的診斷證明。該專家對**診斷**所作出的意見對**受保人**及**本公司**均具有約束力。

**醫生**是指具有西醫學位、合法註冊並經相關國家醫生發牌機構授權根據其牌照、專業認可及訓練去提供醫學或外科服務的合資格行醫人士。

**不承保職業**是指職位或職責是爆破工人、騎師、偵探、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、炸藥/爆炸物操作員、礦工、地底工作的行業、水底工作的行業、軍隊。

**醫院**是指依法運作的機構，用以照顧及治療受傷或患病人士，在同一幢建築內設有診斷及施行大型手術的設施（包括手術室），在負責醫生監督下，駐有註冊護士每天24小時提供看護服務；但不包括診所、護理院、療養院、用於休養的場所、緩和療護、臨終關懷或康復中心、用於監護照顧的場所、治療酗酒者或吸毒者的場所、治療精神或行為障礙的機構、療養院、任何過渡性的護理中心，或者安老院或類似場所，即使位於同一地點。

**直系親屬**是指**受保人**的**配偶**、父母、配偶父母、祖父母/外祖父母、子女、女婿、兒媳、兄弟、姊妹、孫/外孫或合法監護人。

**損害**是指**受保人**在**保單生效期**內遭受的人身傷害，該人身傷害僅由**事故**引起，與任何其他原因無關，包括但不限於任何疾病、已有或先天性狀況。

**機構**是指**本公司**透過其介紹並得以簽發本保單予**保單持有人**的組織。

**受保人**是指在有效**保單生效期**內，在**保障權益表**中指定並受本保單保障的人士。若**保單持有人**選擇涵蓋子女的保障計劃時，**受保人**應包括子女。

**不可復原/永久**是指在提出索償之時無法透過香港特別行政區相關衛生主管當局使用或認可的醫學治療及/或外科手術加以改善。

**惡性腫瘤**是指在**後天免疫力缺乏綜合症**存在下出現的包括但不限於卡波西士腫瘤、中樞神經系統淋巴瘤及/或其他已知或未知之惡性病變，並直接導致死亡、疾病或殘廢。

**醫療必需**是指由**醫生**提供並符合以下條件的醫療服務：

- 符合**診斷**結果並屬於受保疾病之慣常治療方法；
- 合乎良好行醫標準、現行專業醫護標準以及經證明的醫療福利標準；及
- 並非為**受保人**或**醫生**之便利而提供，無法在**醫院**以外合理施行（如入院接受治療）；及
- 本質上並非實驗性、探索性、研究性、預防性或篩查性；及

收費屬公平，並不高於繳費地區同類機構根據認可的醫療標準及慣例向患有類似疾病的同一性別、年齡相若人士提供類似或相若的治療、服務或用品時，所收取的通常費用，且相關治療如不施行，可能會嚴重影響**受保人**的疾病。

**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的真菌感染。

**父母或法定監護人**是指符合以下條件的任何人士：

- (a) 是子女的親生母親或父親；
- (b) 是子女的合法收養人；或者
- (c) 與子女的親生父母結婚或締結民事伴侶關係而成為其合法的繼父母。

**永久性神經功能缺損**是指經神經科醫生臨床檢查**診斷**受保人出現神經系統功能失調症狀，並且預期症狀將持續終身。

受保的症狀包括：

- (a) 麻木；
- (b) 感覺過敏（敏感性增加）；
- (c) 麻痺；
- (d) 局部虛弱；
- (e) 構音障礙（說話困難）；
- (f) 失語症（無法說話）；
- (g) 吞嚥障礙（吞嚥困難）；
- (h) 視力障礙；
- (i) 行走困難；
- (j) 缺乏協調；
- (k) 震顫；
- (l) 癲癇發作；
- (m) 癡呆；
- (n) 譫妄；及
- (o) 昏迷。

以下不在保障範圍之內：

- (a) 腦部或其他掃描發現異常，但並無明確相關的臨床症狀；
- (b) 神經性症狀但無病徵異常，如快速的反射動作但沒有伴有其他症狀；及
- (c) 源自心理或精神科的症狀。

**保單**是指本保險合約（包括保單條款）、最新的**保障權益表**，以及本公司可能向**保單持有人**或**受保人**發出並構成本保單一部分的任何其他文件（例如批註）。

**保單持有人**是指在**保障權益表**中被指定為**保單持有人**的人士，可以是本保單的受保人或其他人士。此外，**保單持有人**為本保單的擁有人，負責支付保費，並有權行使本保單下的所有特權。

**已有病症**是指符合以下條件的任何損害、疾病或病症：

- (a) 受保人在**保單生效日**之前的5年內曾經尋求或接受相關治療、藥物治療、醫學建議或**診斷**；或
- (b) 在**保單生效日**之前的5年內首次發病、惡化、變為急性，或者出現症狀或病徵，而使得任何合理的人尋求**診斷**、護理或治療；或
- (c) 在**保單生效日**之前被**診斷**為**慢性醫療狀況**或癌症。

**保單生效期**是指**保障權益表**或本公司其後發布的更新通知所示的保障期。

**保單生效日**是指以下日期中的較晚者：

- (a) **保障權益表**訂明的初始生效日期；
- (b) 受保人首次受本保單保障的日期；
- (c) 受保人在本保單保障期間獲得任何額外保障或額外**賠償**的生效日期，但此僅只適用於該額外保障或額外**賠償**而言；或
- (d) 本保單的最後復效日期。

**保障權益表**是指載明**保單生效期**詳情以及**保單持有人**及合資格**受保人**詳細資料的文件，包括相關適用的保單權益及相應**賠償**文件，應與本保單一併閱讀。

**配偶**是指與**受保人**有婚姻或民事伴侶關係的人士，或者與**受保人**共同生活至少兩年而猶如有婚姻或民事伴侶關係的人士。

**三級燒傷**是指經**醫生****診斷**為全層燒傷，導致表皮（皮膚外層）及真皮（包含毛囊、神經末梢、汗腺及皮脂腺的皮膚層）被破壞，亦會影響更深層的組織。此類燒傷通常需要手術或植皮。此類燒傷影響的身體百分比由**醫生**評估確定。

「**等候期**」是指**保單生效日**起計九十（90）天。就**SARS**而言，是指**保單生效日**起計十五（15）天。

「**戰爭**」是指戰爭（無論宣戰與否），或任何戰爭的活動，包括任何國家利用軍事力量去達到經濟、地理、民族、政治、種族、宗教或其他目的。

「**本公司**」是指美亞保險香港有限公司。

## 基本條款

### 完整的保險合約

本**保單**、**保障權益表**、投保書、批註及附加文件（如有）均為本保險合約的一部份。保險申請人未有在投保書上作出的陳述，均不得作為廢除本**保單**或用於法律訴訟之用，除非該陳述涉及詐騙。任何**經紀**、**代理**或**顧問**均無權更改或刪除本**保單**內的任何條款，所有更改需由**本公司**簽署同意並簽發批註後，方為有效。

倘若任何法院裁定本合約中的任何條款或者任何其他體現**保單持有人**與**本公司**之間合約關係的文件（或其部分）無效、非法或不可執行，該等條款或相關部分應在規定的範圍內視為被刪除，而本合約或者任何其他體現**保單持有人**與**本公司**之間合約關係的文件內的其他條款仍然有效及可以執行。

### 受保人之年齡限制

依據本**保單**的其他條款及細則，本保單提供保障予：**a)** 成年人：年齡介乎十八（18）歲至六十五（65）歲（包括首尾年齡），可續保至七十五（75）歲，所有保障將於**受保人**76歲生日後的首個保費到期日終止；

**b)** 子女：未婚及非在職，年齡介乎六（6）個月至二十一（21）歲（包括首尾年齡），可續保至二十五（25）歲。所有保障將於**受保子女**的22歲或26歲生日（視情況而定）之後的首個保費到期日終止。

### 居住地

**受保人**必須持有有效的香港身份證方可受本保單保障。

### 職業限制

倘若任何人士的工作屬於**不承保職業**的範圍，**本公司**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**本公司**接受其投保申請，才可獲得保單的簽發。

### 向保單持有人發出的通知

**本公司**將根據收到的最新聯絡資料，以郵件或電子方式向**保單持有人**發出正式書面通知。

倘若保單持有人的聯絡資料有任何變更但未有通知**本公司**，**本公司**對由此引致的任何後果概不負責。

### 保單條件之遵從

**保單持有人**和**受保人**必須遵守本**保單**所有條款及細則，方可獲得本保單下的**賠償**。

### 條款或條件的變更或保費調整

**本公司**保留更改保單條款或條件的權利，並有權在必要時調整保費，惟：

- (a) 必須提前 30 天書面通知該變更；或
- (b) 倘若本**保單**受任何政府或法定聲明影響而需要作出更改，則必須即時以書面形式通知該變更。

### 保單取消

- (a) **本公司**可透過向**保單持有人**作出 30 日的事前書面通知從而取消本**保單**。
- (b) **保單持有人**可向**本公司**作出 30 日的事前書面通知從而取消本**保單**。

### 保單被取消後，

- (a) 倘若**保單持有人**並未向**本公司**提出任何索償或報告任何事故，**本公司**將向**保單持有人**退還任何**保單生效期**的剩餘保費。
- (b) 倘若**本公司**
  - 已在此前 12 個月內支付賠償（就按月續費保單而言），或

- 已在當前**保單生效期**內支付賠償（就按年續費保單而言），保費則不予退還。倘若發生可能導致本**保單**下索償的事故，在本**公司**與**保單持有人**就索償最終達成協議之前，本**公司**不會考慮退還保費；若本**公司**其後支付賠償，亦不會向**保單持有人**退還保費。

## 保障終止

1. 本**保單**將根據以下情況終止：
  - (a) 出現保單取消條件中所述的原因；
  - (b) **保單持有人**要求刪除指定**受保人**的姓名；
  - (c) **受保人**此前被列為**配偶**或**子女**，但現已不再是**配偶**或**子女**；
  - (d) 保費逾期未繳；或
  - (e) 已向**保單持有人**（同時亦為**受保人**）及其**配偶**（同時亦為家庭保障計劃下的**受保人**）支付「**危疾**」賠償。在該等情況下，為免生疑問，保費不予退還；或
  - (f) 當**保單持有人**（同時亦為**受保人**）通知本**公司**其工作已轉為其中一個**不承保職業**，本**保單**將於下一個保費到期日終止，而所有有關該**不承保職業**的索償將不獲接納；或
  - (g) 當本**保單**或索償中有任何欺詐、不實、拒絕陳述或隱瞞的成份，本**保單**即時宣告無效，本**保單**下所有賠償及保費將會作廢。
2. **受保人**的個別保障將於下一個保費到期日根據以下情況終止：
  - (a) 當**受保人**已不再符合「**受保人之年齡限制**」中所述的資格；或
  - (b) 當**保單持有人**通知本**公司**，**受保人**的工作已轉為任何**不承保職業**，並且為免生疑問，所有有關此**不承保職業**的索償將不獲接納；或
  - (c) 根據特定保障條件下所述情況向**受保人**支付賠償。在此情況下，任何保費將不予退還。
3. **保單持有人**在本**保單**下的保障終止後，同一**保單**下的其餘**受保人**在此時可以選擇繼續承保。本**保單**的續保將會受到以下條件約束：i) 年齡資格要求；ii) 有沒有同等的保險計劃繼續承保（如適用）；iii) 必要時調整保費；及 iv) 得到本**公司**同意。

## 年齡錯誤陳述

倘若**受保人**的年齡被錯誤陳述，本**公司**會按**受保人**的正確年齡應付之保費而退回或收取保費的差額。倘若**受保人**的年齡被錯誤陳述，而**受保人**的正確年齡未符合本**保單**要求或已超出限制，本**公司**只會全額退回在本**保單**下相關期間的保費而不負責任何承保責任。

## 虛假陳述或欺詐

任何涉及本**保單**投保申請、當前/後續披露，或者索償的欺詐、故意失實或故意隱瞞任何資料的行為將令本**保單**即告無效。在此情況下，本**公司**不會退還已支付的任何**保費**，亦不會考慮支付任何向本**公司**遞交的索償。如有必要，本**公司**將會報警處理。就已提交的任何欺詐索償，本**公司**亦保留向**受保人**追討任何已付款項的權利。

## 現狀轉變

若**受保人**向本**公司**提交的投保書內有任何資料改動，**受保人**有全部責任通知本**公司**有關變更，否則本**公司**有權拒絕受理在本**保單**下的各項索償或使其失效。

## 保障及其他保險的重複

**受保人**在任何時候均不得投保超過一份載有下列保障的保單：危疾、特定主要癌症、青少年特定疾病、危疾每日住院津貼、因危疾接受深切治療部（ICU）治療時的每日住院津貼、危疾手術開支、家庭賬單支出保障或子女教育基金。如果多類一份該類保單保障**受保人**的生命，本**公司**將擁有唯一和絕對酌情權，視**受保人**僅受提供最大利益的保單所保障。如每份該類保單的利益相同，則僅受首次簽發的保單所保障，其餘保單自各張保單簽發日期起將被視為無效。就重複保單由**受保人**已支付或已被本**公司**接受的保費，本**公司**無須承擔任何責任，並會將任何該等保費不附利息下悉數退還。

## 充足的通知期

書面通知可由**保單持有人**、**受保人**或兩者的代表人送交予本**公司**，並提供足夠資料以證明**保單持有人**或**受保人**的身份，即視為已向本**公司**發出通知。倘若有合理的緣由不能於限期內（如有）將書面通知送交本**公司**，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。

## 身體檢查

於處理申請賠償時，本**公司**有權隨時要求**受保人**作身體檢查。倘若**受保人**已身故，除法律不允許外，本**公司**有權要求驗屍並承擔相

關費用。受保人應於蒙受任何損害或感染任何疾病後（如適用）迅速取得及遵從合資格醫生之建議，否則本公司不會就受保人未能取得及遵從該建議及沒有依法使用該裝置或療法承擔任何責任。

### 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本公司後，六十（60）日內不得進行法律訴訟以求賠償。倘若須訴訟應於本保單規定之損害證明文件送交本公司限期後二年內進行，否則不得再進行訴訟。

### 法律限制

倘若本保單所載有關呈交申請賠償通知書或損害證明文件之期限少於簽發保單時保單持有人或受保人所在司法管轄區法例容許之期限，本保單將依其法例延長至該司法管轄區所容許的最低期限。

### 轉讓

本保單的權益轉讓通知不會對本公司構成法律的約束力。本公司亦不會對該轉讓的有效性承擔責任。本公司將不受任何有關本保單之信託、扣押、留置、轉讓或其他交易的通知影響。

### 保單之復效

倘若保費到期未繳以致本保單失效，保單持有人必須在未繳保費的首個到期日起計連續 90

天內提出申請，本保單方可復效。本公司有唯一的酌情權決定所有復效，而保單持有人需要同意本公司提出的復效條款及細則，本保單方可復效。

本公司不會就在保單失效期間發生可能透過本保單索償的任何事件作出賠償。

### 放棄受保人之權利

倘若本公司拒絕就本保單下提出的任何索償承擔責任，並且在本公司拒絕承擔責任之日起計 12

個公曆月內，相關索償並未提交予任何爭議解決/仲裁或和解，則應視為保單持有人及受保人已接受本公司拒絕其索償的決定，並且放棄與該等索償相關之各項權利。

### 資料私隱

保單持有人/ 受保人同意：

- (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、處理索償、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：
  - vii) 提供有關本保單管理服務的第三者（包括再保險公司）（如上(a)項所述）；
  - viii) 財務機構，作處理此申請及收取保費（如上(a)項所述）
  - ix) 公證人、調查員、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，以處理索償事宜（如上(a)項所述）；
  - x) AIG集團授權的市場推廣公司，以作直銷之用（如上(b)項所述）；
  - xi) 其它在任何國家之AIG集團之成員公司，作上述(a)及(b)項所有列明之用途；或
  - xii) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
- (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：香港郵政總局信箱456號或電郵：[cs.hk@aig.com](mailto:cs.hk@aig.com)）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。美亞保險私隱政策的全文載於[www.aig.com.hk](http://www.aig.com.hk)。如有任何歧義，應以[www.aig.com.hk](http://www.aig.com.hk)所載的美亞保險資料私隱政策為準。

### 續保條款

本保單將於預繳保費後生效。本公司保留不時調整本保單保費、保障、條款及細則之權利，亦保留自行決定不繼續承保或不接受續保之權利。

### 寬限期

保費到期日後三十一（31）天為繳付保費之寬限期（不適用於新單繳費），在此限期內本保單仍屬有效。如未能於此限期內繳付保費，本保單將於保費到期日終止。

### 追討之權利

若本公司及/或本公司的授權代表支付了不包括在本保單保障範圍之內的索償，或超過本保險的賠償限額時，在任一情況下，本公司保留向受保人及/或保單持有人追討之權利。

### 第三者的合約權利

任何人士或法人如不屬於本保單內一方，不能根據《合約（第三者權利）條例》或其他法例強制執行本保單的任何條款或細則。

### 筆誤

本公司的筆誤不會令已生效的保單因而失效，或令已失效的保單因而生效。

### 管轄法律及爭議解決

本保單受香港特別行政區法律之約束，雙方均同意服從香港特別行政區的司法裁判權。

### 條款版本

本保單的中文譯本只供參考之用。如中文與英文版本有歧異議，則以英文版本為準。

## 一般不保事項

以下不保事項適用於本保單內所有部分。

本公司不會就以下各項支付本保單下的任何索償：

1. 受保人在保單生效日起等候期內首次展示及診斷的任何危疾。
2. 受保人在診斷患有危疾後 30 天內身故。
3. 任何已有病症或其引致的併發症。
4. 在保單生效日之前確診患有任何癌症，而發病的身體部位或器官與**主要癌症**或其後轉移發展成為**主要癌症**的任何癌症發病部位或器官相同。
5. 本保單未訂明為**危疾**的任何疾病、身體不適或失調。
6. 受保人被診斷患有本保單未涵蓋的危重疾病或被**診斷**患有**危疾**，但相關**診斷**未能符合本公司對**危疾**的定義；
7. 任何於**保單生效日**或最後復效日，或保額增加日（只適用於保額增加的部分），以較遲者為準，之前已存在但未有透露之身體或精神狀況而導致的**危疾**；
8. 因酗酒或濫用藥物直接引致的任何**危疾**。
9. 因自我傷害而導致的任何**危疾**。  
在此保單保障生效之前，因分娩或懷孕而導致、加重或延長的任何**危疾**。
10. 受保人、保單持有人或其法律代表未向本公司提供本公司所需用於確認受保人索償的醫療證明或其他證明。  
本公司發現受保人或保單持有人在申請時提供不準確、不完整或虛假資料，可能會影響本公司提供此保障之決定，或者可能會導致本公司按不同條件提供保障。
11. 受保人：
  - (a) 並未聽取**專科醫生**的醫療建議；
  - (b) 患有**先天性疾病**；
  - (c) 有身體損傷；及
  - (d) 有心理、精神或神經疾病（包括任何神經科疾病或其生理或身心表現）、睡眠障礙、焦慮、壓力或憂鬱。
12. 受保人捐贈任何器官；
13. 任何性傳染疾病、「後天免疫力缺乏綜合症」（愛滋病）、愛滋病相關併發症、任何「人類免疫力缺乏病毒」（HIV）感染或者任何類型的性病，除非有關危疾是「因輸血感染及因職業感染人類免疫不全病毒」。
14. 任何由受保人或受保人的直系親屬、與受保人共住的人士、中醫、針灸師或其他非正式醫護人員作出的危疾診斷。
15. 任何美容手術或外科整形手術或任何非必要之手術以改善外觀，手術或非手術治療肥胖（包括病態性肥胖）及體重控制療程，或任何非必要之治療；或
16. 戰爭、侵略、外敵行動、交戰、內戰、革命、叛亂、造反、軍事或篡奪權力、或任何類似戰爭的行動；或
17. 任何武裝部隊、海、陸、空軍服務或行動；任何飛行服務；或
18. 因觸犯或意圖觸犯任何不法行為或拒捕；或
19. 航空旅行，但以乘客身份乘搭任何合法領有牌照的私用及/或商用飛機除外；或
20. 故意暴露於危險中（除非是因嘗試拯救人命），或是因沒有遵守醫療的意見而發生的任何損害；或
21. 職業運動或參與該運動而可賺取的收入或報酬；或
22. 測試任何交通工具；參與離岸活動，如商業潛水；油田鑽探、採礦或空中攝影。
23. 世界衛生組織（世衛）或香港相關政府機構宣布為疫症或大流行病的任何傳染病（如適用於此保單）。
24. 倘僅在香港衛生當局、政府宣布或通報發生疫症或大流行病時，應以相關通報為準，並視為已宣布發生疫症或大流行病。
25. 有關瘟疫性或流行性傳染病的保障自作出相關宣布或通告之日起終止。在世界衛生組織（世衛）或香港相關政府機構宣布或通報疫症或大流行病結束後，該保障予以恢復。

26. 如下所述的核事件、生物事件或化學事件：
- (a) 任何核爆炸，包括其引致的一切後果，或因游離輻射引致的放射性污染，或任何核燃料引致的放射性污染，或因核燃料燃燒及/或持續燃燒產生任何核廢料所引致的放射性污染；
  - (b) 任何核設備或其零件引致的放射、有毒、爆炸或其他有害物質；或
  - (c) 恐怖分子、犯罪分子或其他惡意實體散布或使用病原性或有毒的生物或化學材料，或者釋放病原性或有毒的生物或化學材料。
27. 以下情況的**末期疾病**保障：
- (a) **專科醫生**無法確認**末期疾病**會否導致受保人於12個月內死亡；
  - (b) **末期疾病**是由HIV感染引起。
28. 若本公司就任何損失或索償作出支付會違反任何制裁法律或規例，並因此導致本公司、其母公司或其最終控制實體面臨任何制裁法律或規例須繳納任何罰款，本公司將不負責提供本保單的任何保障或根據本保單支付任何款項。

## 索償條件

### 1. 保單條款之遵從

患上**危疾**而申請**賠償**時，倘若**受保人**未能取得或遵從**專科醫生**的建議並使用該建議可能處方的相關裝置或療法，**本公司**將不負責由此產生的任何後果。

### 2. 索償通知

- (a) 在**診斷**患上**危疾**而需要索償時，必須在合理可行的範圍內盡快通知本公司，並且無論如何應在確診之後 30 天內通知本公司。
- (b) 未能遵守上述
  - a)項的要求可能會導致**本公司**拒絕支付全部或部分索償。原因包括但不限於：因索償在相關事件發生過後過長時間方才提出，導致**本公司**無法全面調查，或導致索償金額出現變化而**受保人**因此無法獲得全額賠償。
- (c) 倘若**受保人**是子女，所有索償相關事項應由**受保人**的父母與**本公司**處理。

### 3. 舉證責任

倘若**本公司**指出某事件屬不保事項而不受本**保單**保障，提出任何相反舉證的責任須由**索償人**承擔。

### 4. 資料

- (a) 索償人必須按**本公司**要求，向**本公司**提供用於證明索償原因的一切合理及必要的證據。向**本公司**提供的索償證明資料包括但不限於相關報告、發票及收據、醫療證明及其他文件（例如其他語言文件的英譯本）之正本，並在必要時經宣誓確認。如提供的資料不足，**本公司**將確認所需的進一步資料，而該等資料必須由**受保人**或**受保人**的法律代表提供及承擔費用。
- (b) 倘若**本公司**未在指定的時間內收到所需資料，**本公司**可以拒絕支付索償或扣起相關賠償費用，直至收到所需資料為止。
- (c) 如須提供醫療證明或報告，**本公司**僅接受由主診**專科醫生**簽發的醫療證明或報告正本。為免生疑問，其他醫生（包括另類療法治療師、傳統療法治療師、中醫或脊醫）簽發的醫學證明或報告概不接受。
- (d) 倘若索償人無法提供收據或發票正本，**本公司**可以拒絕退還任何相關費用。
- (e) **本公司**可以在支付初步或額外的**賠償**要求**受保人**接受**本公司**委任的**專科醫生**進行醫學檢查。
- (f) **本公司**可自行安排屍體剖驗並支付相關費用，除非該等做法在有關國家屬非法。

### 5. 損失證明表格

**本公司**在收到該通知後，將向索償人提供通常用於證明損失的表格。

如果**本公司**在十五(15)天內未有提供該等表格，索償人會在限定時間內（如有）提交在本保單下有關證明損失、書面證明損失發生時的情況、性質和程度後被視為已遵從該等要求。**本公司**要求的所有證書信息和證據所產生的費用應由**受保人**或**受保人**的法律代表承擔，並採用**本公司**規定的形式和性質遞交。

### 6. 索償的解決

- (a) **賠償**將按**保單**條款及細則支付。只有當**本公司**收到調查及確認索償所需的資料（包括提供的資料）並確信該索償屬本**保單**範圍內，才會支付該索償。**賠償**會在收到適當的證明後於合理的時限內支付。
- (b) 各項權益的**賠償**應根據**保障權益表**所載的支付。**本公司**根據本**保單**作出的任何**賠償**不會超過**保障權益表**中就索償事件所設之上限。各項保障的**賠償**僅適用於**保障權益表**中所載的各項事件。
- (c) 除非本**保單**另有規定，**本公司**有唯一的酌情權向索償人或直接向服務提供商付款或償還相關款項。  
若**受保人**是**兒童**，**賠償**將支付給其**父母**。  
在**本公司**處理索償過程中，索償人應與**本公司**及其指定的服務提供商、供應商及專家全面合作，包括在需要時進行當面訪談。

### 7. 抵消條款

倘若**受保人**有權就本**保單**任何保障向任何其他來源報銷全部或部份開支，**本公司**僅會支付超出該等其他來源或其他保險已賠償金額的剩餘部份，以**保障權益表**所載最高**賠償**額為限。此項條件僅適用於實報實銷的保障。

## AIG「倍安心」危疾保險 特定主要癌症保障

本延伸保障附於危疾保障保單（以下稱為「本保單」）並且構成本保單的一部分。本延伸保障僅在適用的保費收妥後才會發行。當本保單仍然生效時，本公司同意根據本延伸保障的條款、條件和不承保事項提供保障權益表所載的以下保障，保障的最高金額按保障權益表中所述，條件是保費於到期時均按時繳付。

除本延伸保障對本保單之修訂外，本延伸保障將以本保單的所有條款為準。除非於本延伸保障中另行定義，否則本保單中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。保單持有人及受保人必須細閱本延伸保障，以確保其明白保障範圍。

### 特定主要癌症保障

倘受保人在保單生效期內經專科醫生診斷患上特定主要癌症，本公司將向受保人支付保障權益表所載之賠償。

本保障的特定定義 適用於保單所有部分的基本定義以外的額外定義

特定主要癌症指女性或男性受保人的器官被診斷患有的下列主要癌症：

女性受保人的特定主要癌症	
1	乳癌
2	結直腸癌
3	子宮內膜癌
4	卵巢與輸卵管癌
5	胃癌

男性受保人的特定主要癌症	
1	結直腸癌
2	肺癌
3	前列腺癌
4	肝癌
5	腎癌

本保障的特定條件 適用於保單所有部分的基本條件以外的額外條件

- 本保障只適用於：
  - 特定主要癌症的診斷於保單生效日起等候期期滿後才首次發生或展示為首次發生；
  - 該特定主要癌症之症狀或病徵於保單生效日起等候期期滿後才首次展示；及
  - 受保人在診斷患上特定主要癌症後最少存活 30 天。倘受保人在此 30 天內使用生命維持系統超過 3 天，受保人必須存活的日數則會根據受保人繼續使用生命維持系統（3 天以後）的每一天而相應延長一天。
- 本公司僅會就受保人在保單生效期內診斷的一項特定主要癌症向受保人支付賠償，本保障在該等賠償支付後即告終止。
- 本保障只適用於在本保單下就主要癌症已經或須要支付的有效索償。
- 受保人的「危疾」保障根據本保單終止時，本保障同時終止。

5. 為免生疑問，**受保人**的性別指**受保人**的香港身份證上所述的性別。

**本保障的特定不承保事項 適用於保單所有部分的基本不承保事項以外的額外不承保事項**

本公司不會就以下情況就本保單下的任何索償作出賠償：

在**保單生效日**之前診斷患有的任何危疾或病況，而發病的身體部位或器官與**特定主要癌症**或其後轉移發展成為**特定主要癌症**的發病部位或器官相同。

## AIG「倍安心」危疾保險 家庭賬單支出保障

本延伸保障附於**危疾**保障保單（以下稱為「**本保單**」）並且構成**本保單**的一部分。本延伸保障僅在適用的保費收妥後才會發行。當**本保單**仍然生效時，**本公司**同意根據本延伸保障的條款、條件和不承保事項提供**保障權益表**所載的以下保障，保障的最高金額按**保障權益表**中所述，條件是保費於到期時均按時繳付。

除本延伸保障對**本保單**之修訂外，本延伸保障將以**本保單**的所有條款為準。除非於本延伸保障中另行定義，否則**本保單**中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。**保單持有人及受保人**必須細閱本延伸保障，以確保其明白保障範圍。

### 家庭賬單支出保障

倘**受保人**因被**診斷**患有**危疾**而入住醫院，**本公司**將會就下列一項事件支付一次性的**賠償**，從而在財政上協助**受保人**應付其正常家庭開支，惟**住院**須在**診斷**的日期起 3 個月內開始。

事件	住院期間	保障權益表中指明的須付賠償
1	總共連續最少 7 至 31 日	一筆月度賠償付款
2	總共連續最少 32 至 62 日	兩筆月度賠償付款
3	總共連續最少 63 至 182 日	三筆月度賠償付款
4	連續最少 183 日	五筆月度賠償付款

本保障的特定條件 適用於保單所有部分的基本條件以外的額外條件

1. 本保障須在**危疾診斷**日期起 12 個月內支付。
2. **受保人**的「**危疾**」保障根據**本保單**終止時，本保障同時終止。
3. 本保障只適用於在**本保單**下就一項**危疾**已經或須要支付的有效索償。

## AIG「倍安心」危疾保險 危疾每日住院津貼保障

本延伸保障附於**危疾**保障保單（以下稱為「**本保單**」）並且構成**本保單**的一部分。本延伸保障僅在適用的保費收妥後才會發行。當**本保單**仍然生效時，**本公司**同意根據本延伸保障的條款、條件和不承保事項提供**保障權益表**所載的以下保障，保障的最高金額按**保障權益表**中所述，條件是保費於到期時均按時繳付。

除本延伸保障對**本保單**之修訂外，本延伸保障將以**本保單**的所有條款為準。除非於本延伸保障中另行定義，否則**本保單**中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。**保單持有人及受保人**必須細閱本延伸保障，以確保其明白保障範圍。

### 危疾每日住院津貼保障

倘**受保人**因被**診斷**患有**危疾**而入住**醫院**成為**住院病人**，**本公司**將向**受保人**就其作為**住院病人**的每一日花費支付**保障權益表**所示之**賠償**，惟**住院**須在**診斷**的日期起 3 個月內開始。

本保障下的**賠償**在**等候期**完成後開始，持續最高達 60 日或直至**受保人**出院不再作為**住院病人**為止（以較早發生者為準）。

**本保障的特定定義** 適用於保單所有部分的基本定義以外的額外定義

**住院**／**入住醫院**指**受保人**在**危疾診斷**日期後入住一間**醫院**作為**住院病人**。

**住院病人**指**受保人**須留在**醫院**一段持續期間作為登記在冊的病人接受治療最少一日，而留院乃經由主診**醫生**確認屬**醫療必需**。

日指一個滿 24 小時的期間。

**本保障的特定條件** 適用於保單所有部分的基本條件以外的額外條件

1. 本保障只適用於在**本保單**下就一項**危疾**已經或須要支付的有效索償。
2. 本保障僅會就一項**危疾**付款，不論**受保人**在同一次**住院**期間被**診斷**或患上多少項**危疾**。
3. 任何**住院**須以**受保人**的**醫院**出院摘要、**醫院**賬單及相關醫療報告為證。
4. 就同一項被**診斷**的**危疾**，倘多次**住院**之間並沒間斷超過 90 天，其後的**住院**時間均被視作同一項**住院**索償的部分，最高賠償額以 60 日為限。
5. 本保障只須就一項**住院**索償付款。
6. **受保人**的「**危疾**」保障根據**本保單**終止時，本保障同時終止。

# AIG「倍安心」危疾保險

## 危疾深切治療部每日住院津貼保障

本延伸保障附於**危疾**保障保單（以下稱為「**本保單**」）並且構成**本保單**的一部分。本延伸保障僅在適用的保費收妥後才會發行。當**本保單**仍然生效時，**本公司**同意根據本延伸保障的條款、條件和不承保事項提供**保障權益表**所載的以下保障，保障的最高金額按**保障權益表**中所述，條件是保費於到期時均按時繳付。

除本延伸保障對**本保單**之修訂外，本延伸保障將以**本保單**的所有條款為準。除非於本延伸保障中另行定義，否則**本保單**中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。**保單持有人及受保人**必須細閱本延伸保障，以確保其明白保障範圍。

### 危疾深切治療部每日住院津貼保障

倘**受保人**因被**診斷**患有**危疾**而入**住醫院**作為**住院病人**留在**深切治療部**，**本公司**將向**受保人**就其作為**住院病人**留在**深切治療部**的每一日花費支付**保障權益表**所述之本保障**賠償**，惟**住院**須在**診斷**的日期起 3 個月內開始。

**本公司**根據本保障支付的任何**賠償**是**本保單**任何其他「每日住院津貼」保障下須付金額以外的額外金額。

本保障下的**賠償**在**等候期**完成後（如適用）開始，持續最高達 60 日（見**保障權益表**所示）或直至**受保人**出院不再作為**住院病人**為止（以較早發生者為準）。

#### 本保障的特定定義 適用於保單所有部分的基本定義以外的額外定義

**深切治療部**是指**醫院**中指定為**深切治療部**，專門用於治療處於危急醫療狀況並需要在**醫院**內持續密切監測重要身體機能的病人的部分，而該部分能提供護理人員與病人的高比例，配備完善的設施為病人進行復甦治療，以及提供**醫院**其他部分未能提供的特殊護理和醫療服務。

**住院／入住醫院**指**受保人**在**危疾診斷**日期後入住一間**醫院**作為**住院病人**。

**住院病人**指**受保人**須留在**醫院**一段持續期間作為登記在冊的病人接受治療最少一日，而留院乃經由主診**醫生**證明屬**醫療必需**。

日指一個滿 24 小時的期間。

#### 本保障的特定條件 適用於保單所有部分的基本條件以外的額外條件

1. 本保障只適用於在**本保單**下就一項**危疾**已經或須要支付的有效索償。
2. 本保障僅會就一項**危疾**付款，不論**受保人**在同一次**住院**期間被**診斷**多少項**危疾**。
3. 任何**住院**須以**受保人**的**醫院**出院摘要、**醫院**賬單及相關醫療報告為證。
4. 就同一項**危疾**，不論所作出多少次索償，本保障須付的**賠償**最高賠償額以 60 日為限，而本保障須在**危疾診斷**日期起 6 個月內支付。
5. 就同一項被**診斷**的**危疾**，倘多次**住院**之間並沒間斷超過 90 天，其後的**住院**時間均被視作同一項**住院**索償的部分，最高賠償額以 60 日為限。
6. 本保障只須就一項**住院**索償付款。
7. **受保人**的「**危疾**」保障根據**本保單**終止時，本保障同時終止。

# AIG「倍安心」危疾保險

## 青少年特定疾病保障 (如適用)

本延伸保障附於**危疾保障**保單（以下稱為「**本保單**」）並且構成**本保單**的一部分。本延伸保障僅在適用的保費收妥後才會發行。當**本保單**仍然生效時，**本公司**同意根據本延伸保障的條款、條件和不承保事項提供**保障權益表**所載的以下保障，保障的最高金額按**保障權益表**中所述，條件是保費於到期時均按時繳付。

除本延伸保障對**本保單**之修訂外，本延伸保障將以**本保單**的所有條款為準。除非於本延伸保障中另行定義，否則**本保單**中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。**保單持有人及受保人**必須細閱本延伸保障，以確保其明白保障範圍。

### 青少年特定疾病保障

倘青少年在保單生效期內經專科醫生診斷患上青少年特定疾病，本公司將向受保人支付保障權益表所載之賠償。

#### 本保障的特定定義 適用於保單所有部分的基本定義以外的額外定義

**青少年**指一名受保人自其在**醫院**正常健康誕生的日期後滿 6 個月時起直至 18

歲。**青少年特定疾病**指以下疾病及病況：

1	血友病
2	胰島素依賴型糖尿病（第一型糖尿病）
3	川崎病併有心臟併發症
4	成骨不全症（第三型）
5	斯蒂爾病
6	風濕性心瓣疾病

**血友病**指符合以下所有診斷條件的病症：

- (a) 凝血因子 VIII 或凝血因子 IX 的水平少於正常水平的百分之一（1%），及
- (b) 出現復發性關節內或其他出血情況，須要每個保單年度內進行最少兩次凝血治療，最少連續兩（2）個保單年度。

**胰島素依賴型糖尿病**指符合以下所有診斷條件的病症：

- (a) 因自體免疫性疾病導致胰臟長期不能分泌胰島素；
- (b) 經內分泌科專科醫生診斷，依賴外來的胰島素以維持正常血糖代謝屬**醫療必需**；及
- (c) 病症已存在最於六（6）個月。

**川崎病併有心臟併發症**指呈現輕度貧血、白血球量高於正常水平、反映血管炎症的紅血球沉降率升高及血小板數目急升的病症。必須符合以下所有診斷條件：

- (a) 一（1）條或以上的冠狀動脈持續擴張或形成動脈瘤，直徑最少為六（6）毫米；及
- (b) 此擴張或動脈瘤在此疾病最初**診斷**後已持續最少六（6）個月。

#### 成骨不全症 - 第三型

符合以下所有條件時即為成骨不全症 - 第三型：

- (a) 就成骨不全症 - 第三型的**診斷**進行的皮膚活組織檢查結果為陽性；
- (b) X光檢查結果顯示多處骨折及漸進性脊柱後側凸畸形；
- (c) 有證據證明此疾病導致成長遲緩及聽覺受損；及
- (d) **診斷**經由兒科專科醫生確認。

**斯蒂爾病**（包括嚴重幼年類風濕性關節炎）指一種形式的幼年慢性關節炎，須符合以下所有診斷條件：

- (a) 以下關節部位有三（3）個或以上出現廣泛性關節破壞和嚴重畸形：手部、手腕、手肘、膝蓋、髖部、足踝、頸椎或腳部；  
及
- (b) 病症已存在最少六（6）個月。

**風濕性心臟疾病**指符合以下所有診斷條件的急性風濕熱：

- (a) 由心臟專科醫生或兒科專科醫生**診斷**，確認**受保人**存在美國心臟協會指明的診斷準則；及
- (b) 風濕熱的唯一後果為最少一（1）個心瓣中度關閉不全，並以心電圖檢查報告為證。

### 本保障的特定條件 適用於保單所有部分的基本條件以外的額外條件

- 1. 本保障只適用於：
  - (a) **青少年特定疾病**的**診斷**於**保單生效日起等候期**期滿後才首次發生或展示為首次發生；
  - (b) 該**青少年特定疾病**之症狀或病徵於**保單生效日起等候期**期滿後才首次展示；及
  - (c) **受保人**在**診斷**患上**青少年特定疾病**後最少存活 30 天。倘**受保人**在此 30 天內使用生命維持系統超過 3 天，**受保人**必須存活的日數則會根據**受保人**繼續使用生命維持系統（3 天以後）的每一天而相應延長一天。
- 2. 本公司僅會就**受保人**在**保單生效期**內**診斷**的一項**青少年特定疾病**向**受保人**支付**賠償**，本保障在該等**賠償**支付後即告終止。
- 3. **受保人**的「**危疾**」保障根據**本保單**終止時，本保障同時終止。

### 本保障的特定不承保事項 適用於保單所有部分的基本不承保事項以外的額外不承保事項

本公司不會就以下情況就**本保單**下的任何索償作出賠償：

- 1. 在**保單生效日**之前**診斷**患有的任何**危疾**或病況，而發病的身體部位或器官與**青少年特定疾病**或其後發展成為**青少年特定疾病**的發病部位或器官相同。
- 2. 任何沒有在**青少年特定疾病**的定義列明的兒童特定**危疾**。

## AIG「倍安心」危疾保險 子女教育基金保障 (如適用)

本延伸保障附於**危疾**保障保單（以下稱為「**本保單**」）並且構成**本保單**的一部分。本延伸保障僅在適用的保費收妥後才會發行。當**本保單**仍然生效時，**本公司**同意根據本延伸保障的條款、條件和不承保事項提供**保障權益表**所載的以下保障，保障的最高金額按**保障權益表**中所述，條件是保費於到期時均按時繳付。

除本延伸保障對**本保單**之修訂外，本延伸保障將以**本保單**的所有條款為準。除非於本延伸保障中另行定義，否則**本保單**中定義的詞彙用於本延伸保障時具有相同涵義。

本延伸保障列明保障範圍的詳細資料及適用於本延伸保障之條款和條件。**保單持有人及受保人**必須細閱本延伸保障，以確保其明白保障範圍。

### 子女教育基金保障

倘**受保人**經**專科醫生**診斷患上**危疾**，而該**危疾**直接導致**受保人**在**診斷**日期起 365 天內身故，則**本公司**將支付**保障權益表**指明的一次性**賠償**，以資助**受保人**每名子女在**學校**的學費。

本保障最多為三名**子女**支付學費，而且在**本保單**下每名合資格**子女**只享受一次保障。

#### 本保障的特定定義 適用於保單所有部分的基本定義以外的額外定義

**學校**指**受保人**子女就讀的公立或私營小學、中學或大學教育的全日制機構，必須有合資格的教師，而且經由政府的相關教育當局核准在香港特別行政區營辦。

**家長**指一名子女的親生母親或父親，或法定監護人，而且是該名子女主要依賴以獲得照顧、財政供養及支持之人士。

#### 本保障的特定條件 適用於保單所有部分的基本條件以外的額外條件

本保障：

1. 只適用於在**本保單**下有一項「**危疾**」的有效索償。
2. 將付予有權收取本保障的**子女**的**家長**。
3. 在**受保人**身故時，將付予其在**學校**讀書的**子女**。
4. 在**受保人**的「**危疾**」保障根據**本保單**終止時，本保障同時終止。

茲證明本保單經由美亞保險香港有限公司發行。

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