



Lady CritiCare Plan

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

All period of insurance shall begin at 12:01 a.m., standard time, at the place where the Policy was issued and end in accordance with Part IV – Termination of Coverage of this Policy.

PART I – DEFINITIONS

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

“Activities of Daily Living” means:

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

“Anniversary Date” means each anniversary of the effective date as stated in the Schedule of Benefits.

“Aplastic Anemia” means chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) Blood product transfusion; or
- (b) Marrow stimulating agents; or
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis must be confirmed by a haematologist.

“Breast” means the mammary gland of a female found at the front part of the thorax.

“Carcinoma-in-situ” means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the Invasion of normal tissues. The Diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissue whilst in the case of cervix, it must be additionally be supported by a cone biopsy. Pap smear result is considered as preliminary Diagnosis and must be confirmed with biopsy result before the claim is entitled. Clinical diagnosis does not meet this standard.

“Cervix” means neck of the uterus which projects into the vagina.

“Chinese Medicine Practitioner” means any Chinese bonesetter, acupuncturist or Chinese medicine practitioner who is legally registered as a Chinese medicine practitioner under the Chinese Medicine Ordinance (Cap 549, Laws of Hong Kong), but excluding a Chinese Medicine Practitioner who is Your Immediate Family Member or Yourself.

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

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

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

“Fallopian Tube” means either of a pair of tubes that conduct ova from the Ovary to the Uterus.

“Hospital” means an establishment which meets all the following requirements:

- (a) holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
- (b) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- (c) provides 24-hour a day nursing service by registered or graduated nurses;
- (d) has a staff of one (1) or more licensed Registered Medical Practitioner available at all times;

- (e) provides organized facilities for diagnosis and major surgical facilities; and
- (f) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts.

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

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

“Invasion” means infiltration and/or active destruction of tissue or surrounding tissue.

“Major Cancer” means a malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. This Diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

- (a) Tumours showing the malignant changes of Carcinoma-in-situ and tumours which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3;
- (b) Hyperkeratoses, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases;
- (c) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter, Papillary micro-carcinoma of the Bladder, and Chronic Lymphocytic Leukaemia less than RAI Stage 3; and
- (d) All tumours in the presence of HIV infection.

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

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

“Osteoporosis” means the following conditions are met:

- (a) at least two (2) vertebral body fractures occurring before the age of sixty-five (65) or a fracture of the neck of femur, due to Osteoporosis; and
- (b) Bone mineral density measured in at least two (2) sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning is consistent with severe Osteoporosis.

“Ovary” means the main female reproductive organ, which produces ova and steroid hormones in a regular cycle in response to hormones from the anterior pituitary gland.

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

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

“Pre-existing Condition” means any illness, disease or other condition of You which prior to the Policy's effective date, or last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only), (a) first manifested itself, worsened, became acute or exhibited symptoms which would have caused an ordinarily prudent person to seek diagnosis, care or treatment; (b) required You taking prescribed drugs or medicine; or (c) was treated by Qualified Medical Practitioner or a Registered Medical Practitioner, or treatment had been recommended by a Qualified Medical Practitioner or a Registered Medical Practitioner. Pre-existing Condition shall also mean the existence of symptoms of any covered cancer or illnesses or a condition likely to cause a covered cancer or illnesses which would cause an ordinarily prudent person to seek diagnosis, care or test.

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

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

“Registered Physiotherapist” means any person who is legally registered as a physiotherapist under the Supplementary Medical Professions Ordinance (Cap 359, Laws of Hong Kong), but excluding a physiotherapist who is Your Immediate Family Member or Yourself.

“Rheumatoid Arthritis” means Diagnosis of severe Rheumatoid Arthritis by a consultant rheumatologist. The Diagnosis of Rheumatoid Arthritis must be according to the diagnostic criteria as specified by the American College of Rheumatology and resulting in an inability to perform at least two (2) of the six (6) Activities of Daily Living.

“Schedule of Benefits” means the attachment to this Policy entitled



"Schedule of Benefits" as may be amended by Us from time to time.

"**Sum Insured**" means the amount of sum insured of each of the benefits covered under this Policy as stated in the Schedule of Benefits.

"**Surgical Expenses**" means the actual charges of surgical fee, anaesthetist's fee and operation room fee charged on You for a covered surgery operated in a Hospital.

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

The WHO Classification of Lupus Nephritis:

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

"**Urinary Incontinence**" means where the following conditions are met:

- urinary incontinence has been diagnosed and under the management of a Registered Medical Practitioner for at least two (2) years during which time there has been a need for continuous use of incontinence management devices; and
- medically necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence. Surgery which included treatment for other pathology including hysterectomy for uterus pathology or dysfunction does not meet this condition.

"**Usual, Customary and Reasonable**" means an expenses which: (a) is charged for treatment, supplies or medical services medically necessary for the caring of You under the care, supervision, or order of a Registered Medical Practitioner; (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed.

"**Uterus**" means the part of the female reproductive tract that is specialized to allow the embryo to become implanted in its inner wall and to nourish the growing fetus from the maternal blood.

"**Vagina**" means the lower part of the female reproductive tract, a muscular tube, lined with mucous membrane, connecting the cervix of the uterus to the exterior.

"**Vulva**" means the female external genitalia.

"**Waiting Period**" means the period of ninety (90) days which commences immediately following the Policy's effective date, or last reinstatement date, or date of any increase of benefits coverage (to the extent of such increase only), whichever is later.

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

"**We, Us, Our**" means AIG Insurance Hong Kong Limited.

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

PART II – BENEFITS

1. Major Cancer Benefit

When You are first diagnosed during the period of insurance to be suffering from any Major Cancer as defined herein, We will pay You the Sum Insured of Major Cancer Benefit stated in the Schedule of Benefits or any endorsement hereon.

2. Female Critical Illnesses Benefit

When You are first diagnosed during the period of insurance to be suffering from any of the following Female Critical Illnesses defined herein, We will pay You the Sum Insured of Female Critical Illnesses Benefit stated in the Schedule of Benefits or any endorsement hereon.

- Rheumatoid Arthritis
- Aplastic Anemia
- Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

3. Female Common Illnesses Benefit

When You are first diagnosed by a Registered Medical Practitioner during the period of insurance to be suffering from any of the following Female Common Illnesses defined herein, We will indemnify You for the Female Common Illnesses Benefit to the extent herein provided as follows:

- Osteoporosis**
If You suffer from Osteoporosis as defined herein, We will pay You twenty percent (20%) of the Sum Insured of Major Cancer Benefit stated in the Schedule of Benefits or any endorsement herein.
- Urinary Incontinence**

If You suffer from Urinary Incontinence as defined herein and surgical repair is required, We will reimburse You the Usual, Customary and Reasonable Surgical Expenses up to twenty percent (20%) of the Sum Insured of Major Cancer Benefit regardless of the number of surgical repairs.

c. Female Carcinoma-in-situ

If You suffer from Carcinoma-in-situ as defined herein at the site of Breast, Cervix, Ovary, Uterus, Fallopian Tubes, Vulva or Vagina, We will pay You twenty percent (20%) of the Sum Insured of Major Cancer Benefit.

4. Additional Benefits

In addition to the benefit payable under the above Benefit 1 and 2, We shall reimburse the expenses listed below for the treatment in related to the Major Cancer or Female Critical Illness which you have suffered up to the Sum Insured stated in the Schedule of Benefits. Such expenses shall be ceased upon the payment of respective benefit amount.

a. Cosmetic Reconstruction Expenses

We shall reimburse the Cosmetic Reconstruction Expenses actually charged by the Registered Medical Practitioner up to the Sum Insured stated in the Schedule of Benefits, provided that such cosmetic reconstruction is deemed to be necessary to the treatment by the Registered Medical Practitioner.

b. Physiotherapy Expenses

We shall reimburse You for the physiotherapy expenses which is medically necessary and actually charged by a Registered Physiotherapist up to the Sum Insured stated in the Schedule of Benefits.

c. Psychological Counseling Expenses

We shall reimburse You for the consultation fees actually charged by a qualified clinical psychologist up to the Sum Insured stated in the Schedule of Benefits. A qualified clinical psychologist shall not be Your Immediate Family Member or Yourself.

d. Chinese Medical Expenses

We shall reimburse You the Chinese medical expenses actually charged by a Chinese Medicine Practitioner up to the Sum Insured stated in the Schedule of Benefits.

5. Free Services

a. Gynecological Check-up

Free gynecological check-up shall be provided to You once in every completion of two (2) policy years, except the first (1st) check-up shall be provided at the issuance of this Policy in a condition that it shall remain in force in the coming two (2) policy years, otherwise We reserve the right to recover from such paid check-up fee. All check-up must be performed at Our appointed medical clinics and subject to Our determinations and conditions.

b. Travel Guard Services

For any emergency assistance, simply call collect to the 24-hours Travel Guard Assistance Hotline at (852) 3516 8699. Remember to quote Your name, Policy number, location (name of hospital, if any), phone number and kinds of services required when You seek assistance. We or Our authorized representative will handle Your case and the followings are available (subject to such changes and on such terms as may from time to time be dictated by Us or Our authorized representative.)

- Pre-trip Assistance Service
- Lost Baggage Service
- Medical Service Directions
- Legal Referral Service
- Emergency Ticket Service
- Medical Evacuation Repatriation Services
- General Assistance Service

Compensation

- If the benefit of the above Benefit 1 or 2 is payable, We shall bear no further liability in respect of this Policy except Benefit 4, in which all expenses shall be claimed within one (1) year after the date of payment for Major Cancer Benefit or Female Critical Illnesses Benefit. This Policy will henceforth be terminated accordingly and no premium will be returned.
- Our liability to each of the covered Female Common Illnesses shall cease upon the respective payment as describe in Benefit 3.
- If the benefit of the above Benefit 3 is payable, the Sum Insured of Benefit 1 and 2 shall be reduced by the amount of such payment.



PART III – GENERAL EXCLUSIONS

We will not pay any benefits in respect of:

1. any Pre-existing Condition and any complication arising therefrom; or
2. any signs or symptoms of a covered cancer or illnesses as defined herein first occurred within the Waiting Period; or
3. any claims arising from a non-disclosed physical or mental condition which existed before the Policy's effective date, last reinstatement date, or date of any increase of benefit coverage (to the extent of such increase only), whichever is later; or
4. any cancer or illness covered under Benefit 1 and 2 which You do not survive after the Diagnosis for a period of at least thirty (30) days; or
5. intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, psychosis, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; suicide, sleep disturbance disorder; or
6. congenital anomalies or any complications or conditions arising therefrom; or
7. any Diagnosis made by You or Your Immediate Family Member or anyone who is living in the same household with You or by a herbalists, acupuncturist or other non-traditional health care provider; or
8. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
9. cosmetic or plastic surgery or any elective surgery or cosmetic procedures that improve physical appearance (except under the circumstances as described under Benefit 4(a) of Part II – Benefits herein), or
10. surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature; or
11. drug abuse or any other complications arising therefrom or any drug accident; or
12. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any wartime operations; or
13. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel, or
14. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
15. special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure; or
16. any investigation(s) or treatment not directly related to a covered cancer or illnesses or the conditions or diagnosis necessitating hospital admission; or
17. expenses that can be compensated from any other sources (applies only to Benefit 3(b) and Benefit 4 under Part II – Benefits herein).

We 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 us, our parent company or our ultimate controlling entity to any penalty under any sanctions law or regulation.

PART IV – TERMINATION OF COVERAGE

1. This Policy will be terminated:
 - (a) when premium is not paid when due; or
 - (b) when there is any fraud, misstatement, non-disclosure or concealment in respect of this insurance or any claim hereunder shall render this Policy null and void immediately. All the premiums paid and claims under this Policy shall be forfeited; or
 - (c) on next premium due date when You no longer fulfill the eligibility as stated under Clause 2 of Part V herein; or
 - (d) under the circumstances as described under Compensation (i) of Part II herein.
2. The Policyholder or We may cancel this Policy at any time by written notice delivered to each other at the last known address stating when thereafter such cancellation shall be effective and the Short Rate Table will be applied to Policy of annual premium payment. Such cancellation shall be without prejudice to any claim originating prior thereto.

SHORT RATE TABLE

Covered Period	Charged Percentage of Annual Premium
2 months (minimum)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

PART V - GENERAL PROVISIONS

1. ENTIRE CONTRACT

The Policy, Schedule of Benefits, the application, 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 agent has

authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by Us and such approval be endorsed hereon.

2. AGE LIMIT

The insurance under this Policy shall cover female aged between six (6) months and age sixty-five (65) and renewable up to age seventy (70).

3. MISSTATEMENT OF AGE

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

4. STATUS CHANGE

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

5. PREMIUM SETTLEMENT

This Policy is on annual basis, but premium can be settled monthly. However, all premium balance in relation to any given policy year has to be settled immediately if a claim arises. Otherwise such claim will be settled in such proportion as the premium We have received in the policy year bears to the total premium We should have received or should be receiving in the policy year to refuse or invalidate all claims under this Policy.

6. TIME OF NOTICE OF CLAIM

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

7. FORMS FOR PROOF OF LOSS

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

8. SUFFICIENCY OF NOTICE

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

9. TIME FOR FILING PROOF OF LOSS

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

10. MEDICAL EXAMINATION AND TREATMENT

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

11. IMMEDIATE PAYMENT OF INDEMNITIES

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

12. TO WHOM INDEMNITIES PAYABLE

Indemnity for loss of Your life is payable to Your estate. All other indemnities of this Policy are payable to You, except under Emergency Medical Evacuation and Repatriation of Remains under Part II herein, if any, where benefits will be paid directly to the provider of service as indicated in each section.

13. LIMITATION OF TIME FOR BRINGING SUIT



No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of two (2) years after the time written proof of loss is required to be furnished.

14. LIMITATION CONTROLLED BY STATUTE

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

15. ASSIGNMENT

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

16. COMPLIANCE WITH POLICY PROVISIONS

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

17. REINSTATEMENT OF POLICY

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

18. RIGHTS OF THIRD PARTIES

Nothing in this Policy is intended to confer a direct enforceable benefit on any party other than the Insured Person(s) and Us, whether pursuant to the Contracts (Rights of Third Parties) Ordinance or otherwise. It is hereby noted and agreed, however, that We and the Policyholder named in the Schedule alone have the right to amend this Policy by agreement or (if any such rights exist in the Policy) to cancel or terminate the Policy, without giving notice, or requiring the consent of any other person.

19. DATA PRIVACY

The Insured agrees that:

- (a) The personal data collected during the application process or administration of this policy may be used by AIG HK 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 Insured'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 Insured 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 Insured may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact AIG HK with any comments in relation to the services it provides. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

20. RENEWAL CLAUSE

This Policy will be renewed from the Anniversary Date with Our

consent by payment of premium in advance at Our premium rate in accordance with Your attain age on the Anniversary Date. However, We reserves Our right to make adjustment on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at Our discretion.

21. GRACE PERIOD

In respect of an annual payment policy, a grace period of thirty-one (31) days from the expiry date will be granted for payment of renewal premium. Otherwise, the Policy will lapse from the expiry date.

22. RIGHT OF RECOVERY

In the event authorization of payment and/or payment is made by Us, for a medical claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, We reserve the right to recover the said sum or excess from You.

23. FRAUDULENT CLAIMS

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

24. CLERICAL ERROR

Clerical errors by Us shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

25. GOVERNING LAW

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

IN WITNESS WHEREOF, this Policy to be issued by AIG Insurance Hong Kong Limited.

Copyright in this Policy is reserved. No part of this Policy may be reproduced in whole or part without the express consent of AIG Insurance Hong Kong Limited.



女性危疾保障

當我們美亞保險香港有限公司收妥保費後，即依據保單或批註內的定義、不承保事項、限制、條款和條件，同意承保及作出有關的賠償。保障生效時間為保單簽發地點的標準時間零時零一分開始，而保障終止則按照保單條款第四部份 - 保單終止為準。

第一部份 - 定義

「**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，指人體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、人類免疫不全病毒病變、人體免疫不全病毒之消瘦症候群或其他病症。

「**日常生活活動**」是指：

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

「**週年日**」是指列於保障權益表內生效日期的週年日。

「**再生障礙性貧血**」是指因慢性及永久性的骨髓造血功能衰竭而導致貧血、中血球減少及血小板減少，而且必須接受下列至少一項的治療：

- 定期輸血；或
- 需接受骨髓刺激性藥物治療；或
- 需接受免疫系統抑制性藥物治療；或
- 骨髓移植。

診斷必需經血液病專科醫生確認。

「**乳房**」是指女性的乳腺，位於胸廓前面。

「**原位癌**」是指癌細胞在某一焦點範圍內獨立生長，但還未侵入其他的正常細胞組織。原位癌的診斷必需要以顯微鏡檢驗固定組織為根據而作出正面的確診，如位於子宮頸，則另需附加錐形活檢作證明。柏氏子宮頸塗片檢查結果只能作為初步診斷及必需附加活組織檢查結果方可申報賠償。臨床診斷並不合乎以上標準。

「**子宮頸**」是指子宮的頸部並延伸至陰道。

「**中醫**」是指任何跌打、針灸或中醫師根據中醫藥條例(香港法例第549章)合法註冊成為中醫，但是若果中醫為你本人或你的直系親屬則除外。

「**內戰**」是指互相毀滅的戰爭或在同一國家或民族內的公民互相對抗的戰爭。

「**診斷**」是指由註冊醫生根據本保單內受保癌症或疾病定義中指定的跡象作出明確的診斷。當不能提供指定的跡象證明時，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，同時必須經我們的醫生根據你遞交的醫療證明及/或任何所要求的其他證明加以認可。

倘我們對診斷結果的適合程度及準確性有異議時，我們有權指派一位獨立而醫學界認可的專家檢驗你或有關的診斷證明。該專家對診斷所作出的意見對你及我們均具有約束力。

「**輸卵管**」是指其中之一條將卵細胞從卵巢運送到子宮的一對管道。

「**醫院**」是指具備以下條件的機構：

- 擁有合法經營之醫院牌照(若該國家或政府法例需要醫院領有牌照)；
- 為受傷及患病病人提供留院治療及照顧；
- 由註冊專業護士提供全日二十四小時之護理服務；
- 任何時間均有一位或以上的持牌合格醫生；
- 提供完善的診斷設施及大型的外科手術設備；及
- 非主要作為診所、護理、休養、靜養、戒酒、戒毒等或類似服務之醫療機構。

「**直系親屬**」是指你的配偶、父母、配偶父母、祖父母、子女、女婿、兒媳、兄弟姊妹、孫/外孫或合法監護人。

「**受保人**」是指名列於保障權益表或批註內為受保人之人士。

「**侵入**」是指滲透及/或活躍地破壞細胞組織或周圍的細胞組織。

「**癌症**」是指惡性癌，其特徵是惡性細胞不斷生長和擴散，並侵入及破壞正常組織。此診斷必須由合格的腫瘤學專科醫生或病理組織學專科醫生確認及有組織學證據證明腫瘤為惡性。

下列除外：

- 顯示由原位癌惡性轉變的腫瘤，及於組織學上為癌前病變的或非侵入性的腫瘤，包括但不限於原位性乳腺癌，子宮頸表層細胞病變包括 CIN-1、CIN-2 及 CIN-3；
- 皮膚癌中的表皮角化症，基底細胞癌及鱗狀細胞癌，及用 Breslow 組織學法檢查證實的厚度小於 1.5 毫米或 Clark 分級小於 3 級的黑色素瘤，除非證實已發生轉移的癌症則除外；
- 組織學描述為 TNM 分級為 T1a 和 T1b 的前列腺癌，或其他等同於或低於此級別的前列腺癌；T1NOMO 的乳頭狀甲狀腺微小癌且直徑少於 1 厘米；乳頭狀膀胱微小癌；及未達 RAI 第 3 期的慢性淋巴細胞性白血病；及
- 因感染人類免疫不全病毒導致免疫缺陷而引致的所有腫瘤。

「**惡性腫瘤**」包括但不限於卡波西氏腫瘤、中樞神經系統淋巴瘤及/或由於後天免疫力缺乏而直接引致死亡、疾病或殘廢的已知或後知的惡性病。

「**機會性感染**」包括但不限於肺囊蟲肺炎、慢性腸炎、過濾性病毒及/或漸進式真菌感染。

「**骨質疏鬆症**」必需合乎以下情況：

- 於六十五歲前因骨質疏鬆症而導致最少兩次脊椎骨的骨折或一次股骨上端的骨折；及
- 用雙能量 X 光吸收測量器(英文簡稱“DEXA”)或電腦斷層掃描(英文簡稱“CT”)量度最少兩個部位的骨質密度與嚴重骨質疏鬆症符合。

「**卵巢**」是指女性的主要生殖器官，在前垂體產生的激素的作用下週期性地產生卵子和甾類激素。

「**保單**」是指本保單及於本保單第五部份第一點提及的所有文件。

「**保單持有人**」是指作為保單申請人的個人，並且列於保障權益表內為保單持有人。

「**受保前已存在之狀況**」是指任何疾病或狀況你於此保單生效日，或最後復效日，或保額增加日(只限保額增加的部分)，以較遲者為準(a) 首次顯示、惡化、變為急性、展示病徵以使正常人士尋求診斷、護理、或治療；(b) 需要你服食處方藥物或藥物；或(c) 曾接受合資格醫生或註冊醫生之治療，或曾被合資格醫生或註冊醫生建議治療。受保前已存在之狀況亦指任何已存在之受保癌症或疾病病徵以使正常人士尋求診斷、護理、或測試。

「**合資格醫生**」是指得到當地政府承認並准許在其管轄範圍內提供醫療服務。但若合資格醫生為你本人或你的直系親屬，則不包括在內。

「**註冊醫生**」是指獲取西方醫學學士學位的人士，並得到當地政府允許提供醫療服務。但若註冊醫生為你本人或你的直系親屬，則不包括在內。

「**註冊物理治療師**」是指根據輔助醫療業條例(香港法例第 359 章)合法註冊成為物理治療師的人士，但是若物理治療師為你本人或你的直系親屬則除外。

「**類風濕性關節炎**」是指由風濕科專科醫生診斷為嚴重類風濕性關節炎。嚴重類風濕性關節炎的診斷需符合由“American College of Rheumatology”所定之診斷標準及因此病而導致不能進行六項日常生活活動中之最少其中兩項。

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

「**保額**」是指列於保障權益表內每一項保障之投保金額。

「**手術費用**」是指你於醫院內進行受保手術所收的實際手術費用，麻醉師費用及租用手術室費用。

「**系統性紅斑狼瘡併發狼瘡性腎炎**」是指多系統、多因子及自身免疫疾病，其特徵是產生自身抗體對抗各種自身抗原。本保單所指的系統性紅斑狼瘡只限於與腎臟有關的系統性紅斑狼瘡並根據世衛的分類及腎活體組織檢查確定為第三至第五型的狼瘡性腎炎。最終診斷需由風濕病和免疫病專科註冊醫生確認。

世衛對狼瘡性腎炎的分類標準：



- 第一型 - 輕微病變型狼瘡性腎小球腎炎
- 第二型 - 系膜增殖型狼瘡性腎小球腎炎
- 第三型 - 局部及節段性增殖型狼瘡性腎小球腎炎
- 第四型 - 彌漫性增殖型狼瘡性腎小球腎炎
- 第五型 - 廣泛的腎小球基底膜增厚的膜型狼瘡性腎小球腎炎

「小便失禁」是指符合以下情況：

- (a) 經註冊醫生診斷為小便失禁及接受治療最少兩年，於此期間需持續地使用處理失禁用品；及
- (b) 必須接受手術治療以更正失禁情況。若手術包含其他疾病治療包括因子宮的病變或失調而進行的子宮切除手術則不符合失禁手術的標準。

「實際、合理及慣常」是指任何費用(1)在註冊醫生之照顧、監管或指示下為你提供必須的治療、醫療設施及服務的收費；(2)不超過同一地區內接受類似治療、醫療設施及服務費用之正常水平的收費；及(3)不包括在沒有保險的情況下便不會收取之費用。

「子宮」是指女性生殖道之一部份，專門供胚胎植入其內壁以及從母血中提供營養給生長的胎兒。

「陰道」是指女性生殖道的下部，是一個內有黏膜的肌肉管道用以連接子宮頸和外部。

「外陰」是指女性的外生殖器官。

「等候期」是指由保單生效日或最後復效日，或保額增加日(只限保額增加的部分)，以較遲者為準，開始計九十天之內的期限。

「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。

「我們、我們的、我們自己」是指美亞保險香港有限公司。

「你、你的、你本人」是指其名字已列於保障權益表或批註內為受保人之人士。

第二部份 - 保障利益

1. 癌症保障

倘若你於保單有效期內被首次診斷患上符合本保單定義的癌症，我們將依據保障權益表或批註上之載癌症保障之保額作出賠償。

2. 女性危疾保障

倘若你於保單有效期內被首次診斷患上下列符合本保單定義的女性危疾，我們將依據保障權益表或批註上之載女性危疾保障之保額作出賠償。

- a. 類風濕性關節炎
- b. 再生障礙性貧血
- c. 系統性紅斑狼瘡併發狼瘡性腎炎

3. 女性疾病保障

倘若你於保單有效期內，經註冊醫生首次診斷患上下列符合本保單定義的女性疾病，我們將依據以下所載的賠償限額賠償女性疾病保障予你。

a. 骨質疏鬆症

如你患上符合本保單定義的骨質疏鬆症，我們將依據保障權益表或批註上之載賠償癌症保障保額的百分之二十予你。

b. 小便失禁

如你患上符合本保單定義的小便失禁及需接受手術治療，我們將賠償實際、合理及慣常的手術費用予你；不論手術次數多寡，最高總賠償額以癌症保障保額的百分之二十為上限。

c. 女性原位癌

如你患上符合本保單定義的原位癌及只限於以下部位：乳房、子宮頸、卵巢、子宮、輸卵管、外陰或陰道，我們將賠償癌症保障之保額的百分之二十予你。

4. 額外保障

除了賠償上述保障 1 及 2 外，我們亦會賠償下列與你所患的癌症或女性危疾有關的治療費用，賠償以保障權益表所載的保額為上限，而每項費用亦會於賠償後終止。

a. 整形外科手術費用

倘註冊醫生認為你需接受整形手術，我們將依據該次整形手術的實際費用作出賠償，唯最高賠償額以不超過保障權益表上之載之保額為限。

b. 物理治療費用

若因醫療上的需要而必須進行物理治療，我們將賠償你由註冊物理治療師所收的實際費用，唯最高賠償額以不超過保障權益表上之載之保額為限。

c. 心理輔導費用

若你需接受心理輔導，我們將賠償你由合資格臨床心理治療師所收的實際輔導費用，唯最高賠償額以不超過保障權益表上之載之保額為上限。心理治療師並不包括你本人或你的直系親屬。

d. 中醫醫藥費用

我們將賠償你由中醫所收的實際中醫醫藥費用，但以保障權益表上之載之保額為上限。

5. 免費服務

a. 婦科檢查

每完成兩個保單年度，我們會提供一次免費的婦科檢查予你；但第一次的檢查則會於簽發本保單時提供，唯保單必需於首兩個的保單年度持續生效，否則我們會保留追討你有關檢查費用之權利。所有檢查必需根據我們的決定及條款及於我們指定的醫療診所進行。

b. Travel Guard 國際支援服務

旅遊時若遇上任何緊急事故，只需撥電廿四小時 Travel Guard 國際支援熱線：(852) 3516 8699，提供你的姓名、保單號碼、所在地點(醫院名稱，如有)、電話號碼及尋求服務的種類。警報中心將會跟進及提供以下服務(我們或我們的授權代表可能隨時提出變更服務或條款)

- 出發前的諮詢
- 遺失行李之協助
- 醫療服務指導服務
- 法律轉介服務
- 緊急機票訂購服務
- 醫療運送及遺體運返服務
- 一般資料查詢服務

賠償

- (i) 當我們已對上述保障 1 及 2 作出賠償後，我們對本保單其他保障的責任便告終止，除了保障 4 需於癌症保障或女性危疾保障發出賠償後一年之內作出索償，否則本保單便告終止及不會獲退還保費。
- (ii) 我們對於每項受保女性疾病的責任將會於我們作出符合保障 3 內描述的賠償後終止。
- (iii) 如我們已對保障 3 作出賠償，保障 1 及 2 的保額會因此賠償而相繼遞減。

第三部份 - 不承保事項

我們並不承保以下事項：

- 1. 任何受保前已存在之狀況，包括由其引起之併發症；或
- 2. 任何於等候期首次出現之受保癌症或疾病的病徵；或
- 3. 任何於保單生效日、最後復效日、或保額增加日(只限保額增加的部分)(以較遲者為準)前已出現但未有透露之身體或精神狀況而導致的索償；或
- 4. 你於診斷患上保障1及2的受保癌症或疾病後生存少於三十天；或
- 5. 自致之傷害或疾病、性病、精神或神經系統失調、焦慮、緊張或抑鬱引致、精神病、愛滋病(AIDS)、人體免疫力缺乏病毒(HIV)感染、自殺、睡眠失調；或
- 6. 先天不足或先天性疾病，包括由其引起之併發症；或
- 7. 由你或你的直系親屬、共同生活者、中醫、針灸或其他非正式醫護人員作出的診斷；或
- 8. 直接或間接由分娩或妊娠所引致或加劇或延長的損害；或
- 9. 美容手術或外科整形手術或任何非必要之手術，任何改善外觀的美容手術(符合本保單第二部份保障4(a)的情況除外)；或
- 10. 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



11. 濫用藥物或誤服藥物而引致之任何併發症；或
12. 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
13. 由核燃料或核廢料而發放出的游離輻射或放射性污染所致；或
14. 核設備或零件爆炸引致的放射、中毒、爆炸或其他有害物質；或
15. 特別護照、一般身體檢查、康復護理、監管護理、一般身體衰弱、昏睡、休息治療；或
16. 任何與受保癌症及疾病無關之測試或治療或非必要的住院；或
17. 任何可由其他來源獲得賠償的費用(只適用於本保單第二部份的保障3 (b)及保障4。

我們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，若我們就任何損失或索賠作出支付會違反任何制裁法律或規例，並由此導致我們、我們的母公司或我們的最終控制實體根據任何制裁法律或規例須繳納任何罰款。

第四部份 - 保單終止

1. 此保單將根據以下情況終止保障：
 - (a) 如保費逾期未繳；或
 - (b) 當發現保險或索償中有任何欺詐、不實、拒絕陳述或隱瞞的成分，此保單便會宣判無效，並喪失所有賠償及已繳的保費；或
 - (c) 當你已不能符合第五部份的第二項中所述的資格，保障會於下一個保費到期日終止；
 - (d) 符合本保單第二部份賠償(i) 之情況。
2. 保單持有人或我們可隨時以書面形式寄往或遞交至彼此最後紀錄之地址，通知解除契約於下個月一號生效，所有年單的保費會根據以下的短期保費表收取，此種解約並不影響任何已呈交之賠償申請。

短期保費表

已保障的時間	年費收取的百分率
兩個月(最少)	40%
三個月	50%
四個月	60%
五個月	70%
六個月	75%
六個月以上	100%

第五部份 - 基本條款

1. **完整的保險契約**
本保單、保障權益表、投保書、批註及附加文件(如有者)均為本保險契約的一部份。如你未有在投保書上作出的陳述，均不得作為廢除本契約或利用於法律訴訟，除非該陳述涉及詐騙。任何營業員均無權更改或刪除保單內的任何條款，所有更改需由我們簽署同意並簽發批註後，方為有效。
2. **年齡限制**
本保單只提供保障予六個月至六十五歲之女士，可續保至七十歲。
3. **年齡錯誤陳述**
若你的年齡被錯誤陳述，我們會按正確年齡應付之保費而退回或收取保費的差額。倘你投保時的正確年齡未符合保單的要求或已超出限制，我們只會退回保費而不負責任何承保責任。
4. **現況轉變**
如你在投保書內所提供之資料有任何轉變，你須通知我們有關之變更，否則我們有權將所有賠償失效。
5. **保費清付**
本保單為年單，但可以月供形式支付保費，若索償出現，所有於保單年度的剩餘保費必須立即清付，否則我們會按保單年度已繳及應繳保費的比例而作出賠償。
6. **申請賠償通知之期限**
如你要申請索償，應於事件發生之日起三十日內以書面通知我們。倘遭意外而引致死亡，應立即通知我們。
7. **損害之證明文件**
我們在接獲該書面通知後，會將申請賠償表格送交索償人，以作填寫損害證明之用。倘索償人於書面通知書發出後十五日內仍未收到該申請賠償表格，索償人可將事故的發生、性質與損害程度於損害證明文件遞交之期限前提交給我們，我們會將此書面證明視作已符合本條款之要求。我們所需之任何證明文件，須依據我們所定之形式及性質提交，而所需費用概由你或你的合法代理人負責。
8. **充足的通知期**
該書面通知可由你或你的代表人送交我們，並提供足夠資料以證明你的身份。倘有合理的理由不能於限期內將該書面通知送交我們，但已盡可能於限期後立即送出，則不會被視為放棄申請賠償的權利。
9. **損害證明文件遞送之期限**
所有賠償申請的證明文件需於事故發生日後九十日內呈交給我們。
10. **身體檢查**
於處理申請賠償時，我們有權隨時要求你作身體檢查。倘你身故，除法律不允許外，我們有權要求解剖驗屍，而費用則由我們負擔。你應於意外發生或感染疾病後迅速取得及遵從合格註冊醫生之醫療建議及服食處方藥物，否則我們不會為此負上任何責任。
11. **賠償金支付時間**
我們當接獲所需的證明文件後，將立即作出合理賠償，但永久完全殘廢或定期的賠償則除外。
12. **賠償金之受益人**
倘你因傷死亡，賠償金將予你的合法遺產承繼人，其他賠償則予你本人。但第二部份之緊急醫療運送及遺體運返(如有者)的費用則直接還付服務提供者。
13. **法律訴訟之時間限制**
依據本保單所規定之條款及期限內，將損害證明文件送交我們後，六十日內不得進行法律訴訟以求賠償。倘須訴訟應於本保單規定之損害證明文件送交我們限期後二年內進行，否則不得再進行訴訟。
14. **法律限制**
倘本保單內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你所居住之國家所允許之期限，則本保單將依其法例延長至該國家所容許之最低限度的期限。
15. **轉讓**
轉讓權益不會對本公司構成任何約束力，而我們亦不會對該轉讓的有效性承擔責任。任何轉讓證書、組織的條款或我們的法規均不可以阻礙保單的索償，除非有關的條款已詳細列於本保單內。
16. **保單條款之遵從**
若你有違反本保單內所載的任何條文，所有賠償申請均不會被接納。
17. **保單之復效**
倘保費到期未有繳訖以致保單失效，保單可復效，但必須獲得我們之同意。我們不會負責於保單失效期間發生之索償，而受保前已存在之狀況會再度於保單復效後執行。
18. **第三者權利**
除受保人及我們以外，此保單未有賦予其它人士享有按《合約(第三者權利)條例》或以其它方式直接強制執行此保單條款的權益。惟特此說明及同意只有我們及於保障列表上列明的保單持有人方可享有在無須給予其它人士通知或無須獲其它人士同意的情况下，可藉協議修改本保單或取消/終止此保單(如此保單載有此權利)的權利。
19. **私隱條例**
受保人同意及確認：
 - (a) 美亞保險可按列於其私隱政策的用途使用於處理此保單申請或管理此保單所收集之個人資料，其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權)；
 - (b) 美亞保險可使用受保人的聯絡資料(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(如美亞保險已獲受保人同意可如此使用其聯絡資料)；
 - (c) 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，作上述列明之用途：
 - (i) 提供有關本人/吾等保單管理服務的第三者(包括再保險公司)(如上(a)項所述)；
 - (ii) 財務機構，作處理此申請及收取保費(如上(a)項所述)；
 - (iii) 公證人、調查員、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)；
 - (iv) AIG集團授權的市場推廣公司，以作直銷之用(如上(b)項所述)；
 - (v) 其它在任何國家之AIG集團之成員公司，作上述(a)及(b)



項所有列明之用途；或

(vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) 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) 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。

20. 續保

於保單週年日前繳交根據你的到達年齡計算之保費，保單得以續保。我們有權更改保費、保障、條款及條件或拒絕續保等。

21. 續保寬限期

年單的續期保費可於保單到期後三十一日之續保寬限期內繳付，否則保單將於到期日失效。

22. 權利之追討

若我們或 Travel Guard 國旅遊支援服務支付了不包括在此保單保障範圍內的醫療索償，或超過此保險的賠償限額時，會保留追討你之權利。

23. 索償之欺騙

倘若你、你的代表人在索償中存有任何欺詐的成份，所有賠償或保障均會作廢。

24. 筆誤

我們的筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

25. 法例監管

本保單受香港特別行政區法例之約束。本保單所涉及之人士均同意服從香港特別行政區法庭之裁決。

茲證明本保單經由美亞保險香港有限公司發行。

(此中文譯本乃供參考之用，如有異議，均以英文為準)

此保單的版權為美亞保險香港有限公司所有。未經美亞保險香港有限公司同意不得複製全部或部份保單之內容。