

Voluntary Group Assurance Program

Critical Illness Coverage

僱員自購保障計劃

危疾保障

AIG INSURANCE HONG KONG LIMITED (MACAU BRANCH)

(HEREINAFTER CALLED THE COMPANY)

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

This Policy is issued in the manner as stated above. After taking effect, this Policy shall continue in effect until the date on which notice of termination is received from the applicant or until any conditions contained in PART 5, shall occur, and subject to all other provisions set out hereunder.

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

PART 1 - DEFINITIONS

"**Accident**" shall mean an unforeseen and involuntary event which causes a bodily Injury.

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

"**Activities of Daily Living**" as stated on this Policy shall have the following meanings :

- (a) **Mobility**: The ability to move from one (1) room to an adjoining room or from one (1) side of a room to another or to get in and out of bed or chair without requiring the physical assistance of another person;
- (b) **Continence**: the ability to voluntarily control bladder and bowel functions so as to be able to maintain personal hygiene;
- (c) **Dressing**: putting on and taking off all necessary items of clothing without requiring the assistance of another person;
- (d) **Toileting**: getting to and from the toilet, transferring on and off the toilet and associated personal hygiene; and
- (e) **Eating**: all tasks of getting food into the body once it has been prepared.

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

"**Company**" shall mean the company issuing this Policy.

"**Diagnosis**" means the definitive diagnosis made by a Registered Medical Practitioner, based upon such specific evidence, as referred to hereinbelow in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the company's medical director who may base his/her opinion on the medical evidence submitted by the Insured Person 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, the Company shall have the right to call for an examination, of either the Insured Person 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 on both the Insured Person and the Company.

"**Immediate Family Member**" shall mean the Insured Person's spouse, parents, parents-in-law, grandparents, sons or daughters, brothers or sisters.

"**Injury**" shall mean bodily Injury which is sustained by the Insured Person during the period of this Policy and is caused by an Accident, solely and independently of any other cause where disablement of the Insured Person results within twelve (12) consecutive months from the date of such accident.

"**Insured Person**" wherever used in this Policy shall mean i) the primary insured, ii) his/her spouse, iii) any unemployed and unmarried children age between 1-21, or up to 25 if a full time student, iv) his/her parent or parent-in-law. Provided that they are named in the application or their names are subsequently endorsed herein.

"**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.

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

"**Pre-existing Conditions**" shall mean conditions for which the Insured Person(s) received medical treatment, diagnosis, consultation or prescribed drugs within a five (5) years period preceding the effective date of this Policy or, the existence of any symptoms, known or unknown to the Insured Person(s), leading to a claim under this Policy; or a condition for which medical advice or treatment was recommended by a Physician within a five (5) years period preceding the effective date of the Policy. Such pre-existing conditions shall be covered provided the Insured Person(s) affected by these conditions has been insured under this Policy for five (5) consecutive years.

"**Registered Medical Practitioner**" or "**Physician**" or "**Surgeon**" shall mean 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 the Insured Person, or an Immediate Family Member of the Insured Person.

"**Sickness**" shall mean sickness or disease contracted or commencing after the Insured Person has been covered under this policy for not less than ninety (90) days (from the coverage commencement date or the date of its last reinstatement, whichever is later) and resulting in a loss covered hereunder.

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

"**War**" means a contest by force between two or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of pacific relations and ii) a general contention by force, both authorized by the sovereign.

Words in the masculine gender shall include the feminine.

DEFINITIONS OF COVERED CRITICAL ILLNESSES & DIAGNOSTIC REQUIREMENTS

The Critical Illness Benefit covers any of the following illnesses upon Diagnosis or performance of any of the covered surgeries included herein, being:

1. Stroke
2. Cancer (except Skin Cancer)
3. First Heart Attack
4. Coronary Artery Surgery
5. Other Serious Coronary Artery Disease
6. Angioplasty and Other Invasive Treatments for Coronary Artery Disease
7. Heart Valve Replacement
8. Fulminant Viral Hepatitis
9. Chronic Liver Disease
10. Pulmonary Arterial Hypertension (Primary)
11. End-stage Lung Disease
12. Kidney Failure
13. Surgery to Aorta
14. Aplastic Anaemia
15. Major Organ Transplant
16. Blindness
17. Loss of Hearing
18. Loss of Speech
19. Coma
20. Major Burns
21. Multiple Sclerosis
22. Paralysis
23. Poliomyelitis
24. Muscular Dystrophy
25. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders
26. Motor Neurone Disease
27. Parkinson's Disease
28. Terminal Illness
29. Encephalitis
30. Benign Brain Tumour
31. Major Head Trauma
32. Bacterial Meningitis
33. Apallic Syndrome
34. Loss of Independent Existence
35. Elephantiasis

36. Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis
37. Severe Acute Respiratory Syndrome (SARS)

- (a) a rapidly decreasing liver size;
(b) necrosis involving entire lobules, leaving only a collapsed reticular framework;
(c) rapidly degenerating liver function tests; and
(d) deepening jaundice.

Definitions and Diagnostic Requirements

1. Stroke

Any cerebrovascular incident, producing neurological sequelae, lasting more than twenty-four (24) hours and including infarction of brain tissue, cerebral haemorrhage, thrombosis or embolization from an extracranial source. Evidence of permanent neurological deficit must be produced.

2. Cancer (excluding Skin Cancer)

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

3. First Heart Attack

Death of a portion of the heart muscle as a result of inadequate cardiac blood supply.

The diagnostic criteria to be met are:

- (a) a current history of typical chest pain;
(b) current elevation of cardiac enzymes; and
(c) new electrocardiographic changes.

4. Coronary Artery Surgery

The actual undergoing of open chest surgery to one (1) or more coronary arteries due to disease of those arteries. Angioplasty, laser or other intra-arterial procedures, are excluded from this definition.

5. Other Serious Coronary Artery Disease

The narrowing of the lumen of at least three (3) arteries by a minimum of sixty percent (60%), as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

6. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

Only 10% of the sum insured shall be paid if the Insured Person actually undergoes balloon angioplasty, atherectomy or laser treatment to correct a narrowing (minimum of 50% stenosis) of two (2) or more major coronary arteries and shows a history of physical activity/exercise limiting symptomatology.

Such history shall consist of:

- (a) symptoms which are sufficiently severe to indicate that the Insured Person's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain;
(b) a specialist medical opinion which defines the need to limit physical exercise so as to minimize moderate to severe anginal pain.

Medical evidence shall include all of the following:

- (a) full report from attending Cardiologist;
(b) evidence of significant and relevant ECG changes (ST segment depression of two (2) millimetres or more); and
(c) angiographic evidence to confirm the location and degree of stenosis of two (2) or more major coronary arteries.

This benefit shall cease upon we paid out this benefit.

7. Heart Valve Replacement

The actual undergoing of open heart surgery to replace and/or dilate cardiac valves as consequence of heart valve defects occurring after the Policy issue date or the last commencement date, whichever is later.

8. Fulminant Viral Hepatitis

This is defined as a submassive to massive necrosis of the liver caused by the Hepatitis virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

9. Chronic Liver Disease

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

- (a) permanent jaundice;
(b) ascites; and
(c) hepatic encephalopathy.

Liver disease secondary to alcohol or drug misuse is excluded.

10. Pulmonary Arterial Hypertension (Primary)

This is defined as an increase in the blood pressure in the pulmonary arteries caused by either an increase in pulmonary capillary pressure, an increase in pulmonary blood flow or pulmonary vascular resistance.

The following diagnostic criteria must be met:

- (a) dyspnea and fatigue;
(b) increased left atrial pressure (at least twenty (20) units more);
(c) pulmonary resistance of at least three (3) units above normal;
(d) pulmonary artery pressures of at least forty (40) mmHg;
(e) pulmonary wedge pressure of at least six (6) mmHg;
(f) right ventricular end-diastolic pressure of at least eight (8) mmHg; and
(g) right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

11. End-stage Lung Disease

End-stage Lung Disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as FEV₁ test result of less than one (1) litre obtained with the use of bronchial dilator.

12. Kidney Failure

End-stage failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

13. Surgery to Aorta

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

14. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:

- (a) blood product transfusion;
(b) marrow stimulating agents;
(c) immunosuppressive agents; or
(d) bone marrow transplantation.

15. Major Organ Transplant

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

16. Blindness

Total irreversible loss of sight in both eyes, duly certified by an ophthalmologist's report, as a result of acute Sickness or Accident.

17. Loss of Hearing

Total irreversible loss of hearing for all sounds as a result of acute Sickness or accident. Medical evidence to be supplied by an appropriate (ear, nose and throat) specialist is necessary, including audiometric and sound-threshold test.

18. Loss of Speech

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of twelve (12) months. Medical evidence is to be supplied by an appropriate (ear, nose, throat) specialist and to confirm Injury or disease to the vocal chords. All psychiatric related causes are excluded. Loss of speech means inability to make a comprehensible word or understandable verbal language.

19. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system which must include the use of a respirator for a period of at least ninety-six (96) hours. Permanent neurological deficit must be present. Coma resulting directly from alcohol or drug abuse is excluded.

20. Major Burns

Third Degree Burns (full thickness skin destruction) covering at least twenty percent (20%) of the body surface.

21. Multiple Sclerosis

Unequivocal diagnosis by a consulting neurologist confirming the following combination of:

- (a) symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
- (b) a multiplicity of discrete lesions; and
- (c) a well documented history of exacerbations and remissions of said symptoms / neurological deficits.

22. Paralysis

The complete and permanent loss of use of both arms or both legs, or one (1) arm and one (1) leg, through paralysis, caused by Sickness or Injury, except when such Injury is self-inflicted.

23. Poliomyelitis

In respect of this Policy, polio shall be defined as infection with the polio virus, leading to paralytic disease. Cases not involving "paralysis" shall not be eligible for the benefit, and "paralysis" shall require confirmation by a certified consulting neurologist.

24. Muscular Dystrophy

In respect of this Policy, the Diagnosis of Muscular Dystrophy shall require confirmation by a consulting neurologist, and such shall have to be based on a combination of three (3) out of four (4) of the following:

- (a) family history of other affected individuals;
- (b) clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- (c) characteristic electromyogram; or
- (d) clinical suspicion confirmed by muscle biopsy, which in the opinion of the Company confirms the diagnosis of Muscular Dystrophy.

25. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders

Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or Irreversible Organic Degenerative Brain Disorders, excluding neurosis, psychiatric illness and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. The Diagnosis must be clinically confirmed by a Registered Medical Practitioner.

26. Motor Neurone Disease

Unequivocal diagnosis of Motor Neurone Disease by a certified consulting neurologist supported by definitive evidence of appropriate and relevant neurological signs and investigation.

27. Parkinson's Disease

Unequivocal diagnosis of Parkinson's Disease by a certified consulting neurologist where the following conditions exist:

- (a) cannot be controlled with medication;
- (b) shows signs of progressive impairment; and
- (c) Activities of Daily Living assessment confirms the inability of the Insured Person to perform without assistance three (3) or more Activities of Daily Living as defined hereinabove.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

28. Terminal Illness

The Insured Person must be suffering from a condition, which in the opinion of an appropriate medical consultant is highly likely to lead to death within twelve (12) months.

29. Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) resulting in significant and serious permanent neurological deficit as certified by a consultant neurologist. The permanent neurological deficit must be documented for at least four (4) weeks.

30. Benign Brain Tumour

A non-cancerous tumour in the brain which must be confirmed by imaging studies such as CT scan or MRI. Cysts, granulomas, malformations in, or of, the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

31. Major Head Trauma

Major trauma to the head with disturbance of the brain function confirmed by definite diagnosis by a certified consultant neurologist. The disturbance must result in a permanent bedridden situation or the inability to perform three (3) or more Activities of Daily Living as defined hereinabove. These conditions have to be medically documented for at least three (3) months.

32. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis must be confirmed by a consultant neurologist and evidence of permanent neurological deficit must be documented for at least three (3) months.

33. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The definite Diagnosis must be confirmed by a consultant neurologist. This condition has to be medically documented for at least one (1) month.

34. Loss of Independent Existence

Confirmation by a Registered Medical Practitioner of the loss of independent existence resulting in a permanent inability to perform three (3) or more Activities of Daily Living as defined hereinabove for a continuous period of six (6) months. For the purpose of this benefit the word "permanent" shall mean beyond any hope of recovery with current medical knowledge and technology.

All psychiatric related causes are excluded.

35. Elephantiasis

The 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 chief medical officer.

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

36. Systemic Lupus Erythematosus (SLE) caused with Lupus Nephritis

A chronic remitting relapsing inflammatory multisystem disease in which tissues and cells are damaged by deposition of pathogenic autoantibodies and immune complexes. Diagnosis will be based if all of the following conditions are satisfied:

- (a) Clinically there must be at least four out of the following presentations suggested by the American College of Rheumatology:
 - (i) Malar rash,
 - (ii) Discoid rash,
 - (iii) Photosensitivity,
 - (iv) Oral ulcers,
 - (v) Arthritis,
 - (vi) Serositis,
 - (vii) Renal disorder,
 - (viii) Leukopenia (<4,000/uL) or Lymphopenia (<1,500/uL) or Haemolytic anaemia or Thrombocytopenia (<100,000/uL),
 - (ix) Neurological disorder; and
- (b) two or more of the following tests being positive:
 - (i) Anti-nuclear antibodies,
 - (ii) LE cells,
 - (iii) Anti-dsDNA,
 - (iv) Anti-Sm (Smith IgG autoantibodies); and



- (c) there is Lupus Nephritis causing impaired renal function with a creatinine clearance rate of 30 ml per minute or less.

37. 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.

PART 2 - BENEFITS

Critical Illness Benefit

When the Insured Person is diagnosed to be suffering from a Critical Illness or undergoing a covered surgery as defined herein and if all of the following conditions are satisfied, the Company shall provide the benefit in one lump sum equal to the amount stated in the Schedule of Benefits or any endorsement (the "Lump Sum Payment").

- (a) the Insured Person experiences a Critical Illness specifically listed and defined in this Policy;
- (b) the Critical Illness experienced by the Insured Person is the first incidence of that Critical Illness;
- (c) none of the General Provisions, General Conditions or Exclusions specifically contained in this Policy applies.

However, in case of Angioplasty and other Invasive Treatments for Coronary Artery Disease, the Company's liability shall be limited to ten percent (10%) of the amount stated in the Schedule of Benefits. If the Company has already paid out the benefit of Angioplasty and Other Invasive Treatments for Coronary Artery Disease, the Lump Sum Payment shall be deducted from the amount of the advanced payment. In no event shall the total amount payable exceed 100% of the amount stated in the Schedule of Benefits regardless of the number of Critical Illness, incapacities or treatments suffered by the Insured Person.

In the event of first diagnosis of SARS during the period of insurance by a Registered Medical Practitioner, the Company shall provide the benefit up to ten percent (10%) of the lump sum payment stated in the Schedule of Benefits or HK\$20,000 whichever is lesser. If the Company has already made such cash payment for SARS under this Policy, the lump sum payment stated in the Schedule of Benefit during the period of insurance shall be reduced by the amount of such payment. For the avoidance of doubt, in no event shall the total amount payable under this Policy exceed 100% of the lump sum payment stated in the Schedule of Benefits regardless of the number of dread disease, incapacities or treatments suffered by the Insured Person which may be covered under this Policy.

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 and the Company shall incur no further liability therefor.

PART 3 - EXCLUSIONS

The Company will not pay any benefit in respect of:

1. any Pre-existing Conditions;
2. any illness other than a Diagnosis of Critical Illness as defined herein;
3. any Critical Illness (except SARS) of which, the signs or symptoms first occurred within ninety (90) days; whereas for SARS the signs or symptoms first occurred and is diagnosed within fifteen (15) days, following the Policy effective date or the date of its last reinstatement, whichever is later;
4. any Critical Illness which is caused by self-destruction or intentionally self-inflicted Injury or any attempt thereat while sane or insane;
5. any Critical Illness which is directly or indirectly caused by a congenital defect or disease;
6. any Critical Illness based on a Diagnosis made by the Insured Person or his Immediate Family Member or anyone who is living in the same household as the Insured Person or by a herbalists, acupuncturist or other non-traditional health care provider;
7. any Critical Illness which is directly or indirectly caused by an Acquired Immune Deficiency Syndrome or infection by any Human Immunodeficiency Virus (HIV); or venereal disease or sexual transmitted diseases;
8. any Critical Illness (except SARS) which the Insured Person does not survive after the Diagnosis for a period of at least thirty (30) days; whereas for SARS at least fifteen (15) days;
9. any Injury or Sickness caused directly or indirectly, wholly or partly by:
 - (a) consequent on violation or attempted violation of the law or resistance to arrest;
 - (b) consequent on an Insured Person engaging in air travel except as a passenger in any properly licensed privateer commercial aircraft;

- (c) consequent on an Insured Person engaging in a sport in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sport;
- (d) consequent on an Insured Person engaging in or taking part in armed force, naval, military or air force service or operations;
- (e) pregnancy, miscarriage, childbirth or any complications arising therefrom;
- (f) psychosis, mental or nervous disorders or sleep disturbance disorders;
- (g) cosmetic or plastic surgery or any elective surgery;
- (h) drug abuse or any other complications arising therefrom or any drug accident;
- (i) War (declared or undeclared), invasion, Civil War, revolution or any warlike operations.

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 4 - GENERAL CONDITIONS

1. Any fraud, mis-statement or concealment in respect of this insurance or of any claim hereunder shall render this Policy null and void and any Benefits due hereunder shall be or become forfeited.
2. No claim shall be admissible in respect of Critical Illness whilst the premium is in arrears.

PART 5 - TERMINATION OF COVERAGE

- (a) All coverages under this Policy will be terminated:
 - i) When any or any part of premium pertaining to this Policy is not paid when due; or
 - ii) When the Insured Person ceases to be an employee of the organisation and is employed in any of the occupations stated below (Excluded Occupations), the Company shall return promptly the pro rata unearned portion of any premium actually paid by the Insured Person. However, the maximum liability of the Company shall be limited to the refund of the unearned premium not exceeding twelve (12) months from the date when the Insured Person is employed in any of the Excluded Occupations.

Excluded Occupations

Blaster	Building Wrecker	Caisson Worker
Circus Trainer	Detective	Driller-
	Underground	
Dynamite/Explosive Operator	Jockey	Newspaper-war
	correspondent	
Secret Service Agent	Stuntman	Test Pilot
Wild Animal Trainer		
Government/State Disciplinary Forces - e.g.		Correctional
Services Department, Macau Police, Fire Services Department, Custom and Excise Department, Immigration Department, Coast Guard, etc.		

- iii) At the request of the Insured or the organization for which the Insured Person is a member/staff (stated in the Schedule of Benefits), termination of coverage will be effective on the first day of the following month upon the Company received the written instruction from the Insured Person or the organization for which the Insured Person is the member/staff.
- (b) The individual coverage for the primary insured, his/her spouse, parent or parent-in-law (who is an Insured Person) will be terminated on the next premium due date when he/she attains the age of sixty-six (66) years.
- (c) Provided further that the individual coverage for every dependent child (who is an Insured Person) will also be terminated on the next premium due date when the said dependent child (a) attains the age of twenty-two (22) if not a full time student; (b) attains the age of twenty-six (26) years if a full time student; (c) becomes married or; (d) is under full time or part time employment, whichever comes first.
- (d) The individual coverage for the Insured Person(s) shall terminate when the Lump Sum Payment of this Policy for that Insured Person has been paid.

PART 6 - GENERAL PROVISIONS

1. MISSTATEMENT OF AGE:-

If the age of any Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct



- age. In the event the age of the Insured Person has been misstated and if, according to the correct age of the Insured Person, the coverage provided by this Policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this Policy.
- 2. ENTIRE CONTRACT:-**
Changes in Policy: This Policy includes any endorsements and attachments, if any, and contains 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 the Company and such approval be endorsed hereon.
- 3. AGE LIMITS FOR PERSONS INSURED UNDER THIS POLICY:-**
The insurance under this Policy shall cover a) For adult – between eighteen (18) and sixty-five (65) years old; b) For child – must be unmarried and unemployed, between six (6) months and twenty-one (21) years old, renewable up to twenty-five (25) years old if a full time student.
- 4. TIME OF NOTICE OF CLAIM:-**
Written notice of Injury on which a claim may be based, must be given to the Company within thirty (30) days after the date of the Accident causing such Injury or disability and in the event of accidental death, immediate notice thereof must be given to the Company.
- 5. SUFFICIENCY OF NOTICE:-**
Such notice by or on behalf of the Insured or Beneficiary, as the case may be, given to the Company, with particulars sufficient to identify the Insured shall be deemed to be notice to the Company. 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.
- 6. TIME FOR FILING PROOF OF LOSS:-**
Affirmative proof of loss must be furnished to the Company at its said office in case of a claim for loss of time from disability within ninety days after the termination of the period for which the Company is liable, and in case of a claim for any other loss, within one hundred eighty days after the date of such loss.
- 7. 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 shall as soon as possible after the occurrence of any Injury obtain and follow the advice of a duly qualified medical practitioner and the Company shall not be liable for any consequences arising by reason of the Insured's failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.
- 8. IMMEDIATE PAYMENT OF INDEMNITIES:-**
All indemnities provided in this Policy for loss other than that of time on account of disability will be paid immediately after the receipt of due proof.
- 9. TO WHOM INDEMNITIES PAYABLE:-**
Indemnity for loss of life of the Insured Person is payable to the estate of the Insured Person. All other indemnities of this Policy are payable to the Insured Person.
- 10. RIGHT OF BENEFICIARY:-**
Consent of the Beneficiary shall not be requisite to surrender or assignment of this Policy, or to change of beneficiary, or to any other change in this Policy.
- 11. 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 days after proof of loss has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by the Policy.
- 12. 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

the Insured Person resides at the time this Policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

- 13. ASSIGNMENT:-**
No assignment of interest under this Policy shall be binding upon the Company unless and until the original or a duplicate thereof is filed at the Home Office. The Company does not assume any responsibility for the validity of an assignment. No change of Beneficiary under this Policy shall bind the Company, unless consent thereto is formally endorsed hereon by an executive officer of the Company. No provision of the charter, constitution or by-laws of this Company shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.
- 14. COMPLIANCE WITH POLICY PROVISIONS:-**
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
- 15. REINSTATEMENT OF POLICY:-**
If default be made in the payment of the agreed premium for this Policy, the subsequent acceptance of a premium by the Company or by any of its duly authorized agents shall reinstate the Policy, but only to cover loss resulting from accidental Injury thereafter sustained.
- 16. DATA PRIVACY:-**
It is hereby declared that as a condition precedent to the liability of the Company, the Insured Person has agreed that any personal information collected or held by the Company is provided and may held, used and disclosed by the Company to individuals/organisations associated with the Company or any selected third party (within or outside of Macau) for the purposes of processing the application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communication with the Insured Person for such purposes. The Insured Person has the right to obtain access to and to request correction of any personal information held by the Company concerning the Insured Person. Such request can be made to the Company Data Privacy Officer at Unit 506, 5th Floor, AIA Tower, No 251A - 301, Avenida Comercial de Macau
- 17. CANCELLATION CLAUSE:-**
The Company may cancel this Policy at any time by written notice delivered to the Insured Person or mailed to his last address as shown by the records of the Company stating when thereafter such cancellation shall be effective. In the event of such cancellation, the Company will return promptly the pro-rata unearned portion of any premium actually paid by the Insured Person. Such cancellation shall be without prejudice to any claim originating prior thereto.
- 18. RENEWAL CLAUSE:-**
Unless the Company indicates otherwise, this Policy may be automatically renewed at the end of each period of insurance. The Company reserves its right to decline renewal, and any renewal will be subject to amendments in premium rates, benefits, terms and conditions of this Policy at the end of any period of insurance and to the Insured Person's acceptance of such amendments within such period of time as designated by the Company.
- 19. 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.

IN WITNESS WHEREOF, AIG INSURANCE HONG KONG LIMITED (MACAU BRANCH) has caused this Policy to be issued in Macau.

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美亞保險香港有限公司（澳門分行）（以下均稱本公司）依據本保單所載之定義、不承保事項、條件及條款，同意承保受保人於本保單保障範圍內之損害。

本保單乃依據列以上條款而簽發。保單一俟簽發後，將持續有效，直至當日收到受保人終止此保單之通知或發生了列於本保單內第五部份終止保障之情況，以及依據以下所載之其他條款而終止此保單。

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。

第一部份 — 定義

「意外」是指在任何不能預料及非自願的情況下而引致身體受損。

「後天免疫力缺乏綜合症」或「愛滋病（AIDS）」於本保單內是參照世界衛生組織的定義為標準。「後天免疫力缺乏綜合症」包括伺機性感染、惡性贅瘤、人類免疫力缺乏的濾過性病毒（HIV）、腦炎（痢疾）、HIV Wasting Syndrome 或於 HIV 抗體測試中呈陽性反應。

「日常生活活動」— 日常生活活動於本保單上的定義如下：

- a) 移動能力
在無需其他人士協助的情況下，可自行由某一間房間移動至另一間連接的房間，或由房間的某一面移動至另一面，或上落床、坐椅及自椅子起立。
- b) 節禁
控制膀胱及大腸功能的自發能力，以保持個人衛生。
- c) 穿衣
在無需其他人士協助的情況下，可自行穿著及除掉一切所需衣物。
- d) 如廁
進出或使用廁所及個人衛生有關的措施。
- e) 進食
進食可給予食用的食物的一切程序。

「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。

「本公司」是指簽發此保單的公司。

「診斷」是指由下列定義的醫生作出的明確診斷。醫生須根據「危疾」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，同時必須經本公司的醫生根據「受保人」遞交的醫療證明及/或任何所要求的其他證明加以認可。

倘本公司對「診斷」結果的適合程度及準確性有異議時，本公司有權指派一位獨立而醫學界認可的專家檢驗「受保人」或有關的「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。

「直系親屬」是指「受保人」的配偶、父母、配偶父母、祖父母、子女及兄弟姊妹。

「損害」是指受保人在受保期內遭遇意外事故，而自該意外事故發生當日起計12個月內直接及無其他原因引致身體傷害，死亡或肢體殘缺。

「受保人」是指 i) 主受保人；ii) 其配偶；iii) 所有年齡在1至21歲未就職及未婚的子女，如為全日制學生，則受保至25歲；iv) 其父母或配偶父母。而其名字必須申報在投保書內或經批註在此保單內。

「惡性贅瘤」包括但不限於卡波西氏腫瘤、中樞神經系統淋巴瘤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。

「伺機性感染」包括但不限於肺囊蟲肺炎、慢性腸炎、過濾性病毒或漸進式真菌感染。

「受保前已存在之疾病」是指受保人於此保單生效日前五年內曾接受的醫藥治療、診斷、醫療意見、或會引致索償的已存在病徵（無論受保人知道與否）、處方服藥或經「合法註冊醫生」推薦接受的醫藥治療。倘受保人受本保單連續承保五年後，則上述的「受保前已存在之疾病」將列入本保單的承保範圍內。

「合法註冊醫生」、「醫生」或「外科醫生」是指獲取西方醫學學士學位的醫生，於當地合法註冊提供醫療或手術服務。但若醫生為「受保人」本人或其「直系親屬」，則不包括在內。

「疾病」是指受保人本此保單之生效日或復效日起計（以較遲者為準）九十日後所罹患或感染保障範圍內之病症。

「三級程度燒傷」是指皮膚全層以下之組織完全燒傷及損毀。

「戰爭」是指 i) 兩個或多個國家因要達到某目的而持續發生激烈武力鬥爭；ii) 最高主權發生武裝衝突；iii) 不論有否宣佈開戰；或iv) 國與國之間因中斷和平關係及發生激烈爭論而展開武力衝突。

以上陽性用詞亦包括陰性。

保障範圍內「危疾」之定義及診斷之要求：

「危疾」包括下列疾病的「診斷」，或進行下列定義的手術

1. 中風
2. 癌症(不包括皮膚癌)
3. 首次心臟病
4. 冠狀動脈手術
5. 其他嚴重的冠狀動脈疾病
6. 血管成形手術及其他冠狀動脈疾病之創傷性治療法
7. 心瓣置換
8. 暴發性病毒性肝炎
9. 慢性肝病
10. 肺動脈高血壓(原發性)
11. 末期肺病
12. 腎衰竭
13. 主動脈手術
14. 再生障礙性貧血
15. 主要器官移植
16. 失明
17. 失聰
18. 喪失語言能力
19. 昏迷
20. 嚴重燒傷
21. 多發性硬化症
22. 癱瘓
23. 脊髓灰質炎
24. 肌肉營養不良症
25. 亞爾茲默氏病/不可還原之器質 腦退化性疾病
26. 運動神經原疾病
27. 帕金森症
28. 末期疾病
29. 腦炎
30. 良性腦腫瘤
31. 嚴重頭部創傷
32. 細菌性腦(脊)膜炎
33. 植物人
34. 不能獨立生活
35. 象皮病
36. 系統性紅斑狼瘡並引致狼瘡性腎炎
37. 嚴重急性呼吸系統綜合症

定義及診斷之要求

1. 中風

指由於任何腦血管意外產生並超過二十四小時的神經後遺症。中風包括腦細胞組織梗塞、腦出血、血栓或由腦以外原因引致血栓塞。「受保人」必須提供永久性神經虧損證明。

2. 癌症(不包括皮膚癌)

是指新的不正常細胞在某一點範圍內獨立生長，並侵入其他正常的細胞組織。癌病須根據固定細胞組織的切片檢查或血液系統的細胞檢查作為確實的「診斷」。被懷疑是腫瘤的組織或樣本必須經過細胞結構及形態分析並符合癌症診斷之條件，一切皆以此為「診斷」基礎。臨床「診斷」的結果並不符合以上的標準。皮膚癌(除惡性黑素瘤外)、原位癌(癌細胞在某一點範圍內獨立生長，但還未侵入其他正常細胞組織)和各級別之子宮頸表層細胞之癌變皆不包括在此保障範圍內。

3. 首次心臟病

因心臟血液供應不足，引致部份心臟肌肉壞死。

「診斷」標準必須包括以下情況：

- 最近的典型的胸痛病歷；
- 新近出現心肌酵素提高的情況；及
- 心電圖產生新近的變化。

4. 冠狀動脈手術

因冠狀動脈疾病，而確實已接受一條或以上冠狀動脈作開胸手術。但不包括血管成形術，激光治療或其他在動脈之內做的手術程序。

5. 其他嚴重的冠狀動脈疾病

不論是否需要作任何類型的冠狀動脈手術，須經冠狀動脈造影證明最少三條冠狀動脈管腔有60%以上的收窄。

6. 血管成形手術及其他冠狀動脈疾病之創傷性療法

倘「受保人」確實已接受冠狀動脈疾病之創傷性療法，如氣漲法血管成形術、動脈粥瘤清除手術、或激光治療法以糾正最少兩條主要冠狀動脈狹窄(最少50%狹窄)及顯示在手術前有體能及運動能耐受阻之徵狀，本公司只賠償投保額的10%，賠償後其危疾賠償額亦相對遞減。若「受保人」同時受保於多項「危疾」保障，其可得之總金額不得超過上述最高限額。

病歷必須包括：

- 嚴重的病徵，足以顯示「受保人」的活動能耐只局限於最低水平，以防止胸痛。
- 醫學專家建議限制運動，以減少出現中度至嚴重的心絞痛。

醫學證明應包括下列各項：

- 主診心臟科醫生的詳細報告；
- 心電圖有顯著及相關變化的證明(ST段降低2毫米或以上)；及
- 經血管造影證明最少兩條主要冠狀動脈狹窄的位置及程度。

本保單的一次過賠償保額的計算，應先扣除所有已支付之限制賠償保額。而此項利益在支付限制賠償保額的最高限額後即時終止。

7. 心瓣置換

在保單生效日/復效日後出現心臟瓣膜缺陷而確實已接受剖開心臟之手術，以置換及/或擴張心臟瓣膜。

8. 暴發性病毒性肝炎

因肝炎病毒所導致的廣泛性塊肝壞死，以至產生肝衰竭。

「診斷」標準包括下列各項：

- 肝臟急劇縮小；
- 小葉完全壞死，只剩下倒塌的支架結構；
- 肝臟功能測試急劇退化；及
- 嚴重及持續加深之黃疸。

9. 慢性肝病

末期肝衰竭必須有下列所有的症狀證明：

- 持續性黃疸
- 腹水腫
- 肝性腦病

因酒精或濫用藥物而引起的繼發性肝病不在保障範圍內。

10. 肺動脈高血壓(原發性)

是指因肺毛細血管壓力增加、肺血流量或肺血管阻力增加而引起肺動脈血壓增加。

「診斷」須包括下列各項標準：

- 呼吸困難及疲勞
- 左心房壓力增加(最少提高20個單位)
- 肺阻力比正常最少高出3個單位
- 肺動脈血壓最少達到40毫米水銀柱壓力
- 肺血管楔壓最少達到6毫米水銀柱壓力
- 右心室的舒長末期壓最少達到8毫米水銀柱壓力
- 右心室肥大、擴張，出現右心心力衰竭和喪失代償功能的徵狀

11. 末期肺病

末期肺病包括間質性肺疾病，須要廣泛及永久的氧氣療法，以及FEV1測驗結果在使用氣管擴張藥物後低於1公升。

12. 腎衰竭

兩個腎臟的功能已出現慢性及不可逆轉的末期衰竭情況，因而須進行定期之腎臟透析法或接受腎臟移植手術。

13. 主動脈手術

因心臟主動脈疾病而確實已接受切除及置換主動脈之手術。但只包括胸部及腹部的主動脈，而非其分支血管。

14. 再生障礙性貧血

慢性及永久性的骨髓衰竭而導致貧血、嗜中性白血球減少及血小板減少之出現，須接受下列最少一項的治療：

- 輸血
- 刺激骨髓藥物
- 免疫系統抑制性藥物
- 骨髓移植

15. 主要器官移植

確實已接受器官移植手術者，包括腎、心臟、肝、肺、骨髓或胰腺等器官。

16. 失明

經眼科專家報告證明，因急性疾病或意外所導致的永久性雙目完全失去視力。

17. 失聰

因急性疾病或意外導致的永久性完全失去聽覺。醫學證明須由合適的耳、鼻、喉專科醫生提供並包括聽力測驗和聲域測驗。

18. 喪失語言能力

須證實完全及不可復原之永久喪失說話能力持續十二個月。經合適的耳、鼻、喉專科醫生驗證及確定聲帶疾病或受損。所有與心理因素有關的原因不在受保之列。喪失語言能力是指不能發出可理解的字句或可明白的語言。

19. 昏迷

是指一種失去知覺的狀態，對外來刺激或體內需求毫無反應，須持續利用生命維持系統(包括呼吸器)最少九十六小時，並必須有永久性之神經機能缺損。

因酒精或濫用藥物引致的昏迷除外。

20. 嚴重燒傷

身體表面最少有20%的皮膚受到三級燒傷(皮膚全層燒傷)。

21. 多發性硬化症

經神經病學專家顧問清楚「診斷」並肯定出現下列所有現象：

- 有關神經束支(白質)的病徵，包括視神經、腦幹和脊髓而引致可明確界定的神經系統缺損；
- 多次不連續不同位置的病徵；及
- 對上述的病徵或神經系統的缺損有詳細的病歷記錄，包括病情變壞及復原的病史。

22. 癱瘓

因癱瘓導致雙手、雙腳或一手一腳完全及永久失去活動能力，癱瘓須由疾病或受傷引致，但不包括自致的受傷。

永久失去活動能力必須由註冊醫生「診斷」並證明該活動能力自癱瘓發生開始已是連續並永久性地失去不少於十二個月。此外，必須呈交事件或疾病所導致癱瘓的證明文件。

23. 脊髓灰質炎

脊髓灰質炎在本保單內是指受脊髓灰質炎病毒的感染而引致癱瘓性之疾病。不涉及「癱瘓」的個案將不會得到賠償，而「癱瘓」的情況需要得到神經病科專家顧問的確認。

24. 肌肉營養不良症

肌肉營養不良症的「診斷」必須得到神經病科專家顧問的確認，而「診斷」必須根據下列四種情況的其中三項：

- 家族史內有其他家庭成員受到相同疾病之影響；
- 臨床檢驗包括：無官感神經紊亂、正常腦脊液及輕微腱反射的減退；
- 特殊的肌電圖；
- 臨床推測必須有肌肉活動組織檢查加以證實，而有關「診斷」需獲得本公司認可。

25. 亞爾茲默氏病/不可還原之器質腦退化性疾病

經臨床狀態及標準問卷、測驗證明思考能力退化、喪失，或行為舉止之失常是由亞爾茲默氏病/不可還原之器質腦退化性疾病引起。因神經機能疾病、精神病及任何藥物、酒精引起的機能失調，並導致嚴重性之思維能力及社交活動能力退減，進而影響「受保人」須接受持續性之照顧不包括在內。「診斷」須由適合的顧問醫生作臨床驗證。

26. 運動神經原疾病

經神經病專科醫生，根據明確、相關及合理的神經科症狀及檢查，而作出無可置疑之「診斷」為運動神經原疾病。

27. 帕金森症

經神經病專科醫生作出無可置疑之「診斷」為帕金森症，病情包括下列各項：

- 無法以醫藥療法控制；
- 有逐漸轉壞的症狀；及
- 按「日常生活活動」評估確定「受保人」無法在不受輔助的情況下完成最少下列三項事情：洗澡、穿衣、如廁、進食及上下床(或從椅子坐起)。

本計劃只保障不明起因的帕金森症，因藥物或中毒導致的帕金森症外。

28. 末期疾病

「受保人」身罹頑疾，而此疾病根據適當的醫生意見有很大可能性於十二個月之內引致「受保人」死亡。

29. 腦炎

因嚴重的腦物質(大腦半球、腦幹或小腦)炎症導致嚴重的永久性神經虧損。有關「診斷」必須獲神經病專家顧問確認，並證明永久性神經虧損已持續不少於四星期。

30. 良性腦腫瘤

指非惡性腦腫瘤，良性腦腫瘤必須以影像研究如CT掃描或磁場共振掃描確定，唯囊腫、肉芽腫、腦動脈或靜脈畸形、血腫、腦垂體或脊骨腫瘤等均不包括在良性腦腫瘤的定義內。

31. 嚴重頭部創傷

由神經病科專家顧問確定腦功能因嚴重創傷而受損，並導致必須永久臥床或不能完成日常生活活動的其中最少三項活動。「日常生活活動」的定義已列明在本保單內。有關喪失活動能力的情況必須有醫學證據證明已持續不少於三個月。

32. 細菌性腦(脊)膜炎

由細菌感染引致腦或脊髓發炎，並導致永久性神經虧損。有關「診斷」必須獲神經病科專家顧問確認，並證明永久性神經虧損已持續不少於三個月。

33. 植物人

是指腦皮質細胞壞死。「診斷」必須由神經病專科醫生證明及有不多於一個月的治療報告文件。

34. 不能獨立生活

經神經病專科醫生作出無可置疑之「診斷」，按「日常生活活動」評估確定「受保人」永久性無法在不受輔助的情況下完成最少下列三項事情：洗澡、穿衣、如廁、進食及上下床(或從椅子坐起)。

本計劃保障不包括精神病。

35. 象皮病

指末期絲蟲病，其性質為身體組織因血液循環受阻或淋巴管堵塞而全面腫大。

明確的「診斷」必須由適當的顧問醫生臨床證實及以微絲蚴的化驗結果確認，並必須獲本公司的醫務總監認同。

因性接觸、外傷、手術後的疤、充血性心衰竭或先天性淋巴系統不正常等情況引致的淋巴水腫均不包括在此項「危疾」的定義內。

36. 系統性紅斑狼瘡並引致狼瘡性腎炎

指一種慢性及間斷復發的多系統炎症性疾病。該疾病由致病性之免疫或免疫組合體的積聚，因而破壞細胞及組織。系統性紅斑狼瘡並引致狼瘡性腎炎的「診斷」基於下列的條件：

- 根據美國風濕學會的建議，至少具有下列任何四個臨床症狀：
 - 頰疹，
 - 盤狀疹，
 - 對光敏感，
 - 口腔潰瘍，
 - 關節炎，
 - 漿膜炎，
 - 腎功能失調，
 - 白血球過少(<4,000/uL)或淋巴細胞過少(<1,500/uL)或溶血性貧血或血小板過少(<100,000/uL)，
 - 神經障礙；及
- 在下列任何兩個或以上的檢驗裡呈陽性反應：
 - 抗核抗體，
 - 狼瘡細胞，
 - 狼瘡去氧核糖核酸抗體，
 - 梅毒血清；及
- 因狼瘡性腎炎而導致腎功能衰退，及肌酐清除率每分鐘在30毫升或以下。

37. 嚴重急性呼吸系統綜合症

由當地官方合適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。

第二部份 — 保障利益

「危疾」保障

倘「受保人」於保單有效期內，經「診斷」後證明患上本保單上定義之「危疾」或接受受保範圍內之手術及符合以下條件，本公司將依保障利益表上之載或經批註於本保單上之賠償額予以一次性的現金賠償。唯其「危疾」必須符合下列之定義：

- 「受保人」必需患有本保單上所列明定義之「危疾」；
- 「受保人」患上之「危疾」必須為該項「危疾」之首次發病；
- 不違反本保單之「基本條款」或「不承保事項」所列明之條款。

如遇「血管成形手術及其他冠狀動脈疾病之創傷性治療法」本公司只賠償於保障利益表上投保額的百分之十(10%)。倘若已賠償「血管成形手術及其他冠狀動脈疾病之創傷性治療法」，此一次性形式之賠償後其危疾賠償亦相對遞減。不論「受保人」患上「危疾」項目、傷殘或治療之次數，總賠償額不能超過於保障利益表上投保額的百分之一百(100%)。

如在保單生效期內經「註冊醫生」證明首次患上「嚴重急性呼吸系統綜合症」，本公司將按照保障利益表上之載投保額百分之十或港幣二萬元提供保障，以較低者為準。於本保單中，倘若本公司已對「嚴重急性呼吸系統綜合症」作出賠償，於保單生效期內其保障利益表上之載之一次性形式賠償將相對遞減。為避免疑問，不論「受保人」患上可能於本保單保障範圍內之「危疾」項目、傷殘或治療之次數，本保單之總賠償額不能超過於保障利益表上之載投保額的百分之一百(100%)。

倘若其後發現該診斷患上「嚴重急性呼吸系統綜合症」為誤診，所有有關該症之已賠償金額須退還本公司及本公司將不負責其後之責任。

第三部份 — 不承保事項

本公司之危疾保障不承保以下事項：

1. 任何「受保前已存在之疾病」；
2. 除上述所定義的「危疾」外的其他疾病；
3. 任何「危疾」（嚴重急性呼吸系統綜合症除外）之徵兆或病徵為第一次並於保單生效日或復效日後九十天內（以較遲者為準）出現；而「嚴重急性呼吸系統綜合症」之徵兆或病徵為第一次於保單生效日或復效日（以較遲者為準）十五天內出現及診斷患上「嚴重急性呼吸系統綜合症」；
4. 「危疾」由「受保人」自致之傷害所引致，不論當時神智是否清醒；
5. 「危疾」直接或間接因先天不足或先天疾病導致；
6. 「危疾」由「受保人」或其直系親屬、共同生活者、中醫、針灸或其他非正式醫護人員「診斷」；
7. 「危疾」直接或間接因愛滋病（AIDS）、人體免疫力缺乏病毒（HIV）、花柳病或經性接觸傳染；
8. 「受保人」於「診斷」患上「危疾」（嚴重急性呼吸系統綜合症除外）後生存少於三十天；而「嚴重急性呼吸系統綜合症」則少於十五天；
9. 任何「損害」或「疾病」直接或間接、全部或部份由以下情況引致：
 - (a) 因觸犯或意圖觸犯任何不法行為及拒捕；
 - (b) 以非乘客身份搭乘任何合法領有牌照的私用或商用飛機；
 - (c) 職業運動或參與可賺取收入或報酬的運動；
 - (d) 從事或參與海、陸、空軍或任何武裝紀律性部隊；
 - (e) 因妊娠、分娩或難產而引致的任何損傷或死亡；
 - (f) 精神病、精神或神經錯亂或睡眠失調；
 - (g) 美容手術或外科整形手術或任何非必要之手術或先天性畸形；
 - (h) 任何酒精中毒、濫用藥物或誤服藥物而引致之任何併發症；
 - (i) 戰爭期間（無論宣戰與否）、敵侵、內戰、叛亂或類似戰爭之行動等。

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 — 基本情况

1. 倘對此保險或索償中有任何欺詐、不實或隱瞞的成份，於法律上此保單已無效，所有賠償或保障均作廢。
2. 倘保費逾期未繳，本公司將不負責理賠任何因「危疾」或「危疾」手術而引致的醫療費用。

第五部份 — 保障終止

(a) 此保單將根據以下情況終止保障：

- (i) 當此單內任何或部份保費過了續保寬限期還未繳訖；或
- (ii) 當受保人已非為該機構的職員而轉投以下不承保的職業，本公司將迅速按比例退還給受保人實際所繳納之未期滿保費。而本公司的退款責任由受保人受僱於本公司的不承保職業開始計算，以下不超過十二個月為限。

不承保職業

爆破工人 拆除舊建築工人 沉箱工人
馬戲訓練員 偵探 地下鑽孔工人
炸藥／爆炸物操作員 騎師 戰地通訊記者
情報機構人員 特技人員 飛機駕駛測試員
野生動物訓練員
政府紀律部隊 — 例如：懲教處、澳門警察、消防處、澳門海關、人民入境事務處、海岸巡邏隊等等。

或

- (iii) 應受保人或受保人附屬的機構（已列明於保險權益表內）要求取消保單，本公司將於收到書面通知後翌月第一日終止此保單。

- (b) 當下一次保單到期繳訖保費時主受保人、其配偶、父母或其配偶父母（如已投保）年齡已屆66歲，其個人保障將會終止；
- (c) 當下一次保單到期繳訖保費時受保人的子女年齡已屆22歲如非全日制學生；(ii) 年齡已屆26歲如為全日制學生；(iii) 已婚或；(iv) 已在職，視乎何者較早發生，其個人保障將會終止。
- (d) 倘本公司已對任何一項危疾保障以本保單之一次性賠償予受保人後，該受保人之所有保障即自動取消。

第六部份 — 基本條款

1. 年齡錯誤陳述
倘「受保人」錯誤陳述其年齡，而其正確年齡仍未超出此保單之年齡限制，「受保人」需繳回根據其正確年齡之保費；倘「受保人」投保時其正確年齡已超出此保單之年齡限制，此保單將被取消而「受保人」將獲退回已繳交之保費。倘「受保人」投保時其正確年齡仍未超出此保單之年齡限制，但當「受保人」被證實錯誤陳述其年齡後，其正確年齡已超出此保單之年齡限制，本公司則只負責承保「受保人」至保單之年齡限制及退回已多繳之保費。此外，如「受保人」還未繳回根據其正確年齡之保費，此保單之保障將立即失效或終止。
2. 完整的保險契約
更改保單：任何批註及附加文件均為本保險契約一部份。
受保人未有在投保書上作任何陳述，除欺詐外，均不得作為廢除本契約或拒絕賠款的理由。任何營業員均無權更改或刪除本保單內任何條款。任何保單更改需由本公司簽署同意並簽發批註後，方為有效。
3. 保單內受保人的年齡限制
本保單提供保障予：a) 成年人 — 年齡由十八至六十五歲；b) 小童 — 未婚及非在職，年齡由六個月至二十一歲，若為全日制學生，可續保至二十五歲。
4. 申請賠償通知的期限
倘受保人因意外而蒙受損害，應於事故發生日起30日內以書面通知本公司。倘因意外而引致死亡，應立即通知本公司。
5. 申請賠償通知的權利
該通知書可由受保人本人或其受益人填寫然後送交本公司，並提供足夠資料以證明受保人的身份。倘有合理的緣由不能於限期內將通知書送交本公司，只要儘可能將通知書於限期後立即送出，則不會被認為放棄申請賠償權利。
6. 損害證明文件遞送期限
倘受保人因蒙受損害導致不能工作而需申請賠償，受保人需於不能工作期完結後90日內將損害證明文件送達本公司處理。其他損害賠償申請，可於受傷當日後180日內呈交本公司。
7. 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。倘受保人因傷死亡，除法律不允許外，本公司有權要求解剖驗屍，而費用則由本公司負責。受保人應於意外事故發生後迅速就診及遵從合法註冊醫生建議。倘受保人沒有聽從醫生建議、採用任何儀器或治療帶來不良後果，本公司概不負責。
8. 賠償金支付時間
本公司當接獲所需的證明文件後，將立即作出合理賠償（時間損失除外）。
9. 賠償金的受益人
倘受保人因意外死亡，賠償金將賠償予受保人的遺產承繼人，其他賠償則賠償予受保人本人。
10. 受益人的權利
倘需退保、轉讓、更換受益人、或更改其他內容，均不須先獲受益人同意。
11. 法律訴訟及時間限制
依據本保單所規定的條款及期限內，當損害證明文件送交本公司後，60日內不得進行法律訴訟以求賠償。倘需訴訟，應依本保單的規定，於損害證明文件送交本公司限期後2年內進行，否則不得再進行訴訟。
12. 簽發保單所在國家的法律限制

倘本保單內所載有關呈交損害通知書或證明文件的期限少於此保單發發時受保人所居住的國家法律所設的期限，則本保單所載的期限將依該國家法例延長至所容許的期限。

13. 轉讓
本保單內的轉讓權益需以書面形式通知本公司，而其正本或副本需存放於本公司，否則該轉讓權益，並不對本公司構成任何約束力，而本公司亦不會對該轉讓權益承擔責任。而更改受益人需由本公司簽署同意並發發批註後，方為有效。
14. 需遵從保單條款
倘受保人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。
15. 復效保單
倘續保保費到期而未繳訖，而其後本公司或已授權的營業員再接受其續保保費時，本保單將恢復效力。但本公司僅對本保單復效後發生的意外事件負賠償責任。
16. 私隱條例
在此聲明本公司的責任於此先例情況下，受保人同意本公司保留、使用或透露本公司所收集或保留任何有關受保人的個人資料，給予有關人仕/機構或任何被選定的機構（在本港或海外的），用作處理與本產品及其他財務產品及服務有關的申請及提供其稍後的服務，直接促銷及資料核對等用途，及因此等用途與受保人聯絡。受保人有權向本公司查閱及申請改正所有與受保人有關的個人資料。有關的申請可來函致澳門商業大馬路 251A - 301號，友邦保險大廈五樓506室本公司的個人資料管理員辦理。
17. 解除契約
本公司可隨時以書面形式寄往或遞交至受保人於本公司紀錄內之地址通知其解除契約，並一併列明解約生效日期。解約時，本公司將迅速按比例退還予受保人實際所繳納之未期滿保費。但此種解約並不影響任何已呈交之賠償申請。如受保人於未收到解約通知前而發生意外事故，本公司仍須按保單條款賠償。
18. 續保
除非本公司有另行指示，否則本保單可於保單到期日自動續保。但本公司可於保單到期日保留拒絕續保的權利，而任何於續保所作出的保費、保障、條款及條件的更改，必先獲得受保人在本公司指定之時間內的續保同意。
19. 寬限期
保費到期日後三十一日為繳付保費之寬限期（不適用於新單繳費），在此限期內保單仍屬有效。如未能於此限期內繳付保費，保單會於保費到期日終止。

茲證明此保單經由美亞保險香港有限公司（澳門分行）發行。

此保單的版權為美亞保險香港有限公司（澳門分行）所有。未經美亞保險香港有限公司（澳門分行）同意不得複製全部或部分保單之內容。

（此中文譯本，僅供參考，如有異議，均以英文原本說明為準）