

VOLUNTARY EMPLOYEE BENEFITS

In consideration of the payment of premium and subject to the exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, AIG Insurance Hong Kong Limited (Macau Branch) (hereinafter called the “Company”) hereby insures the Insured Person and promises to pay indemnity for loss to the extent herein provided.

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

PART I - DEFINITIONS

“**Accident**” means an unforeseen and involuntary event.

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

“**Activities of Daily Living**” have the following meanings:

- 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.
- Continence: The ability to control bladder and bowel functions so as to be able to maintain personal hygiene.
- Dressing: Putting on and taking off all necessary items of clothing without requiring the assistance of another person.
- Toileting: Getting to and from the toilet, transferring on and off the toilet and associated personal hygiene.
- Eating: All tasks of getting food into the body once it has been prepared.

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

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

“**Excluded Occupation**” means the job title or nature of blaster, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Macau and Mainland China), test pilot, circus trainer, aerial worker, caisson worker, lift technician, building wrecker, driller-underground, wild animal trainer, secret service agent, container crane operator, construction site worker, dynamite/explosive operator, newspaper-war correspondent, government/state disciplinary forces.

“**Fractured Leg or Patella with Established Non-Union**” means a complete break into two pieces of the patella or leg bone. The patella or the broken leg does not mend properly and function normally, and this condition will last for the remainder of the Insured Person's life.

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

“**Institution**” means an organization through the introduction of which the Company issues this Policy to an Insured.

“**Insured**” means an employee or a member of the Institution who is named in the Schedule of Benefits as a primary insured person.

“**Insured Person**” wherever used in this Policy means the Insured, his/her spouse, children, parent or parent-in-law provided that they are named in the Schedule of Benefits or their names are subsequently endorsed hereon.

“**Loss of Fingers or Toes**” means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

“**Loss of Hearing**” means total and irrecoverable loss of hearing.

“**Loss of Limb**” means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

“**Loss of Sight of Eye**” means the entire and irrecoverable loss of sight.

“**Loss of Speech**” means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

“**Loss of Use**” means total functional disablement and is treated like the total loss of said limb or organ.

“**Malignant Neoplasm**” includes but not 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 Syndrome.

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

“**Permanent**” means lasting twelve (12) consecutive months from the date of Accident and at the expiry of that period being beyond hope of improvement.

“**Permanent Total Disablement**” means when as the result of Injury and commencing within twelve (12) consecutive months from the date of Accident, the Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his/her education, training or experience; or if he/she has no business or occupation at the time of Injury, Permanent Total Disablement means the inability to perform his/her Activities of Daily Living of like age and sex. Such disability has to be continued for a period of twelve (12) consecutive months and certified by a Registered Medical Practitioner to be total, continuous and Permanent for the remainder of his/her life.

“**Pre-existing Condition**” means condition for which an Insured Person received or was recommended by a Registered Medical Practitioner for any medical treatment, diagnosis, consultation or prescribed drugs, or the existence of any symptoms (known or unknown to the Insured Person) leading to a claim under this Policy, within a twelve (12) months period preceding the coverage effective date or last reinstatement date of this Policy whichever is later. Such condition shall be covered provided the Insured Person has been insured under this Policy for twelve (12) consecutive months from the coverage effective date or last reinstatement date of this Policy whichever is later.

“**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 the Insured Person or an Immediate Family Member of the Insured Person.

“**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.

PART II - BENEFITS

Accidental Death and Permanent Disablement

The Company agrees that if during the period of insurance the Insured Person sustains Injury as defined herein shall within one (1) year result in death, loss or disablement, the Company will pay the Insured Person the appropriate compensation for the Event stated in the Compensation Table below:

Compensation Table

<u>Event</u>	<u>Compensation</u> <u>(Percentage of Sum Insured)</u>
1. Death	100%
2. Permanent Total Disablement	100%
3. Permanent and Incurable Paralysis of All Limbs	100%

4.	Permanent Total Loss of Sight of Both Eyes	100%
5.	Permanent Total Loss of Sight of One Eye	100%
6.	Loss of or the Permanent Total Loss of Use of Two Limbs	100%
7.	Loss of or the Permanent Total Loss of Use of One Limb	100%
8.	Loss of Speech and Hearing	100%
9.	Permanent and Incurable Insanity	100%
10.	Permanent Total Loss of Hearing in	
	(a) Both Ears	75%
	(b) One Ear	15%
11.	Loss of Speech	50%
12.	Permanent Total Loss of the Lens of One Eye	50%
13.	Loss of or the Permanent Total Loss of Use of Four Fingers and Thumb of	70%
	(a) Right Hand	50%
	(b) Left Hand	
14.	Loss of or the Permanent Total Loss of Use of Four Fingers of	40%
	(a) Right Hand	30%
	(b) Left Hand	
15.	Loss of or the Permanent Total Loss of Use of One Thumb	30%
	(a) Both Right Joints	15%
	(b) One Right Joint	20%
	(c) Both Left Joints	10%
	(d) One Left Joint	
16.	Loss of or the Permanent Total Loss of Use of Fingers	10%
	(a) Three Right Joints	7.5%
	(b) Two Right Joints	5%
	(c) One Right Joint	7.5%
	(d) Three Left Joints	5%
	(e) Two Left Joints	2%
	(f) One Left Joint	
17.	Loss of or the Permanent Total Loss of Use of Toes	15%
	(a) All – One Foot	5%
	(b) Great - Both Joints	3%
	(c) Great – one Joint	
18.	Fractured Leg or Patella with Established Non-Union	10%
19.	Shortening of Leg by at least 5 cm	7.5%
20.	Permanent Disability not otherwise provided for under Events 10 to 19 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 10 to 19 inclusive.	

COMPENSATION:-

- (a) Compensation shall not be payable for more than one Event as stated in the Compensation Table in respect of the same Injury. Should more than one Event occur from the same Injury, the Company shall only be liable for the greatest compensation.
- (b) If the sum of the total paid compensation for one or more Events equal to one hundred percent (100%) of the sum insured, there shall be no further liability under the Policy in respect of the same Insured Person for Injury sustained thereafter. The coverage for such Insured Person will then be terminated.
- (c) When a limb or organ which had been partially disabled prior to an Injury covered under this Policy and which becomes totally disabled as a

result of such Injury, the percentage of the principal sum insured payable shall be determined by the Company having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of the loss of a limb or organ which was disabled prior to the Injury.

- (d) If the Insured Person is left-handed and has specifically mentioned this on the application, the percentage set out above from Events 13 to 16 inclusive for the various disabilities of right hand and left hand will be transposed.

EXPOSURE AND DISAPPEARANCE:-

By the reason of any covered Accident, the Insured Person is unavoidably exposed to the elements (violent, severe or prolonged weather conditions) and as a direct and unavoidable result of such exposure sustains death, loss or disablement within one (1) year from the date of Accident, the Company will pay in accordance to the Event as stated in the Compensation Table.

If the body of the Insured Person has not been found within one (1) year after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance either on ground or at sea in which the Insured Person was traveling at the time of the Injury, under such circumstances, it will be presumed that the Insured Person suffered loss of life resulting from Injury covered by this Policy at the time of such disappearance, sinking or wrecking, the Company will pay in accordance to the Event as stated in the Compensation Table, subject to the receipt of a signed undertaking by the administrator of the estate of the Insured Person that any such payment shall be refunded to the Company if it is later discovered that the Insured Person did not suffer loss of life as a result of the Accident.

PART III - EXCLUSIONS

The Company will not pay any benefit in respect of:

1. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any warlike operations;
2. violation or attempted violation of the law or resistance to arrest;
3. armed force (not applicable to the employee (Insured) of Institution which is the organization of disciplinary force), naval, military or air force service or operations; any flying service;
4. air travel except as a passenger in any properly licensed private and/or commercial aircraft;
5. suicide, attempted suicide or intentional self inflicted injury while sane or insane;
6. childbirth, miscarriage, abortion, birth control, infertilization or pregnancy notwithstanding that such event may have been accelerated or induced by injury;
7. Acquired Immune Deficiency Syndrome (AIDS) or any disease or Injury commencing in the presence of a sero-positive test for HIV and any related disease(s); venereal or sexually transmitted diseases;
8. psychosis, sleep disturbance disorder, mental or nervous disorders; treatment of alcoholism, or drug abuse or any other complications arising therefrom or from any drug accident;
9. the influence of alcohol or any non-prescribed drug;
10. any Pre-existing Condition;
11. cosmetic, plastic or any elective surgery, congenital disease or defect;
12. dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) to sound and natural teeth;
13. any kind of disease (other than sickness benefits);
14. 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;
15. any loss caused by an Injury which is a consequence of any kind of disease;
16. testing of any kind of conveyance; oil rigging; mining.

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:
 - when premium is not paid when due; or
 - on next premium due date following the notification from the Insured that his/her occupation is changed to any Excluded Occupation, and any claims related to such Excluded Occupation will be forfeited; or
 - 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.
2. The individual coverage for the Insured Person will be terminated on next premium due date:
 - when he/she no longer fulfils the eligibility as stated under "Item (2) – Age limit for Insured Person" of "Part V – General Provisions"; or
 - following the notification from the Insured that the occupation of any Insured Person is changed to any Excluded Occupation, and any claims related to such Excluded Occupation will be forfeited; or
 - in the circumstances mentioned under "Compensation - item (b)" under "Accidental Death and Permanent Disablement" of "Part II – Benefits".
3. The Insured or the Company 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 from the next premium due date. Such cancellation shall be without prejudice to any claim originating prior thereto.

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 an authorized representative of the Company and such approval be endorsed hereon.

2. AGE LIMIT FOR INSURED PERSON

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.

3. OCCUPATION RESTRICTION

No coverage hereunder whatsoever shall be provided to any person whose occupation falls within Excluded Occupation, save for an Insured 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.

4. MISSTATEMENT OF AGE

If the age of any Insured Person has been misstated, all amounts

payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured Person has been misstated and if, according to the correct age of the Insured Person, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by the Policy.

5. STATUS CHANGE

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

6. TIME OF NOTICE OF CLAIM

Written notice of claim must be given to the Company 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 the Company in the event of accidental death.

7. 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 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 the Company shall be furnished at the expense of the Insured Person or his/her legal personal representatives and shall be in such form and of such nature as the Company may prescribe.

8. SUFFICIENCY OF NOTICE

Such notice by or on behalf of the Insured Person given to the Company or to the General Agent of the Company, with particulars sufficient to identify the Insured Person 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.

9. 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 within one hundred and twenty (120) days after the date of loss.

10. 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 Registered Medical Practitioner 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.

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 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, except under Section of Emergency Medical Evacuation and Repatriation of Remains, 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 the Insured Person resides 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 the Company. The Company does not assume any responsibility for the validity of an assignment. No provision of the charter, constitution or by-laws of the Company 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 the approval of the Company. Benefits will not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

18. DATA PRIVACY

It is hereby declared that as a condition precedent to Our liability, the Policyholder and You have agreed that any personal information collected or held by Us is provided and may be held, used and disclosed by Us to individuals/organisations associated with Us 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 Policyholder and/or You for such purposes. The Policyholder or You have the right to obtain access to and to request correction of any personal information held by Us. Such request can be made to Our Data Privacy Officer at Unit 06, 5/F, AIA Tower, No. 251A-301, Avenida Comercial de Macau.

19. RENEWAL CLAUSE

This Policy will be renewed from the Anniversary Date with the consent of the Company by payment of premium in advance. However, the Company reserves its right to make adjustment on the

benefits, terms and conditions of this Policy or not invite renewal at the Company's discretion.

20. GRACE PERIOD

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

21. RIGHT OF RECOVERY

In the event authorization of payment and/or payment is made by the Company or AIG Travel Assist Asia Pacific Private Limited (AIG Travel Assist) for a medical claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, the Company or AIG Travel Assist reserves the right to recover the said sum or excess from the Insured Person.

22. FRAUDULENT CLAIMS

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

23. CLERICAL ERROR

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

24. GOVERNING LAW

This Policy is subject to Macau laws.

IN WITNESS WHEREOF AIG Insurance Hong Kong Limited (Macau Branch) has caused this Policy to be signed by its Authorized Representative at Macau.

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僱員自購保障計劃

當美亞保險香港有限公司(澳門分行)(以下均稱本公司)收妥保費後,即依據保單或批註內的不承保事項、限制、條款和條件,同意承保受保人及作出有關的賠償。

保障生效及終止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」是指不能預料及非自願的事情。

「後天免疫力缺乏症」或「愛滋病」是參照世界衛生組織之定義為標準,指人體免疫不全病毒血清測試呈陽性反應下出現機會性感染、惡性腫瘤、人類免疫不全病毒感染性腦病變、人體免疫不全病毒之消瘦症病群或其他病症。

「日常生活活動」的定義如下:

移動能力:在無需他人協助下,可自行由某一房間移動至另一接連的房間,或由房間某一面移動至另一面,或上落床、坐椅及自椅子起立;

節禁:控制膀胱及大腸功能的自發能力,以保持個人衛生;

穿衣:在無需他人協助下,可自行穿著及除掉一切所需衣物;

如廁:進出、使用洗手間及處理個人的衛生;及

進食:可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。

「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。

「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(跨越澳門及中國大陸)、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、貨柜起重機操作員、地盤工人、炸藥/爆炸物操作員、戰地通訊記者、政府/國家紀律部隊。

「折斷腿部或膝蓋而無法聯合」是指腿部或膝蓋完全斷為兩截,而終身不能徹底地復原或恢復正常功能。

「直系親屬」是指受保人的配偶、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。

「損害」是指因遭遇意外及並無其他原因下引致的身體損傷。

「機構」是指本公司透過其推介並得以簽發保單予主受保人的組織。

「主受保人」是指機構的僱員或會員而其名字已列於保障權益表內之第一受保人。

「受保人」是指主受保人、其配偶、子女、父母或配偶父母而其名字已列於保障權益表或批註內之人士。

「喪失手指或腳趾」是指掌骨與手指骨關節或蹠與腳趾骨關節之部位完全分離。

「失聰」是指完全及無法恢復之聽力喪失。

「失肢」是指自手腕或足踝關節以上之部位完全切斷。

「失明」是指完全且無法復原之視力喪失。

「喪失言語能力」是指構成語言之口唇音、齒舌音、口蓋音、喉頭音等之四種語言機能中,有三種以上不能發出者,聲帶全部剔除或因腦部言語中樞神經的損傷而患失語症。

「喪失功能」是指完全失去功能效用,其賠償範圍與完全喪失手足或器官相同。

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

「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。

「永久」是指由意外之日起計至少十二個月,並於此段時間終結時並無好轉之希望。

「永久完全殘廢」是指受保人蒙受損害而在意外事故後連續十二個月內完全永久傷殘及不能從事任何工作或根據受保人的學歷、專業訓練或經驗而可賺取薪金、酬勞或利益的工作;如受保人在蒙受損害前沒有任何業務或從事任何職業,永久完全殘廢則指不能履行相同年齡及性別人士的日常生活活動。無論如何,傷殘要持續十二個月及由註冊醫生證實受保人的餘生都是完全、持續及永久的殘廢。

「受保前已存在之狀況」是指受保人於此保障生效日或最後復效日(以較遲者為準)前十二個月內曾接受或經註冊醫生推薦之醫藥治療、確診、醫療意見、處方服藥或已患有任何病徵(不論受保人知道與否)而導致向本公司索償的情況。倘受保人於保障生效日或最後復效日後(以較遲者為準)受本保單連續承保十二個月,則上述狀況將列入本保單之承保範圍內。

「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。但若註冊醫生為受保人本人或其直系親屬,則不包括在內。

「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。

第二部份 - 保障利益

意外死亡及永久傷殘

於保單生效期內,若受保人蒙受損害,並於一年內引致死亡或殘廢,本公司會根據以下損害事項表作出賠償:

損害事項表

損害事項	賠償 (保額百分率)
1. 意外死亡	100%
2. 永久完全殘廢	100%
3. 四肢永久癱瘓及無法痊癒	100%
4. 永久完全喪失雙眼視力	100%
5. 永久完全喪失一眼視力	100%
6. 喪失任何雙肢或任何雙肢完全失去功能	100%
7. 喪失任何一肢或任何一肢完全失去功能	100%
8. 雙耳完全失聰及完全喪失言語能力	100%
9. 永久及無法痊癒之精神錯亂	100%

- | | |
|---|------|
| 10. 永久完全失聰 | |
| (a) 雙耳 | 75% |
| (b) 單耳 | 15% |
| 11. 完全喪失言語能力 | 50% |
| 12. 永久完全喪失一眼晶狀體 | 50% |
| 13. 喪失或永久完全喪失四隻手指及拇指功能 | |
| (a) 右手 | 70% |
| (b) 左手 | 50% |
| 14. 喪失或永久完全喪失四隻手指功能 | |
| (a) 右手 | 40% |
| (b) 左手 | 30% |
| 15. 喪失或永久完全喪失一隻拇指功能 | |
| (a) 兩個右關節 | 30% |
| (b) 一個右關節 | 15% |
| (c) 兩個左關節 | 20% |
| (d) 一個左關節 | 10% |
| 16. 喪失或永久完全喪失手指功能 | |
| (a) 三個右關節 | 10% |
| (b) 兩個右關節 | 7.5% |
| (c) 一個右關節 | 5% |
| (d) 三個左關節 | 7.5% |
| (e) 兩個左關節 | 5% |
| (f) 一個左關節 | 2% |
| 17. 喪失或永久完全喪失腳趾功能 | |
| (a) 所有腳趾 —— 一隻腳計算 | 15% |
| (b) 腳拇趾 —— 兩個關節 | 5% |
| (c) 腳拇趾 —— 一個關節 | 3% |
| 18. 折斷腿部或膝蓋而無法聯合 | 10% |
| 19. 腿部因意外而做手術後導致縮短五厘米或以上 | 7.5% |
| 20. 一切在上述第 10 至 19 項損害事項以外的永久殘缺，本公司有絕對判斷權利決定該永久殘缺的保額百分率，但不會與以上第 10 至 19 項之百分率不一致。 | |

賠償：

- 於同一次損害中，本公司只負責賠償以上任何一項之損害事項，若遭受多於一項損害事項，本公司則以最高賠償額者為賠償依據。
- 倘本公司已就損害事項作出百分之百的賠償，對於同一受保人日後再遭遇任何損害，本公司將不負任何賠償責任，該受保人的保障會即時終止。
- 倘受保人蒙受損害前局部手足或器官已喪失功能，而在損害後變成全部殘廢，本公司會決定保額百分率作為賠償該損害所引致的殘廢部份，而之前已喪失功能的部份則不獲賠償。
- 倘受保人慣用左手並特別申報於投保書內，則損害事項表中第 13 至 16 項有關右手及左手之各項損害事項之保額百分率將會互相對調。

失蹤處理

倘受保人在本保單範圍內發生意外，而在無法避免的情況下暴露於惡劣天氣中（強烈或猛烈的長期天氣狀況），並於意外發生後一年內直接因此無法避免的暴露引致死亡或傷殘，本公司將按照損害事項表賠償予受保人。

倘受保人乘搭之飛機，陸上或海上之交通工具發生意外，導致失蹤、墮毀或沉沒，而受保人之屍體於該次意外事件發生後一年內，仍無法尋回，則本公司將視受保人已因該次意外事故而導致死亡，並作出賠償。

第三部份 - 不承保範圍

本公司不承保以下事項：

- 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；
- 因觸犯或意圖觸犯法例或拒捕；
- 從事或參與任何持械工作（不適用於紀律部隊機構的僱員[主受保人]）、海、陸、空軍服務或行動；飛行服務；
- 以非乘客身份乘搭任何合法領有牌照的私人或商用飛機；

- 自殺、意圖自殺或故意自我傷害（無論精神是否正常）；
- 分娩、流產、墮胎、節育、不育或妊娠，或由意外所加速或引致的；
- 後天免疫力缺乏症或於人體免疫不全病毒或有關疾病的血清測試呈陽性反應下出現的疾病或損害；或經性接觸傳染的疾病；
- 精神病、睡眠、精神或神經失調；酒精中毒、濫用藥物或因而引致其他併發症的治療，或所有藥物意外；
- 在酒精中毒或非處方藥物的影響下；
- 受保前已存在之狀況；
- 美容、整形外科或任何非必要之手術；先天缺陷或疾病；
- 牙齒治療或手術，但因意外而損害健全及天然的牙齒則不在此限（不包括假牙及有關費用）；
- 任何疾病（有關疾病的保障除外）；
- 職業運動或參與該運動而可賺取的收入或報酬；
- 由疾病引致的損害；
- 測試任何交通工具；油井鑽探；採礦。

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

- 此保單將根據以下情況終止保障：
 - 如保費逾期未繳，將於保費到期日終止；或
 - 當主受保人通知本公司其工作已轉為其中不承保職業，保單將於下一個保費到期日終止，而所有有關此不承保職業的索償不獲接納；或
 - 保險或索償中有任何欺詐、不實、拒絕陳述或隱瞞的成份，此保單即時宣判無效，並喪失所有賠償及保費。
- 個別受保人的保障將於下一個保費到期日根據以下情況而終止：
 - 當受保人已不能符合「第五部份 — 基本條款」的「第二項 — 受保人之年齡限制」中所述的資格；或
 - 當主受保人通知本公司其中受保人的工作已轉為其中不承保職業，而所有有關此不承保職業的索償亦會喪失；或
 - 符合「第二部份 — 保障利益」的「意外死亡及永久傷殘 — 賠償 b」所述的情況。
- 主受保人或本公司可隨時以書面形式寄往或遞交至彼此紀錄內之地址通知對方解除契約，並於下一個保費到期日生效，此種解約並不影響任何已呈交之賠償申請。

第五部份 - 基本條款

- 完整的保險契約
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。受保人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，所有更改需由本公司簽署同意並簽發批註後，方為有效。
- 受保人之年齡限制
本保單提供保障予：a) 成年人 — 年齡由十八至六十五歲；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。

- 職業限制
倘若投保人的工作屬於本保單內不承保職業的範圍，本公司將不會接受其申請，除非投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的接受，才可獲得保單的簽發。
- 年齡錯誤陳述

若年齡被錯誤陳述，受保人需繳交正確年齡之保費。倘受保人投保時其正確年齡已超出此單之限制，或投保時其正確年齡仍未超出，但當被證實錯誤陳述後，其正確年齡已超出此保單之限制，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。

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。

5. 現況轉變

如受保人在投保書內所提供之資料有任何轉變，受保人須通知本公司有關之變更，否則本公司有權將所有賠償失效。

16. 保單條款之遵從

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。

6. 申請賠償通知之期限

如受保人要申請索償，應於事件發生之日起三十日內以書面通知本公司。倘遭意外而引致死亡，應立即通知本公司。

17. 保單之復效

倘保費到期未有繳訖以致保單失效，經本公司之同意保單才可復效，但本公司不會負責保單失效期間發生之索償，而保單仍於復效日開始，因此受保前已存在之狀況會再度執行。

7. 損害之證明文件

本公司於接獲該書面通知後，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本公司，本公司會將此書面證明視作已符合本條款之要求。本公司所需之任何證明文件，須依據本公司所定之形式及性質提交，而所需費用概由受保人或其合法代理人負責。

18. 私隱條例

在此聲明我們所負責任的先決條件為保單持有人或你已同意我們保留、使用或透露我們所收集或保留任何有關你的個人資料或任何其他資料，給予有關人士/團體或任何被選定的組織（在澳門或海外的），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銷後的服務，直接促銷及資料核對等用途，及因此等用途與保單持有人或你聯絡。保單持有人或你有權向我們查閱及申請改正所有與你有關的個人資料。有關的申請可來函致澳門商業大馬路251至301號友邦廣場5樓06室我們的個人資料管理員辦理。

8. 充足的通知期

該書面通知可由受保人或其代表人填寫然後送交本公司或本公司的授權代理人，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該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。

19. 續保

於保單週年日前繳交保費，保單得以續保。本公司有權更改保障、條款及條件或拒絕續保等。

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一百二十日內呈交本公司。

20. 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。

10. 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擔。受保人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，否則本公司不會為此負上任何責任。

21. 權利之追討

若本公司或美國國際旅遊支援（亞太）有限公司（AIG Travel Assist）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，本公司或 AIG Travel Assist 保留追討受保人之權利。

11. 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，但永久完全殘廢或定期的賠償則除外。

22. 索償之欺騙

倘若受保人或其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。

12. 賠償金之受益人

倘受保人因傷死亡，賠償金將付予受保人之合法遺產承繼人，其他賠償則付予受保人本人。但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。

23. 筆誤

本公司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。

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本公司後，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本公司限期後二年內進行，否則不得再進行訴訟。

24. 法例監管

本保單受澳門法例之約束。

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受保人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。

茲證明本保單經由美亞保險香港有限公司（澳門分行）授權之澳門代表簽署。

此保單的版權為美亞保險香港有限公司（澳門分行）所有。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。

（此中文譯本乃供參考之用，如有異議，均以英文為準）

15. 轉讓

轉讓權益不會對本公司構成任何約束力，而本公司亦不會對該轉讓的有效性承擔責任。任何轉讓證書、組織的條款或本公司的法