

*Voluntary Group Assurance Program*

*Senior Care Plan*

「頤康樂」保障計劃

**AIG INSURANCE HONG KONG LIMITED (MACAU BRANCH)**

**(HEREINAFTER CALLED THE COMPANY)**

Main Office: Unit 506, 5th Floor, AIA Tower, No 251A - 301, Avenida Comercial de Macau.  
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In consideration of the payment of premium and subject to the definitions, limitations and general provisions contained herein, endorsed hereon, or attached hereto, the Company hereby insures the person(s) named in the application form [herein called the Insured Person(s)] 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.

**SCHEDULE OF BENEFITS**

Benefits	Sum Insured per person (HK\$)	
	Plan A	Plan B
Accidental Death and Permanent Disablement	\$150,000	\$300,000
Accidental Medical Expenses	\$2,000 per accident \$10,000 per policy year	\$3,000 per accident \$20,000 per policy year
Daily Hospital Income	\$200	\$300
Care Assistant	\$2,500 per month	\$5,000 per month
Broken Bones	\$75,000	\$150,000

**PART 1 - DEFINITIONS**

"**Accident**" shall mean an unforeseen and involuntary event.

"**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 Immunodeficiency 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**" 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 nation.

"**Confinement**" is defined as that period for which the Hospital makes a charge for room and board to any Insured Person.

"**Fracture**" or "**Broken Bone**" shall mean breakage of a bone completely.

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

"**Hospital**" shall mean a medical establishment, which meets all the following requirements:

- (1) holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
- (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- (3) provides 24-hour a day nursing service by registered or graduated nurses;
- (4) has a staff of one (1) or more licensed Registered Medical Practitioner available at all times;
- (5) provides organized facilities for diagnosis and major surgical facilities; and
- (6) 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**" 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 death or 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 the insured named in the Schedule of Benefits or subsequently endorsed hereon.

"**Loss of Fingers or Toes**" shall mean complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

"**Loss of Hearing**" shall mean total and irrecoverable loss of hearing.

"**Loss of Limb**" shall mean 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**" shall mean the entire and irrecoverable loss of sight.

"**Loss of Speech**" shall mean 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**" shall mean total functional disablement and is treated like the total loss of said limb or organ.

"**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 Syndrome.

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

"**Permanent**" shall mean 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**" shall mean when as the result of Injury and commencing within twelve (12) 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 shall mean 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 or Physician to be total, continuous and Permanent for the remainder of his/her life.

"**Pre-existing Conditions**" shall mean conditions for which the Insured Person(s) received medical treatment, diagnosis, consultation or prescribed drugs within a three (3) 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 three (3) 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 three (3) 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.

"**Same Confinement**" means that if two (2) or more confinements are due to the same or related Injury or Sickness, or to any complications arising therefrom, such confinements shall be regarded as one (1) confinement if each of them is not separated by more than ninety (90) days from the paid or payable confinement which immediately precedes it. This rule shall be observed in determining the limit of the benefits.

"**Sickness**" shall mean sickness or disease contracted or commencing after the Insured Person has been covered under this Policy for not less than fifteen (15) days (from the coverage commencement date or last reinstatement date, whichever the last occurs) and resulting in a loss covered hereunder.

"**War**" shall mean war, whether declared or not, or any warlike activities,

including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Words in the masculine gender shall include the feminine.

**PART 2 - BENEFITS**

**1. Accidental Death and Permanent Disablement Benefit**

This Policy will insure the Insured Person in respect of the following events as per the percentage of the Principal Sum Insured or an amount as stated, in accordance with the defined Injury, resulting in:-

<b>Compensation Table</b>	
<u>Event</u>	<u>Compensation</u> (Percentage of Principal Sum)
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	
(a) Right Hand	70%
(b) Left Hand	50%
14. Loss of or the Permanent Total Loss of Use of Four Fingers of	
(a) Right Hand	40%
(b) Left Hand	30%
15. Loss of or the Permanent Total Loss of Use of One Thumb	
(a) Both Right Joints	30%
(b) One Right Joint	15%
(c) Both Left Joints	20%
(d) One Left Joint	10%
16. Loss of or the Permanent Total Loss of Use of Fingers	
(a) Three Right Joints	10%
(b) Two Right Joints	7.5%
(c) One Right Joint	5%
(d) Three Left Joints	7.5%
(e) Two Left Joints	5%
(f) One Left Joint	2%
17. Loss of or the Permanent Total Loss of Use of Toes	
(a) All – One Foot	15%
(b) Great - Both Joints	5%
(c) Great – one Joint	3%



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:**

- (i) Compensation shall not be payable for more than one Event listed in the compensation table in respect of the same Injury. Should more than one Event occur from the same Injury, the Company will only be liable for the greatest compensation.
- (ii) In the event that total one hundred percent (100%) of sum insured is paid, there shall be no further liability under the Policy in respect of the same Insured Person for Injury sustained thereafter.
- (iii) If the Insured Person is left-handed and has specifically mentioned this on the application, the percentage of sum insured from Event 13 to 16 as listed in the compensation table 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 exposed to the elements and as the result of such exposure sustains death, loss or disablement, the Company will pay in accordance to the Events 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 the 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 bodily Injury caused by an Accident covered by this Policy at the time of such disappearance, sinking or wrecking.

**2. Accidental Medical Expenses Benefit**

Under this benefit the Company shall reimburse the Insured Person subject to the maximum limit per accident and per policy year as stated in the Schedule of Benefits for the actual medical expenses of an Injury paid by an Insured Person or on behalf of an Insured Person to a duly qualified Registered Medical Practitioner, Physician, Surgeon, nurse, hospital and/or ambulance service for medical, surgical, X-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by Injury. Provided that in the event of an Insured Person becoming entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source.

The Company will also indemnify the Insured Person for the medical expenses incurred due to Accident paid to Chinese Bonesetters or Acupuncturists not exceeding the insured amount of Accidental Medical Expenses subject to a maximum of HK\$180 per visit per day, HK\$2,000 per accident and HK\$4,000 per policy year.

**3. Daily Hospital Income Benefit**

If, as a result of Injury or Sickness as provided for in this Policy, the Insured Person shall be necessarily confined during the period of insurance, such Confinement within a Hospital as a resident patient under the professional care of a currently licensed Physician or Surgeon, the Company shall pay the Daily Hospital Income Benefit stated in the Schedule of Benefits or included by endorsement with respect to such Insured Person from the fourth (4th) day that the Insured Person shall be so confined therein, up to a maximum of thirty (30) days for the Same Confinement.

**4. Care Assistant Benefit**

The Company agrees that if during the period of insurance the Insured Person has sustained Permanent Total Disablement as defined in this Policy, the Company will pay an additional subsidy for the employment of a household assistant on a monthly basis subject to a maximum of sixty (60) months or until the death of the Insured Person, whichever occurs first.

**5. Broken Bones Benefit**

If as a result of an Accident the Insured Person sustains an Injury and is diagnosed by Registered Medical Practitioner to have suffered any of the Events listed hereunder, the Company agrees to pay a sum according to the following percentage and the amounts stated in the Schedule of Benefits:

<u>Events</u>	<u>Compensation</u> <u>(Percentage of Sum Insured)</u>
<b>Fracture of Bones</b>	
1. Hip or Pelvis	100%
2. Thigh or Heel	50%
3. Skull, Collarbone, Lower Leg, Ankle, Arm, Elbow, Wrist	40%
4. Lower Jaw	30%
5. Vertebrae, Shoulder Blade, Knee Cap, Sternum, Hand, Foot	20%
6. Upper Jaw, Cheek Bone, Nose, Ribs, Coccyx, Toes, Fingers	15%

**Provisions for Broken Bones Benefit**

- 1. Compensation shall not be payable for more than one of the above Events in respect of the same Injury. Should more than one of the Events occur from the same Injury, the Company shall only be liable for the greatest compensation.
- 2. After the occurrence of the Event 1 as above stated, save for the liability already incurred hereunder there shall be no further liability under this Policy in respect of the same Insured Person for Injury sustained thereafter under the Broken Bones benefit.
- 3. After the occurrence of any one of the Events 2 to 6 as above stated, the remaining benefit shall be deducted from the amount of the advance payment. In no event shall the total amount payable exceed 100% of the principal sum insured of Broken Bones benefit.

**PROVISIONS FOR BENEFITS 1 TO 5:**

In the event an Insured Person attains the age of eighty-one (81), all the above benefits' sum insured shall be reduced by fifty percent (50%).



### PART 3 - 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 the benefits under this Policy whilst the premium is in arrears.

### PART 4 - GENERAL PROVISIONS

#### 1. AGE LIMITS FOR INSURED PERSON(S) UNDER THIS POLICY

The insurance under this Policy shall not cover any person under the age of forty-five (45) years or over the age of eighty-five (85) years.

#### 2. 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 its 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 the Company shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

#### 3. CANCELLATION

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.

#### 4. COMPLIANCE WITH POLICY PROVISIONS

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

#### 5. 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 be held, used and disclosed by the Company to individuals/organizations associated with the Company or any selected third party (within or outside Macau) for the purpose of processing the application and providing subsequent services for this and other financial products and services, direct marketing, 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.

#### 6. ENTIRE CONTRACT

Changes in Policy: This Policy including any endorsements and attachments, if any, and the application for it constitute the entire contract of insurance. No statement made by the applicant for insurance not included herein shall void this Policy or be used in any legal proceedings hereunder unless such statement is fraudulent, misleading or deceptive. 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 executive officer of the Company and such approval be endorsed hereon.

### 7. GENERAL EXCLUSIONS

- 7.1 This Policy shall not cover any Injury or Sickness caused directly or indirectly, wholly or partly by or which is consequent upon:
1. any Pre-existing Conditions;
  2. self-destruction or intentionally self-inflicted Injury or any attempt thereat while sane or insane;
  3. War (declared or undeclared), invasion, Civil War, revolution or any warlike operations;
  4. congenital defect or disease;
  5. 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;
  6. Acquired Immune Deficiency Syndrome or infection by any Human Immunodeficiency Virus (HIV); or venereal disease or sexually transmitted diseases;
  7. violation or attempted violation of the law or resistance to arrest;
  8. an Insured Person engaging in air travel except as a passenger in any properly licensed private or commercial aircraft;
  9. 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;
  10. an Insured Person engaging in or taking part in armed force (other than Government Disciplinary Forces), naval, military or air force service or operations;
  11. pregnancy, miscarriage, childbirth or any complications arising therefrom;
  12. psychosis, mental or nervous disorders or sleep disturbance disorders.

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.

#### 7.2 Additional Exclusions for Daily Hospital Income Benefit –

This Policy shall not extend Daily Hospital Income Benefit under Part 2 hereof to any hospitalisation or hospital confinement which arises from or is consequent upon any of the followings:-

1. cosmetic or plastic surgery or any elective surgery;
2. treatment of alcoholism, or drug abuse or any other complications arising therefrom or any drug accident;
3. dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) to sound and natural teeth;
4. general check-up, convalescence, custodial or rest cure;
5. any treatment relating to birth control or treatments pertaining to infertility;
6. vaccination and immunization injections, health check-ups or tests not incidental to treatment or diagnosis or an actual Sickness or Injury, or any treatment which is not medically necessary.



**7.3 Additional Exclusions for Broken Bones Benefit –**

This Policy shall not extend Broken Bones Benefit under Part 2 hereof which arises from or is consequent upon any of the followings:-

1. Being under the influence of intoxication liquor, alcohol, or any other drugs;
2. Driving or riding in any kind of race;
3. Any Bone Fracture suffered if an Insured Person had been diagnosed as having osteoporosis prior to the commencement of the Policy. If the Insured Person had not been diagnosed as having osteoporosis prior to the commencement of this rider, but is then so diagnosed, then that initial fracture is covered, however any subsequent fractures will not be covered because osteoporosis has now been diagnosed.

**8. FORMS FOR PROOF OF LOSS**

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

**9. IMMEDIATE PAYMENT OF INDEMNITIES**

All indemnities provided in this Policy for loss other than that of time on account of Injury or Sickness will be paid immediately after the receipt of due proof.

**10. 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 applicable law governing this Policy, such limitation is hereby extended to agree with the minimum period permitted by such law.

**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 (60) 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 (2) years from the expiration of the time within which proof of loss is required by this Policy.

**12. MEDICAL EXAMINATION AND TREATMENT**

The Company shall have the right and opportunity to arrange and conduct medical examination on 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 conduct 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 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 Person's failure to obtain or follow such advice and use appliances remedies as may be prescribed.

**13. 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 for 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.

**14. 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 loss which occurs while the Policy has lapsed.

**15. RENEWAL**

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.

**16. STATUS CHANGES**

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 with status of himself/herself, otherwise the Company reserves the right to invalidate all claims hereunder.

**17. SUFFICIENCY OF NOTICE**

Such notice by or on behalf of the Insured Person or beneficiary, as the case may be, given to 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.

**18. TERMINATION OF COVERAGE**

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 is employed in any of the occupations stated below ("Excluded Occupations"), in which case the Company shall return promptly the pro rata unearned portion of any premium actually paid by or for the Insured Person. In this case, 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  
; or

(iii) The coverage for the Insured Person will be terminated on the next premium due date when he/she attains the age of eighty-six (86) years.

**19. TIME FOR FILING PROOF OF LOSS**

Affirmative proof of loss must be furnished to the Company at its office in case of a claim for loss of time from Critical Illness (if any) within ninety (90) 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 (180) days after the date of such loss.

**20. TIME OF NOTICE OF CLAIM**

Written notice of claim must be given to the Company within thirty (30) days after the date of Injury or Sickness or Diagnosis of the Critical Illness. In the event of death, immediate notice in writing thereof must be given to the Company. Failure to give such notice shall not invalidate the claim provided it can be shown by the Insured Person it was not reasonably possible to give such notice.

**21. TO WHOM INDEMNITIES PAYABLE**

Indemnity for death 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.

**22. GOVERNING LAW**

This Policy shall be governed by the laws of the Macau Special Administrative Region of the People's Republic of China (Macau).

**23. 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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本公司當收妥保費後，即依據此保單內所載的定義、條款、及任何批註條文承保已申報在投保書內的人[以下均稱受保人]，並承諾按照保險權益表上所載的保障利益及投保額賠償。

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。

### 保障權益表

保障利益	每人保額(港幣)	
	計劃 A	計劃 B
意外死亡及永久傷殘	\$150,000	\$300,000
意外醫療費用	每宗意外 \$2,000 每保單年度 \$10,000	每宗意外 \$3,000 每保單年度 \$20,000
每日住院現金保障	\$200	\$300
護理保障	每月 \$2,500	每月 \$5,000
骨折保障	\$75,000	\$150,000

#### 第一部份 - 保單定義

「意外」是指在任何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感染性腦病變、人體免疫不全病毒之消瘦症侯群或其他病症。

「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。

「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。

「留院」是指該醫院向受保人收取每日住房費用之期間。

「骨折」或「斷骨」是指骨頭完全破裂。

「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，而不能徹底地復原或恢復正常功能，而此情況將終身維持。

「醫院」是指具備以下條件的機構：

1. 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）；
2. 為受傷及患病病人提供留院治療及照顧；
3. 由註冊專業護士提供全日二十四小時之護理服務；
4. 任何時間均有一位或以上的註冊醫生；
5. 提供妥善的診斷設備及完善之外科手術設備；及
6. 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」是指受保人於保單有效期內因遭遇意外，而於該意外發生當日起

計十二個月內在直接及並無其他原因下引致死亡或傷殘。

「受保人」是指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」是指永久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分離喪失。

「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肢體或器官相同。

「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12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；如受保人在意外發生前沒有從事任何職業，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12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」是指受保人於此保單生效日前三年內曾接受之醫藥治療、確診、醫療意見、處方服藥或經醫生推薦接受醫藥治療、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情況。倘受保人



受本單連續承保三年後，則上述受保前已存在之狀況將列入本保單之承保範圍內。

「註冊醫生」、「醫生」或「外科醫生」是指獲取西方醫學學士學位的人士，並得當地政府允許提供醫療服務。但若醫生為受保人本人或其直系親屬，則不包括在內。

「同一次住院」是指因同一次損害或其併發症而要住院2次或以上，而每次住院的分隔期不超過90日，則上述之住院將被視為同1次住院。此條例會在決定保障額上限時實施。

「疾病」是指受保人在保障生效日或最後復效日起計（以較遲者為準）十五日後所罹患或感染保障範圍內之病症。

「戰爭」是指無論宣戰與否的戰爭，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

### 1. 意外死亡及永久傷殘

倘受保人因意外而蒙受以下任何一項損害，本公司將依據下述之損害事項及其保額百分率賠償予受保人：

#### 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姆指功能	
(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姆指功能	
(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) 大腳趾 —— 兩個關節 5%
  - (c) 大腳趾 —— 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：

- a. 於同一次意外中，本公司只負責賠償以上任何一項之損害事項，若於同一次意外中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。
- b. 倘本公司已就損害事項作出百分之一百的賠償，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。
- c. 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處身於大自然環境下引致蒙受本保單所載之任何損害事項，本公司將按照本保單之條款，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。

### 2. 意外醫療費用

本公司以不超過保障權益表所載之每宗意外及每保單年度的保額為限，賠償受保人蒙受損害而需支付合格註冊醫生、醫生、外科醫生、護士、醫院或救傷車服務之實際醫療費用，包括藥費、手術費、X光檢查、醫院或護理治療包括醫療用品及租用救傷車，但不包括牙科護理（除非因意外而損害健全及天然之牙齒所必須之診治費用）。倘受保人可從其他來源取回全部或部份之費用，則本公司僅負責賠償剩餘部份。

本公司以不超過意外醫療費用之保額為限，亦會賠償受保人因損害而要支付跌打或針灸師的費用，以不超過每天一症、每症港幣180元、每宗意外港幣2,000元及每保單年度港幣4,000元為限。

### 3. 每日住院現金保障

倘受保人於保單有效期內因損害或感染疾病而須留院，並得到註冊醫生的專業照顧，本公司將依據保障權益表上所載之每日住院現金保障額，由第4天開始賠償予受保人，同一次住院之最高賠償日數為30天。

### 4. 護理保障

在保單有效期內倘若受保人因永久完全殘廢而需要雇用家務助理，本公司同意以每月的形式支付額外的補助金予受保人，以60個月為上限，或直至受保人死亡，以較早發生者為準。

### 5. 骨折保障

倘受保人因意外而蒙受損害，並經註冊醫生證實罹患以下任何一項骨折，本公司將依據保障權益表及以下保額百分率賠償予受保人：



損害事項表

骨折種類	賠償 (保額百分率)
1. 髖部或骨盆	100%
2. 大腿或腳跟	50%
3. 頭骨、鎖骨、小腿、腳踝、手臂、肘部或手腕	40%
4. 下顎	30%
5. 脊椎、肩胛骨、膝蓋、胸骨、手或足	20%
6. 上顎、顴骨、鼻、肋骨、尾骨、腳趾或手指	15%

骨折保障的條款：

- 於同一次意外中，本公司只負責賠償以上任何一項之損害事項，若於同一次意外中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。
- 倘本公司於損害賠償表中第 1 項作出賠償予受保人後，其骨折保障即自動取消。
- 倘本公司已就損害事項表中第 2 至 6 項其中一項作出賠償，其餘下的保額則相對遞減。無論任何情況下，總賠償額不可超過骨折保額之 100%。

保障利益 1 至 5 之條款：

倘受保人已屆 81 歲，以上保障額將減少一半。

第三部份 - 基本情況

- 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。
- 倘此保險的保費逾期未繳，本公司將不負責任何賠償。

第四部份 - 基本條款

- 受保人之年齡限制  
此保險並不適用於任何 45 歲以下或 85 歲以上之人士。
- 轉讓  
轉讓權益不會對本公司構成任何約束力，除非其正本或副本已存放於本公司內，而本公司亦不會對該轉讓的有效性承擔責任。而更改受益人需由本公司簽發批註後，方為有效。任何轉讓證書、機構的條款或本公司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。
- 解除契約  
本公司可隨時以書面形式寄往或遞交至受保人已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，本公司將按比例退還保費予受保人，此種解約並不影響任何已呈交之賠償申請。
- 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。
- 私隱條例  
在此聲明本公司所負責任的先決條件為受保人已同意本公司保留、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，給予有關人士/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銷後的服務，

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。

- 完整的保險契約  
保單更改：任何批註、附加文件均及投保書為本保險契約一部份。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、誤導或不實。任何營業員均無權更改或刪除本保單內的任何條款，所有更改需由本公司簽署同意並簽發批註後，方為有效。

7. 不承保範圍

7.1 如受保人直接或間接、部份或全部因下列情況而蒙受的損害或感染的疾病，則不在本保單保障範圍內：

- 受保前已存在之狀況；
- 自殺、故意自我傷害(無論精神是否正常)；
- 戰爭(不論宣戰與否)、侵略、內戰、革命或類似戰爭的行動；
- 先天缺陷或疾病；
- 受保人本人、其直系親屬或同住人士、中醫、針灸師或其他非傳統的醫療服務提供者所作出的診斷；
- 後天免疫力缺乏症或受人體免疫不全病毒的感染；或經性接觸傳染的疾病；  
第三級程度燒傷傷
- 因觸犯或意圖觸犯法例或拒捕；
- 以非乘客身份乘搭任何合法領有牌照的私人或商用飛機；
- 職業運動或參與可賺取收入或報酬的運動；
- 從事或參與任何武裝紀律性部隊 (不包括政府紀律部隊)、海、陸、空軍服務或行動；
- 因妊娠、流產、分娩或因而引致的任何併發症；
- 精神病、精神、神經或睡眠失調。

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。

7.2 附加每日住院現金保障不承保範圍

如受保人於下列情況下入住醫院，則不在本保單每日住院現金保障範圍內：

- 美容、整形外科或任何非必要之手術；
- 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；
- 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)；
- 體格檢查、療養、特別護理或靜養；
- 任何有關節育或不育之治療；
- 種痘或免疫注射，身體檢查或任何與損害或疾病無關之試驗或任何非醫學上所須之治療。

7.3 附加骨折保障不承保範圍

如受保人於下列情況下所引起的索償，則不在本保單骨折保障範圍內：

- 在酒精中毒或藥物的影響下；
- 任何駕駛或騎馬之競賽；
- 任何在保單生效日前已診斷罹患骨質疏鬆症而引致的



骨折。若受保人在保單生效日後才診斷罹患骨質疏鬆症而引致首次的骨折則受保障，但隨後的骨折則不會在保障範圍內。

通知書可由受保人、受益人或其代表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。

8. 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，索償人可用其他證明文件將意外事故發生之起因、性質與損害程度提交本公司。本公司當會將此書面通知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. 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逾期未繳訖；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。

9. 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)。

**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		

10. 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。

或

- (iii) 當下一次保單到期繳訖保費時主受保人年齡已屆 86 歲，其個人保障將會終止。

11. 法律訴訟及時間限制

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。

19. 損害證明文件遞送之期限

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。

12. 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資格醫生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。

20. 申請賠償通知之期限

如受保人因蒙受損害、感染疾病或診斷危疾，應於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。若受保人有充分理由證明不能於限期內將通知書送交本公司，賠償申請仍屬有效。

13. 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。

21. 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。

14. 保單之復效

倘續保之保費到期而未有繳訖，此保單或可復效但必須獲本公司之同意。而本公司僅對本保單復效後發生之損害事件負賠償責任。

22. 法例

本保單內之條款受中華人民共和國澳門特別行政區法例之約束。

15. 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。

23. 寬限期

保費到期日後三十一天為繳付保費之寬限期(不適用於新單繳費)，在此限期內保單仍屬有效。如未能於此限期內繳付保費，保單會於保費到期日終止。

16. 現況轉變

如受保人在投保書內所提供之資料有任何變更，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。

茲證明本保單經由美亞保險香港有限公司 (澳門分行)發行。

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(此中文譯本，乃供參考之用，如有異議，均以英文原本說明為準)

17. 申請賠償通知的權利