



Travel Direct Global Insurance– Annual Plan Travel Insurance Terms and Conditions

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, AIG Insurance Hong Kong Limited (Macau Branch) (hereinafter called "the Company") agrees to provide insurance to the Insured Person(s) named in the Policy Schedule issued in relation to an insured Journey that commenced and occurred during the Period of Insurance (hereinafter called "insured Journey") subject to the terms and conditions of the Policy and promises to pay indemnity for loss to the extent provided herein.

The Policy Schedule, Travel Insurance Terms and Conditions and endorsements (if any), shall constitute the entire contract of insurance (hereinafter called the "Policy").

This insurance is only valid for conventional leisure travel or business travel (limited to administrative duty) purpose only and shall not apply to persons undertaking expeditions, treks or similar journeys. This insurance only covers Journeys which commence from Macau.

BENEFITS

SECTION 1 - EMERGENCY MEDICAL EXPENSES AND ASSISTANCE

1a. Medical Expenses

Under this Section, if the Insured Person sustains an Injury or Sickness during the insured Journey and as a result the Insured Person incurs medical expenses for treatment of the said Injury or Sickness prior to his/her return to Macau, the Company shall reimburse the Insured Person up to the Maximum Benefit stated in the Schedule for that portion of the medical expenses which (i) are incurred by the Insured Person within one-hundred and eighty two (182) days from his/her first sustaining the said Injury or Sickness; and (ii) constitute Usual, Reasonable and Customary Medically Necessary Expenses.

- Follow-up Medical Expenses

In the event that the Insured Person, following his/her return to Macau, requires follow-up medical treatment for the Injury or Sickness referred to above (i.e. in addition to the treatment for the Injury or Sickness received prior to the Insured Person's return), then the Company shall also reimburse the Insured Person up to but not exceeding MOP1,000,000 sought for the above Injury or up to MOP100,000 sought for the above Sickness for that portion of the follow-up medical expenses which (i) are incurred within six (6) months of the Insured Person's return to Macau and (ii) constitute Usual, Reasonable and Customary Medically Necessary Expenses charged by a Qualified Medical Practitioner practising western medicine. This Follow-up Medical Expenses benefit shall also be extended to cover the Medically Necessary Expenses incurred for the same purpose paid to Chinese Medicine Practitioner subject to an aggregate limit of MOP1,800 and a per visit and per day limit of MOP150.

In no event, however, shall the total amount payable under this Section 1a (Medical Expenses) exceed 100% of the Maximum Benefit as stated in the Schedule of Benefits.

1b. Overseas Hospital Cash

The Company will pay the Insured Person MOP500 per one (1) day of overseas Hospital Confinement up to the Maximum Benefit as stated in the Schedule of Benefits in the event that the Insured Person is Confined in an overseas Hospital due to an Injury or Sickness sustained during the insured Journey.

In no event shall the total amount payable under this Section 1b (Overseas Hospital Cash) exceed the Maximum Benefit as stated in the Schedule of Benefits.

1c. Emergency Medical Evacuation

When as a result of an Injury sustained or Sickness commencing while the Insured Person is traveling during the insured Journey and if in the opinion of the Company or its authorized representative, it is judged medically appropriate to move the Insured Person to another location for medical treatment, or to return the Insured Person to Macau, the Company or its authorized representative shall arrange for the evacuation utilizing the means best suited to do so, based on the medical severity of the Insured Person's condition. The Company shall pay directly to the medical provider the Covered Expenses for such evacuation.

Covered Expenses are expenses for services provided and/or arranged by the Company or its authorized representative for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of an Insured Person as described herein.

The means of evacuation arranged by the Company or its authorized representative may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by the Company or its authorized representative and will be based solely upon medical necessity.

The Insured Person or a person on his/her behalf must contact Travel Guard Assistance Hotline at (852) 3516 8699 for the arrangement.

1d. Repatriation of Remains

When as a result of an Injury sustained or Sickness commencing while the Insured Person is traveling during the insured Journey, the Insured Person dies during the course of the insured Journey, the Company or its authorized representative shall make the necessary arrangements for the return of the Insured Person's remains to Macau. The Company shall pay directly the actual cost incurred for such repatriation.

In addition, the Company shall reimburse for expenses actually incurred at the place of death outside Macau for the cost of a casket, the embalming and cremation process rendered by a mortician or undertaker.

The Insured Person or a person on his/her behalf must contact Travel Guard Assistance Hotline at (852) 3516 8699 for the arrangement.

Exclusions Applicable to Section 1 - Emergency Medical Expenses & Assistance

No benefits will be provided:

- For surgery or medical treatment when in the opinion of the Qualified Medical Practitioner treating the Insured Person, the treatment can be reasonably delayed until the Insured Person returns to Macau.
- If the purpose of the insured Journey is to obtain medical treatment or the insured Journey is undertaken against the Qualified Medical Practitioner's recommendation.
- For any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled insured Journey.
- For failure to obtain a written medical report from the Qualified Medical Practitioner.
- If the Insured Person refuses to follow the recommendation of a Qualified Medical Practitioner to return to Macau for continuation of medical attention or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.
- For any expenses for a service not approved and arranged by the Company or its authorized representative except that this exclusion shall be waived in the event the Insured Person or his/her Traveling Companion(s) cannot contact Travel Guard Assistance Hotline during an emergency medical situation for reasons beyond their control. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for service which the Company or its authorized representative would have provided under the same circumstances. (For Section 1c. Emergency Medical Evacuation only)
- For any expenses incurred for the transportation of the Insured Person's remains not approved and arranged by the Company or its authorized representative. (For Section 1d. Repatriation of Remains only).
- For the follow up treatment expenses obtained outside Macau.
- For any additional cost of single or private room accommodation at a Hospital or charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipment.
- For any cosmetic surgery, refractive errors of eyes, hearing-aids, and prescriptions thereof except necessitated by accidental Injury occurring during the insured Journey.

SECTION 2 - PERSONAL ACCIDENT

2a. Accident while in a Common Carrier

The benefit under this Section is payable to the Insured Person who suffers an Injury while riding as a fare paying passenger (and not as pilot, operator or crew member) in or on, or while boarding or alighting from any Common Carrier at the time of Injury during the insured Journey which, directly and independently of all other causes results in any Event provided in the Benefit Table hereunder, but only to the extent and if such Injury results in such Event happening to the Insured Person within ninety (90) days after the date of the Accident.

This Section is extended to cover an Injury sustained by the Insured Person while riding on, boarding or alighting from a carrier arranged by a travel agent or while the Insured Person is driving or riding in an automobile at the time of Injury during the insured Journey which, directly and independently of all other causes, shall result in any Event provided in the Benefit Table hereunder, but only to the extent and if such Injury results in such Event happening to the Insured Person within ninety (90) days after the date of the Accident.

2b. Other Accidents

The benefit under this Section is payable only with respect to Injury sustained by an Insured Person as a result of an Accident other than those Accidents referred to in Section 2a. (Accident while in a Common Carrier) during the insured Journey which, directly and independently of all other causes shall result in any Event as provided in the Benefit Table hereunder, but only to the extent and if such Injury results in the Event happening within ninety (90) days after the date of the Accident.

Benefit Table

Event		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 (b) one Ear	75% 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 (b) Left Hand	70% 50%
14.	Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand (b) Left Hand	40% 30%
15.	Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (b) one Right Joint (c) both Left Joints (d) one Left Joint	30% 15% 20% 10%
16.	Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints (b) two Right Joints (c) one Right Joint (d) three Left Joints (e) two Left Joints (f) one Left Joint	10% 7.5% 5% 7.5% 5% 2%
17.	Loss of or the Permanent Total Loss of use of Toes (a) all - one Foot (b) great - both Joints (c) great - Joint	15% 5% 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.	
Third Degree Burns		
Area	Damage as a Percentage of Total Surface Area	Percentage of Principal Sum
1. Head	Equal to or greater than 8% damage of total head surface area	100%
	Equal to or greater than 5% but less than 8% damage of total head surface area	75%
	Equal to or greater than 2% but less than 5% damage of total head surface area	50%
2. Body (excluded head)	Equal to or greater than 20% damage of total body surface area	100%
	Equal to or greater than 15% but less than 20% damage of total body surface area	75%
	Equal to or greater than 10% but less than 15% damage of total body surface area	50%

Compensation:

- If more than one (1) of the above Events is applicable, only the Events with the higher compensation will be payable under this Section and in any event shall not exceed the limit stated in the Schedule of Benefits.
- The insurance for any Insured Person under this Policy shall terminate upon the occurrence of any loss for which indemnity is payable under any one (1) of the above Events, but such termination shall be without prejudice to any claim originating out of the Accident causing such loss.
- When a limb or organ which had been partially disabled prior to the Accident covered under this Policy becomes totally disabled as a result of such Injury, the Percentage of Principal Sum 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 permanently disabled prior to the Accident.
- If the Insured Person is under seventeen (17) years of age on the commencement date of this Policy, the Maximum Benefit payable will be MOP300,000 subject to the Percentage of Principal Sum as stated in the above Benefit Table under Section 2 (Personal Accident).

This Section is extended to cover an Injury sustained by the Insured Person:

- While he/she is traveling directly from his/her place of residence or place of regular employment in Macau to the immigration counter within three (3) hours before the scheduled departure time of the Common Carrier in which the Insured Person has arranged to travel for the purpose of commencement of his/her insured Journey.
- While he/she is traveling directly from the immigration counter in Macau to his/her place of residence or place of regular employment within three (3) hours upon his/her arrival in Macau after completion of his/her insured Journey.

Exposure – If by the reason of any covered Accident occurring during the insured Journey, the Insured Person is unavoidably exposed to the elements (including but not limited to prolonged and rigorous weather or environmental conditions) and as a direct and unavoidable result of such exposure sustains death, loss or disablement within twelve (12) months from the date of Accident, the Company will pay in accordance to the Events as stated in the Benefit Table under Section 2 hereinabove.

Disappearance - If the Insured Person disappears as a result of the disappearance, sinking or wrecking of the Common Carrier caused by an Accident in which the Insured Person was traveling at the time of the Accident during the course of the insured Journey and remains missing after twelve (12) months from the date of the Accident, and the Company has reason to believe that the Insured Person has died in the Accident, the Company will pay the Personal Accident benefit, subject to receipt of a signed undertaking by the personal representative of the Insured Person's estate that any such payment shall be refunded to the Company if it is later discovered that the Insured Person did not die as a result of the Accident.

Exclusion Applicable to Section 2 - Personal Accident

- For the purpose of Section 2, in no event shall the Company be liable to pay for any loss caused by an Injury or otherwise which is a consequence of any kind of disease or sickness.

SECTION 3 - COMPASSIONATE DEATH CASH

The Company shall pay the Insured Person's estate a cash benefit up to the Maximum Benefits as stated in the Schedule of Benefits in case the Insured Person dies during the insured Journey as a result of Injury or Sickness.

SECTION 4 - JOURNEY CANCELLATION AND INTERRUPTION

4a. Journey Cancellation

The Company shall reimburse the Insured Person up to the Maximum Benefits as stated in the Schedule of Benefits for loss

of basic tour fee and/or Accommodation paid in advance by the Insured Person and for which the Insured Person is legally liable and which are not recoverable from any other source consequent upon the cancellation of the insured Journey necessitated by the occurrence of any of the following, within the period of ninety (90) days before the scheduled departure date of the insured Journey (except for sub-paragraphs (iii) and (iv) below):

- i. Death or Serious Injury or Serious Sickness of the Insured Person, Insured Person's Immediate Family Member, Close Business Partner or Traveling Companion;
- ii. Witness summons, jury service or compulsory quarantine of the Insured Person;
- iii. Sudden occurrence of strike by the employees of the Common Carrier, unanticipated outbreak of riot or civil commotion or epidemic within the period of one (1) week before the departure date of the planned insured Journey;
- iv. Serious damage to the Insured Person's and/or Traveling Companion's Primary Residence in Macau from fire, flood, earthquake or similar natural disasters within the period of one (1) week before the departure date of the planned insured Journey which requires the Insured Person's and/or Traveling Companion's presence in the premises on the departure date of the insured Journey.

This coverage under Section 4a. (Journey Cancellation) cannot be utilized once the Insured Person has commenced the insured Journey.

4b. Journey Interruption

4b (1) Curtailment Expenses

The Company shall reimburse the Insured Person up to the Maximum Benefits as stated in the Schedule of Benefits for the amount of basic tour fee and/or Accommodation forfeited and/or additional Travel Ticket and/or Accommodation reasonably and necessarily incurred after the commencement of the insured Journey where the Insured Person has to terminate and cut short the insured Journey and return to Macau as a result of the following reasons:

- i. Death, Serious Injury Or Serious Sickness or hijacking of the Insured Person or Close Business Partner;
- ii. Death, Serious Injury Or Serious Sickness of the Insured Person's Immediate Family Members or Traveling Companion;
- iii. Sudden occurrence of strike by the employees of a Common Carrier, unanticipated outbreak of riot or civil commotion, natural disasters, or epidemic which prevents the Insured Person from continuing with his/her scheduled insured Journey.

4b (2) Journey Re-arrangement

The Company shall reimburse the Insured Person up to the Maximum Benefits as stated in the Schedule of Benefits for additional and reasonable Travel Ticket and/or Accommodation incurred after the commencement of the insured Journey as a direct result of sudden occurrence of strike by the employees of a Common Carrier, unanticipated outbreak of riot or civil commotion, inclement weather, natural disasters, or epidemic at the planned destination. Such reimbursement is only payable if the aforesaid expenses are incurred solely for the purpose of continuing to the original planned destination comprised in the insured Journey.

Curtailment Expenses payable under Section 4b(1) in relation to the amount of basic tour fee and/or Accommodation forfeited will be calculated in proportion to the number of days remaining after the relevant interruption of the insured Journey. Actual expenses incurred in relation for the additional Travel Ticket and/or Accommodation for the insured Journey payable under both Section 4b(1) (Curtilment Expenses) and 4b(2) Journey Re-arrangement will be reimbursed up to the Maximum Benefits as stated in the Schedule of Benefits.

4b (3) Compassionate Visit

The Company will reimburse up to the Maximum Benefit as stated in the Schedule of Benefits for the reasonable additional Travel Ticket and/or Accommodation necessarily incurred by one (1) adult Immediate Family Member or one (1) Traveling Companion of the Insured Person to fly over or stay behind, to be with and/or take care of the Insured Person, following the death, Serious Injury Or Serious Sickness of the Insured Person during the insured Journey. This coverage can only be utilized once during the insured Journey.

4b (4) Travel Documents

In the event that the Insured Person loses his/ her travel documents and/or travel tickets during the insured Journey as a direct result of robbery, burglary or theft, the Company will reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for: (i) the replacement cost of the travel documents and/or travel tickets; and/or (ii) reasonable additional cost of travel fare and/or Accommodation necessarily incurred by an Insured Person for the sole purpose of making necessary travel arrangements for replacing the travel documents

4b (5) Compulsory Quarantine

The Company shall reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for the amount of pro-rated basic tour fee and/or Accommodation forfeited after the commencement of the insured Journey where the Insured Person is Compulsorily Quarantined due to suspected exposure to Pandemic Influenza infection.

Compulsory Quarantine payable under Section 4b(5) in relation to the amount of basic tour fee and/or Accommodation forfeited will be calculated in proportion to the number of quarantined days during the insured Journey.

The maximum amount payable under Section 4b (1) (Curtilment Expenses), Section 4b (2) (Journey re-arrangement), Section 4b (3) Compassionate Visit and Section 4b (4) (Travel Documents) and Section 4b (5) (Compulsory Quarantine) shall not in aggregate exceed 100% of the Maximum Benefit for Section 4b. (Journey Interruption) as stated in the Schedule of Benefits. This coverage Section 4b. (Journey Interruption) is effective only if the insured Journey is arranged before the Insured Person becomes aware of any circumstances which can lead to the disruption or interruption of the insured Journey.

Exclusions Applicable to Section 4 - Journey Cancellation And Interruption

No benefits will be provided for any loss:

1. That is covered by any other existing insurance scheme, government program, or which will be paid or refunded by Common Carrier, travel agent or any other provider of transportation and/or accommodation.
2. That is caused directly or indirectly by government regulations or control, bankruptcy, liquidation or default of travel agencies, tour operator and/or Common Carrier.
3. That arises from any circumstances leading to the cancellation and/or disruption of his/her insured Journey before the purchase of this travel insurance.
4. That directly or indirectly arises from the Insured Person's failure to notify the travel agent/ tour operator or provider of transportation or accommodation immediately if it is necessary to cancel or curtail the travel arrangement for the reasons set out in sub-paragraphs i. to iv. of Section 4a. (Journey Cancellation) or sub-paragraphs i. to iii. of Section 4b(1) (Curtilment Expenses).
5. In respect of losses claimed under Section 7a. (Travel Delay), Section 4b(1) (Curtilment Expenses) and Section 4b(2) (Journey re-arrangement) arising from the same cause.
6. For surgery or medical treatment when in the opinion of the Qualified Medical Practitioner treating the Insured Person, the treatment can be reasonably delayed until the Insured Person returns to Macau.
7. If the purpose of the insured Journey is to obtain medical treatment or the insured Journey is undertaken against the Qualified Medical Practitioner's recommendation.
8. For any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled insured Journey.
9. For failure to obtain a written medical report from the Qualified Medical Practitioner.
10. If the Insured Person refuses to follow the recommendation of a Qualified Medical Practitioner to return to Macau for continuation of medical attention, or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.
11. If the loss is not reported to the police within twenty-four (24) hours from the occurrence of the incident and for which such police report is not obtained at the place of loss.
12. If the lost travel document and/or visa and/or travel tickets are not needed by the Insured Person to complete to the insured Journey.
13. For loss by any mysterious disappearance.
14. In respect of loss resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, Terrorist Act or action taken by Governmental Authorities in hindering, combating or defending against such an occurrence; or from action taken by any Government or Public Authority pursuant to any customs or other regulations to secure, destroy, quarantine or confiscate any property; or in respect of any property which is (or represents the proceeds of) contraband or which is or has been illegally transported or traded (or represents the proceeds of such actions).
15. For both the temporary and permanent version of the same travel document. In the event of such loss, an Insured Person may claim either one (1) version but not both.
16. If the Insured Person fails to produce to the Company a written confirmation containing the information issued by the government or other relevant authorities regarding the Compulsory Quarantine, including but not limited to the quarantined period and the reason for such quarantine.

SECTION 5 - CHILD GUARD

The Company will reimburse up to the Maximum Benefit as stated in the Schedule of Benefits, the reasonable additional Accommodation and/or Travel Ticket for one (1) Immediate Family Member or one (1) Traveling Companion to accompany the Insured Person's child(ren) aged under fifteen (15) back to Macau in the event of death or Confinement of the Insured Person in an overseas Hospital due to Serious Injury Or Serious Sickness, and where no other Immediate Family Member or Traveling Companion is available to accompany the Insured Person's child(ren).

Exclusions Applicable to Section 5 - Child Guard

No benefits will be provided:

1. For surgery or medical treatment when in the opinion of the Qualified Medical Practitioner treating the Insured Person, the treatment can be reasonably delayed until the Insured Person returns to Macau.
2. If the purpose of the insured Journey is to obtain medical treatment or the insured Journey is undertaken against the Qualified Medical Practitioner's recommendation.
3. For any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled insured Journey.
4. For failure to obtain a written medical report from the Qualified Medical Practitioner.
5. If the Insured Person refuses to follow the recommendation of a Qualified Medical Practitioner to return to Macau for continuation of medical attention or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.

SECTION 6 - PERSONAL EFFECTS

6a. Baggage and Personal Effects

The Company will pay the Insured Person up to the Maximum Benefits as stated in the Schedule of Benefits for loss of or damage to baggage, clothing and personal effects, worn, carried by the Insured Person by hand, in trunks, suitcases and like receptacles owned by the Insured Person occurring during the insured Journey. If any damaged article is proven to be beyond economical repair, a claim will be dealt as if the article had been lost. The Company shall not be liable for more than MOP2,000 in respect of any one (1) article, pair or set of articles except for Lap-top Computers where the maximum limit of MOP10,000 shall be payable for one or more Lap-top Computers. The Company may make payment or at its option reinstate or repair the article, pair, or set of articles subject to due allowance for wear and tear.

Exclusions Applicable to Section 6a - Baggage and Personal Effects

No benefits will be provided for:

1. The following classes of property: business goods or sample, foodstuffs, animals, motor vehicles (including accessories), motorcycles, bicycles, boats, motors, any other conveyances, household furniture, antiques, jewelry or accessories, mobile phone (including PDA phone and other accessories), money (including checks, traveler's checks, etc), plastic money (including the credit value of credit card, Octopus cards, etc), securities, tickets or documents.
2. Any loss or damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the Insured Person to repair, clean or alter any property.
3. Any loss of or damage to hired or leased equipment.
4. Any loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, Terrorist Act or action taken by Governmental Authorities in hindering, combating or defending against such an occurrence; or from action taken by any Government or Public Authority pursuant to any customs or other regulations to secure, destroy, quarantine or confiscate such property; or in respect of any property which is contraband or which is or has been illegally transported or traded.
5. Any loss or damage to property insured under any other insurance, or which could be reimbursed by a Common Carrier, a hotel, and any service providers or otherwise.
6. Any loss of or damage to property which functions normally after it has been fixed or repaired by a third party.
7. With respect to any of the Insured Person's baggage which the Insured Person either intentionally sent by a different Common Carrier than the one in which the Insured Person was traveling, or with respect to any baggage, souvenir or other items which the Insured Person mailed or shipped separately.
8. Any loss of the Insured Person's baggage when it is left unattended in public place or as a result of the Insured Person's failure to take due care and precautions for the safe guard and security of such property.
9. Any loss of data recorded on tapes, cards, diskettes or otherwise.
10. Breakage or damage to fragile articles.
11. Any loss or damage while in the custody of a hotel or Common Carrier, unless reported immediately on discovery in writing to such hotel or Common Carrier within three (3) days and a Property Irregularity Report is obtained in the case of the event occurred in an airline.
12. Losses not reported to the police within twenty-four (24) hours from occurrence of the incident and such police report is not obtained at the place of loss.
13. For the same loss under both Section 6a. (Baggage and Personal Effects) and Section 7b. (Baggage Delay).
14. Loss by any mysterious disappearance.
15. Shortage due to error, omission, exchange or depreciation in value.
16. Receipts submitted which are not in the Insured Person's name.

6b. Personal Money

The Company will reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for the loss of cash, bank notes, traveler's check and money order as a direct result of robbery, burglary or theft occurring during the insured Journey. This reimbursement is subject to the condition that the relevant loss must have been reported to the police at the place of the loss within twenty-four (24) hours from the occurrence of the incident and any such claim must be accompanied by written documentation and report from such police.

Exclusions Applicable to Section 6b - Personal Money

No benefits will be provided:

1. In respect of any form of the plastic money (including any credit card, Octopus cards, etc) or securities.
2. In respect of loss not reported to the police within twenty-four (24) hours from the occurrence of the incident and such police report is not obtained at the place of loss.
3. In respect of shortage due to error, omission, exchange or depreciation in value.
4. In respect of loss of traveler's checks where such loss is not immediately reported to the local branch or agent of the issuing authority.
5. For loss by any mysterious disappearance.
6. In respect of loss resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, Terrorist Act or action taken by Governmental Authorities in hindering, combating or defending against such an occurrence; or from action taken by any Government or Public Authority pursuant to any customs or other regulations to secure, destroy, quarantine or confiscate such cash, bank notes, check or money; or in respect of any cash, bank notes, check or money which is (or represents the proceeds of) contraband or which is or has been illegally transported or traded (or represents the proceeds of such actions).

SECTION 7 - DELAY COVERAGE

7a. Travel Delay

- i. The Company shall pay MOP250 for the first full five (5) hours of delay, then MOP500 for each of the following full ten (10) hours of delay up to the Maximum Benefit as stated in the Schedule of Benefits in the event that the Common Carrier in which the Insured Person has arranged to travel is delayed for at least five (5) hours from the departure or arrival time specified in the itinerary provided to the Insured Person by the Common Carrier where such delay is caused directly by inclement weather, natural disaster, equipment failure, hijack or strike by the employees of the Common Carrier during the insured Journey.

Departure or arrival delay will be calculated from the original scheduled departure or arrival time specified in the itinerary provided by the Common Carrier to the Insured Person until the actual departure or arrival time of a) the original Common Carrier or b) the first available alternative transportation offered by that Common Carrier management.

The Insured Person can only claim for either departure delay or arrival delay of the same delayed Common Carrier.

OR

- ii. The Company shall reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for the expenses paid in advance and any amounts for which he/she is legally liable and are not recoverable from any other source if he/she decides to cancel the insured Journey due to inclement weather, natural disasters, equipment failure, hijack or strike by the employees of the Common Carrier which causes delay of departure for at least ten (10) hours after the time of departure.

This coverage is effective only if the insured Journey is arranged before the announcement of any event or occurrence leading up to the relevant delay of the Common Carrier by the authorized representative/management of the Common Carrier. The Insured Person can only claim for either i or ii above but not both.

Exclusions Applicable to Section 7a - Travel Delay

No benefits will be provided for:

1. Failure of the Insured Person to obtain written confirmation from the Common Carrier on the number of hours of and the reason for such delay.
2. Any loss arising from any event or occurrence leading up to the relevant delay which is announced before the insured Journey is arranged.
3. Any loss arising from late arrival of Insured Person at the airport or port (i.e. arrival at a time later than the time required for check-in or booking-in except for the late arrival due to strike by the employees of the Common Carrier).
4. Any loss arising from failure of Insured Person to get on-board the first available alternative transportation offered by the administration of the relevant Common Carrier.

5. Any consequential loss arising from the late arrival of a preceding Common Carrier that causes subsequent delays/misconnections of each Common Carrier in which the Insured Person has arranged to travel during the course of the insured Journey.
6. Any losses claimed under Section 4b(2) (Journey Re-arrangement) arising from the same cause.

7b. Baggage Delay

The Company shall pay the Maximum Benefit as stated in the Schedule of Benefits in consequence of temporary deprivation of the Insured Person's baggage for full ten (10) hours from the time of arrival at the destination due to the misdirection in delivery of the baggage by a Common Carrier on or in which the Insured Person is traveling during the insured Journey. This benefit can only be utilized once during the insured Journey.

Exclusions Applicable to 7b - Baggage Delay

No benefits will be provided:

1. For the failure of the Insured Person to obtain written confirmation from the Common Carrier on the number of hours and the reason for such delay.
2. With respect to any of the Insured Person's baggage which the Insured Person either intentionally sent by a different Common Carrier than the one in which the Insured Person was traveling, or with respect to any baggage, souvenir or other items which the Insured Person mailed or shipped separately.
3. For any loss claimed under Section 6a (Baggage and Personal Effects) arising from the same cause.

SECTION 8 - PERSONAL LIABILITY

The Company shall indemnify the Insured Person up to the Maximum Benefits as stated in the Schedule of Benefits for legal liability to a third party arising during the insured Journey as a result of:

1. death or accidental bodily injury to a third party;
2. accidental loss of or damage to property of a third party.

However, the Insured Person must not make any offer or promise of payment or admit his/her fault to any other party, or become involved in any litigation without the Company's written approval.

Exclusions Applicable to Section 8 - Personal Liability

No benefits will be provided for:

1. Property of any person who is the Insured Person, Insured Person's Immediate Family Member or employer or deemed by law to be his/her employee.
2. Liability to any person who is the Insured Person's Immediate Family Member or employer or deemed by law to be his/her employee.
3. Property which belongs to the Insured Person or is in his/her care of custody or control.
4. Any liability assumed under contract.
5. Liability relating to the willful, malicious, or unlawful act on the part of the Insured Person.
6. Liability arising from the ownership, possession or use of vehicles, aircraft, watercraft, firearms or animals.
7. Liability arising from the undertaking of any trade, business or profession.
8. Liability arising from any criminal acts.

SECTION 9 – LOSS OF HOME CONTENT

The Company shall reimburse the Insured Person up to the Maximum Benefits stated in the Schedule of Benefits for the loss or damage to household contents owned, used or worn by the Insured Person contained within his/her Primary Residence in Macau as a direct result of burglary while the Insured Person is traveling on the insured Journey. Such loss must be reported to the police and supported by written documentation and report from the police.

The Company may make payment or at its opinion reinstate or repair subject to due allowance for wear and tear and depreciation.

Exclusions Applicable to Section 9 - Loss of Home Content

No benefits will be provided:

1. Arising out of burglary while the Insured Person's Primary Residence in Macau or any part thereof is unoccupied for more than thirty (30) day from or prior to the departure date of the insured Journey.
2. For any loss/ damage of bonds, bills of exchange, cash, coins, cheques, promissory notes, postal or money orders, record or book or similar tokens, luncheon voucher or other coupons, stored value cards, credit cards, deeds, documents of title, manuscripts, medals, passports, stamps, share certificates, contact or corneal lenses, mobile / portable telephone, travel tickets, foodstuffs, animals and motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, loss of data recorded on tapes, cards, diskettes or otherwise.
3. For any loss not reported to the police within twenty-four (24) hours of loss when the Insured Person returns back to Macau after the insured Journey and a police report for such loss not having been obtained.
4. For shortage due to error, omission, exchange or depreciation in value.
5. For special equipment or apparatus used in connection with any profession, business or employment.
6. For malicious damage or vandalism by any person lawfully in the Primary Residence in Macau.
7. For loss arising from the Insured Person not taking all reasonable efforts to take due care and precautions for the safeguarding and security of his/her home contents within his/her Primary Residence in Macau to avoid or to minimize any claim and loss under this Policy.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

THE COMPANY WILL NOT PAY UNDER ANY SECTION OF THIS CERTIFICATE OF INSURANCE FOR LOSS, INJURY, DAMAGE OR LIABILITY SUFFERED AND/OR SUSTAINED BY OR ARISING DIRECTLY OR INDIRECTLY AS A RESULT OF OR IN CONNECTION WITH ANY OF THE FOLLOWING:

1. War, civil war, invasion, insurrection, revolution, use of military power or usurpation of government or military power.
2. This Policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region.
3. This Policy will not cover any claim, loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region
4. The Company shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company, its parent company or its ultimate controlling entity to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union or the United States of America.
5. Any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities;
6. Any prohibition or regulations by any government (except where a government is subjecting an Insured Person to Compulsory Quarantine as covered under Section 4a (i) and 4b (5); any breach of government regulation or any failure by the Insured Person to take reasonable precautions to avoid a claim under this insurance following the warning of any intended strike by the employees of a Common Carrier, riot or civil commotion, inclement weather, natural disasters, or epidemic;
7. Any Terrorist Act except for Section 1. (Emergency Medical Expenses and Assistance), Section 2. (Personal Accident), Section 3. (Compassionate Death Cash), Section 4b (3) (Compassionate Visit) and Section 5 (Child Guard);
8. The Insured Person is not taking all reasonable efforts to safeguard his/her property/money, or to avoid injury to minimize any claim under this insurance;
9. Riding or driving in any kind of motor racing, competition, engaging in a professional capacity in any sport where an Insured Person would or could earn income or remuneration from engaging in such sport as a source of income;
10. Any loss which has connection with the effects of alcohol or drugs other than those prescribed by a Qualified Medical Practitioner;
11. Pregnancy or childbirth, and any Injury or Sickness associated with pregnancy or childbirth;
12. Suicide or attempted suicide or intentional self-injury, or self-exposure to needless peril;
13. Any Pre-Existing Condition, congenital and heredity condition;
14. AIDS or any Injury or Sickness commencing in the presence of a sero positive test for HIV and related disease, sexually transmitted disease;
15. Psychosis, sleep disturbance disorder, mental or nervous disorders;
16. The Insured Person engaging in naval, military or airforce service or operations; armed force service; being as a crew member or an operator of any air carrier; testing of any kind of conveyance; engaging in any kind of labor work; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives; performing as actor/actress; being a site worker, fisherman, cook or kitchen worker; tour guide or tour escort;
17. Any medical treatment received during an insured Journey which was made for the purpose of receiving medical treatment or if the insured Journey was undertaken while the Insured Person was unfit to travel; or the Insured Person is traveling against the advice of a Qualified Medical Practitioner;
18. Any expenses that can be recovered from any other source except for Section 1b.(Overseas Hospital Cash), Section 2. (Personal Accident), Section 3. (Compassionate Death Cash) and Section 7. (Delay Coverage);
19. Any Insured Person who is a People's Republic of China passport holder and travels to/within People's Republic of China (except Hong Kong, Taiwan and Macau). However, this exclusion will be waived if the Insured Person mentioned in the aforesaid has an official document issued by the overseas Government other than People's Republic of China (except Hong Kong, Taiwan and Macau) as proof that he/she is a legal resident of the respective country but traveling with a People's Republic of China passport.

DEFINITIONS

"**Accident**" means an unforeseen and involuntary event which causes an Injury during an insured Journey.

"**Accommodation**" means room charge only.

"**Acquired Immune Deficiency Syndrome**" or "**AIDS**" shall have the meanings assigned to it by the World Health Organization 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.

"**Chinese Medicine Practitioner**" shall mean any Chinese bonesetter, acupuncturist or Chinese medicine practitioner who is legally registered in the Government of Macau SAR Department of Health according to the Chinese Medicine Ordinance, but excluding a Chinese Medicine Practitioner who is the Insured Person or an Immediate Family Member of the Insured Person.

"**Close Business Partner**" shall mean a close business partner of an Insured Person proved as such to the satisfaction of the Company on the basis of business registration or corporate registration documentation acceptable to the Company.

"**Common Carrier**" shall mean any bus, coach, ferry, hovercraft, hydrofoil, ship, train, tram or underground train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and any fixed-wing aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers and any helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers and operating only between established commercial airports or licensed commercial heliports, and any regularly scheduled airport limousine operating on fixed routes and schedules.

"**Compulsorily Quarantined**" or "**Compulsory Quarantine**" means the Insured Person is ordered to be quarantined compulsorily by the government or other relevant authorities.

"**Confinement**" or "**Confined**" means the period the Insured Person is registered as an in-patient in a Hospital because of a medical necessity under the professional care of a Qualified Medical Practitioner and which the Hospital levies a charge for room and board for the treatment of an Injury or Sickness for such confinement.

"**Effective Date**" means either 1) the commencement date of the Policy or 2) the date the Journey Cancellation benefit becomes effective, whichever is later.

"**Hong Kong**" means the Hong Kong Special Administrative Region.

"**Hospital**" shall mean a hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home or a place for alcoholics or drug addicts, or for any similar purpose) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24 hours nursing service and medical supervision.

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

"**Injury**" shall mean the bodily injury sustained in an Accident directly and independently of all other causes.

"**Insured Person**" shall mean the insured named in the Policy Schedule or subsequently endorsed herein.

"**Journey**" wherever used in this Policy shall mean each period of travel commencing from the Insured Person leaves the Macau immigration counter on the departure date for the purpose of commencement of his/her insured Journey and until the expiration of ninety (90) days period beginning from the date that such journey commences or the Insured Person's arrival at any immigration counter for returning to Macau after the insured Journey, whichever first occurs.

"**Lap-Top Computer**" means a lap-top computer, notebook or sub-notebook. However Personal Digital Assistant (PDA) or Hand Held Computers (HHC) are excluded from this category.

"**Loss of**" or "**Loss of Use**" shall mean the Permanent total functional disablement or complete and permanent physical severance through or above the wrists or ankle joints, and as used with reference to eyes, shall mean the entire and irrecoverable loss of sight.

"**Loss of Hearing**" shall mean Permanent irrecoverable loss of hearing where:

If a db - Hearing loss at 500 Hertz If b db - Hearing loss at 1,000 Hertz
If c db - Hearing loss at 2,000 Hertz If d db - Hearing loss at 4,000 Hertz

1/6 of (a+2b+2c+d) is above 80dB.

"**Loss of Sight**" 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 center in the brain resulting in Aphasia.

"**Macau**" refers to the Macao Special Administrative Region.

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

"**Maximum Benefit**" means the maximum benefit amount of each of the benefits covered per insured Journey under this Policy as stated in the Schedule of Benefits.

"**Medically Necessary Expenses**" means expenses and paid by the Insured Person to a legally Qualified 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, and excluding any expenses incurred under Section 1c. (Emergency Medical Evacuation) and Section 1d. (Repatriation of Remains) of this Policy. All treatment must be prescribed by a Qualified Medical Practitioner in order for expenses to be reimbursed under this Policy. Provided that in the event an Insured Person becomes 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 sources.

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

"**Pandemic Influenza**" means an epidemic of an influenza virus that spreads on a worldwide scale and infects a large proportion of human population to the extent that the World Health Organization has announced that the level of Epidemic and Pandemic Alert and Response is phase 5 or above.

"**Percentage of Principal Sum**" is the Percentage of Principal Sum as stated in the Benefit Table in Section 2 (Personal Accident) herein used to calculated the maximum benefits payable.

"**Period of Insurance**" means the Period of Insurance in the Policy Schedule attached to the Policy.

"**Permanent**" shall mean lasting twelve (12) consecutive months from the date of an Accident and at the expiry of the twelve (12) months period being beyond any hope of improvement.

"**Permanent Total Disablement**" shall mean disablement which commences ninety (90) days from the date of the Accident and which is Permanent and which entirely prevents an Insured Person from attending to any business or gainful occupation of any and every kind or if he/she has no business or occupation from attending to any duties, which would normally be carried out by him/her in his/her daily life.

"**Policy**" referred to the documents in Clause 1 of the General Provisions section.

"**Policy Schedule**" means the attachment to this Policy entitled "Policy Schedule" as may be amended by the Company from time to time.

"**Pre-existing Condition**" means any condition for which the Insured Person, Immediate Family Member, Close Business Partner or Traveling Companion received from or were recommended by a Qualified Medical Practitioner prior to the Effective Date of this Policy for: a) any medical treatment; b) any diagnosis; c) any consultation; or d) any prescribed drugs leading to a claim under this Policy; or any Symptom which existed prior to the Effective Date leading to a claim under this Policy.

"**Primary Residence**" means the primary house or building permanently occupied by the Insured Person for the sole purpose of private dwelling.

"**Qualified Medical Practitioner**" shall mean any person legally authorized by the Government with jurisdiction in the geographical area of his or her practice to render medical or surgical service, but excluding a qualified medical practitioner who is the Insured Person or an Immediate Family Member of the Insured Person.

"**Schedule of Benefits**" means the section to the Policy Schedule entitled "Schedule of Benefits" as may be amended by the Company from time to time.

"**Serious Injury Or Serious Sickness**" means an injury or sickness for which the Insured Person or Traveling Companion requires treatment and which is certified by a Qualified Medical Practitioner as being dangerous to life and as rendering the Insured Person or Traveling Companion unfit to travel or continue with his/her original insured Journey. When "Serious Injury Or Serious Sickness" is applied to the Insured Person's Immediate Family Member(s) or Close Business Partner, it shall mean injury or sickness for which the Insured Person's Immediate Family Member or Close Business Partner requires treatment and certified by a Qualified Medical Practitioner as being dangerous to life and which results in the Insured Person's discontinuation or cancellation of his/her original insured Journey.

"**Sickness**" means sickness or disease which is contracted during the insured Journey directly and independently of any other cause and which commences during the insured Journey.

"**Symptom**" means a sign or an indication of disorder or disease experienced by an individual.

"**Terrorist Act**" shall mean any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with



the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist acts. Terrorist act also includes any act, which is verified or recognised by the (relevant) Government as an act of terrorism

"Third Degree Burns" shall mean full thickness skin destruction due to burns.

"Traveling Companion" shall mean the person who is accompanying the Insured Person for the whole insured Journey.

"Travel Ticket" means an economy class travel ticket purchased for traveling on any Common Carrier.

"Usual, Reasonable And Customary" shall mean an expense which: (1) is charged for treatment, supplies or medical services medically necessary for caring of Insured Person(s) under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

"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.

GENERAL CONDITIONS

1. All Insured Persons covered under this Policy should be legal Macau residents.
2. At the time this insurance becomes effective, the Insured Person must be fit to travel and not be aware of any circumstances which could lead to cancellation or disruption of the insured Journey, otherwise any claim could be forfeited.
3. If the Insured Person is covered under more than one (1) comprehensive voluntary travel insurance policies underwritten by the Company for the same trip, only the travel insurance policy with the greatest compensation will apply and benefits thereunder be payable.
4. This Policy is only valid for conventional leisure travel or business travel (limited to administrative duty) purpose only and shall not apply to persons undertaking expeditions, treks or similar journeys.
5. The maximum period of an insured Journey cannot exceed ninety (90) days per Journey.
6. Any non-disclosure or fraudulent misrepresentation in any particular material shall lead to the whole Policy being void from inception.

GENERAL PROVISIONS

1. ENTIRE CONTRACT

This Policy includes application, policy schedule, Schedule of Benefits, Travel Insurance Terms and Conditions, riders, endorsements and attachments (if any) constitutes the entire contract of insurance. No statement made by the applicant for insurance not included herein shall avoid the Certificate of Insurance or be used in any legal proceedings hereunder unless such statement is fraudulent. No agent has authority to change this insurance or to waive any of its provisions. No change in this insurance shall be valid unless approved by the Company and such approval is endorsed hereon.

2. ELIGIBILITY

For Individual Plan: age limit is from 17 to 70 years old (both years inclusive).

For Family Plan: any legally married couple aged 17 to 70 with their legitimate child(ren) who are under the age of seventeen (17) on the commencement date of this Policy.

3. RENEWAL CONDITIONS

This Policy may be renewed for further consecutive periods by the payment of premium on the commencement date of the renewal at the Company's premium rate in force at the time of renewal, subject to the Company's right to decline renewal of this Policy on any anniversary date of the Policy upon giving thirty (30) days prior written notice mailed or delivered to the Insured Person's last known address of the Company's intention not to renew the Policy, or to condition its renewal upon reduction of limits, increase in premium, elimination of coverage, or any combination thereof. The Company's acceptance of premium coupled with its renewal confirmation shall constitute its consent to renewal. Unless renewed as herein provided, this Policy shall terminate, at the expiration of the period for which premium has been paid. The Company reserves its right to change, from time to time, the table of rates applicable to premiums thereafter becoming due under this form of Policy.

4. GRACE PERIOD

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, and unless outstanding premium is paid within the grace period and unless the Policy has not otherwise been cancelled earlier in accordance with the provisions of this Policy, the Policy shall be deemed cancelled as from the due date for the payment of the outstanding premium. No grace period shall be granted for the payment of the first premium and failure to effect payment thereof as required by the Company shall render this Policy void from inception.

5. CANCELLATION

The Company may cancel this Policy at any time by written notice delivered to the Insured Person or mailed to his/her last known address as shown by the Company's records stating when such cancellation shall be or shall have been deemed 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. The Company will not allow any refund of premium once this Policy becomes effective.

6. POLICY TERMINATION

This Policy shall terminate:

- (a) When premium is outstanding and remains unpaid after the time for payment prescribed in clause 4 "Grace Period" of this Section; or
- (b) In the circumstances mentioned under "Compensation - clause 2" of Personal Accident under Section 2 of this Policy; or
- (c) Upon expiry of this Policy; or
- (d) on the next anniversary date when the Insured Person no longer fulfills the eligibility as stated under Clause 2 of this Section.

7. MISSTATEMENT OF 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 such 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, upon written request, of all premiums paid for the period not covered by the Policy.

8. STATUS CHANGE

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

9. TIME OF NOTICE OF CLAIM

Written notice of loss on which a claim may be based must be given to the Company within thirty (30) days after the date of

the incident causing such loss and in the event of accidental death, immediate notice thereof must be given to the Company.

10. 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 this Policy for filing proofs 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/claimant or his legal personal representatives and shall be in such form and of such nature as the Company may prescribe.

11. 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 such loss within sixty (60) days after the termination of the period for which the Company is liable. If it shall be shown not to have been reasonable possible to give such notice within such time, such proof is furnished as soon as reasonable possible and within one (1) year after the date of such loss.

12. SUFFICIENCY OF NOTICE

Such notice by or on behalf of the Insured Person 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 was reasonably possible.

13. 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 receipt of due proof.

14. TO WHOM INDEMNITIES PAYABLE

Any indemnity paid for loss of life shall be payable to the Insured Person's estate. All other indemnities shall be payable to the Insured Person except for Emergency Medical Evacuation and Repatriation of Remains where relevant amounts will be paid directly to the provider of service in accordance with the terms of this Policy.

15. FRAUDULENT CLAIMS

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

16. RIGHT OF RECOVERY

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

17. RIGHTS OF THIRD PARTY

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

18. MEDICAL EXAMINATION AND TREATMENT

The Company at its own expense shall have the right and opportunity to conduct medical examination on the Insured Person when and as often as it may reasonably require during a pending claim under this Policy and to make an autopsy in the 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 such appliances or remedies as may be prescribed.

19. SUBROGATION

In the event of any payment under this Policy, the Company shall be subrogated to all the Insured Person's rights of recovery therefore against any person or organization and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall take no action after the loss to prejudice such rights.

20. LEGAL ACTIONS

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 three (3) years after the time written proof of loss is required to be furnished.

21. LIMITATIONS CONTROLLED BY STATUTE

If any time limitation of this insurance, with respect to giving notice of claim or furnishing proof of loss, is less than that permitted by the law of Macau, such limitation is hereby extended to agree with the minimum period permitted by such law.

22. COMPLIANCE WITH POLICY PROVISIONS

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

23. POLICY INTERPRETATION

This Policy is subject to the laws of the Macau and the parties hereto agree to submit to the jurisdiction of the courts of the Macau.

24. ASSIGNMENT

No notice of 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 of AIG Insurance Hong Kong Limited (Macau Branch), Unit 06, 5/F, AIA Tower, No. 251-301, Avenida Comercial de Macau and the Company's consent to such assignment is endorsed. 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.

25. DATA PRIVACY

It is hereby declared that as a condition precedent to the liability of the Company, the Insured Person(s) has agreed that any information or personal information collected or held by the Company is provided and may 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 communicate with the Insured Person(s) for such purposes. The Insured Person(s) has the right to obtain access to and to request correction of any personal information held by the Company concerning the Insured Person(s). Such request can be made to the Company's Data Privacy Officer at Unit 06, 5/F, AIA Tower, No. 251-301, Avenida Comercial de Macau.

26. CLERICAL ERROR

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

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伴你遨遊旅遊保障計劃（全年計劃） 旅遊保險條文及條款

當美亞保險香港有限公司(澳門分行)(以下稱爲“本公司”)收受保費後，即依據**保單**或批註內的定義、不保事項、限制、條款和條件，同意承保名列於**保單列表**內之**受保人**及根據條款和條件對在受保日期內所出發和發生的旅程(以下稱爲“受保旅程”)之損失作出賠償。
保障列表、旅遊保險條文及條款和批註(如有者)將構成完整的保險契約(以下稱爲“保單”)。
此保險只適用於常規的假期旅遊及文職商務旅遊，而不適用於探險跋涉或類似**旅程**。

保障範圍

第 1 項 - 緊急醫療費用及援助

1a. 醫療費用

在此項目下，若**受保人**於受保**旅程**期間蒙受**損害**或**疾病**而引致在返回澳門前治療的醫療費用，本公司將以不超過**保障權益表**所規定之**最高賠償額**賠償**受保人**有關醫療費用，該醫療費用必須是(i) 由首次蒙受該**損害**或**疾病**起 182 日以內所引致的，及(ii) **實際、合理及慣常醫療必需費用**。

- 覆診費用

如**受保人**於返回澳門後因以上的**損害**或**疾病**而需要覆診（意即繼續接受在**受保人**回港前有關**損害**或**疾病的治療**），本公司將賠償不超過 MOP1,000,000(損害)或 MOP100,000(疾病)的覆診費用，但該覆診費用必須是(i)返回澳門後 6 個月內引致的，及(ii)由執業西醫之**合格醫生**收取的**實際、合理及慣常醫療必需費用**。此覆診費用亦包括中醫診治，每日每症最高爲 MOP150，最高累積至 MOP1,800。

在任何情況下，第 1a 項「醫療費用」的總賠償額不可超過**保障權益表**所規定**最高賠償額**。

1b. 海外住院現金津貼

若**受保人**於受保**旅程**期間，因蒙受**損害**或感染**疾病**而需入住當地**醫院**爲留院病人，本公司將按**受保人**留院之日數每日賠償海外住院現金津貼 MOP500 予**受保人**，但以**保障權益表**所規定之**最高賠償額**爲上限。

1c. 緊急醫療運送

若**受保人**在受保**旅程**期間蒙受**損害**或感染**疾病**，於本公司或其授權代表的意見下，認爲**受保人**上適合將**受保人**運送至其他地方接受治療，或運送回澳門，而本公司或其授權代表亦會根據**受保人**當時的受傷程度或病情，安排最適當之醫療運送方式，本公司則會直接支付該醫療運送所需之有關保障費用。

保障費用是指由本公司或其授權代表因緊急運送**受保人**而提供或安排之醫療運送、服務及設備等費用。所有醫療運送方式及最終目的地均由本公司或其授權代表決定及根據當時醫療情況安排，包括租用空中或陸上救護車、航空運輸、鐵路或其他適合的運送方式。

受保人或其代表必須致電 Travel Guard 國際支援熱線 (852) 3516 8699 作出有關安排。

1d. 運返費用

若**受保人**在受保**旅程**期間因蒙受**損害**或感染**疾病**而死亡，本公司或其授權代表將安排運返**受保人**之遺體返回澳門。本公司將直接支付有關保障費用。

此外，本公司將賠償由當地殯儀承辦者提供及執行的棺材、防腐和火化事宜上的實際費用。

受保人或其代表必須致電 Travel Guard 國際支援熱線 (852) 3516 8699 作出有關安排。

適用於第 1 項 - 緊急醫療費用及援助的不保事項

以下情況不受保障：

- 根據**保障權益表**之意見，在合理的情況下該項手術或治療可延期至返回澳門後進行。
- 受保**旅程**之目的爲醫治**疾病**或違反**合格醫生**之勸告進行受保**旅程**。
- 一切毋須由**受保人**支付及/或已包括於受保**旅程**中的費用支出。
- 未能提供**合格醫生**之醫療報告。
- 受保人**拒絕依循**合格醫生**之建議返回澳門繼續治療，或在身體狀況許可下，拒絕繼續其受保**旅程**。
- 任何不經由本公司或其授權代表同意及提供服務的費用，除非**受保人**或其旅遊夥伴在緊急及不能控制的情況下無法 Travel Guard 國際支援熱線，在此情形下，本公司只賠償**受保人**在同一情況下本公司或其授權代表會提供的服務而衍生的費用（只適用於 1c. 緊急醫療運送）。
- 未經由本公司或其授權代表允許及安排之遺體運返(只適用於 1d. 運返費用)。
- 任何於澳門以外地方的覆診費用。
- 任何**醫院**內獨立或私人房間、特別或私家看護的額外費用；非醫療的個人服務的額外費用，如收音機、電話及類似的物品；採購或採用特別支架、儀器或裝置的額外費用。
- 任何整容手術、眼睛折射造成的誤差、助聽器、或相關之處方配製單據，但於受保**旅程**期間因**意外**蒙受**損害**所引致的除外。

第 2 項 - 人身意外保障

2a. 乘搭交通工具之意外

若**受保人**在受保**旅程**期間，以付款乘客身份（不是機師、操作員或空中服務員）乘搭或上落**公共交通工具**期間發生**意外**，於事故發生當日起計 90 日內在直接及並無其他原因下引致以下之損害事項，本公司將依據保障列表的損害事項及其**保額百分率**賠償予**受保人**。

此部份提供額外保障予**受保人**在乘搭或上落由旅行社安排的交通工具、或駕駛或乘坐汽車期間發生之**意外**，於事故發生當日起計 90 日內在直接及並無其他原因下引致以下之損害事項，本公司將依據保障列表的損害事項及其**保額百分率**賠償予**受保人**。

2b. 其他意外

若**受保人**在受保**旅程**期間，因遭遇**意外**而蒙受**損害**，而非上迹「2a. 乘搭交通工具之意外」，於事故發生當日起計 90 日內在直接及並無其他原因下引致以下的損害事項，本公司將依據保障列表的損害事項及其**保額百分率**賠償予**受保人**。

保障表

損害事項	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 (b) 腳拇趾 — 兩個關節 (c) 腳拇趾 — 一個關節	15% 5% 3%
18.	折斷腿部或膝蓋而無法聯合	10%
19.	腿部縮短五厘米或以上	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。	
三級程度燒傷		
部位	受損佔有關部位總面積之百分比	保額百分率
1. 頭部	達頭部總面積之 8%或以上	100%
	達頭部總面積之 5%至 8%以下	75%
	達頭部總面積之 2%至 5%以下	50%
	達其餘身體部份總面積之 20%或以上	100%
2. 身體 (頭部以外)	達其餘身體部份總面積之 15%至 20%以下	75%
	達其餘身體部份總面積之 10%至 15%以下	50%

賠償：

- 於同一**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，本公司只會賠償可獲最高賠償額的事項及以不超過列於**保障權益表**所載之上限爲賠償依據。
- 倘本公司已賠償以上保障表其中一項的損害事項，**受保人**所有的保障會即時終止，但不會影響該**意外**所導致之**損害**賠償事宜。
- 倘**受保人**於受保**意外**發生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**作爲賠償該**損害**所引致的殘廢部份，而於受保**意外**發生前已喪失功能的部份則不獲賠償。
- 於此**保單**生效日，**受保人**年齡爲 17 歲以下，本公司會根據第 2 項「人身意外保障」之保障表的損害事項及其**保額百分率**作出賠償，最高賠償至 MOP300,000。

此部份提供額外保障予**受保人**在以下期間蒙受的**損害**：

- 當**受保人**於原定**公共交通工具**出發前 3 小時內直接由日常澳門住所或工作地點前往澳門入境事務處的期間以開始其受保**旅程**。
- 受保**旅程**完畢，當**受保人**回澳門後 3 小時內直接由澳門入境事務處返回日常住所或工作地點的期間。

暴露，倘**受保人**在受保**旅程**期間發生**意外**，及在無法避免的情況下身處於自然環境中(包括但不限於長期及嚴酷的天氣或環境狀況)，並於**意外**發生後 12 個月內直接因此無法避免的情況下引致死亡或傷殘，本公司將按照本保單第 2 項之保障表內之損害事項賠償予**受保人**。

失蹤處理，倘**受保人**在**旅程**中所乘搭之**公共交通工具**發生**意外**而導致失蹤、墮毀或沉沒，**受保人**因而失蹤及於該次**意外**事件發生後連續 12 個月內仍無法尋回，則本公司有理由相信**受保人**已因該次**意外**死亡，並作出人身意外保障的賠償。但**受保人**的遺產管理者必須先填妥及遞交保證書，同意日後如發現**受保人**並未因該次**意外**導致死亡，將退回此項賠償予本公司。

適用於第 2 項 - 人身意外保障的不保事項

- 於此第 2 項保障，本公司不負責一切由**疾病**或病毒引致的**損害**。

第 3 項 - 恩恤金

若**受保人**在受保**旅程**期間，因遭受**損害**或感染**疾病**而引致身故，本公司將根據**保障權益表**所載**最高賠償額**賠償一筆現金予**受保人**之遺產承繼人。

第 4 項 - 旅程阻礙保障

4a. 取消旅程

若**受保人**於原定受保**旅程**出發前 90 日內因下列原因（以下(ii)及(iv)除外）而需要取消受保**旅程**，本公司以不超過**保障權益表**內所規定之**最高賠償額**賠償**受保人**無法由其他途徑取回其已支付及法律上須負責支付之基本團費及/或住宿費用：

- 受保人**、其直系親屬、密切商業夥伴或旅遊夥伴死亡、遭受**嚴重損害**或患上**嚴重疾病**；
- 受保人**收到傳票需出庭作證、當陪審員或需被隔離；
- 受保人**於出發前 1 星期內，原定受保**旅程**突然爆發**公共交通工具**機構員工罷工、暴動或民亂、廣泛性爆發傳染病。
- 受保人**及/或其**旅遊夥伴**之澳門主要住所於受保**旅程**出發前 1 星期內因火災、水淹、地震或類似的天然災害，導致嚴重損毀，需要**受保人**及/或其**旅遊夥伴**於出發當日留於該處。

若**受保人**已開始其受保**旅程**，此「4a. 取消旅程」保障便不再生效。

4b. 旅程中斷

4b (1) 提早結束旅程

若**受保人**在受保**旅程**期間，因下列原因必須結束及縮短受保**旅程**返回澳門，本公司將以不超過**保障權益表**的**最高賠償額**，賠償**受保人**不能退回之未享用的基本團費及/或住宿費用及/或額外的**旅遊票**及/或住宿費用：

- 受保人**或密切商業夥伴死亡、蒙受**嚴重損害**或患上**嚴重疾病**或遭遇劫掠；
- 受保人**的直系親屬或旅遊夥伴死亡、蒙受**嚴重損害**或患上**嚴重疾病**；
- 在未能預料情況下，原定受保**旅程**突然爆發**公共交通工具**機構員工罷工、暴動或民亂、天然災害或廣泛性爆發傳染病，以致**受保人**不能繼續原定的**旅程**。

4b (2) 更改旅程

若**受保人**於開始其受保**旅程**後因目的地突然爆發**公共交通工具**機構員工罷工、暴動或民亂、惡劣天氣、天然災害或廣泛性爆發傳染病，本公司將以不超過**保障權益表**之**最高賠償額**賠償**受保人**因要繼續前往原本包括於受保**旅程**目的地而引致額外合理的**旅遊票**及/或住宿費用。

「4b(1) 提早結束旅程」的保障是根據受保**旅程**中斷後，按比例賠償剩餘**旅程**日數中未享用的基本團費及/或住宿費用。受保**旅程**中「4b(1) 提早結束旅程」及「4b(2) 更改旅程」的額外**旅遊票**及/或住宿實際費用的賠償不可超過**保障權益表**所載的**最高賠償額**。

4b (3) 緊急啓程

若**受保人**在受保**旅程**期間死亡、蒙受**嚴重損害**或患上**嚴重疾病**，需要 1 名成年的**直系親屬**前往或 1 名**旅遊夥伴**停留該地陪伴及/或照顧**受保人**，本公司將根據**保障權益表**所載**最高賠償額**爲限支付其合理的額外**旅遊票**及/或住宿費用。此保障只可在同一**旅程**中索償一次。

4b (4) 旅遊證件

若**受保人**在受保**旅程**期間間接因被搶劫、爆竊或偷竊而遺失之旅遊證件及/或旅遊票，本公司將以**保障權益表**所載之**最高賠償額**爲上限，賠償**受保人**(i) 旅遊證件及/或旅遊票所需補領的費用；及(ii) 因安排行程而必須衍生的額外合理的**旅遊票**及/或住宿費用，而該費用僅作證件補領及**旅程**安排之用。

4b (5) 強制隔離保障

在受保**旅程**期間，若**受保人**因被懷疑患上大流行病而被強制隔離，本公司將以不超過**保障權益表**的最高賠償額，按比例賠償**受保人**不能退回之未享用的基本團費及/或住宿費用。

第 4b(5) 項「強制隔離保障」是以受保**旅程**期間**受保人**被隔離日數按比例賠償未享用的基本團費及/或住宿費用。

此外，第 4b(1) 項「提早結束旅程」、第 4b(2) 項「更改旅程」、第 4b(3) 項「緊急啓程」、第 4b(4) 項「旅遊證件」及 4b(5) 強制隔離保障的合共賠償額不可超過**保障權益表**第 4b 項「旅程中斷」所載的**最高賠償額**。第 4b 項「旅程中斷」的保障亦只有在**受保人**未知任何將會引致**旅程**中斷的事件前購買才會有



效。

適用於第 4 項 - 旅程阻礙保障的不保事項

以下情況不受保障：

1. 受保於其他保險、政府計劃。或將會獲得**公共交通工具**、旅行社、其他航空機構或酒店的賠償或退款。
2. 直接或間接因政府之規例或監管，旅行社、導遊公司或**公共交通工具**機構的破產、清盤或違約。
3. 在購買此保險前已意識到可能引致取消及/或中斷受保旅程的情況。
4. 直接或間接因**受保人**未能盡早通知旅行社、導遊公司、航空機構或旅館因「4a. 取消旅程」其中 i 至 iv 項的原因而要取消**旅程**，或因「4b(1) 提早結束旅程」中 i 至 iii 項的原因而要中斷**旅程**。
5. 基於同一原因於「7a. 旅程延誤」、「4b(1) 提早結束旅程」及「4b(2) 更改旅程」同時提出的索償。
6. 根據**合格醫生**之意見，在合理的情況下該項手術或治療可延期至返回**澳門**後進行。
7. 受保**旅程**之目的為醫治**疾病**或違反**合格醫生**之勸告進行受保**旅程**。
8. 一切毋須由**受保人**支付及/或已包括於受保**旅程**中的支出費用。
9. 未能提供**合格醫生**之醫療報告。
10. **受保人**拒絕依循**合格醫生**之建議返回**澳門**繼續治療，或在身體狀況許可下，拒絕繼續其受保**旅程**。
11. 遺失後 24 小時內未有向當地警方報失及未能遲交當地警方之遺失報告。
12. 與是次受保**旅程**無關之證件及/或簽證及/或旅遊票。
13. 任何神秘失蹤之損失。
14. 直接或間接因暴動、反叛、革命、內戰、篡權、**恐怖行為**或因政府意圖防止此等動亂所引起的損失；或由任何政府或公共機構基於任何海關或其他條例採取的行動而扣留、破壞、隔離或檢疫該財物；或走私財物(或相關收益)或非法攜帶或交易的財物(或因此行動引致的相關收益)。
15. 同時索償臨時或永久但屬相同性質的旅遊證件，此情況下，**受保人**只能選擇索償其中一款。
16. **受保人**未能提供由政府或其他授權機構所簽發的有關強制隔離書面確信，內容包括但不限於有關隔離的時期及隔離的原因。

第 5 項 - 子女護送

若**受保人**在受保**旅程**期間身故、蒙受**嚴重損害**或患上**嚴重疾病**需入住**醫院**，而其同行之 15 歲以下之小童沒有其他**直系親屬**或**旅遊夥伴**陪伴，本公司將根據**保障權益表**所載**最高賠償額**為限支付 1 名**直系親屬**或 1 名**旅遊夥伴**之合理額外的**住宿**及**旅遊票**，以便陪伴該名小童返回**澳門**。

適用於第 5 項 - 子女護送的不保事項

1. 根據**合格醫生**之意見，在合理的情況下該項手術或治療可延期至返回**澳門**後進行。
2. 受保**旅程**之目的為醫治**疾病**或違反**合格醫生**之勸告進行受保**旅程**。
3. 一切毋須由**受保人**支付及/或已包括於受保**旅程**中的支出費用。
4. 未能提供**合格醫生**之醫療報告。
5. **受保人**拒絕依循**合格醫生**之建議返回**澳門**繼續治療，或在身體狀況許可下，拒絕繼續其受保**旅程**。

第 6 項 - 個人財物保障

6a. 行李及個人物品

若**受保人**在受保**旅程**期間，屬於其個人之行李、衣服及個人物品有所遺失或損毀(包括穿戴或存放於行李箱內)，本公司以不超過**保障權益表**所規定之**最高賠償額**賠償予**受保人**。若修理費用超越損毀物品之價值時，本公司於處理該賠償申請時，會視該物品已遺失。每件、每對或每套物品的最高賠償限額為 MOP2,000，如物品為手提電腦，不論數量多少，合共之最高賠償限額均為 MOP10,000。本公司有權根據損毀物品的損耗及折舊程度賠償其重估價值或維修該物品。

適用於第 6a 項 - 行李及個人物品的不保事項

以下情況不受保障：

1. 貨物或貨辦、食物、動物、汽車(包括配件)、電單車、單車、船隻、發動機、其他交通工具、傢俱、古董、珠寶首飾或配件、手提電話(包括電子手帳電話及配件)、現金(包括支票/旅遊支票等)、電子貨幣(包括信用卡或八達通等)、證券、票或文件。
2. 正常之磨損、消耗、蟲蛀、寄生蟲、固有毛病，或因**受保人**自行維修、清潔、更改而導致的損失。
3. 租借物品之遺失或損毀；
4. 直接或間接因暴動、反叛、革命、內戰、篡權、**恐怖行為**或因政府意圖防止此等動亂所引起的損失；或由任何政府或公共機構基於任何海關或其他條例採取的行動而扣留、破壞、隔離或檢疫該財物；或走私財物或非法攜帶或交易的財物。
5. 已獲第三者或機構提供維修服務，使操作回復正常的物品。
6. 與**受保人**不同交通工具寄運之行李或分開寄運的物品。
7. 任何**受保人**蓄意以不同交通工具寄運之行李或分開寄運或郵寄的行李、紀念品或其他物品。
8. 存錄於磁帶、記憶儲存咭、磁碟或其他的資料遺失。
9. 易碎物品的破裂或損毀。
10. 在酒店或**公共交通工具**機構保管下的損失，除非於 3 日內以書面通知該酒店或**公共交通工具**機構，如該機構為航空公司，需獲得其財物紊亂報告。
11. 遺失後 24 小時內未有向當地警方報失及未能遲交當地警方之遺失報告。
12. 任何神秘失蹤之損失。
13. 因錯誤、遺漏、兌換率的浮動或貶值而出現的缺額。
14. 遞交非**受保人**名字之收據。
15. 基於同一原因於「7b. 行李延誤」同時提出索償。

6b. 個人金錢

若**受保人**在受保**旅程**期間直接因被搶劫、爆竊或偷竊遺失現金、銀行鈔票、旅行支票及匯票，本公司將賠償**受保人**實際所遺失的金額予**受保人**，但不超過**保障權益表**所規定**最高賠償額**；**受保人**必須於遺失事件發生後 24 小時內向當地警方報失，並於索償時提交書面文件及警方之正本報告。

適用於第 6b 項 - 個人金錢的不保事項

以下情況不受保障：

1. 電子貨幣(包括任何信用卡的信用額或八達通等)或證券。
2. 遺失後 24 小時內未有向當地警方報失及未能遲交當地警方之遺失報告。
3. 錯誤、遺漏、兌換率的浮動或貶值而出現的缺額。
4. 沒有立即向旅行支票的簽發銀行當地的分行或代理人報告旅行支票損失事宜。
5. 任何神秘失蹤之損失。
6. 直接或間接因暴動、反叛、革命、內戰、篡權、**恐怖行為**或因政府意圖防止此等動亂所引起的損失；或由任何政府或公共機構基於任何海關或其他條例採取的行動而扣留、破壞、隔離或檢疫的現金、銀行鈔票、旅行支票或匯票；或走私現金、銀行鈔票、旅行支票或匯票(或相關收益)或非法攜帶或交易的現金、銀行鈔票、旅行支票或匯票(或因此行動引致的相關收益)。

第 7 項 - 延誤保障

7a. 旅程延誤

- i. 若**受保人**於受保**旅程**中，直接因天氣惡劣、天然災害、機械故障、騎劫或所乘之**公共交通工具**機構員工罷工，引致**受保人**所乘搭的**公共交通工具**比顯示於由**公共交通工具**機構所提供行程表內的出發或到達時間延誤達 5 小時或以上，本公司將賠償 MOP250，其後每滿 10 小時之延誤，將賠償 MOP500，但以**保障權益表**所規定之**最高賠償額**為上限。
出發或到達延誤是根據**公共交通工具**機構提供給**受保人**的行程表上列明的原本航班出發或到達時間，直到 a) 原本**公共交通工具**或 b) 由**公共交通工具**機構安排的首班取替交通工具的實際出發或到達時間作出計算。
在同一班次的**公共交通工具**機構延誤下，**受保人**只可索償出發或到達其中一項的延誤。

- 或 ii. **受保人**於辦理登機手續後，原定乘搭之**公共交通工具**直接因天氣惡劣、天然災害、機械故障、騎劫或所乘之**公共交通工具**機構員工罷工引致出發延誤超過 10 小時，**受保人**如決定取消這次受保**旅程**，本公司將賠償其不能退回之訂金及需負責支付的旅費，但以不超過**保障權益表**上所載之**最高賠償額**為上限。
此項保障須在有關**公共交通工具**機構或其授權代表公佈有關事件可引致**公共交通工具**延誤前安排受保

旅程才會有效。受保人只可索償上述 i 或 ii 其中一項。

適用於第 7a 項 - 旅程延誤的不保事項

以下情況不受保障：

1. 未能獲取**公共交通工具**機構書面證明延誤的時間及原因。
2. 於安排受保**旅程**前已宣佈會引致延誤的事件。
3. **受保人**遲到機場或碼頭（即在最後登記時間結束後才到達，但因**公共交通工具**機構員工罷工引致的遲到則除外）。
4. **受保人**最終未有登上有關**公共交通工具**機構所安排之首班取替交通工具。
5. **受保人**於受保**旅程**中所乘搭之**公共交通工具**延遲到達而相繼引起各接駁**公共交通工具**之延誤或未能登上預定接駁**公共交通工具**而導致的損失。
6. 基於同一原因於「4b(2) 更改旅程」中同時提出的索償。

7b. 行李延誤

若**受保人**於受保**旅程**中因所乘搭的**公共交通工具**機構誤送行李以致**受保人**於抵達目的地滿 10 小時後仍未取得其行李，本公司將以**保障權益表**上所載之**最高賠償額**賠償**受保人**，此保障只可於受保**旅程**中索償一次。

適用於第 7b 項 - 行李延誤的不保事項

以下情況不受保障：

1. 未能獲取**公共交通工具**機構書面證明延誤時間及原因。
2. 任何**受保人**蓄意以不同交通工具寄運之行李或分開寄運或郵寄的行李、紀念品或其他物品。
3. 基於同一原因於第 6a 項「行李及個人物品」同時提出索償。

第 8 項 - 個人責任

若**受保人**在受保**旅程**期間遇上下列情況而須負上法律責任賠償予第三者，本公司會以不超過**保障權益表**所規定之**最高賠償額**作出賠償：

1. 誤傷第三者身體或引致其死亡；
2. 誤損或遺失第三者之財物。

在未得到本公司書面同意前，**受保人**不可向他人承認過失、提出或允許付出任何賠償或有關承諾、或牽涉入任何訴訟中。

適用於第 8 項 - 個人責任的不保事項

以下情況不受保障：

1. 所有屬於**受保人**、**直系親屬**、僱主或僱員的財產損失。
2. **受保人**對其**直系親屬**、僱主或僱員的責任。
3. 屬於**受保人**或由**受保人**看管的財產。
4. 在合約預期下應擔當的責任。
5. 因**受保人**故意、蓄意或非法活動所引起的責任。
6. 由於擁有或使用車輛、飛機、輪船、槍械或動物所引起的責任。
7. 因貿易、商業或專業有關所引致的責任。
8. 任何因非法行為引致的責任。

第 9 項 - 家居物品保障

如**受保人**於受保**旅程**期間，其**澳門**主要住所遭爆竊，本公司會以不超過**保障權益表**上所規定之**最高賠償額**，賠償**受保人**於該住所擁有、使用或穿戴但因此而遺失或損毀的家居用品。損失必需向警方報告及需持有由警方發出的書面文件或報告作證明。本公司有權根據其損耗及折舊程度賠償其重估價值或維修該物品之費用。

適用於第 9 項 - 家居物品保障的不保事項

以下情況不受保障：

1. **受保人**的**澳門**主要住所於受保**旅程**開始前 3 0 天或以上並未有任何人居住而引致的爆竊。
2. 以下物品的遺失或損毀不受保障：債券、匯票、現金、貨幣、支票、本票、郵政匯票、記錄或帳簿或類似的證明、餐券或任何贈券、儲值卡、信用卡、契約、所有權證明文件、原稿、獎章、護照、郵票、股票、任何類型的隱形眼鏡、手提電話、旅遊票、食物、動物、汽車(包括配件)、電單車、船隻、發動機及其他交通工具、存錄於磁帶、記憶儲存咭、磁碟或其他的資料遺失。
3. **受保人**於受保**旅程**完結返回**澳門**後 2 4 小時內未有向警方報案及未能遲交警方之報告。
4. 因錯誤、遺漏、兌換率的浮動或貶值而出現的缺額。
5. 任何用於工作上、或具有專業或商業用途的儀器或設備，或已受其他保險的保障。
6. 由合法進入**澳門**主要住所人士作出的惡意或蓄意破壞。
7. **受保人**未有為其**澳門**主要住所作出合理的防衛及預防以減低對本**保單**的索償。

主要不保項目

本公司不會賠償任何**保險證書**內直接或間接因以下事項而引致的索償：

1. **戰爭**、內戰、敵侵、叛亂、革命、運用軍事力量、篡奪政府或軍權；
2. 本保單不會負責已經計劃或實際在、前往或途經古巴、伊朗、敘利亞、蘇丹、北韓、或克里米亞地區的旅程直接或間接地所引致的任何損失、損害、受損或法律責任；
3. 本保單不會負責古巴、伊朗、敘利亞、蘇丹、北韓、或克里米亞地區居民所蒙受或遭受的任何索償、損失、損害或法律責任；
4. 凡本公司提供之受保條款、索償賠償或本公司提供之保障會導致本公司、其母公司或其最終控制實體受到任何聯合國決議的制裁、禁止或限制、歐盟或美國的貿易或經濟制裁、法律或規例，本公司不會被當作提供該些保障及本公司不會負責任何該些索償或提供任何有關之保障；
5. **受保人**不法的行為，或遭海關或有關當局充公、扣留或破壞；
6. 任何政府的法案或禁令(除非政府基於 4a (ii) 及 4b (5) 項所保障的強制隔離)；**受保人**違反政府法案；或在預先警告會爆發**公共交通工具**機構職員罷工、暴動或民變、惡劣天氣、自然災害、或傳染病的情況下，**受保人**沒有作出合理的預防以防止索償的出現；
7. 任何**恐怖行為**，但第 1 項「緊急醫療費用及援助」、第 2 項「人身意外保障」、第 3 項「恩恤金」、第 4 項 b(3)「緊急啟程」及第 5 項「子女護送」除外；
8. **受保人**沒有合理地看管個人財物，或避免**損害**的機會以減低索償；
9. 以乘客或司機身份參與任何類型之賽車；比賽；職業運動或因參與該運動而可賺取收入或報酬；
10. 與服用酒精或藥物有關的損失，但由**合格醫生**所處方之酒精或藥物除外；
11. 妊娠、分娩或與之有關的損傷或**疾病**；
12. 自殺、企圖自殺或故意自我傷害；或自我暴露於不必要的危險中；
13. 任何**受保前**已存在之狀況；先天性或遺傳病；
14. **愛滋病**或於人體免疫不全病毒血清測試呈陽性反應下出現之**損害**或**疾病**；性病；
15. 精神病、睡眠、精神或神經失調；
16. **受保人**從事或參與海陸空服務或行動；持械工作；以航空公司空勤人員身份乘搭或駕駛飛機；測試交通工具；參與體力勞動性工作；參與離岸活動，如商業潛水；油田鑽探、採礦、空中攝影；爆炸品處理；演員；地盤工人、漁夫、廚師或廚房工人；導遊或領隊；
17. **受保人**旅遊之目的為醫治**疾病**，或**受保人**在身體不適合旅遊的情況下旅遊或**受保人**違反**合格醫生**勸告出外旅遊；
18. 已從其他方面獲得的賠償，但第 1 項「海外住院現金津貼」、第 2 項「人身意外保障」、第 3 項「恩恤金」及第 7 項「延誤保障」則除外；
19. 任何持有中華人民共和國護照及以此護照往返中華人民共和國(香港、台灣及澳門除外)之**受保人**，但若**受保人**同時擁有由其他國家政府(不包括中華人民共和國，但**香港**、台灣及**澳門**則除外)所簽發的法定文件證明為該地合法居民，此不保事項則會被撤消。

定義

「意外」是指於受保**旅程**期間遇上不能預料及非自願的事件而引致**損害**。

「住宿」是指房租費用。

「後天免疫力缺乏綜合症」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。

「中醫」是指任何跌打、針灸或中醫根據中醫葯條例於澳門衛生局合法註冊成為中醫，但是若果中醫為受保人本人或其直系親屬則除外。

「密切商業夥伴」是指受保人的密切商業夥伴，可提供商業登記或公司的註冊文件予本公司作為佐證。

「公共交通工具」是指由註冊的航運公司經營以接載付款乘客的巴士、旅遊巴士、渡輪、氣墊船、水翼船、船、火車、電車或地下火車；及由註冊的航空公司或包機公司營運以接載付款乘客的飛機及直升機，來往於商業機場或直升機場之間；及有固定路線及班次的機場巴士。

「強制隔離」是指受保人被政府或有關授權機構指令隔離。

「留院」是指那段期間，受保人或直系親屬因在合格醫生診斷下有醫療需要而登記為住院病人，醫院亦在此段期間就治療疾病或損害徵收住房及膳食費用。

「生效日期」是指 1)本保單的開始日期或 2)取消旅程保障開始生效之日期，以較遲者為準。

「香港」是指香港特別行政區。

「醫院」是指合法經營並為受傷及患病病人提供治療和照顧之醫院（不包括老人院、長期病患中心、靜養、護理、戒酒或戒毒等類似服務之醫療機構），此外，須設有完善的診斷及外科手術設備和 24 小時專業護理及醫療服務。

「直系親屬」是指受保人的配偶、父母、配偶之父母、祖父母、子女、兄弟姊妹、孫、合法監護人。

「損害」是指受保人遭遇意外事故，在直接及別無其他原因之下引致之身體損害。

「受保人」是指受保名列於保單列表內或批註內之受保人士。

「旅程」是指受保人由保單出發日期離開澳門入境事務處櫃檯開始，直至受保旅程出發後 90 日，或受保人於旅遊完畢，到達澳門入境事務處櫃檯為止的一段旅遊期間，以較早者為準。

「手提電腦」是指手提電腦、筆記型電腦或小型筆記電腦，但不包括電子手帳(PDA)或掌上電腦(HHC)。

「喪失」或「喪失功能」是指永久完全失去功能或手腕或足踝以上之部位完全分離；若套用於眼睛，是指完全及無法恢復的視力。

「失聰」是指永久及無法恢復之聽力：

如果 a 分貝 — 損失聽力至 500 赫 如果 b 分貝 — 損失聽力至 1,000 赫

如果 c 分貝 — 損失聽力至 2,000 赫 如果 d 分貝 — 損失聽力至 4,000 赫

(a+2b+2c+d) 之 1/6 高於 80 分貝。

「失明」是指完全且無法復原之視力喪失。

「喪失語言能力」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。

「澳門」是指澳門特別行政區。

「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氏腫瘤、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。

「最高賠償額」是指於本保單的保障權益表內每項受保保障的最高賠償額，以每次受保旅程計算。

「醫療必需費用」是指受保人所須支付予合格醫生、內或外科醫生、護士、醫院及或救傷車服務的費用，包括醫藥、手術、X光檢查、醫院或護理治療包括醫療用品及租用救傷車的費用，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）。亦不包括本保單內「1c.緊急醫療運送」及「1d.運返費用」兩項保障利益所需的任何費用。本保單僅負責賠償經由合格醫生所處方或治療的費用。倘受保人可從其他來源取回全部或部分費用，本公司則根據保單條款負責賠償剩餘的費用。

「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、過激性病毒或散佈性的真菌感染。

「大流行病」指有關流感流行病毒擴散規模遍及世界各地，並導致大部份人類感染，有關程度被世界衛生組織宣佈為大流行警戒級別 5 級或以上。

「保障百分率」是指保單第 2 項「人身意外保障」中之損害事項表中的保額百分率，用以計算保障之最高賠償。

「受保日期」是指附於此保單的保障列表上所列明之受保日期。

「永久」是指由意外事故發生之日起計損害情況持續至少 12 個月，並於此段時間終結時沒有好轉之跡象。

「永久完全殘廢」是指由意外事故發生之日起計至少 90 日，受保人因蒙受損害而永久及完全不能從事任何業務或有薪酬的工作；若受保人沒有從事任何工作，則指完全不能進行一般日常生活活動。

「保單」是指於本保單基本條款第一點提及的所有文件。

「保單列表」是指本保單其中之一附頁名為「Policy Schedule」，本公司隨時有權對其作出更改。

「受保前已存在之狀況」是指受保人、其直系親屬、密切商業夥伴或旅遊夥伴於保單上生效日期前因任何疾病或狀況，曾接受合格醫生之治療或建議(a)藥物治療；或(b)確診；或(c)醫療意見；或(d)處方服藥，或於保單生效日期前已患有任何病徵而導致向本公司索償的情況。

「主要住所」是指受保人永久居住及只用作為私人寓所的主要房子或樓宇。

「合格醫生」是指得到當地政府承認並准許在其管轄範圍內提供醫療服務之人士，但不包括受保人本人或其直系親屬。

「保障權益表」是指保單列表其中之一項名為「Schedule of Benefits」，本公司有權隨時對其作出更改。

「嚴重損害或嚴重疾病」若套用於受保人或旅遊夥伴是指他們需要合格醫生診治，及證明會有生命危險，不適合旅行或繼續原定受保之旅程；若套用於受保人的直系親屬或密切商業夥伴是指他們需要治療及經合格醫生證明他們會有生命危險，以致受保人需要停止或取消原定受保之旅程。

「疾病」是指於受保旅程期間在直接及別無其他原因之下所開始罹患或感染之病症。

「病徵」是指個別人士於失調或疾病前經歷的症候及跡象。

「恐怖行為」是指所有確實發生或恐嚇使用武力或暴力手段造成損毀、傷害或混亂的行為，或此等行為對個人、財物或政府造成人命傷亡或財物損失，以達至經濟、部落、民族、種族或宗教上的利益，無論有否陳述其追求之目的。若盜竊或其他罪行主要是基於犯案者的個人利益出發，純粹只是犯罪者及犧牲者的關係，則不被視為恐怖行為。恐怖行為是必定要得到（有關）政府證實及承認才算是恐怖主義的行為。

「三級程度燒傷」是指全部皮膚層因燃燒而完全遭到破壞。

「旅遊夥伴」是指在整個受保旅程中與受保人同行的人士。

「旅遊票」是指用以乘坐任何公共交通工具的經濟客位票。

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

「戰爭」是指戰爭（不論有否宣戰），或任何類似戰爭的行為，包括任何國家利用軍事力量達到經濟、地理、民族、政治、種族、宗教或其他目的。

一般條件

1. 此保單的受保人必須為香港合法居民。
2. 在此保險生效時，受保人身體狀況必須適合旅遊及未意識到任何可引致取消或擾亂受保旅程的狀況，否則會喪失索償的權利。
3. 若受保人為同一旅程購買多於一份由本公司承保的自購綜合旅遊保險，本公司只會根據可獲較高賠償額的一份保單作出賠償。
4. 此保單只適用於常規的假期旅遊及文職商務旅遊，但不適用於探險跋涉或類似旅程。
5. 此旅遊保險計劃每次旅程的保障期最長為 90 日。
6. 如受保人蓄意隱瞞或提供錯誤的重要資料，此保單將在生效日起便失效。

基本條款

1. 完整的保險契約

本保險證書，包括申請表，保障列表，保障權益表，旅遊保險條文及條款，附加契約，批註及附加文件(如有者)，均為保險契約的一部份。受保人未有在投保書上作出的任何陳述，除欺詐外，均不得作為廢除本契約或利用於合法的訴訟程序。任何營業員均無權更改或刪除本保險的任何條款，任何保險的更改需由本公司簽署同意並簽發批註後，方為有效。

2. 年齡限制

個人計劃 - 年齡由 17 至 70 歲。

家庭計劃 - 任何法定夫婦年齡由 17 至 70 歲及其合法的同行子女，而子女的年齡於此保單生效日為 17 歲以下。

3. 續保條件

此保單需於下個保險生效期的開始日前繳付本公司所定之保費，保單方得以續保，本公司有權於保單週年日前 30 日以書面形式寄往或遞交至本公司紀錄內受保人之地址通知對方拒絕續保，或任何續保條件，包括減低賠償上限、增加保費、刪除保障、或任何以上之組合；如本公司已接受續保條件的確認及續保之保費，則已屬同意續保。除非已根據續保條約續保，否則本保單將由保費到期日終止。本公司亦有權隨時更改本保單之保費。

4. 續保寬限期

保費到期日後 31 日為繳付保費之寬限期，除非於續保寬限期內支保費及本保單未有因保單條款而被取消，否則保單將會因欠付保費而於保費到期日終止。續保寬限期並不適於首次繳付之保費，如本公司並未有效收受首次保費保單會由生效日起取消。

5. 取消保單

本公司可隨時以書面形式投遞至受保人的最後紀錄之地址，通知解除契約的生效日期。於此情況下，本公司會按比例退還剩餘保障年度的保費，此種解約並不影響任何已呈交之賠償申請。

若此保單已經生效，所有保費均不能退還。

6. 保單終止

保單於以下情況終止：

- (a) 保費於本部份第 4 點「續保寬限期」後仍未繳付，所有保障於保單到期日終止；或
- (b) 符合本保單第 2 項「人身意外保障」中「賠償」第 2 點所述的情況；
- (c) 已到保單生效期；或
- (d) 根據本部份第 2 點，當受保人已到達七十歲，保障會於下一個保費到期日終止。

7. 年齡錯誤陳述

倘受保人錯誤陳述其年齡，而其正確年齡已超出此保單之年齡限制，或於接受保費前保單已屬失效，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，受保人需以書面通知本公司有關之要求。

8. 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。

9. 申請賠償通知的期限

任何賠償申請需於事故發生後 30 日內以書面通知本公司，倘若受保人因意外引致死亡，應立即以書面通知本公司。

10. 損害證明文件

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 15 日內仍未收到該申請賠償表格，索償人可將事故的發生、性質與損害程度於本保單內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保單條款之要求。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。

11. 證明文件遞送之期限

倘受保人要申請賠償，受保人需於發生損害後 60 日內將損害證明文件遞送本公司；若受保人在合理情況下未能於此限期內遞交證明文件，則須於合理時間內及事發日後 1 年內呈交。

12. 充足的通知期

申請賠償通知書可由受保人或其代表人送交本公司，並提供足夠資料以證明受保人之身份。倘有合理之緣由不能於此限期內將通知書送交本公司，而已盡可能將通知書於限期後即遞出，則不會被認為放棄申請賠償權利。

13. 賠償金支付時間

當本公司接獲所需的證明文件後，將根據本保單立即作出合理賠償。

14. 賠償金之支付

倘受保人死亡，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，而緊急醫療運送及運返費用之賠償則根據本保單的條款直接支付有關之服務提供機構。

15. 欺騙索償

倘若受保人或其代表人在本保單的索償中存有任何欺詐成份，所有賠償均會作廢。

16. 追討權利

若本公司及/或其授權代表支付了不包括在此保單保障範圍內的索償，或超過此保險的賠償限額時，本公司會保留追討受保人之權利。

17. 第三者的權利

除受保人及本公司以外，此保單未有賦予其它人士享有按《合約（第三者權利）條例》或以其它方式直接強制執行此保單條款的權益。惟特此說明及同意已有本公司及保障列表上列明的受保人方可享有在無須給予其它人士通知或無須獲其它人士同意的情况下，可藉協議修改本保單或取消/終止此保單（如此保單載有此權利）的權利。

18. 身體檢查

於處理本保單的賠償申請時，本公司有權隨時要求受保人作身體檢查。倘受保人死亡，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。受保人於遭遇損害發生或感染疾病後需聽從合格醫生的醫療建議，若受保人沒有依從正確的療法，本公司不會負上任何賠償責任。

19. 債權人之取代

若本公司已向受保人作出本保單的賠償，便可取代其爭取賠償的權利，向有關人士或機構追討，而受保人必須簽署及遞交法律文件和身份證件，或利用任何方法去保證此項的權利，對於損失此權利後，受保人不可採取任何行動。

20. 法律訴訟

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，60 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 3 年內進行，否則不得再進行訴訟。

21. 國家之法律限制

倘本保險有關呈交損害通知書或證明文件之期限少於澳門法例所允許之期限，則將依法例延長至所容許之最低限度的期限。

22. 保單條款之違反

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。

23. 保單詮釋

本保單受澳門法例之約束。本保單所涉及之人仕均同意服從澳門法庭之裁決。

24. 轉讓

本保單的轉讓權益不會對本公司構成法律的約束力，除非此轉讓權益的正本或副本已保存於美亞保險香港有限公司(澳門分行)位於澳門商業大馬路 251 至 301 號友邦廣場 5 樓 06 室的辦事處，及獲得本公司的確認。此外本公司不會對轉讓的有效性承擔責任。任何的憲章、條款或法規均不可以阻礙本保單的索償，除非有關條款已詳細列於本保單內。

25. 私隱條例

在此聲明本公司所負責任的先決條件為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，給有關人士/機構或任何被選定的機構（在澳門或海外的），用作處理本產品及其他財務產品及服務有關的申請及提供其銷售後的服務，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 251 至 301 號友邦廣場 5 樓 06 室本公司的個人資料管理員辦理。

26. 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。

（此中文譯本乃供參考之用，如中文譯本與英文有異，一概以英文為準）

此旅遊保險條文及條款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旅遊保險條文及條款之內容。



The following "Important Matters" is for reference only and does not form a part of the Policy.
以下之“重要事項”只供參考及不會構成保單之一部份。

IMPORTANT MATTERS

I. Medical Security Service

In the event of a serious injury or sickness which requires hospital confinement in overseas, the Company or its authorized representative will arrange payment to the hospital. You just contact the Travel Guard Assistance Hotline which helps those in need of medical care to get to the most appropriate medical facilities available.

II. Emergency Medical Evacuation & Repatriation

Please contact Travel Guard Assistance Hotline for arrangements.

III. Travel Insurance Claims Procedures

Most people find it more convenient to lodge their claim on returning home. To report your claim, please obtain the claim form through the Company.

To ensure prompt processing of your claim, it is important that you submit a completed claim form with (1) the original or copy of your Policy, (2) proof of departure and arrival dates e.g. travel document, air ticket or train ticket copy, (3) together with all supporting documentation (please refer the following items). You should always retain copies for your records.

Medical Expenses / Overseas Hospital Cash

A full physician's report stipulating the diagnosis of the condition treated and the date the disability commenced in the physician's opinion and the physician's summary of the course of treatment including medicines prescribed and services rendered together with all original bills, receipts and tickets.

Child Guard

All related documents such as medical reports, proof of the relationship between parent(s) and child(ren), receipts of all accommodation and tickets should be submitted with your claim.

Personal Accident / Compassionate Death Cash

Hospital and Physicians Reports giving details of the nature of the loss, police report where relevant and if death shall have resulted, a copy of the death certificate and the relevant coroner's report.

Journey Cancellation And Interruption

All related documents such as medical reports and receipts of all forfeited and additional accommodation and tickets should be submitted with your claim.

Personal Effects

(1) while the baggage or personal effect is/are in the hotel or a common carrier and proof of such loss must be obtained in writing from the hotel management or the common carrier management and such proof must be provided to the Company;

(2) as the result of loss of the baggage or personal effects, personal money, travel document, such loss must be reported to the police having jurisdiction at the place of the loss within twenty-four (24) hours from the incident. Any claim must be accompanied by written documentation from such police.

Delay Coverage

A proof of such loss must be obtained in writing from the common carrier management.

Personal Liability

Please immediately contact Travel Guard Assistance Hotline for legal advice. Please note: any offer or promise of payment or admit of fault to any other party, or any involvement in any litigation must not be undertaken without the Company's written approval.

The Company has the right to commence or take-over any legal proceedings to defend the insured person provided the Company choose to do so and to take any action to recover any payment made under this Policy. The insured person must co-operate with the Company to this end and do nothing to prejudice their rights.

Loss of Home Content

As the result of loss of or damage to household content must be reported to the police in Macau within twenty-four (24) hours when the insured person returns back to Macau. Any claim must be accompanied by written documentation from such police.

重要事項

I. 一般住院保證服務

如受保人在旅遊期間需要入住醫院，本公司或其授權代表可提供協助受保人支付醫療費用予有關醫院。受保人只須在入院前致電 Travel Guard 國際支援熱線安排此項服務。

II. 緊急醫療運送及運返費用

受保人須致電 Travel Guard 國際支援熱線，以安排一切交通及醫療所需。

III. 旅遊保障計劃申請賠償手續

如需要申請賠償，可聯絡本公司。

請填妥賠償表格連同(1)保單正本或副本，(2)出入境證明如旅遊證件副本，飛機票，車票等及(3)有關所需文件(請參考下列所需文件)送交本公司，請自留影印本備查。

醫療費用 / 海外住院現金津貼

如申請醫療費用賠償，受保人須附上醫生填寫之報告列明病名 / 受傷情況，病發原因 / 受原因及日期，處方藥物詳情及其他有關證明文件正本。

子女護送

如申請子女護送，受保人需附上一切有關文件如醫生證明，父母子女關係證明，交通或住宿費收據等。

人身意外保障 / 恩恤金

一切醫院收據和醫生報告並需列明受傷之性質及傷殘程度等。如遭遇死亡，必須附上死亡證之副本及驗屍官之報告。

旅程阻礙保障

受保人需附上一切有關文件如醫生證明及向旅行社索取文件證明已退回之定金，額外住宿費收據等。

個人財物保障

(1) 如在酒店或運載公司內，引致行李損毀及遺失，受保人應向酒店或運載公司管理人員報告行李損毀及遺失，並取得管理人員填寫之報告包括事發日期及經過。受保人應連同損失物品的付款收據，有關證明一併送回本公司。

(2) 如行李/金錢/旅遊證件遺失或被盜竊，受保人須於二十四小時內向當地警局報告，並取有關報告。

延誤保障

如申請此項賠償，受保人須向有關運載公司取得報告，其報告需列明事發日期，原因及延誤的時間。

個人責任

請立即致電 Travel Guard 國際支援熱線查詢有關法律責任問題。請注意:如未經本公司的同意，受保人不可向第三者作出任何法律責任的承諾，或同意賠償。在法律上本公司擁有為受保人辯護的權利，而受保人必須與本公司合作，不可作任何行動以阻止本公司在這方面的權益。

家居物品保障

如家居用品遺失或損毀，受保人須於回港後二十四小時內向澳門警方報告，並取得有關報告。

Travel Guard Services Travel Guard 國際支援服務

For Emergency assistance during your insured journey, please call our Travel Guard Assistance Hotline.

在旅程中，如有任何緊急事故，請致電Travel Guard國際支援熱線。

(852) 3516 8699

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| 1. Pre-Trip Assistance Service | 出發前所需的諮詢 |
| 2. Medical Assistance Service | 醫療服務諮詢 |
| 3. Evacuation and Repatriation Service | 醫療運送及運返 |
| 4. Lost of Baggage Service | 遺失行李服務 |
| 5. Referral of Legal Service | 法律轉介服務 |
| 6. Emergency Ticket Service | 緊急訂票服務 |
| 7. General Assistance Services | 一般支援服務 |