



## **VEB Care Series: Accident Care**

This policy, together with the application form, the schedule, and any endorsements, constitute the entire contract of insurance between the **policyholder** and **us**, AIG Insurance Hong Kong Limited. We agree to provide the benefits set out in the schedule, subject to the terms and conditions and limitations of this policy, provided that premium is paid when due.

This policy shows details of the cover and the terms and conditions that apply to it. The **policyholder** and **insured person(s)** must read this policy to make sure that they understand the cover provided.

This insurance is underwritten by AIG Insurance Hong Kong Limited, 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

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## Policy Definitions

### Accident or Accidental

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

### Accident medical expenses

The cost incurred for (except cosmetic treatment):

- a) medical, surgical, **hospital**, nursing treatment and other costs as prescribed by a **physician**; and
- b) ambulance charges; and
- c) **traditional Chinese medicine**; and
- d) chiropractor charges; and
- e) dental charges to restore sound and natural teeth if damage results from an **accident**.

### Activities of daily living

Dressing, feeding, mobility, toileting, transferring and washing as described below:

1. Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
2. Feeding means the ability to feed oneself food after its preparation and being made available.
3. Mobility means the ability to move indoors from room to room on level surfaces.
4. Toileting means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
5. Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
6. Washing means the ability to wash in the bath, or shower or wash by other means.

### Anniversary date

Each anniversary of the **effective date** as stated in the **schedule**.

### Bodily injury

Identifiable physical injury to an **insured person's** body which is caused by an **accident** solely and independently of any other causes and does not result from **sickness** or disease.

### Child or Children

Any person who is dependent on the **Policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education.

### Chinese physician

A registered bonesetter or acupuncturist licensed under any applicable laws. The attending Chinese physician must not be:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to **policyholder, insured person, or insured person's immediate family member**.

### Clinical Psychologist

A qualified professional who has a Masters or Doctorate Degree in Clinical Psychology who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person or insured person's immediate family member**.

### Effective date

The start date of this policy as shown on the **schedule** or the date that **insured person** is added to this policy, if that date is later than the start date of this policy.

### Hospital

A facility for the medical treatment of bed patients and which:

- has diagnostic and surgical facilities
- a 24 hour a day nursing staff
- is supervised by **physician**, and

is not a nursing home, rest home, home of aged, institution for mental or behavioral disorders, sanatorium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place

### Immediate family member

The **insured person's** aunt, brother, brother-in-law, child, grandchild, grandparent, nephew, niece, parent, parent-in-law, sister, sister-in-law, **spouse** or uncle.

### Insured Person

Any person shown in the **schedule** as being an insured person.

### Limb

For a hand, means at or above the wrist and for a foot, means at or above the ankle.

### Loss

Permanent and irrecoverable loss of use or permanent loss by physical severance (separation).

### Loss of Fingers or Toes

Means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

### Loss of Hearing

The loss of at least 80 decibels in all frequencies hearing in one or both ears as a result of **bodily injury**. Loss of hearing must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

### Loss of Sight

Total and irreversible loss of sight in one or both eyes as a result of **bodily injury**. Loss of sight must be confirmed by an ophthalmologist.

### Paraplegia

The complete and irreversible paralysis of both lower limbs.

### Permanent disabilities

A physical or mental incapacity which will last for the rest of the **insured person's** life as listed in items 2 to 23 in the Table of Benefits under the Benefits section of this policy.

### Permanent total disablement

The inability of an **insured person** to continue in any and every occupation for the rest of the **insured person's** life. In relation to an **insured person** who has no employment, the inability to carry out 3 or more **activities of daily living**.

The disablement must be confirmed by a **physician** and be continuous for a minimum period of 12 consecutive months before a benefit will be payable.

### Physician

A qualified and registered medical practitioner licensed under any applicable laws to practice western medicine and acting within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person or insured person's immediate family member**.

### Policyholder

The person that has applied for insurance cover and is identified on the **schedule** as the policyholder.

### Pre-existing condition

Any medical condition (whether diagnosed or not) for which, within 3 years immediately prior to **your effective date, you:**

- received medication, advice or treatment; or
- experienced signs or symptoms

Any condition which **you** were aware of or which would have caused an ordinary prudent person to seek treatment or diagnosis (whether diagnosed or not) within 3 years immediately prior to **your effective date** will be considered to be a pre-existing condition.

### Public Common Carrier

Public Common Carrier means a commuter bus, ferry, hovercraft, hydrofoil, train, tram, and any fixed-wing aircraft:

- authorized pursuant to any statute, regulation, by law or equivalent therefore for the transportation of fare paying passengers; and
- which operate to fixed, established and regular schedules and routes.

Public Common Carrier does not include taxis or cruises even if such services are regularly scheduled.

### Psychiatrist

A qualified and registered medical practitioner specializing in psychiatry licensed under any applicable laws to practice within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person or insured person's immediate family member**

### Quadriplegia

The complete and irreversible paralysis of both upper and lower limbs.

### Schedule

The document showing details of the cover the **policyholder** has bought.

**Severe Burns**

Skin damage which extends through the epidermis layer of the skin to the dermis layer for 2<sup>nd</sup> degree burns or skin damage which extends through the epidermis and dermis layers of the skin to the subcutaneous layer for 3<sup>rd</sup> degree burn.

**Sickness**

A physical condition marked by a pathological deviation from the normal healthy state.

**Spouse**

The legal spouse of the **insured person** or a person who cohabits with the **insured person** in a marriage-like relationship and is registered at the same address.

**Sum insured**

The benefit amount as shown on the **schedule**.

**Traditional Chinese medicine**

Treatment or medicine prescribed by a **Chinese physician**.

**War**

War means any activity arising out of or attempt to participate in the use of military force between nations and will include civil war, revolution and invasion.

**We, us, our**

AIG Insurance Hong Kong Limited.

**You, your or yourself**

An **insured person**.

## General Policy Exclusions

The following exclusions apply to all sections of this policy and are in addition to the specific exclusions under each individual section of cover.

We will not pay for any **bodily injury** or **sickness** resulting from:

1. any act of **war**, acts of foreign enemies, hostilities, rebellion or warlike operations (whether **war** be declared or not);
2. travel onboard any military aircraft or flying as a pilot in any aircraft;
3. suicide or intentional injuries or any attempts thereat;
4. **bodily injury** sustained whilst **you** are directly involved in a violation of law which is of a criminal nature;
5. psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression (not applicable to Psychological Consultation Benefit);
6. drug abuse or drug accident, treatment for alcoholism, **bodily injury** sustained whilst **you** are under the influence of alcohol or any non-prescribed drug;
7. **bodily injury** sustained whilst **you** are participating in, practicing or training for a sport as a professional.

We will not be liable to provide any coverage or to make any payment if to do so would be in violation of any sanctions law or regulations which would expose **us**, **our** parent company or **our** ultimate controlling entity to any penalty under any sanctions law or regulation.

## General Policy Conditions

### 1. Entire contract and change in the policy

The **policy** contains the entire contract. Any changes in the **policy** must be agreed by **us** and must be endorsed hereon.

### 2. Policy alteration

We may adjust the terms and conditions, including premiums charged and benefits offered, of the **policy** during the period of insurance. Premiums charged are not guaranteed and we reserve the right to adjust premium rates based on our assessment of the risk.

Before we make any changes, we will give the **policyholder** 30 days prior notice in writing to the **policyholder's** last known address.

### 3. Automatic renewal of policy

Insurance coverage provided under this policy will be automatically renewed at the end of each period of insurance without any new policy issuance. However, we reserve the right to not invite or accept renewal of the policy.

### 4. Age Limit for Insured Person

The insurance under this policy shall cover:

- a) For an adult – any **insured person** between 18 and 65 years old, renewable up to 69 years old. All cover will terminate on the next premium due date following **your** 70th birthday;
- b) For a child – any **insured person** who is dependent on the **policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education. All cover will terminate on the next premium due date following the 22th or 26th birthday of the **child**.

### 5. Excluded Occupations

Hazardous occupations are excluded under this **policy**. If your occupation falls within the following list no cover will be provided unless you declare this to **us** and we accept your application. In this case, our acceptance must be endorsed hereon.

Hazardous occupations include, but are not limited to, the job title or nature of blaster, professional athlete, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland China), pilot, caisson worker, lift technician, building wrecker, driller-underground, wild animal or circus trainer, secret service agent, container crane operator, and dynamite/explosive operator. Manual labour or active personal participation in underground work, offshore work, construction work or work outside a building or installation exceeding thirty (30) feet in height, employment on merchant vessels or employment with the naval, military or air force services is considered hazardous.

### 6. Status Change

**You** or the **policyholder** must take full responsibility to inform **us** of any change in respect of the information provided to us for the purpose of this insurance, otherwise we reserve the right to refuse or invalidate all claims under this policy.

### 7. Pre-existing Conditions

If **you** have a **pre-existing condition** and **you** have an **accident** and suffer **bodily injury**, we reserve the right to ask an independent **physician** to assess:

- a) whether **your** existing physical or medical condition has contributed to **your** post-accident disability; or
- b) whether the post-accident disability has made **your** existing physical or medical condition worse.

In either case, we will ask the consultant to assess the difference between **your** physical or medical condition before and after the **accident**. Any payment will be based on the difference, expressed as a percentage and applied to the appropriate benefit in the Table of Benefits.

The **pre-existing condition** will be covered after **you** have been insured for 3 consecutive years immediately after the **effective date**, last reinstatement date or date of any increase in the **sum insured** (to the extent of the increase only), whichever is later.

### 8. Premium payment

The premium is payable monthly as shown on the **schedule**. It is due on the first premium due date and subsequently on the 1st day of each month. Each premium paid purchases cover under the terms of this policy for the following calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will continue as if it had been paid on the due date.

### 9. Cancellation of policy

The **policyholder** may cancel this policy by giving **us** prior notice in writing to 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong. Cover stops on the first day of the following month after we receive notification of cancellation. We may cancel this policy by giving the **policyholder** 30 days prior notice in writing to the **policyholder's** last known address. In the event of cancellation of the policy by **us**, cover stops (and the policy will terminate) on the first day of the month immediately following the expiry of the thirty (30) days notice of cancellation given by **us** in accordance with this paragraph.

In the event of cancellation by either party, benefits will only apply in the case that the date of **accident** is prior to the date of termination of this policy.

For the avoidance of doubt, all cover for all **insured persons** under this policy shall cease when the **policyholder** ceases to be covered under this policy.

### 10. Claims notification

**You** must tell **us** of any potential claim within 30 days of the **accident** happening and as soon as possible for death claims. Failure to give notice within 30 days will not invalidate any claim if it can be shown that the delay is reasonable, we have been informed as soon as possible and we are still able to fully investigate the claim.

Any notice served by **you** in connection with this policy must be sent to the following address unless otherwise agreed in writing by **us**:

Claims Manager, AIG Insurance Hong Kong Limited, 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

### 11. Claims evidence

**You** must provide at **your** own expense all reasonable and necessary evidence (including post-mortem examinations if applicable) in support of a claim. If we require additional evidence, we may ask **you** to undergo any medical examinations in connection with any claim as we may require at **our** own expense. **You** must co-operate with **us** in the course of **our** investigation to establish the loss if so required; failure to do so may result in **us** declining the claim due to insufficient evidence.

### 12. Acceptance of benefit

The **accidental** death benefit will be paid to **your** estate and the receipt given by the personal representative of the estate with the meaning as defined under the Probate and Administration Ordinance Cap. 10, Laws of Hong Kong will discharge **our** liability under the policy. Any other benefit will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, then it will be paid to the **policyholder**.

If we have paid a claim under this policy and **you** or the **policyholder** have accepted this as full and final payment then we will not have to make any further payments for the same claim.

### 13. Interest on benefit payable

We will not pay interest on any benefit payable under the policy.

- 14. Rights of third parties**  
No person other than the **policyholder** or **us** may enforce any terms of this policy.
- 15. Rights of recovery**  
If **we** or **our** authorized representatives have made any payments for a claim which is not covered under this policy or where the limit of liability exceeds the **sum insured** shown on the **schedule**, **we** have the right to recover the **sum insured** or excess from **you** or the **policyholder**.
- 16. Data Privacy**  
The **Policyholder/Insured Person** agrees that:  
(a) the personal data collected during the application process or administration of this policy may be used by AIG Insurance Hong Kong Limited (“AIGHK”) for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation).  
(b) AIG HK may use the **Policyholder’s/Insured Person’s** contact details (name, address, phone number and e-mail address) to contact him/her about other insurance products provided by the AIG group (assuming AIG HK has obtained the agreement of the **Policyholder/Insured Person** to use such contact details for this purpose).  
(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purpose identified:  
i) third parties providing services related to the administration of this policy, including reinsurers (per (a) above);  
ii) financial institutions for the purpose of processing this policy and obtaining policy payments (per (a) above);  
iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers (per (a) above);  
iv) for the purpose of conducting direct marketing activities (per (b) above), marketing companies authorized by the AIG group;  
v) another member of the AIG group (for all of the purposes stated in (a) and (b)) in any country; or  
vi) other parties referred to in AIG HK’s Data Privacy Policy for the purposes stated therein.  
(d) The **Policyholder/Insured Person** may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or [cs.hk@aig.com](mailto:cs.hk@aig.com). The same addresses may be used to contact AIG HK with any comments in relation to the services it provides. The full version of AIG HK’s Data Privacy Policy can be found at [www.aig.com.hk](http://www.aig.com.hk).
- 17. Assignment**  
This policy cannot be assigned.
- 18. Fraud**  
Any fraud, deliberate dishonesty, or deliberate non-disclosure of information connected with the **policyholder’s** application, proposal and declaration (if provided) or in connection with a claim, will make this policy invalid. If this happens, **you** or the **policyholder** will forfeit any benefit due and must pay back any benefit that **we** have already paid. **We** will not refund any premiums.
- 19. Clerical Error**  
Any clerical errors will not invalidate insurance otherwise valid nor continue insurance which would not have been valid.
- 20. Law and jurisdiction**  
This policy will be governed by the law that applies in the Hong Kong Special Administrative Region of the People’s Republic of China. The parties hereto agree to submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region of the People’s Republic of China.
- 21. Other Insurance**  
If **you** are entitled to payment under any other insurance policy in circumstances where **you** would be entitled to claim under Accident Medical Expenses Benefit

of this Policy, **we** will only be liable for amounts not recoverable from such other insurance.

**22. Subrogation**

In the event of any payment under this **policy**, **we** shall be subrogated to **your** rights of recovery therefore against any person or organization and **you** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. **You** shall take no action after the loss to prejudice such rights.

**Enquiries**

Every effort is made by **us** to ensure that **you** receive a high standard of service. For any enquiries, please contact:

Accident and Health Department  
AIG Insurance Hong Kong Limited  
7th Floor, One Island East,  
18 Westlands Road, Island East, Hong Kong  
Email: [cs.hk@AIG.com](mailto:cs.hk@AIG.com)

Please include **your** name and policy number as shown on the **schedule** when **you** make the enquiry.

**Benefits – Accident Care**

**Personal Accident**

If **you** sustain a **bodily injury** within 365 days from the date of an **accident** which results in any one of the losses specified in the Table of Benefits below, **we** will pay the respective percentage of **sum insured**.

**Table of Benefits**

Item Benefit	percentage of the <b>sum insured</b>
1. <b>Accidental death</b>	100%
<b>Permanent disabilities</b>	
2. <b>Permanent total disablement</b>	150%
3. <b>Paraplegia</b>	160%
4. <b>Quadriplegia</b>	175%
5. <b>Loss of two or more limbs</b>	150%
6. <b>Loss of one limb</b>	125%
7. <b>Loss of sight of both eyes</b>	150%
8. <b>Loss of sight of one eye</b>	100%
9. <b>Loss of the lens of one eye</b>	50%
10. <b>Loss of hearing</b>	
a) both ears	100%
b) one ear	30%
11. <b>Loss of speech</b>	75%
12. <b>Loss of lower jaw by surgical treatment</b>	40%
13. <b>Loss of one thumb</b>	
a) both joints	40%
b) one joint	25%
14. <b>Loss of each finger</b>	
a) three joints	20%
b) two joints	15%
c) one joint	10%
15. <b>Loss of each toe</b>	
a) all-one foot	25%
b) big toe – one or both joints	10%
c) other than big toe, each toe	2%
16. <b>Loss of kidney</b>	25%
17. <b>Loss of spleen</b>	20%
18. <b>Fractured leg or patella with established non-union</b>	20%
19. <b>Shortening of leg by at least 5 cm</b>	10%
20. <b>Permanent facial scarring longer than 10cm</b>	10%
21. <b>Permanent facial scarring longer than 5 cm</b>	5%
22. <b>Severe Burns to:</b>	
8% or more of the head	100%
5% or more but less than 8% of the head	75%
2% or more but less than 5% of the head	50%
20% or more of the body other than the head	100%
15% or more but less than 20% of the body other than the head	75%
10% or more but less than 15% of the body other than the head	50%
23. <b>Permanent disability</b> which is not provided for under the above items	up to 100%

The total amount payable in respect of any **permanent disabilities** due to the same **bodily injury** is arrived at by adding together the various percentages but shall not exceed 150% of the **sum insured** and there shall be no further liability under the policy in respect of the same **insured person** for **bodily injury** sustained thereafter, other than for items 3 and 4 on the Table of Benefits where the percentage of the sum insured will



be payable as per the Table of Benefits. If we have paid the full sum insured as shown on the schedule, the policy will automatically terminate after such payment.

If a claim is payable for **loss** of, or **loss** of use, of a whole part of the body, a claim for any component of that part cannot also be made.

Any benefit paid under item 23 will be assessed by considering the severity of the disablement in conjunction with the stated percentages for the specific types of disablement mentioned in the above Table of Benefits. The benefit payable is at our sole discretion.

#### **Disappearance Benefit**

If **you** disappear and after 365 days it is reasonable to believe that death resulted from **bodily injury**, the benefit under item 1 on the Table of Benefits will be paid provided that the personal representative of your estate signs an agreement that if it later transpires that **you** did not die, any amount paid will be refunded to **us**.

#### **Exposure Benefit**

Death or **permanent disability** resulting from exposure to severe weather conditions will be considered to have been caused by **bodily injury**.

#### **Bereavement Benefit**

In the event of a payable claim under item 1 of the Table of Benefits, **we** will pay an additional HK\$20,000.

#### **Psychological Consultation Benefit**

If as a result of a **bodily injury** which results in a claim where **we** pay more than 50% of the sum insured under any of the **permanent disabilities** listed in the Table of Benefits, **we** will reimburse **you** for the reasonable and necessary charges for professional psychological counseling rendered by a **clinical psychologist** or **psychiatrist**, provided such rehabilitation services are undertaken upon the recommendation of your **physician**. Payment under this benefit is subject to the maximum of HKD1,500 per visit per day and HKD20,000 per disability per policy year. The maximum benefit payable to each eligible **child** is HKD1,500 per visit per day and HKD3,000 per disability per policy year.

The following additional restrictions and exclusions apply to this benefit

1. The psychological counseling should have been initiated within six months from the date of the **accident**.
2. No benefit will be payable for the same loss claimed under Hospital Care and Critical Care (if applicable) arising from the same cause.

#### **Public Common Carrier Accident Benefit**

In addition to the Accidental death and Permanent disablement benefit of **Personal Accident**, **We** will pay up to the limit stated in the schedule according to the Table of

Benefits below, in respect to accidental death and Permanent Disablement sustained within 365 days from the date of an **accident** when **you** are travelling as a fare-paying passenger on (including boarding and alighting) a **Public Common Carrier**.

#### **Table of Benefits**

Item Benefit	percentage of the <b>sum insured</b>
1. <b>Accidental death</b>	100%
<b>Permanent disabilities</b>	
2. <b>Permanent total disablement</b>	150%
3. <b>Paraplegia</b>	160%
4. <b>Quadriplegia</b>	175%

#### **Accident Medical Expenses Benefit**

**We** will reimburse **accident medical expense** incurred as a result of a **bodily injury** for treatment provided within 365 days of the **accident**. The following restrictions and exclusions also apply:

1. For treatment by a **Chinese physician** or chiropractor in respect of a **bodily injury** reimbursement is limited to a maximum of HK\$200 per visit per day and HK\$2,000 per policy year.
2. Any additional charges incurred for single or private room accommodation at a hospital, 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 equipments are specifically excluded.
3. Any general or health check-up, convalescence, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment of the **bodily injury** due to **accident** or any treatment which is not medically necessary are not covered under this **policy**.
4. The **accidental medical expenses** benefit payable per policy year is subject to the limit specified in the **schedule**.
5. The maximum **accidental medical expenses** payable per disability to each eligible child under "Additional Accidental Medical Expenses –Child" is subject to the limit specified in the **schedule**.

#### **Anniversary Bonus**

Upon each **anniversary date** of this policy, the **sum insured** for Item 1- **Accidental death** of the Table of Benefits shall be increased by 5% per year up to a maximum of 25% for five (5) consecutive years

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## 僱員自購保障關懷系列：基本意外保障

本保單連同申請表、保單列表及任何批註將構成**保單持有人與我們**（美亞保險香港有限公司）所訂立完整之保險契約。在保費如期支付的前提下，我們同意依據本保單的條款、條件和限制提供保單列表所載的保障。

本保單列明保障範圍及適用於本保單之條款和條件的詳細資料。**保單持有人及受保人**必須細閱本保單，以確保雙方均明白保障範圍。

本保險由美亞保險香港有限公司（地址為香港港島東華蘭路18號港島東中心7樓）承保。



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## 保單定義

### 意外或事故

在某一時間和地點，外在發生的任何突發、不可預料的特定事件。

### 意外醫療費用

因以下各項產生的費用（美容治療除外）：

- 醫藥、手術、醫院、由醫生處方的護理治療及其他費用；及
- 救護車收費；及
- 傳統中醫治療；及
- 脊醫費用；及
- 因意外而損害健全及天然之牙齒之牙科護理費用。

### 日常生活活動

下述的穿衣、進食、移動、如廁、轉移及清潔：

- 穿衣指能夠自行穿著、除掉、繫穩及鬆開所有衣物，如適用，亦包括支撐物、義肢或其他手術或醫療裝置。
- 進食指在食物預備好後，能夠自行進食。
- 移動指能夠在平地自行由室內的某一房間移動至同層的另一房間。
- 如廁指能夠使用洗手間或透過使用保護性內衣或手術裝置（如適用）控制腸道及膀胱功能。
- 轉移指能夠自行從床上轉移到坐椅或輪椅，反之亦然。
- 清潔指能夠自行於浴缸，或以淋浴或其他方式進行清潔。

### 週年日

是指列於保單列表內生效日期的週年日。

### 身體傷害

是指受保人遭遇意外事故，在別無其他原因且非因疾病而引致之可見身體損害。

### 兒童

任何受保單持有人撫養而年齡為 6 個月或以上至 21 歲以下的人士或為 25 歲以下的全日制學生。

### 中醫

根據任何適用法律許可的註冊跌打或針灸師。主治中醫不得為：

- 保單持有人或受保人；或
- 商業夥伴、代理或任何與保單持有人、受保人或受保人的直系親屬有關的人士。

### 臨床心理治療師

擁有臨床心理學碩士或博士學位資格，而並非：

- 保單持有人或受保人；或
- 商業夥伴、代理或任何與保單持有人、受保人或受保人的直系親屬有關的人士。

### 生效日期

保單列表所示的本保單開始日，或如受保人加入本保單當日遲於本保單開始日，則以受保人加入本保單當日為準。

### 醫院

具備為病人提供治療的病床設施，並：

- 設有診斷及外科手術的設施
- 有護士提供 24 小時護理服務
- 由醫生監管及

不包括靜養、護理、護老院、為精神及行為障礙人士服務的機構、療養院，戒酒或戒毒服務之醫療機構，不論這些機構是否設置於同一所醫院內

### 直系親屬

受保人的伯母／孀母／姑母／姨母／舅母、兄弟、妻舅／連襟、子女、孫／外孫、

祖父母／外祖父母、侄子／外甥、侄女／外甥女、父母、配偶父母、姊妹、妯娌、伴侶或伯父／叔父／姑父／姨丈／舅父。

### 受保人

名字列於保單列表內的受保人。

### 肢體

對於手部指手腕或以上部份，對於腳部則指足踝或以上部份。

### 喪失

永久且無法恢復之用途喪失或完全切斷。

### 喪失手指或腳趾

是指掌骨與手指骨關節或趾與腳趾骨關節之部位完全分離。

### 失聰

因身體傷害導致單耳或雙耳喪失所有頻率中至少 80 分貝的聽力。失聰必須由耳鼻喉專科醫生提供並簽署證明的聽力及聲域測驗佐證。

### 喪失視力

因身體傷害導致一眼或雙眼完全且無法復原之視力喪失。視力喪失必須由眼科醫生確認。

### 截癱

下兩肢完全且無法復原的癱瘓。

### 永久傷殘

列於本保單保障權益一節保障權益表中第 2 至 23 項並將在受保人餘生持續的身體或心智不健全。

### 永久完全傷殘

受保人在受保人餘生無法再繼續從事任何職業。對於並無受偏的受保人，則為無法做到 3 項或以上之日常生活活動。

傷殘必須由醫生確診並持續至少連續 12 個月，方可根據保單條款獲支付保障權益。

### 醫生

根據任何適用法律註冊的合格持牌醫生允許其提供西方醫療服務，以其牌照及訓練範圍行事，而並非：

- 保單持有人或受保人；或
- 商業夥伴、代理或任何與保單持有人、受保人或受保人的直系親屬有關的人士。

### 保單持有人

作為保險保障申請人並且於保單列表內列為保單持有人的人士。

### 受保前已存在之狀況

緊接你的生效日期前3年內，你曾：

- 接受藥物治療、醫生建議或治療；或
- 出現跡象或病徵；

的任何醫療狀況（不論診斷與否）。

緊接你的生效日期前3年內你所察覺到或引致平常謹慎行事的人尋求治療或診斷（不論診斷與否）的任何狀況，均視為受保前已存在之狀況。

### 公共交通工具

公共交通工具指符合以下條件的公共汽車、渡輪、氣墊船、水翼船、火車、電車、固定翼飛機：

- 經由法規、監管、法律授權經營付費乘客客運運輸的；
- 依據事先制定的固定、定期的時刻表及線路運營。

公共交通工具不包含出租車、郵輪，無論該交通工具服務是否是固定、定期提供。

### 精神科醫生

根據任何適用法律註冊的合格持牌精神科醫生允許在其牌照及受訓練範圍行事，而並非：

- 保單持有人或受保人；或
- 商業夥伴、代理或任何與保單持有人、受保人或受保人的直系親屬有關的人士。

### 四肢癱瘓

上下雙肢完全且不可恢復地癱瘓。

### 保單列表

詳列保單持有人所投購承保範圍之文件。

### 嚴重燒傷

皮膚表皮層至真皮層遭受第二程度燒傷的皮膚傷害，或皮膚表皮及真皮層至皮下層遭受第三程度燒傷的皮膚傷害。

### 疾病

較正常健康狀況有病理差異的身體狀況。

### 伴侶

受保人之合法伴侶或與受保人以近似婚姻關係長期同居，並以同一地址登記的人士。

### 保額

保單列表所示的保障金額。

### 傳統中醫治療

由中醫處方的治療或藥物治療。

### 戰爭

戰爭是指因國家之間的軍事力量而引起或嘗試以軍事力量介入的任何活動，當中包括內戰、革命和入侵。

### 我們、我們的、我們自己

美亞保險香港有限公司。

### 你、你的或你本人

受保人。

### 不承保事項

以下各項不承保事項適用於本保單所有章節，並附加於有關保障的各個別章節的特別不承保事項之上。

我們不會賠償因以下事項引致的任何**身體傷害**或**疾病**：

1. 任何**戰爭**行動、外敵行動、交戰、叛亂或類似戰爭的行動（無論宣戰與否）；
2. 乘搭任何軍用飛機或以飛機司身份駕駛任何飛機；
3. 自殺或故意令身體受傷或上述任何企圖；
4. 你直接牽涉於刑事性質並違反法律的事宜而導致的**身體傷害**；
5. 精神病、睡眠、精神或神經失調、焦慮、緊張或抑鬱（不適用於心理輔導保障）；
6. 濫用藥物或藥物事故、酗酒治療、因酒精影響或服用非處方藥物而引致的**身體傷害**；
7. 你參與、練習職業運動或進行職業運動訓練而引致的**身體傷害**；

我們將不負責提供本保單的任何保障或根據本保單支付任何款項，若我們就任何損失或索賠作出支付會違反任何制裁法律或規例，並由此導致**我們、我們的**母公司或**我們的**最終控制實體根據任何制裁法律或規例須繳納任何罰款。

### 基本保單條件

#### 1. 完整的保險契約及保單變動

保單包含完整的保險契約。任何保單的變動須經**我們**同意及就此批註。

#### 2. 更改保單

**我們**可在保險期內調整保單的條款和條件，包括收取的保費及提供的保障利益。所收取的保費並非保證不變，**我們**保留根據風險評估調整保費率的權利。

作出任何變更前，**我們**會在 30 日前以書面通知投遞至保單持有人的最後紀錄之地址。

#### 3. 自動續保

本保單的保險承保範圍會於保單到期日自動續保而毋須發出新保單。然而，**我們**保留不邀請或接受續保的權利。

#### 4. 受保人的年齡限制

本保單提供保障予：

- a) 成人—任何年齡由 18 至 65 歲的**受保人**，可續保至 69 歲。所有保障將於你 70 歲生日後的首個保費到期日終止；
- b) 兒童—任何受保單持有人撫養的**受保人**，年齡為 6 個月或以上至 21 歲以下或 25 歲以下的全日制學生。所有保障將於該**兒童** 22 或 26 歲生日後的首個保費到期日終止。

#### 5. 不承保職業

本保單不會承保危險之職業。如你的職業在以下不受保範圍內，**我們**不會提供保障，除非你向**我們**聲明而**我們**接受你的申請，在此情況下**我們**會就接納你的申請而在本保單附加批註。

危險之職業包括但不限於職位或職責是爆破工人、職業運動員、騎師、偵探、特技人員、貨船裝卸工人、漁民、中港司機（跨境香港及中國大陸）、飛機師、沉箱工人、電梯技工、拆卸舊建築工人、地下鑽孔工人、野生動物訓練員或馬戲訓練員、情報機構人員、貨櫃起重操作員及炸藥/爆炸物操作員。參與地底工作、離岸工作、地盤工作或進行體力勞動性工作或於建築物外牆或離地面三十(30)英尺工作或安裝、於商船上工作或從事海、陸、空軍服務均被視為危險之職業。

#### 6. 現況轉變

如就本保單所提供的資料有任何轉變，**你**或保單持有人須通知**我們**有關的變更，否則**我們**有權拒絕所有賠償或使其失效。

#### 7. 受保前已存在之狀況

如**你**有受保前已存在之狀況，且**你**曾遭遇意外並遭受**身體傷害**，則**我們**保留權利聘請獨立**醫生**以評估：

- a) **你**現有之身體或醫療狀況是否導致**你**在意外後傷殘；或
- b) 意外後傷殘是否使**你**現有身體或醫療狀況惡化。

無論屬於哪種情況，**我們**都會聘請顧問評估意外前後**你**的身體或醫療狀況之間的差別。任何支付將根據該差別，於保障權益表中以百分比表示，適用於保障權益表中的合適利益。

倘**你**於生效日期、最後復效日或保額增加日(只限增加的部份)，以較遲者為準連續投保三年後，則受保前已存在之狀況將列入承保範圍內。

#### 8. 繳付保費

保費按保單列表以每月方式繳付。於第一個保費到期日及隨後每月首日到期。每期繳付的保費乃用作購買該保費到期日後的月份本保單條款所示的保

障。

如在到期日仍未繳付保費，則**保單持有人**須在 30 日內繳付。如在該期間仍未繳付保費，則保單會由未繳保費到期當日起自動取消。如在該 30 日期間繳付保費，則保障會繼續生效，猶如已在到期日繳付保費。

#### 9. 取消保單

如**保單持有人**欲取消保單，可以書面通知**我們**，並投遞至香港港島東華蘭路 18 號港島東中心 7 樓。保障會在**我們**收到取消保單通知後的下一個月首日終止。**我們**亦可在 30 日前以書面通知並投遞至**保單持有人**的最後紀錄之地址取消本保單。保障及保單會在 30 日通知期滿後的下一個月首日終止。

如任何一方取消保單，則保障利益僅適用於日期為本保單終止日期前的**意外**。

為免存疑，當**保單持有人**不再於本保單受保時，所有**受保人**之保障將會隨之而結束。

#### 10. 索賠通知

你須於**事故**發生後 30 日內通知**我們**任何賠償申請，並盡快通知**我們**任何死亡賠償申請。如未能在 30 日內發出通知，只要能證明延誤合理且你已盡快通知**我們**，而**我們**仍能全面調查有關索賠，則該索賠仍屬有效。

除**我們**另有書面協議外，任何由你提出與本保單有關的通知須送往以下地址：

香港港島東華蘭路 18 號港島東中心 7 樓，美亞保險香港有限公司，理賠經理

#### 11. 索賠證明

你須自費提供所有合理和必需的證明（包括驗屍（如適用））以提供索賠的依據。如果**我們**要求額外的證明，**我們**或會要求你就任何索賠進行**我們**所要求的身體檢查，費用由**我們**承擔。在**我們**調查損失是否成立期間，你必須遵照要求與**我們**合作，否則**我們**可能會因證據不足而拒絕你的索賠申請。

#### 12. 接受保障利益

**意外**死亡保障利益將付予你的遺產繼承人，而遺產代理人（定義見香港法例第 10 章《遺囑認證及遺產管理條例》）發出收據後，即表示**我們**已履行我們在本保單的責任。除受保人為**兒童**，其保障利益會支付予**保單持有人**外，其他保障利益將賠償予有關索償之**受保人**。

如**我們**已根據本保單支付索賠，而你或**保單持有人**已接受此乃全部及最終賠償，則**我們**毋須再就同一索賠支付任何賠償。

#### 13. 保障利益的利息

**我們**不會就本保單任何應付保障利益支付利息。

#### 14. 第三者權利

除**保單持有人**或**我們**外，其他人士不得執行本保單的任何條款。

#### 15. 追討權利

如**我們**或**我們的**授權代表所支付的賠償不屬本保單保障範圍或賠償限額超出**保單列表**上列明的**保額**，**我們**有權向你或**保單持有人**追回**保額**或超額的賠償。

#### 16. 私隱條例

**保單持有人/ 受保人**同意及確認：

(a) 美亞保險香港有限公司（“美亞保險”）可按列於其私隱政策的用途使用於處理此保單申請或管理此保單所收集之個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權）；

(b) 美亞保險可使用**保單持有人/ 受保人**的聯絡資料（姓名、地址、電

話號碼及電郵地址）聯絡受保人有關其它由 AIG 集團提供之保險產品（如美亞保險已獲**保單持有人/ 受保人**同意可如此使用其聯絡資料）；

(c) 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述列明之用途：

(i) 提供有關本保單管理服務的第三者（包括再保險公司）（如上(a) 項所述）；

(ii) 財務機構，作處理此申請及收取保費（如上(a) 項所述）；

(iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜（如上(a) 項所述）；

(iv) AIG 集團授權的市場推廣公司，以作直銷之用（如上 (b) 項所述）；

(v) 其它在任何國家之 AIG 集團之成員公司，作上述 (a) 及(b) 項所有列明之用途；或

(vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) **保單持有人/ 受保人**可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱 456 號或電郵:cs.hk@aig.com) 查閱、或要求修改其個人資料（美亞保險可就查閱及修改要求收取合理費用），或更改有關其個人資料被使用作直銷用途的選擇。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於 [www.aig.com.hk](http://www.aig.com.hk)。

#### 17. 轉讓

本保單不得轉讓。

#### 18. 欺詐

有關**保單持有人**的申請、建議書及聲明（如有提供）或索賠的任何欺詐、蓄意不誠為或蓄意不披露資料事宜，均會使本保單失效。如果出現此情況，你或**保單持有人**會喪失所有應收的保障利益，並須償還**我們**已支付的所有保障利益。**我們**不會退還任何保費。

#### 19. 筆誤

任何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。

#### 20. 法例及審判權

本保單受適用於中華人民共和國香港特別行政區的法例規管。本保單訂約方均同意接受中華人民共和國香港特別行政區法院之專有審判權。

#### 21. 其他賠付

若你按本保單提出意外醫療費用索賠時，已獲其他保險計劃就同一宗意外作出賠付，**我們**只負責支付其他保險計劃賠付不足的金額。

#### 22. 債權人之取代

若**我們**已向你作出本保單的賠償，便可取代其爭取賠償的權利，向有關人士或機構追討，而你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，你不可採取任何行動。

#### 查詢

**我們**會竭盡所能確保你能享受優質服務。如有任何查詢，請聯絡：

香港港島東華蘭路 18 號  
港島東中心 7 樓  
美亞保險香港有限公司  
人身意外及醫療保險部  
電郵：[cs.hk@AIG.com](mailto:cs.hk@AIG.com)

查詢時請提供你的**保單列表**上所載之姓名及保單編號。

#### 保障 — 基本意外保障

##### 個人意外

如你自**意外**發生日起 365 天內遭遇**身體傷害**，而該**意外**引致以下保障權益表所指定的任何喪失，則**我們**會按相應的**保額**百分率賠付。

## 保障權益表

項目	保障事項	保額百分率
1.	意外死亡	100%
<b>永久傷殘</b>		
2.	永久完全傷殘	150%
3.	截癱	160%
4.	四肢癱瘓	175%
5.	喪失雙肢或以上	150%
6.	喪失一肢	125%
7.	喪失雙眼視力	150%
8.	喪失一眼視力	100%
9.	喪失一眼晶狀體	50%
10.	失聰	
	a) 雙耳100%	
	b) 單耳	30%
11.	喪失言語能力	75%
12.	因手術喪失下顎	40%
13.	喪失一隻手指	
	a) 兩個關節	40%
	b) 一個關節	25%
14.	喪失每隻手指	
	a) 三個關節	20%
	b) 兩個關節	15%
	c) 一個關節	10%
15.	喪失每隻腳趾	
	a) 所有腳趾——一隻腳	25%
	b) 腳拇指——一個或兩個關節	10%
	c) 除腳拇指外的一隻腳趾	2%
16.	喪失腎臟	25%
17.	喪失脾臟	20%
18.	折斷腿部或膝蓋而無法聯合	20%
19.	腿部縮短 5 厘米或以上	10%
20.	10 厘米以上臉部永久疤痕	10%
21.	5 厘米以上臉部永久疤痕	5%
22.	<b>嚴重燒傷：</b>	
	頭部面積 8%或以上	100%
	頭部面積 5%或以上但少於 8%	75%
	頭部 2%或以上但少於 5%	50%
	除頭部外身體面積 20%或以上	100%
	除頭部外身體面積 15%或以上但少於 20%	75%
	除頭部外身體面積 10%或以上但少於 15%	50%
23.	上述項目以外的永久傷殘	高達 100%

就因相同身體傷害造成的任何永久傷殘，其應賠付總額為各百分率相加之和但不超過保額的 150%，且本保單不再承擔同一受保人有關日後身體傷害的更多責任。保障權益表的第 3 及 4 項除外，保額百分率會按保障權益表所列賠償。如我們已付上保單列明之全部保額，則本保單將於該付款後自動終止。

如就身體某一部分因喪失或喪失用途的索償獲賠付，則該部位的任何組成部份將不能同時申請索償。

第 23 項下的任何賠付將透過考慮傷殘程度，以及以上保障權益表特定傷殘類別所述的百分率計算。我們可全權決定應支付的保障權益額。

## 失蹤保障

倘你失蹤超過 365 日且有理由相信你已因身體傷害死亡，則只要你的遺產代理人簽訂協議，即可獲得保障權益表第 1 項下的保障權益。如此後發現你仍然在世，則須將任何已賠付金額退還我們。

## 暴露保障

因暴露於惡劣天氣條件而導致的死亡或永久傷殘將被視為因身體傷害所致。

## 意外死亡撫恤金保障

如根據保障權益表第 1 項提出賠付索償，則我們將額外支付 HK\$20,000。

## 心理輔導保障

如你因身體傷害並導致任何永久傷殘，而我們就該事件支付你多於百分之五十(50%)之保額，我們會賠償你經你的醫生建議下由臨床心理治療師或精神科醫生進行心理輔導所收取合理和必要的費用。此保障的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$20,000。兒童的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$3,000。

## 以下的限制適用於此保障：

1. 心理輔導必須於意外日期後 6 個月內開始。
2. 不會賠償基於同一原因於「每日住院現金保障」及「危疾保障」(如適用)同時提出的索償。

## 公共交通工具意外保障

在個人意外保障之上，如你作為付費乘客搭乘公共交通工具期間(包含進入或離開公共交通工具)遭受意外，而該意外自意外發生日起 365 天內引致以下保障權益表所指定的意外死亡或永久傷殘，則我們會按相應的保額百分率賠付。

## 保障權益表

項目	保障事項	保額百分率
1.	意外死亡	100%
<b>永久傷殘</b>		
2.	永久完全傷殘	150%
3.	截癱	160%
4.	四肢癱瘓	175%

## 意外醫療費用保障

如因意外造成身體傷害，我們會依據以下之限制及不承保事項就發生意外起計 365 天內接受治療的每項意外醫療費用支付賠償：

1. 如就身體傷害接受中醫或脊醫診治，賠償金額上限為每日每次 HK\$200 及每保單年度 HK\$2,000。
2. 入住醫院單人病房或私家病房、使用特殊護理或私家看護、非醫療個人服務(如收音機、電話等)、購買或使用特別支架、儀器或設備的所有額外費用一概不在受保範圍內。
3. 所有一般身體檢查或健康檢查、療養、復康護理或休養、接種疫苗及免疫注射、與治療意外所導致身體傷害無關的測試，以及所有非醫療需要的治療一概不在本保單的承保範圍內。
4. 意外醫療費用保障每保單年度之限額須以保單列表訂明的限額為限。
5. 於「額外子女意外醫療費用保障」中，每位符合資格兒童的最高每次意外醫療費用保障額須以保單列表訂明的限額為限。

## 週年紅利

於保單週年日，保障權益表中第 1 項 - 意外死亡之保額將每年自動增值百分之五，最高至百分之二十五，而保單必須連續生效 5 年。

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(此中文譯本乃供參考之用，如有異議，均以英文為準)