



AIG Working Holiday Protection

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 (hereinafter called the Company) agrees to provide insurance to the Insured Person(s) named in the Policy Schedule in relation to a Journey that commenced and occurred during the Period of Insurance subject to the terms and conditions of this Policy (hereinafter called "insured Journey") and promises to pay indemnity for loss to the extent provided herein.

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

BENEFITS

SECTION 1 - PERSONAL ACCIDENT

1a. 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, 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.

1b. 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 1a (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

EVENTS		
Accidental Death and Disablement		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 one eye or both eyes		100%
5. Loss of or the Permanent total Loss of Use of one limb		100%
6. Loss of or the Permanent total Loss of Use of two limbs		100%
7. Loss of Speech and Loss of Hearing		100%
8. Permanent total Loss of Hearing in:		
(a) both ears		75%
(b) one ear		15%
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 (exclude head surface area)	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 are applicable, only the Event with the highest compensation (i.e. the highest Percentage of Principal Sum) will be payable under this Section and in any event shall not exceed the Maximum Benefit 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.

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 in Hong Kong 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 Hong Kong to his/her place of residence within three (3) hours upon his/her arrival in Hong Kong 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.

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 1 - Personal Accident

- For the purpose of Section 1, 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 2 - EMERGENCY MEDICAL EVACUATION AND REPATRIATION OF REMAINS

2a. 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 Hong Kong, 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.

2b. 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 Hong Kong. The Company shall pay the actual cost incurred for such repatriation.

In addition, the Company shall reimburse for expenses actually incurred at the place of death outside Hong Kong 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.

The total amount payable under Section 2a. Emergency Medical Evacuation and 2b. Repatriation of Remains shall not exceed the Maximum Benefits as stated in the Schedule of Benefits.

Exclusions Applicable to Section 2 - Emergency Medical Evacuation and Repatriation of Remains

No benefits will be provided:

- 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 2a. 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 2b. Repatriation of Remains only).

SECTION 3 - OVERSEAS HOSPITAL CASH

The Company will pay the Insured Person USD50 per one (1) day of overseas Hospital Confinement in the event that the Insured Person is Confined in a Hospital outside Hong Kong due to an Injury or Sickness sustained during the insured Journey.

The Overseas Hospital Cash benefit payable per policy year is subject to the Maximum Benefits stated in the Schedule of Benefits.

SECTION 4 - 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 to fly over 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 Period of Insurance.

Exclusions Applicable to Section 3 - Overseas Hospital Cash and Section 4 - Compassionate Visit

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 Hong Kong.
- 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 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 Hong Kong or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.

SECTION 5 - COMPASSIONATE DEATH CASH

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

SECTION 6 - JOURNEY CURTAILMENT

The Company shall reimburse the Insured Person up to the Maximum Benefit as stated in the Schedule of Benefits for the amount of additional Travel Ticket 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 Hong Kong as a result of the following reasons:

- Serious Injury Or Serious Sickness of the Insured Person ;
- Death, Serious Injury Or Serious Sickness of the Insured Person's Immediate Family Members ;
- unanticipated outbreak of riot or civil commotion, natural disasters, or epidemic at the Destination which prevents the Insured Person from continuing with his/her scheduled insured Journey.

This coverage can only be utilized once during the Period of Insurance.

Exclusions Applicable to Section 6 - Journey Curtailment

No benefits will be provided for any loss:

- 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.
- That arises from any circumstances leading to disruption of his/her insured Journey before the purchase of this insurance.

SECTION 7 - BAGGAGE AND PERSONAL EFFECTS

The Company will pay the Insured Person up to the Maximum Benefit 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 as a direct result of robbery, burglary or theft 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 USD400 in respect of any one (1) article, pair or set of articles. The Company may make payment or at its opinion reinstate or repair the article, pair, or set of articles subject to due allowance for wear and tear.

Exclusions Applicable to Section 7 - 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 of or damage to hired or leased equipment.
3. Any loss of 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.
4. Any loss of or damage to property which functions normally after it has been fixed or repaired by a third party.
5. 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.
6. 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.
7. Any loss of data recorded on tapes, cards, diskettes or otherwise.
8. Breakage or damage to fragile articles.
9. 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.
10. Any loss 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.
11. Any loss claimed under Section 11 (Baggage Delay) arising from the same cause.
12. Loss by any mysterious disappearance.
13. Shortage due to error, omission, exchange or depreciation in value.
14. Receipts of the claimed items submitted which are not in the Insured Person's name.

SECTION 8 - TRAVEL DOCUMENT

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.

Exclusions Applicable to Section 8 - Travel Document

No benefits will be provided for:

1. 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.
2. If the lost travel document and/or visa and/or travel tickets are not needed by the Insured Person to complete the insured Journey.
3. For loss by any mysterious disappearance.
4. 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).
5. For both the temporary and permanent versions of the same travel document. In the event of such loss, an Insured Person may claim either one (1) version but not both.

SECTION 9 - PERSONAL LIABILITY

The Company shall indemnify the Insured Person up to the Maximum Benefit 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 9 - 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.
9. Any fines, penalties, aggravated or exemplary damages.

SECTION 10 - TRAVEL DELAY (APPLICABLE TO PREMIER PLAN ONLY)

The Company shall pay USD80 for each of the full eight (8) hours of delay up to the Maximum Benefits as stated in the Schedule of Benefits in the event that the pre booked and paid Common Carrier in which the Insured Person has arranged to travel for the departure from Hong Kong is delayed for at least eight (8) 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.

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.

This coverage is effective only if this insurance is purchased 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 Travel Delay benefit payable per policy year is subject to the Maximum Benefits stated in the Schedule of Benefits.

Exclusions Applicable to Section 10 - 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 already existing and known to the public before this insurance is purchased.
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.

SECTION 11 - BAGGAGE DELAY (APPLICABLE TO PREMIER PLAN ONLY)

The Company shall pay up to the Maximum Benefit as stated in the Schedule of Benefits for the actual expenses incurred for emergency purchase of essential items or requisites 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 for the departure from Hong Kong during the Period of Insurance. This benefit can only be utilized once during the Period of Insurance.

Exclusions Applicable to Section 11 - Baggage Delay

No benefits will be provided:

1. For the failure of the Insured Person to obtain written confirmation from the Common Carrier as to 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 7 (Baggage and Personal Effects) arising from the same cause.

SECTION 12 - KIDNAPPING BENEFIT (APPLICABLE TO PREMIER PLAN ONLY)

In the event of death of the Insured Person that is caused by injury inflicted during a Kidnapping while the Insured Person is traveling outside of Hong Kong during the Period of Insurance, the Company shall pay up to the Maximum Benefits stated in the Schedule of Benefits.

The insurance of any Insured Person shall terminate upon the occurrence of any loss for which indemnity is payable under this section, but such termination shall be without prejudice to any claim originating out of the event causing such loss.

Exclusions applicable to Section 12 - Kidnapping Benefit

No benefits will be provided:

1. as the result of fraudulent, dishonest, or criminal acts of the Insured Person.
2. as the result of any Kidnapping arising out of any Terrorist Act.
3. for failure to obtain sufficient proof of such event.

SECTION 13 - MEDICAL EXPENSES (APPLICABLE TO PREMIER PLAN ONLY)

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 Hong Kong, 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 three hundred and sixty-five (365) 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 Hong Kong, 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 USD5,000 sought for the above Injury or the above Sickness for that portion of the follow-up medical expenses which (i) are incurred within thirty (30) days of the Insured Person's return to Hong Kong 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 or chiropractor subject to an aggregate limit of USD230 and a per visit and per day limit of USD20.

In no event, however, shall the total amount payable per policy year under this Section 13 (Medical Expenses) exceed 100% of the Maximum Benefit as stated in the Schedule of Benefits.

Exclusions Applicable to Section 13 - Medical Expenses

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 Hong Kong.
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 Hong Kong or to continue the insured Journey whilst the Insured Person's physical condition at the time of recommendation is fit for travel.
6. For the follow up treatment expenses obtained outside Hong Kong.
7. 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.
8. For any cosmetic surgery, refractive errors of eyes, hearing-aids, and prescriptions therefor except necessitated by accidental Injury occurring during the insured Journey.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

THE COMPANY WILL NOT PAY UNDER ANY SECTION OF THIS POLICY 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. Any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, or the Crimea region;
3. Any claim, loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, or the Crimea region;
4. An Insured Person who is:

- (i) a Terrorist;
 - (ii) a member of a terrorist organization;
 - (iii) a narcotics trafficker; or
 - (iv) a purveyor of nuclear, chemical or biological weapons;
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; 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 (Personal Accident), Section 2 (Emergency Medical Evacuation and Repatriation of Remains), Section 3 (Overseas Hospital Cash), Section 4 (Compassionate Visit), Section 5 (Compassionate Death Cash) and Section 13 (Medical Expenses).
 8. The Insured Person is not taking all reasonable efforts to safeguard his/her property/money, to avoid injury or 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 or Extreme sports and sporting activities;
 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/ disciplinary force or service; being as a crew member or an operator of any air carrier; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives; employed as driver of any kind of conveyance; animal trainer, diver, jockey, newspaper-war correspondent, security guard, stuntman, while working in casino, disco, construction site, or night club.
 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 travelling against the advice of a Qualified Medical Practitioner;
 18. Any loss and expenses that can be reimbursed or recovered from any other source except for Section 1 (Personal Accident), Section 3 (Overseas Hospital Cash), Section 5 (Compassionate Death Cash), Section 10 (Travel Delay), Section 11 (Baggage Delay) and Section 12 (Kidnapping Benefit);
 19. The Insured Person undertakes expeditions, treks or similar journeys.
- 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.

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 as a Chinese medicine practitioner under the Chinese Medicine Ordinance (Cap 549, Laws of Hong Kong), but excluding a Chinese Medicine Practitioner who is the Insured Person or an Immediate Family Member of the Insured Person.

"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.

"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.

"Destination" means the destination specified under -RemarkII of the Schedule of Benefits.

"Extreme sports and sporting activities" means any sport or sporting activities that present a high level of inherent danger (i.e. involves a high level of expertise, exceptional physical exertion, highly specialized gear or stunts) including but not limited to big wave surfing, canoeing down rapids, cliff jumping, horse jumping, ultra marathons and stunt riding. It does not mean usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognized local tour operator but always providing that the Insured Person is acting under the guidance and supervision of qualified guides and/or instructors of the tour operator when carrying out such tourist activities.

"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 Person(s) named in the Policy Schedule or subsequently endorsed herein.

"Journey" wherever used in this Policy shall mean the period of travel commencing from when the Insured Person leaves an immigration counter of Hong Kong for the purpose of commencement of working holiday until the Insured Person's arrival at any immigration counter of Hong Kong after the said journey or the expiry date of the Period of Insurance, whichever first occurs. The deviation or sojourns to/from any country before the first arrival at the Destination of the working holiday are not included for the purposes of this policy.

"Kidnapping" means the unlawful act of taking away of a person by force, threat, or deceit, with intent to cause him to be detained against his will, usually to hold the person for ransom or in furtherance of another crime.

"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.

"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 under this Policy for the Period of Insurance as stated in the Schedule of Benefits.

"Medically Necessary Expenses" means expenses incurred 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 2a (Emergency Medical Evacuation) and Section 2b (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.

"Percentage of Principal Sum" is the Percentage of Principal Sum as stated in the Benefit Table in Section 1 (Personal Accident) herein used to calculate the compensation 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 Schedule" means the attachment to this policy entitled -Policy ScheduleI as may be amended by the Company from time to time.

"Pre-existing Condition" means any condition for which the Insured Person or Immediate Family Member received from or were recommended by a Qualified Medical Practitioner prior to the commencement of the insured Journey 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 commencement of the insured Journey leading to a claim under this Policy.

"Principal Sum" means the Maximum Benefit.

"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 Policy Schedule entitled -Schedule of BenefitsII 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 requires treatment and which is certified by a Qualified Medical Practitioner as being dangerous to life and as rendering the Insured Person unfit to travel or continue with his/her original insured Journey. When -Serious Injury Or Serious SicknessII is applied to the Insured Person's Immediate Family Member(s), it shall mean injury or sickness for which the Insured Person's Immediate Family Member 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 a 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" or member of a terrorist organization shall mean any person who commits, or attempts to commit, a Terrorist Act or who participates in or facilitates the commission of a Terrorist Act and/or is verified or recognized or designated by any government or authority or committee as a terrorist.

"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.

"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. 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.
2. The insured Journey must commence from Hong Kong. This condition shall be waived if this is a renewal policy.
3. If the Insured Person is covered under more than one (1) comprehensive voluntary insurance policies underwritten by the Company for the same trip, only the insurance policy with the greatest compensation will apply and benefits thereunder be payable.
4. The insurance is only valid for working holidays purpose only and shall not apply to persons undertaking expeditions, treks or similar journeys.
5. 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

The Policy Schedule, Terms and Conditions, and endorsements (if any) shall constitute the entire contract of insurance. No statement made by the applicant for insurance not included herein shall avoid the Policy or be used in any legal proceedings hereunder unless such statement is fraudulent. No agent has authority to change this 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

The Insured Person must be a legal Hong Kong resident aged between 18 and 31 and renewable up to 34 years old (subject to the approval of the Company) who is issued a working holiday visa or relevant documentations by the relevant participating countries. The list of the participating countries can be found at <http://www.labour.gov.hk/eng/plan/whs.htm> and as revised from time to time.

3. RENEWAL CONDITIONS

If the Insured Person wishes to renew the Policy, the Insured Person has to give a written notice to the Company expressing the intention to renew at least thirty (30) days prior to the expiry date of the current policy.



Otherwise, the request of renewal will not be considered. The Company reserves its right to not accept renewal of the policy or to adjust the terms and conditions of the policy at renewal, including the premium charged and benefits offered. The Company's acceptance of premium coupled with its renewal confirmation shall constitute its consent to renewal.

4. 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.

5. 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.

6. TIME FOR FILING PROOF OF LOSS

Affirmative proof of loss must be furnished to the Company at its said office in case of a claim for 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.

7. 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.

8. IMMEDIATE PAYMENT OF INDEMNITIES

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

9. 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.

10. 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.

11. TERMINATION CLAUSE

1. The policy will be terminated:
 - i. upon the death of the Insured Person
 - ii. in the circumstances mentioned under — Compensation – item 21 under Section 1 – Personal Accident of Benefits.
 - iii. upon the expiry of the Period of Insurance.
 - iv. upon the expiry date of the Working Holiday Visa
2. 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 records of the Company 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.

In the event the Policy is cancelled by the Policyholder, the earned premium shall be computed in accordance with the short rate table used by the Company at the time of cancellation.

Duration of Period of Insurance	Refund to Policyholder exhausted
2 months (Minimum)	60%
3 months	50%
4 months	40%
5 months	30%
6 months	25%
Over 6 months	Nil

If the Policyholder could submit the rejected confirmation on the working holiday visa application before the Period of Insurance for the policy cancellation, the premium shall be fully refunded, subject to USD50 administration fee payable to the Company.

12. 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.

13. 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.

14. RIGHTS OF THIRD PARTIES

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 Policyholder 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.

15. 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.

16. 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.

17. 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.

18. 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 Hong Kong, such limitation is hereby extended to agree with the mini mum period permitted by such law.

19. COMPLIANCE WITH POLICY PROVISIONS

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

20. POLICY INTERPRETATION

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

21. 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, 7/F, One Island East, 18 Westlands Road, Island East, Hong Kong 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.

22. DATA PRIVACY

The Insured Person/Policyholder/Applicant agree(s) that:

- (a) the personal data collected during the application process or administration of this policy may be used by AIG HK 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 Insured Person's/Policyholder's/Applicant'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 Insured Person/Policyholder/Applicant 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 adjustors, 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 Insured Person/Policyholder/Applicant 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. 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.

23. CLERICAL ERROR

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

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美亞工作假期保障計劃

條文及條款

當美亞保險香港有限公司(以下稱「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,同意承保名列於保障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備的旅行行程提供保障。

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「保單」)。

保障範圍

第 1 項 - 人身意外保障

1a. 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。

1b. 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,而非上述第 1a 項「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。

保障列表

損害事項	保額百分率	
意外死亡及永久傷殘		
1. 死亡	100%	
2. 永久完全殘廢	100%	
3. 永久及無法痊癒之四肢癱瘓	100%	
4. 一眼或雙眼永久完全失明	100%	
5. 喪失任何一肢或任何一肢永久完全喪失功能	100%	
6. 喪失任何雙肢或任何雙肢永久完全喪失功能	100%	
7. 雙耳完全失聰及喪失語言能力	100%	
8. 永久完全失聰		
(a) 雙耳	75%	
(b) 單耳	15%	
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%
2. 身體 (頭部以外)	達其餘身體部份總面積之 20%或以上	100%
	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:

1. 於同一次損害中,本公司只負責賠償以上任何一項之損害事項,若遭受多於一項損害事項,本公司只會賠償可獲最高賠償額(即最高保額百分率)的事項及以不超過列於保障權益表所載之最高賠償額為賠償依據。

2. 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。

3. 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為賠償該損害所引致的殘廢部份,而於受保意外發生前已永久喪失功能的部份則不獲賠償。

此部份提供額外保障予受保人在以下期間蒙受的損害:

1. 當受保人於原定公共交通工具出發前 3 小時內直接由日常香港住所或工作地點前往香港入境事務處的期間以開始其受保旅程

2. 受保旅程完畢,當受保人回香港後 3 小時內直接由香港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員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 1 項 - 人身意外保障的不保事項

1. 於此第 1 項保障,本公司不負責一切由疾病或病毒引致的損害。

第 2 項 - 緊急醫療運送及運返費用

2a. 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,認為醫療上適合將受保人運送至其他地方接受治療,或運送回香港,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。

2b. 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回香港。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殮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。

第 2a 項「緊急醫療運送」及第 2b 項「運返費用」的總賠償額不可超過保障權益表所規定最高賠償額。

適用於第 2 項 - 緊急醫療運送及運返費用的不保事項

以下情況不受保障:

- 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致電 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(只適用於第 2a 項「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送(只適用於第 2b 項「運返費用」)。

第 3 項 - 海外住院現金津貼

若受保人在受保旅程期間,因蒙受損害或感染疾病而需入住當地醫院為留院病人,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 USD50 予受保人。

海外住院現金津貼每保單年度所支付的賠償額以保障權益表所規定之最高賠償額為上限。

第 4 項 - 緊急啟程

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為限賠償其合理的額外旅遊票及/或住宿費用。此保障在受保日期中只可索償一次。

適用於第 3 項 - 海外住院現金津貼及第 4 項 - 緊急啟程的不保事項

以下情況不受保障:

- 根據合格醫生的意見,在合理的情況下該項手術或治療可延期返回香港後進行。
- 受保旅程之目的為醫治疾病或違反合格醫生的勸告進行受保旅程。
- 未能提供合格醫生的醫療報告。
- 受保人拒絕依循合格醫生的建議返回香港繼續治療,或在身體狀況許可下,拒絕繼續其受保旅程。

第 5 項 - 恩恤金

若受保人在受保旅程期間,因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 6 項 - 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香港,本公司將以不超過保障權益表所載最高賠償額,賠償受保人額外的旅遊票:

- 受保人蒙受嚴重損害或患上嚴重疾病;
- 受保人的直系親屬死亡、蒙受嚴重損害或患上嚴重疾病;
- 在未能預料情況下,目的地突然爆發暴動或民亂、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受保旅程。

此保障在受保日期中只可索償一次。

適用於第 6 項 - 提早結束旅程的不保事項

以下情況不受保障:

- 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、其他航運機構或酒店的賠償或退款。
- 有關引致中斷旅程的情況在購買此保險前已發生。

第 7 項 - 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、衣服及個人物品直接因被搶劫、爆竊或偷竊而遺失或損毀(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 USD400。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 7 項 - 行李及個人物品的不保事項

以下情況不受保障:

- 貨物或貨艙、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、珠寶手飾或配件、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。
- 租借物品之遺失或損毀。
- 受保於其他保險,或將會獲得公共交通工具機構、酒店及其他服務供應商的退款。
- 已獲第三者或機構提供維修服務,使操作回復正常的物品。
- 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。
- 在公眾場所沒有受保人的看管下,或因受保人疏忽保管其財物而導致行李及個人物品的遺失。
- 存錄於磁帶、記憶儲存帶、磁碟或其他的資料遺失。
- 易碎物品的破裂或損毀。
- 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。
- 遺失後 24 小時內未有向當地警方報失及未能提交當地警方之遺失報告。
- 基於同一原因於第 11 項「行李延誤」同時提出索償。
- 任何神秘失蹤之損失。
- 因錯誤、遺漏、兌換率的浮動或貶值而出現的缺額。
- 遞交之索償物件收據上的名字並非受保人的名字。

第 8 項 - 旅遊證件

若受保人在受保旅程期間直接因被搶劫、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最高賠償額為上限,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。

適用於第 8 項 - 旅遊證件的不保事項

以下情況不受保障:

- 遺失後 24 小時內未有向當地警方報失及未能提交當地警方之遺失報告。
- 與是次受保旅程無關之證件及/或簽證及/或旅遊票。
- 任何神秘失蹤之損失。
- 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致的損失;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(或因因此行動引致的相關收益)。
- 同時索償臨時或永久但屬同性質的旅遊證件,此情況下,受保人只能選擇索償其中之一款。

第 9 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:

- 誤傷第三者身體或引致其死亡;
 - 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,或牽涉任何訴訟中。



適用於第 9 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**、其**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。
9. 任何罰款或罰款，加重或懲罰性損害賠償。

第 10 項 - 旅程延誤(只適用於卓越計劃)

若**受保人**由香港出發，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**機務人員罷工，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每滿 8 小時，本公司將賠償 USD80，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。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**延誤前購買才有效。

旅程延誤保障每保單年度所支付的金額以**保障權益表**所規定之**最高賠償額**為上限。

適用於第 10 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. 於購買保險前，引致延誤的有關事件已存在及已公開。
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**機務人員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。

第 11 項 - 行李延誤(只適用於卓越計劃)

若**受保人**在**受保日期**內因所乘搭的由香港出發**公共交通工具**機務誤送行李以致**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**上載之**最高賠償額**賠償**受保人**購買必須用品的實際費用。此保障只可於**受保日期**內索償一次。

適用於第 11 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 7 項「行李及個人物品」同時提出索償。

第 12 項 - 綁架保障(只適用於卓越計劃)

當**受保人**在**受保日期**內在香港以外地方旅遊因綁架蒙受**損害**而身亡，本公司將支付**保障權益表**所規定之**最高賠償額**。
倘本公司已賠償此項保障，**受保人**所有的保障會即時終止，但不會影響該事件所導致之**損害**賠償事宜。

適用於第 12 項 - 綁架保障的不保事項

以下情況不受保障：

1. 受保人詐騙、不誠實或刑事行為而發生的綁架事件。
2. 恐怖行為
3. 未能提供有關事件的足夠證據

第 13 項 - 醫療費用(只適用於卓越計劃)

在此項下，若**受保人**於**受保旅程**期間蒙受**損害**或**疾病**而引致在返回香港前治療的醫療費用，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**損害**或**疾病**起 365 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**於返回香港後因以上的**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 USD5,000 的覆診費用，但該覆診費用必須是(i)返回香港後 30 日內引致的，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**或**針灸**診治，每日每症最高為 USD20，最高累積至 USD230。

在任何情況下，第 13 項「醫療費用」的每保單年度總賠償額不可超過**保障權益表**所規定**最高賠償額**。

適用於第 13 項 - 醫療費用的不保事項

以下情況不受保障：

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香港後進行。
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**中的費用支出。
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**之建議返回香港繼續治療，或在身體狀況許可下，拒絕繼續其**受保旅程**。
6. 任何於**受保旅程**完結後於香港以外地方的覆診費用。
7. 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。
8. 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。

主要不保項目

本公司不會賠償任何保單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. 任何已經計劃或實際在、前往或途經古巴、伊朗、敘利亞、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. 古巴、伊朗、敘利亞、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. 如**受保人**為以下人士：
 - (i) 恐怖分子或
 - (ii) 恐怖組織成員或
 - (iii) 從事毒品買賣者或
 - (iv) 核武器、化學或生物武器提供者；
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；**受保人**違反政府法案；或在預先警告會爆發**公共交通工具**機務人員罷工、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「人身意外」、第 2 項「緊急醫療運送及運返費用」、第 3 項「海外住院現金津貼」、第 4 項「緊急啟程」、第 5 項「恩恤金」及第 13 項「醫療費用」除外；
8. **受保人**沒有合理地看管個人財物、避免**損害**或減低索償；
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；或極限運動。
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；採礦工作；以航空公司空勤人員身份乘搭或駕駛飛機；參與離岸活動，如商業潛水；油田鑽探、探礦、空中攝影；爆炸品處理；受僱任何交通工具的司機、動物培訓員、潛水員、騎師、報紙戰地記者、保安員、特技人員；在賭場、舞廳、地盤或夜總會工作；
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「人身意外保障」、第 3 項「海外住院現金津貼」、第 5 項「恩恤金」、第 10 項「旅程延誤」、第 11 項「行李延誤」及第 12 項「綁架保障」則除外；
19. **受保人**參與探險跋涉或類似行程。

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這些保障及本公司不會負責任何該些制裁或提供任何有關之保障。

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病變、人體免疫不全病毒之消瘦症候群或其他病症。
- 「**中醫**」是指任何在註冊中醫藥條例（香港法例第 549 章）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。
- 「**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。
- 「**留院**」是指因醫療上的需要而在**合格醫生**的建議下入**醫院**，被接納為**留院**病人接受治療。**住院期間**是指**留院**因提供治療而需要向**受保人**收取住房及膳食費用的期間。
- 「**目的地**」是指在保障列表備註所列明的目的地。
- 「**極限運動**」是指任何潛在高風險的運動（即涉及高度專業性，特大體力消耗，高度專業化的機關或特技），包括但不限於衝巨浪、乘獨木舟急流、跳傘、騎馬跳躍、極限馬拉松和特技表演。這並不是指公眾可完全無限限制下參與的帶有旅遊活動（高度或一般健康警告除外）及由認可的本地旅遊營運商提供的旅遊活動，但**受保人**一定要在旅遊營運商的合資格導遊和/或教練指導及監督下進行的旅遊活動。
- 「**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**受保人**名字列於**保障列表**內或批註內之**受保人士**。
- 「**旅程**」是指該次旅遊期間由**受保人**離開香港入境事務處櫃檯以開始工作假期，直至**受保人**於該段旅遊完結後到達**香港**入境事務處櫃檯為止，或**受保日期**的到期日，以較早者為準。就此保單而言，將不包括在第一次到達工作假期目的地之前所前往逗留任何國家或從任何國家出發的行程。
- 「**綁架**」是指用非法行為以暴力、威脅或欺騙方式帶走一個人，意圖導致他違背自己的意願而被扣留，通常要求贖金或助成另一項犯罪。
- 「**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) 的 1/6 高於 80 分貝。
- 「**失明**」是指完全且無法恢復之視力喪失。
- 「**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，聲帶全部切除或因腦部言語中樞神經的損傷而患失語症。
- 「**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肉瘤、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**」是指列於本保單的**保障權益表**內在**受保日期**內每項保障的最高賠償額。
- 「**醫療必需費用**」是指**受保人**所須支付了**合格醫生**、內或外科醫生、護士、**醫院**及/或救傷車服務的費用，包括藥費、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）。亦不包括本保單內第 2a 項「緊急醫療運送」及第 2b 項「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份費用，本公司則根據保單條款負責賠償剩餘的費用。
- 「**機會性感染**」包括但不限於肺囊菌肺炎、慢性腸炎之生物體、過渡性病毒或散佈性的真菌感染。
- 「**保額百分比**」是指保單第 1 項「人身意外保障」中之損害事項表中的保額百分比，用以計算保障之最高賠償。
- 「**受保日期**」是指對於此保單的保障列表上所開列之**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報酬的工作；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。
- 「**保障列表**」是指本保單其中一附頁名為「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**或其**直系親屬**於**受保旅程**開始前因任何**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)處方藥劑，或於**受保旅程**開始前內已患有任何**病徵**而導致向本公司索償的情況。
- 「**保額**」是指最高賠償額。
- 「**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**」是指保障列表中所名為的「保障權益表」，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**是指他們需要**合格醫生**診治，及證明會有生命危險及不適合旅行或繼續原定**受保旅程**；若套用於**受保人**的**直系親屬**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。
「恐怖分子」或恐怖組織成員是指作出，或企圖作出恐怖行為或協助作出恐怖行為的人及/或被有關政府或管理機構或委員會證實或認定或指稱為恐怖分子。
「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

- 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。
- 旅程必須由香港出發。若此保單為續保保單，此條件可被豁免。
- 若**受保人**為同一**旅程**購買多於一份由本公司承保的自願綜合保險，本公司只會根據可獲較高賠償額的一份保單作出賠償。
- 此**保單**只適用於工作假期，而不適用於探險跋涉或類似**旅程**。
- 如**受保人**蓄意隱瞞或提供錯誤的重要資料，此**保單**將在**生效日期**起便失效。

基本條款

1. 完整的保險契約

保障列表、**保險條文**及**條款**和**批註**(如有者)將構成完整的保險契約。**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

受保人必須為 18-31 歲及續保至 34 歲（必須得到本公司的同意）的香港合法居民及擁有由有關工作假期參與國家發出的工作假期簽證 或有關文件，工作假期參與國家名單可參閱 <http://www.labour.gov.hk/eng/plan/whs.htm> 網頁及不時更新。

3. 續保條件

如**受保人**欲想續保此保單，**受保人**必須於保單到期日前 30 天以書面形式通知本公司續保保單的意向。否則，該項申請將不被考慮。本公司有權拒絕續保或調整任何續保保單的條款和條件，包括收取的保費及提供的保障利益。當本公司收訖保費及發出續保確認通知後將構成其同意續保。

4. 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。

5. 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。

6. 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送達本公司；若**受保人**在合理情況下未能於此限內遞交證明文件，則須於合理時間內及事發日後 1 年內呈交。

7. 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。倘有合理之理由不能於本保單之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送出，則不會被認為放棄申請賠償權利。

8. 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。

9. 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送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。

10. 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繳之保費，**受保人**需以書面通知本公司有關之要求。賠償金之支付。

11. 保單終止

- 保單於以下情況終止：
 - 受保人**身亡；
 - 符合本保單第 1 項「人身意外保障」中「賠償」第 2 點所述的情況；
 - 受保日期**到期日；
 - 工作假期簽證到期日
- 本公司可隨時以書面形式投遞至保單持有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，本公司會按每日比例形式退還該年度剩餘之保費予保單持有人。此種解約並不影響任何已呈交之賠償申請。

若保單持有人取消保單，本公司將根據以下短期保費表計算在取消保單時已賺保費。

受保期間	退還保費給保單持有人
2個月(最低)	60%
3個月	50%
4個月	40%
5個月	30%
6個月	25%
超過 6個月	0%

如保單持有人可在**受保日期**前取消保單，並交回被拒發的工作假期簽證申請文件，保費可全部退還，但須支付 USD50 行政費給本公司。

12. 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。

13. 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。

14. 第三者權利

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。惟特此說明及同意只有本公司及於保障列表上列明的保單持有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。

15. 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。

16. 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。

17. 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。

18. 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香港法例所允許之期限，則將依法例延長至所容許之最低限度的期限。

19. 保單條款之遵從

倘**受保人**有違反本保單內所載的任何條款，所有賠償申請均不會被接納。

20. 保單詮釋

本保單受香港法例之約束。本保單所涉及之人士均同意服從香港法庭之裁決。

21. 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位於香港島東華蘭路 18 號港島東中心 7 樓的辦事處，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。任何的遺囑、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。

22. 私隱條例

受保人/保單持有人/申請人同意及確認：

- 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的個人資料，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、資料查對、處理索賠、調查、付償及行使代位權)；
- 美亞保險可使用**受保人**/保單持有人/申請人的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡**受保人**/保單持有人/申請人有關其它由 AIG 集團提供之保險產品(如美亞保險已獲**受保人**/保單持有人/申請人同意可如此使用其聯絡資料)；
- 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：
 - 提供有關本人/吾等保單管理服務的第三者(包括再保險公司)(如上(a)項所述)；
 - 財務機構，作處理此申請及收取保費(如上(a)項所述)；
 - 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)；
 - AIG 集團授權的市場推廣公司，以作直銷之用(如上(b)項所述)；
 - 其它在任何國家之 AIG 集團之成員公司，作上述(a)及(b)項所列明之用途；或
 - 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。
- 受保人**/保單持有人/申請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。

23. 筆誤

本公司的筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

此保險條文及條款的版權為美亞保險香港有限公司所有。未經美亞保險香港有限公司同意不得複製全部或部分保險條文及條款之內容。

(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)



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. 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.

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 Curtailment

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

Baggage and Personal Effects

(1) while the baggage or personal effects 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.

Travel Delay / Baggage Delay

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.

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院院，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. 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。

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。

提早結束旅程

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。

行李及個人物品

(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。

旅程延誤/行李延誤

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。

Address地址: 7/F, One Island East, 18 Westlands Road, Island East, Hong Kong

香港島東華蘭路18號港島東中心7樓

Enquiry Hotline 查詢電話: (852) 3666 7022

Claims Hotline 索償熱線: (852) 3666 7090

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. Loss 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 |



ENDORSEMENT / 附加批單

Please note that this Endorsement will attach to and form part of the **AIG Working Holiday Protection** Policy Wording.

For the purpose of this Endorsement, it is declared and agreed that:-

1. item 2 of GENERAL EXCLUSIONS of this Policy has been changed to read as follows and not as the original stated in the Policy:

2. any loss, Injury, damage or legal liability arising directly or indirectly from planned or actual travels in, to or through Cuba, Iran, Syria, North Korea, Crimea Region, Donetsk People's Republic (DNR) Region and Luhansk People's Republic (LNR) Region;

2. the following clauses have been added to the GENERAL EXCLUSIONS of this Policy:

20. any claim, loss, Injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, Crimea Region, Donetsk People's Republic (DNR) Region, and Luhansk People's Republic (LNR) Region;

All other terms, exclusions and conditions of this Policy remain unaltered.

請注意，本批單屬於保單之一部分並將附加于美亞工作假期保障計劃之保單條文及條款上。

本批單之目的，於此聲明及同意：

1. 保單內「主要不保項目」的第 2 項已修改為以下內容並與保單中原來的內容有所不同：

2. 已經計劃或實際在、前往或途經古巴、伊朗、敘利亞、北韓、克里米亞、頓涅茨克、盧甘斯克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；

2. 以下項目已附加於保單的「主要不保項目」內：

20. 古巴、伊朗、敘利亞、北韓、克里米亞、頓涅茨克、盧甘斯克的居民所蒙受或遭受的任何索償、損失、損害或法律責任；

保單的其他條款、條件及不保事項則維持不變。