



21/F, Cityplaza One
1111 King's Road,
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@general.com.hk
general.com.hk



ZA Bill Insurance

INSURANCE POLICY

(This Policy is issued by Assicurazioni Generali S.p.A. (Hong Kong Branch), an authorized insurer in Hong Kong, and arranged by ZA International Insurance Broker Limited.)

Please read this insurance carefully and ensure that it meets your requirements.

If you find anything missing or have any queries, please do not hesitate to contact your insurance adviser or our COMPANY.

The ZA Bill Insurance is an insurance contract between Assicurazioni Generali S.p.A. (hereinafter referred to as "the COMPANY") and the INSURED named in the Schedule. The contract is evidenced by this document and is hereinafter referred to as this Policy.

The Proposal, this Policy, the Schedule and any Endorsement or Memorandum hereon will be considered as one document and any word or expression to which a specific meaning has been attached in any of them will bear such meaning throughout. In this Policy, unless the context otherwise requires, the singular includes the plural and vice versa, and a reference to one gender includes a reference to the other genders.

The COMPANY will, in consideration of the payment of premium and subject to the terms, the exclusions and the conditions of this Policy (hereinafter referred to as "the Terms of this Policy"), indemnify the INSURED named in the Schedule in respect of the events (as specified herein) occurring during the Period of Insurance.

All periods of insurance shall begin at 12:00a.m., standard time, at the place where the Policy was issued and end in accordance with "General Conditions", Clause 3 - Termination of Coverage of this Policy.

Definitions

"Accident" means sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.

"Company" means Assicurazioni Generali S.p.A., Hong Kong Branch, issuing this Policy.

"Confinement" means an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition. Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

"Day of Confinement" means the number of days the Insured Person being charged for the room during hospitalization.

"Hospital" means an establishment which meets all the following requirements:

1. holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
2. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides 24-hour a day nursing service by registered or graduated nurses;
4. has a staff of one (1) or more licensed Registered Medical Practitioner(s) available at all times;
5. provides organized facilities for diagnosis and major surgical facilities; and
6. is not primarily a clinic, nursing, rest or convalescent home or similar establishment for only extended care services, including rehabilitation and is not, other than incidentally, a place for alcoholics or drug addicts.

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

"Injury" means bodily damage (with or without a visible wound) solely caused by an Accident independently of any other causes within 90 days following the Accident.

"Insured Person" means the person(s) insured and named in the Schedule of Benefits or subsequently endorsed hereon.

"Medical Services" means Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of an Injury, including any and all complications arising therefrom.

"Medically Necessary" means shall mean the need to have medical service for the purpose of investigating or treating the relevant Injury in accordance with the generally accepted standards of medical practice and such medical service must –

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Injury;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of this Policy, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

- (i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
- (ii) surgical procedures are performed under general anaesthesia;
- (iii) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
- (iv) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the

- Insured Person is appropriate for the medical service concerned; and/or
- (v) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (iii) to (v) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement -

1. is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
2. is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered

“Policy” means this Policy and any other documents referred to in Clause 1 of “General Conditions” herein.

“Policyholder” means an institution or a person is an applicant of the Policy named in the Schedule of Benefits as Policyholder, is responsible for the payment of premium for this Policy and has completed an application form incorporating premium deduction authority to the Company’s satisfaction.

“Pre-existing Condition” means, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Period of Insurance of this Policy. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where –

- (a) it has been diagnosed; or
- (b) it has manifested clear and distinct signs or symptoms; or
- (c) medical advice or treatment has been sought, recommended or received.

“Registered Medical Practitioner” means any person qualified by degree in western medicine and legally authorized by the government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is the Insured Person, the Policyholder, an insurance intermediary, employer, employee, Immediate Family Member or business partner of the Policyholder and/or Insured Person (unless approved in advance by the Company in writing) .

“Sickness” or “Disease” means a physical or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occurs to the Insured Person and whether or not any diagnosis is confirmed.

“Sum Insured” means the amount of sum insured as stated in the Schedule of Benefits.

“War” means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

What is Covered

Section 1: Utility Benefit (Accident only)

If the Insured person sustains an Injury during the Period of Insurance that necessarily confines him/her in a Hospital for more than three (3) consecutive days, the Company will pay the Sum Insured of Utility Benefit (Accident Only) stated on the Policy Schedule as long as the first day of Hospital Confinement is within the Period of Insurance.

Section 2: Utility Benefit (Sickness or Disease)

This section is an optional cover of this Policy and is operative only if specified in the Schedule on payment of extra premium.

If the Insured person suffers a Sickness or Disease that necessarily confines him/her in a Hospital for more than three (3) consecutive days, the Company will pay the Sum Insured of Utility Benefit (Sickness or Disease) stated on the Policy Schedule as long as the first day of Hospital Confinement is within the Period of Insurance.

For each Hospital Confinement, only either Section 1 or Section 2 will be payable. There is no circumstance where both Sections will be payable. [For the avoidance of doubt, in the event a hospital confinement involves both an accident and sickness, the insured shall be eligible for only one payment of Utility Benefit, under either section (1) or (2) as set out above.

This Policy will immediately terminate when the total claim payable from this Policy in any policy year reaches the Maximum Benefit Amount stated on the Policy Schedule.

What is not covered (Exclusions)

The Company will not pay the Utility Benefit (Accident Only) or Utility Benefit (Sickness or Disease) of this Policy for loss or liability caused by or resulting from any or more of the following:

1. Any confinement that started before the Period of Insurance;
2. Any Sickness or Disease of which its signs or symptoms first occur within 15 days after this Policy is effective or issued, whichever is later;
3. Any Pre-existing Condition;
4. War, invasion, act of foreign enemy, hostilities, or any warlike operations (whether war be declared or not), Civil War, revolution, rebellion, insurrection, military or usurped power direct participation in a riot, strike, civil commotion;
5. ionising, radiation or contamination by radioactivity from any nuclear fuel, from any nuclear waste, from the combustion of nuclear fuel or from any nuclear weapons material;
6. violation or attempted violation of the law or resistance to arrest;
7. (only applicable to Section 1) While the Insured Person is serving on full time active duty in any disciplinary forces, armed force, naval, military or air force service or operations; any flying service;
8. (only applicable to Section 1) flying or taking part in any other aerial activities except whilst traveling as a passenger in, boarding or alighting from a licensed aircraft and not as pilot or aircrew nor for the purpose of any trade or technical operation in or on the aircraft;
9. suicide, attempted suicide or intentional self inflicted injury while sane or insane;
10. childbirth, miscarriage, abortion, birth control, infertilization or pregnancy notwithstanding that such event may have been accelerated or induced by injury;
11. psychosis, sleep disturbance disorder, mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complications arising there from or from any drug accident;
12. the influence of alcohol or any non-prescribed drug;
13. cosmetic, plastic or any elective surgery, congenital disease or anomalies;
14. dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) or Sickness or Disease to sound and natural teeth;
15. (only applicable to Section 1) any kind of Sickness or Disease; or any loss caused by an Injury which is a consequence of any kind of Sickness or Disease;
16. (only applicable to Section 1) engaging in a sport in a professional capacity or where You would or could earn income or remuneration from engaging in such sport, racing of any kind (except on foot) or mountaineering and competition;
17. (only applicable to Section 1) testing of any kind of conveyance;
18. (only applicable to Section 1) engaging in climbing or mountaineering necessitating the use of ropes or guide, hang-gliding or parachuting;
19. general or health check-up, convalescence, extended care services including rehabilitation, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary.

Conditions for making a claim

To file a claim with us, you have to provide the following:

- Hospital bills / discharge slip with details showing number of days the room & board charges are billed and doctor's medical report / certification of the diagnosis of the hospitalisation.
- Any other documents/information/self declaration in support of the claim, to the satisfaction of the Company.

Medical reports, and all proof of loss as required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe.

Claims form will be made available to you upon request. All claims need to be reported to us within 1 month from the date of discharge. Failure to furnish such proof within the specified time frame shall not invalidate any claims if it was not reasonably practicable to provide proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time when such proof is otherwise required.

General Conditions

- 1) The Policy, Schedule of Benefits, proposal form/application, riders, amendments and attachments (if any) constitute the entire contract of insurance. No alteration in the terms of this Policy and any attachments shall be valid unless endorsed hereon and signed by an officer or duly authorized attorney of the Company for this purpose appointed.
- 2) **Age Limit:** The insurance under this Policy shall only cover up to sixty-five (65) years old.
- 3) **Termination of Coverage:**

- a. This Policy will be terminated:
 - when premium is not paid when due;
 - when the total claim payable from this Policy in any policy year reaches the Maximum Benefit Amount stated on the Policy Schedule; or
 - when there is any fraud, misstatement, non-disclosure or concealment in respect of this Policy or any claim hereunder shall render this Policy null and void immediately. All the premiums paid and claims under this Policy shall be forfeited.
- b. The individual coverage for the Insured Person will be terminated:
 - on next premium due date when the Insured Person no longer fulfills the eligibility as stated under "Clause (2) – Age limit" of "General Conditions";
- c. The Company may cancel this Policy by giving seven (7) days notice to the Policyholder by sending to his last known contact; and the Company making to the Policyholder a return of premium proportionate to the unexpired part of the Period of Insurance. This Policy may be canceled at any time by the Policyholder on seven (7) days notice to the Company and in such event the Policyholder shall not be entitled to any return of premium.

SHORT RATE TABLE

Covered Period	Charged Percentage of
2 months (minimum)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

- 4) **Misstatement of Facts:** If any relevant facts pertaining to any person to whom insurance under this Policy relates shall be found to have been incorrectly reported to the Company, and if such misstatement affects the existence or the amount of insurance, the true facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.
- 5) **Limitation of Time for Bringing Suit:** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of two (2) years after the time written proof of loss is required to be furnished.
- 6) **Assignment:** No notice of assignment of interest under this Policy shall be binding upon the Company. The Company does not assume any responsibility for the validity of an assignment. No provisions of the Company's charter, constitution or by-laws shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy
- 7) **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
- 8) **Renewal:** This Policy will be renewed from the anniversary date with the consent of the Company by payment of premium in advance at the Company's premium rate in force at the time of renewal. However, the Company's reserve the rights to make adjustment on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at the Company's discretion.
- 9) **Reinstatement of Policy:** If this Policy lapses due to non-payment of premiums, it may be reinstated with the Company's approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and Pre-existing Condition should re- apply as if the Policy commenced on such reinstatement date.
- 10) **Fraudulent Claims:** If the claim in any respect be fraudulent or if any fraudulent means or devices be used by the Insured Person or the Policyholder, or anyone acting on the aforementioned's behalf to obtain any benefit under this Policy, all benefits in respect of such claims shall be forfeited
- 11) **Governing Law:** The terms and conditions of this Policy shall be construed and governed in accordance with the laws of the Hong Kong Special Administrative Region.
- 12) **Jurisdiction:** Each of the parties to this Policy agrees that the courts of Hong Kong shall have exclusive jurisdiction to hear and decide any action or proceedings, and/or to settle any disputes, which may arise out of or in connection with this Policy or its formation or validity and, for these purposes, each party submits to the jurisdiction of the courts of Hong Kong.
- 13) **Contracts (Rights of Third Parties) Ordinance:** Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.
- 14) **Sanction Clause:**
The Insurer shall not be deemed to provide cover and 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 insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade, economic or financial sanctions, laws or regulations of, but without limitation, the European Union, United Kingdom, United States of America, Hong Kong or any other applicable country or territory.

This Policy excludes the provision of any insurance service, coverage or any benefit in connection with loss, damage or liability resulting from activities that directly or indirectly, involve or benefit the government of Crimea, Democratic People's Republic of Korea, Iran, Syria, Cuba and Venezuela, or persons of entities resident or located in Crimea, Democratic People's Republic of Korea, Iran, Syria, Cuba and Venezuela. However, this exclusion shall not apply to activities carried out, or service provided, in an emergency for the purposes of safety and/or security or where the related risk has been notified to the insurer and the insurer has confirmed cover for the respective risk in writing.

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the “**COMPANY**”) with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the **COMPANY**, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **COMPANY** by you is voluntary. However, failure to supply the **Personal Data** may result in the **COMPANY** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **COMPANY**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows:
- i) processing your insurance application, arranging and executing insurance contract, and managing your account with the **COMPANY**
 - ii) customer services and other related activities;
 - iii) conducting data matching procedures;
 - iv) designing insurance and/ or related products and services for customers’ use;
 - v) marketing insurance and/ or other related products and services of the **COMPANY** and/ or its parent company and group companies (hereinafter referred to as the “**Group Entities**”);
 - vi) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **COMPANY** at any time;
 - vii) statistical or actuarial research of the **COMPANY**, its **Group Entities**, insurance industry associations or federations, governments and/ or regulatory entities;
 - viii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **COMPANY** and/ or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and
 - ix) fulfilling any other purposes directly relating to (i) to (viii) above.
- d) The **Personal Data** held by the **COMPANY** shall be kept confidential, but the **COMPANY** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related:
- i) intermediaries, claims service providers, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **COMPANY** in connection with the operation of its business;
 - ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;
 - iii) overseas locations, as appropriate, of the **COMPANY** and/ or its **Group Entities**;
 - iv) persons to whom the **COMPANY** and/ or its **Group Entities** are under an obligation to make disclosure under the requirements as mentioned in (c) (viii);
 - v) any court, government or regulatory entity (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **COMPANY** and/ or its **Group Entities**;
 - vi) lawful successors or assigns of the **COMPANY**; and
 - vii) persons who owe a duty of confidentiality to the **COMPANY** and/ or its **Group Entities**.
- e) The **COMPANY** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance:
- i) any individual has the right to:
 - A) check whether the **COMPANY** holds data about him/ her and, if so, obtain a copy of such data;
 - B) require the **COMPANY** to correct any data relating to him/ her that is inaccurate; and
 - C) ascertain the **COMPANY**’s policies and practices in relation to data and to be informed of the kind of data held by the **COMPANY**; and
 - ii) the **COMPANY** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer,
Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable)
21/F, Cityplaza One, 1111 King’s Road, Taikoo Shing, Hong Kong.



香港英皇道1111號
太古城中心一期21樓
電話 +852 2521 0707
傳真 +852 2521 8018
info@generali.com.hk
generali.com.hk



ZA賬單保

保單

(本保單由忠意保險有限公司(香港分行)(本港獲授權的保險公司)發出，並由眾安國際保險經紀有限公司安排。)

請仔細閱讀本保單，並確保其符合閣下的要求。

倘若閣下發現本保單缺失任何內容或有任何疑問，請立即聯絡閣下的保險顧問或本公司。

ZA賬單保乃忠意保險有限公司(下文簡稱「本公司」)與保單承保表內指名的受保人之間的保險合約。該合約以本文件作證明，並在下文簡稱「本保單」。

投保書、本保單、保單承保表及任何本保單中的批註或備忘將被視為一份文件，而任何前述文件內具有特定含義的用詞或表述在所有文件中均具有該等含義。在本保單中，除非文意另有所指，否則單數用詞包括複數含義，反之亦然，具某種性別含義的詞語亦包括其他性別。

保單代碼：ZAU / 202008

 Be different, together 

作為受保人繳交保費的對價，在本保單條款、條件及不受保範圍條款（下文統稱「本保單條款」）規限下，本公司將就受保期內發生的事件（如本保單所指定的事件）彌償保單承保表內指名的受保人。

受保期將起始於發出本保單所在地的標準時間上午十二時，並根據本保單「一般條件」第3條-保障終止中的規定終止。

定義

「意外」指因暴力、外在及肉眼可見因素引致並且完全非受保人所能預見及控制的突發事故。

「公司」指發出本保單的忠意保險有限公司（香港分行）。

「住院」指受保人在醫療所需的情況下，按註冊醫生的建議以住院病人身份入醫院以接受醫療服務。住院必須以醫院開出的每日病房收費單據作證明，且受保人必須在整個住院期間連續留院。

「住院天數」指受保人在住院期間被收取病房費用的天數。

「醫院」指滿足以下所有條件的機構：

1. 持牌醫院（若所在國家或政府司法管轄區規定領有牌照）；
2. 主要業務為接受患病、染恙或受傷人士住院及為其提供醫療護理服務；
3. 駐有註冊護士或合格護士每日24小時提供看護服務；
4. 有一(1)名或以上持牌註冊醫生時刻駐院；
5. 提供有系統的設施進行醫學診斷及大型外科手術；及
6. 主要業務並非診所、護理院、休養或療養院或只為提供延伸護理服務包括康復服務的同類機構，亦非為酗酒或吸毒人士提供治療的地方，除非機構剛好捎帶為酗酒或吸毒人士提供治療的地方。

「直系親屬」指受保人的配偶、父母、配偶父母、祖父母、子女、繼子女、兄弟姊妹、孫兒女或合法監護人。

「損傷／受傷」指在意外發生後90日內，完全因意外而非涉及任何其他原因所引致的身體損害（包括肉眼可見或非肉眼可見的傷口）。

「受保人」指保障金額表中列明保障的或隨後批註內註明為受保人的人士。

「醫療服務」指醫療所需服務，包括按情況所需的住院、治療、程序、檢測、檢查或為損傷（包括由該損傷引致的任何及所有併發症）作檢查或治療的其他相關服務。

「醫療所需」指按照一般公認的醫療標準，就檢查或治療相關損傷而接受醫療服務的需要，而該等醫療服務必須符合下列條件：

- (a) 需要註冊醫生的專業知識或轉介；
- (b) 符合醫療診斷及為檢查與治療該損傷所需；
- (c) 按良好而審慎的醫療標準提供，而非主要為受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
- (d) 在環境最適當及符合一般公認的醫療標準的設備下提供；及
- (e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

就本保單而言，在不損害前述條文的一般性原則的前提下，符合醫療所需條件的住院情況包括但不限於以下例子：

- (i) 受保人因急症需要在醫院接受緊急治療；
- (ii) 手術是在全身麻醉下進行；
- (iii) 主診註冊醫生考慮到受保人的個人情況下，經審慎的專業判斷後，認為為受保人安全，醫療服務應在醫院內進行；
- (iv) 經主診註冊醫生審慎的專業判斷，住院時間對於受保人接受的醫療服務來說是合適的；及／或
- (v) 如屬註冊醫生指示的診斷程序或專職醫療服務，經該註冊醫生審慎的專業判斷後，認為為受保人安全，該等程序或服務應在醫院內進行。

在上文(iii)至(v)的情況下，主診註冊醫生行使審慎的專業判斷時，應該考慮該住院是否：

1. 按照當地良好及審慎的醫療標準提供該醫療服務，且經主診註冊醫生審慎的專業判斷，並非主要為受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適的環境而提供；及
2. 在環境最適當及符合當地一般公認的醫療標準的設備下，提供該醫療服務。

「保單」指本保單以及本保單「一般條件」第1條中提述的其他文件。

「保單持有人」指本保單申請人，於保障金額表內列名為本保單持有人的機構或人士，其有責任支付本保單的保費，並填妥將保費扣除權限納入其中的申請表且令本公司信納。

「投保前已存在之狀況」指受保人於本保單受保期前已存在的任何不適、疾病、損傷、生理、心理或醫療狀況或生理機能退化，包括先天性疾病。在以下情況發生時，一般審慎人士理應察覺到投保前已存在之狀況：

- (a) 病症已被確診；或
- (b) 病症已出現清楚明顯的病徵或症狀；或
- (c) 受保人已尋求、獲推薦或接受病症的醫療建議或治療。

「註冊醫生」指已獲取西方醫學學位，並獲得在其執業的地區之政府批准提供醫療服務及常規服務的任何人士，惟該註冊醫生不得為受保人、保單持有人、保險中介人、保單持有人及／或受保人的僱主、僱員、直系親屬或業務夥伴（除非事先經本公司書面批准）。

「不適」或「疾病」指正常健康狀態因受到病理偏差而出現的生理或醫療狀況，包括但不限於受保人出現病徵或症狀的情況，亦不論受保人是否已被確定診症。

「保障額」指保障金額表中規定的保障額。

「戰爭」指戰爭（不論宣戰與否）或任何類似戰爭的行動，包括任何主權國家使用軍事力量以達致經濟、地緣、民族、政治、種族、宗教或其他目的。

保障範圍

第1節：開支保障（只限意外事故）

倘受保人因在受保期內受傷而需要連續住院三(3)日以上，只要住院首日在受保期內，本公司將支付保單承保表中規定的開支保障（只限意外事故）的保障額。

第2節：開支保障（不適或疾病）

本節內容是本保單的自選性投保項目，僅在保單承保表中指明並繳交額外保費時才有效。

倘受保人因不適或疾病而需要連續住院三(3)日以上，只要住院首日在受保期內，本公司將支付保單承保表中規定的開支保障（不適或疾病）的保障額。

每次住院，本公司只會支付第1節或第2節規定的開支保障，不存在同時支付該兩節開支保障的情況。為免生疑問，若住院原因同時涉及意外與不適，受保人僅有資格獲得上述第(1)節或第(2)節其中之一規定的一筆開支保障。

當本保單於任何保單年度的應付索償總額達到保單承保表規定的最高保障額時，本保單將立即終止。

不承保範圍（不保事項）

對於因以下任何或多個原因引起或造成的損失或法律責任，本公司概不支付本保單的開支保障（只限意外事故）或開支保障（不適或疾病）：

1. 受保期前開始的任何住院；
2. 本保單生效或發出後15日內（以較遲者為準）首次出現病徵或症狀的任何不適或疾病；
3. 任何投保前已存在之狀況；
4. 戰爭、入侵、外敵行為、敵對行動或任何類似戰爭的行動（不論宣戰與否）、內戰、革命、叛亂、起義、軍事或篡奪權力導致的參與暴動、罷工、民眾騷亂；
5. 來自任何核燃料、核廢料、核燃料燃燒或任何核武器材料的放射活動所導致的電離輻射或污染；
6. 違反或意圖違反法律或拒絕逮捕；
7. （僅適用於第1節）受保人在任何紀律部隊、武裝部隊、海軍、軍事或空軍部隊或行動隊、任何飛行服務隊全職現役期間；
8. （僅適用於第1節）飛行或參加其他航空活動，除非是以乘客身份乘坐或上落持牌飛機而非作為飛行員或機組人員，亦非出於飛機內或飛機上的貿易或技術操作目的；
9. 在理智或精神錯亂時自殺、試圖自殺或蓄意自我傷害；
10. 分娩、流產、墮胎、節育、不孕或懷孕，儘管該等事件可能因受傷加劇或造成；

11. 精神病、睡眠障礙、精神或神經失調、治療酗酒、藥物濫用或因意外用藥引起的其他併發症；
12. 酒精或任何非處方藥的影響；
13. 美容、整形外科或任何非急手術、先天性疾病或異常；
14. 牙科護理或手術，但因意外或不適或疾病損害自然健康牙齒而必須進行的牙科護理或手術則不在此限（不包括假牙及相關開支）；
15. （僅適用於第1節）任何不適或疾病；或由任何不適或疾病導致受傷所造成的任何損失；
16. （僅適用於第1節）以專業人士身份參加某項運動，或者閣下會或可以透過參加該項運動、任何形式的競賽（徒步除外）或登山及比賽而賺取收入或報酬；
17. （僅適用於第1節）測試任何類型的運輸工具；
18. （僅適用於第1節）參加需要利用繩索或指南為輔助工具的攀岩或登山、懸掛式滑翔或跳傘；
19. 常規或健康檢查、療養、延伸護理服務（包括康復、看護或靜養療法）、疫苗接種及免疫注射、與治療或診斷實際殘疾無關的檢測，或任何非醫療所需之治療。

提出索償的條件

如要向本公司提出索償，閣下必須提供以下證明：

- 包含收取病房及膳食費用之天數詳情的醫院賬單／出院紙以及醫生的醫療報告／住院診斷證明。
- 令本公司信納之支持索償的任何其他文件／資料／自我聲明。

本公司所需的醫療報告及所有損失證明，須依據本公司所定之形式及性質提交，且所有費用需由索償人承擔。

索償申請表將應要求提供給閣下。所有索償需要在出院之日起1個月內申報本公司。倘有合理的緣由不能於此限期內將有關證明文件送交本公司，但閣下已盡可能於限期後立即送出，且送交日期不超過由本公司需要該有關證明文件起計一百八十(180)日，則不會被視為放棄申請索償的權利。

一般條件

- 1) 本保單、保障金額表、投保書／申請、附文、修改及附件（如有）構成整份保險合約。除非經批註並經本公司人員或為此而任命的本公司正式授權人士簽署，否則不得改動本保單及任何附件的條款。
- 2) **年齡限制：**本保單項下保險承保的年齡以六十五(65)歲為限。
- 3) **保障終止：**
 - a. 本保單將在下列情況下終止保障：
 - 保費逾期未繳；
 - 本保單於任何保單年度的應付索償總額達到保單承保表規定的最高保障額；或
 - 倘本保單或本保單項下任何索償中存在任何欺詐、錯誤陳述、不披露或隱瞞，本保單須即時宣告無效，而根據本保單支付的所有保費及索償會被沒收。
 - b. 受保人的個別保障將在以下情況終止：
 - 當受保人不再符合「一般條件」「第(2)條—年齡限制」所述的資格，其個別保障將於下一個保費到期日終止；
 - c. 本公司可透過向保單持有人以本公司最後知道的聯絡方式發出七(7)日通知，並且在本公司向保單持有人退還與保期未到期部分成比例的保費後，撤銷本保單。保單持有人向本公司發出七(7)日通知後可隨時撤銷本保單，在該情況下，保單持有人無權獲得任何保費退款。

短期費率表

受保期	收費百分比
2個月（最少）	40%
3個月	50%
4個月	60%
5個月	70%
6個月	75%
6個月以上	100%

- 4) **錯誤陳述事實：**若發現本保單項下保險所涉及人士的任何相關事實被錯報給本公司，而該錯誤陳述影響保險的存在或金額，本公司會根據真確的實情確定在本保單的條款下保險是否有效及具體保險金額。
- 5) **提起訴訟的時間限制：**依據本保單的要求提供書面損失證明後滿六十(60)日之前，不得在法律上或衡平法上提出訴訟以就本保單作出追討。本保單要求提供書面損失證明之日起計滿兩(2)年後，不得提起該等訴訟。
- 6) **轉讓：**本保單項下權益的轉讓通知對本公司不具約束力。本公司對轉讓的有效性概不承擔任何責任。本公司約章、章程或細則的任何條文均不得用於就根據本保單提起的任何索償進行抗辯，除非該條文已被完全納入本保單。
- 7) **保單條文之遵守：**若閣下未能遵守本保單所載的任何條文，本保單項下所有索償將會失效。
- 8) **續保：**經本公司同意，透過按續保時有效的本公司保費費率預先支付保費，本保單可從屆滿一年之日起續期。然而，本公司保留對本保單的保費費率、保障、條款及條件進行調整的權利，本公司亦可行使酌情權不邀請續保。

保單代碼：ZAU / 202008

 Be different, together

- 9) **保單復效**：倘保費逾期未繳以致本保單失效，經本公司批准後本保單或可復效。然而，對於在本保單失效期間發生的可能引致本保單項下索償的任何事件，本公司概不支付任何保障，投保前已存在之狀況會重新適用，猶如保單於復效日開始一樣。
- 10) **欺詐性索償**：若索償在任何方面具有欺詐性，或者受保人或保單持有人或代其行事的任何人士使用任何欺詐性方式或手段獲得本保單項下任何保障，該索償涉及的所有保障將一概被沒收。
- 11) **管轄法律**：本保單條款及條件受香港特別行政區的法律管轄及按其詮釋。
- 12) **司法管轄權**：本保單各方均同意，香港法院具有專屬司法管轄權，以審理及裁定任何因本保單或其形成或其有效性產生或與之相關的訴訟或法律程序，及／或解決因此產生或與之相關的任何爭議，且就該等目的而言，各方接受香港法院的司法管轄權管轄。
- 13) **《合約（第三者權利）條例》**：非本保單一方的任何人士或實體無權根據《合約（第三者權利）條例》（香港法例第623章）強制執行本保單的任何條款。
- 14) **制裁條款**：
若提供本保單項下任何保障、支付有關索償或提供有關利益會令本公司抵觸聯合國決議案的任何制裁、禁制或限制，或歐盟、英國、美國或香港或其他適用的國家或地區的貿易、經濟或金融制裁、法律或規例，則本公司不得被視作為承保本保單，且亦無須就有關索償作出任何賠償或提供任何利益保障。

本保單不會對直接或間接涉及或受惠於克里米亞、朝鮮民主主義人民共和國、伊朗、敘利亞、古巴和委內瑞拉政府或於上述地區居住或逗留的人士或實體之活動所造成的損失、損害或法律責任，提供任何保險服務、保障或任何利益。但是，此排除不適用於出於安全和/或保安目的而在緊急情況下進行的活動或提供的服務，或已將相關風險通知本公司且本公司已書面確認承保相關風險的情況。

收集個人資料聲明

- a) 閣下須要不時向忠意人壽（香港）有限公司／忠意保險有限公司香港分行〔如適用〕（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及／或相關產品與服務，處理經由**本公司**發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向**本公司**提供**個人資料**的。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及／或相關產品與服務，處理經由**本公司**發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) **個人資料**可被用於以下用途：
- i) 處理閣下的保險申請，安排並執行保險合約，並管理閣下在**本公司**的賬戶；
 - ii) 客戶服務及其他相關活動；
 - iii) 進行資料核對程序；
 - iv) 設計保險及／或相關產品與服務供客戶使用；
 - v) 推銷**本公司**及／或本母公司及本集團的公司（下文合稱為「**集團實體**」）的保險及／或相關產品與服務；
 - vi) 就閣下事前訂明的允許（如有）約束之下，直接促銷保險及／或其他相關產品與服務，而閣下可在任何時間知會**本公司**以行使撤回允許的權利；
 - vii) **本公司**、本**集團實體**、保險業協會或聯會、政府部門及／或監管機構的統計或精算研究；
 - viii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及**本公司**及／或本**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及
 - ix) 實現與上述（i）至（viii）直接有關的任何其他用途。
- d) 由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及／或該等**個人資料**所涉及的任何其他有關人士：
- i) 與**本公司**的業務營運相關的中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、業務夥伴及／或任何其他有關各方，以適用者為準，向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務；
 - ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；
 - iii) **本公司**及／或本**集團實體**的海外辦事處，以適用者為準；
 - iv) 根據上述(c) (viii)的規定，**本公司**及／或本**集團實體**須向其作出披露的人士；
 - v) 根據任何法律約束之下，**本公司**及／或本**集團實體**須向其提供資料的任何法院、政府部門或監管機構（包括但不限於稅務局、保險業監管機構等）；
 - vi) **本公司**的合法繼承人或受讓人；及
 - vii) 對**本公司**及／或本**集團實體**負有保密責任的人士。
- e) **本公司**可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。
- f) 根據《個人資料（私隱）條例》：
- i) 任何人士均有權：
 - A) 查詢**本公司**有沒有持有其資料，如有的話，可取得一份該等資料；
 - B) 要求**本公司**改正其任何不正確的**個人資料**；及
 - C) 查明關於**本公司**的個人資料政策和處事常規，並可獲通知有關**本公司**所持個人資料的種類；及
 - ii) **本公司**有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及／或改正個人資料及／或查詢關於**本公司**的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

個人資料保護主任

忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行〔如適用〕

香港英皇道1111號太古城中心一期21樓