

## 團體醫療福利計劃 Group Medical Insurance Scheme

City University of Hong Kong For Non-local Students

保單號碼 Policy No.: GM-88000993

承保者 Underwritten by 忠意保險有限公司(香港分行) Assicurazioni Generali S.p.A. – Hong Kong Branch

## (A) INTRODUCTION

(甲) 序言

This leaflet presents general information on the Group Medical Insurance Scheme (the "Scheme") offered by **City University of Hong Kong** ("the Policyholder") for all eligible Non-local Students ("Insured Member").

If there are any queries relating to the Scheme, please contact the Generali's Medical Claims Service Hotline at (852) 3187 6831.

本單張闡述由 City University of Hong Kong ("保單持有人") 為合資格 Non-local Students ("受保成員") 所設立之團體醫療福利計劃的簡介。如對本計劃有任何疑問,請致電忠意保險賠償服務熱線 (852) 3187 6831 查詢。

Policy Effective Date: 20 August 2021 保單計劃生效日期: 2021 年 8 月 20 日

## Coverage Scope 保障範圍

This Scheme provides 24 hours worldwide coverage, except the Sanction Countries. Please refer to Section F for details.

此計劃提供二十四小時世界性保障,但不包括被制裁國家。詳情請參閱己部。

## Eligibility 參加資格

All members aged below 65 are eligible to participate in the Scheme on the first day of arrival in Hong Kong.

所有成員年齡在六十五歲以下均可於到港當日即時參加此計劃。

### Termination 保障終止

Coverage will terminate automatically upon the occurrence of the following events. (whichever is the earliest):

- 1. Termination of Policy;
- 2. The student is no longer a student of City University of Hong Kong;
- The end of the Policy Year during which the age of Insured Member reached 75 years old.

保障將於下列情況下終止(以最早者為準):

- 1. 保單終止;
- 2. 受保成員不再是香港城市大學的學生;
- B. 受保成員於計劃年度末,已年屆 75 歲。

## (B) BENEFITS

(乙) 福利

## **Group Medical Insurance**

Group Medical Insurance includes Hospitalization & Surgical and Voluntary Top-up Outpatient Benefits. Please refer to the "Schedule of Benefits" for details.

## 團體醫療保障

團 體醫 療 福 利 計 劃提供住院及自選額外福利之門診保障。住院及自選額外門診保障之福利詳情,請參閱福利賠償表。

## **Emergency Assistance Benefit**

In case of an emergency in overseas, and prior to taking personal action, where reasonable, the Insured Member or their representative should make a call to Europ Assistance ("EA") at (852) 8109 2883 to request the following services / emergency assistance. EA provides 24 hours service a day.

Provide below information for verification:

- 1. Insured Member's name, the name insurance company, Generali and Insured Member's company name;
- Insured Member's exact location and the contact telephone number where EA can reach them or their representative; and
- 3. A brief description of the accident and nature of help required.

本單張僅作參考,任何條款及各項福利之闡釋或應用,均摘錄於受保成員的僱主與忠意保險有限公司(香港分行)所簽訂的保單內,並以忠意保險有限公司(香港分行)的最後決定為準。



EA provides following services / emergency assistance:

- 1. Emergency Medical Evacuation
- 2. Emergency Medical Repatriation
- 3. Repatriation of Mortal Remains

## 緊急醫療護送及遺體運返

「優普旅行援助」於全年三百六十五天(或閏年三百六十六天),每天二十四小時為在境外旅行或公幹的受保成員提供緊急支援服務。受保成員如有需要,可致電(852)8109-2883,提供以下所需個人資料及要求「優普旅行援助」提供以下支援服務。「優普旅行援助」會因應個別情況及保障範圍而提供協助。

## 所需要的個人資料,如:

- 1. 受保成員姓名、保險公司名稱(忠意保險)及受僱公司名稱;
- 2. 可聯絡受保成員/代理人聯絡電話;
- 3. 受保成員/代理人的確實位置;
- 4. 簡單講述意外情況及所需要的援助。

## 「優普旅行援助」提供以下支援服務:

- 緊急醫療護送
- 2. 緊急醫療護送回國
- 3. 遺體運送回國

## (C) CLAIMS PROCEDURES

## (丙) 索償程序

## **Group Medical Claims**

The Insured Member has to submit their hospitalization claims to the Insurance Company within 90 days from the date of consultation / discharged from the hospital. Outpatient claims should be submitted to the Insurance Company within 90 days from the date of consultation. Reimbursement cheque and Claim Settlement Notice will be issued to Insured Member via his/her correspondence address as specified in the claim form by Hong Kong Post. If the Insured Member have any claims enquires, please contact Generali's medical claims hotline at (852) 3187 6831 or email medicalcs@generali.com.hk. If the Insured Member has provided his/her email address to the Insurance Company, he/she may visit our online platform, http://mygenerali.com.hk/wecare for the online services including Online Search of download claim forms and e-claims inquiry.

## 團體醫療保障賠償

受保成員的住院賠償申請需於診症後或出院後九十天內交回保險公司。而門診賠償申請亦需於求診後九十天內交回保險公司。賠償款項及賠償通知書將會以支票形式發放,並以郵寄方式寄往賠償申請表上所註明之地址。如有任何疑問,可致電忠意保險醫療賠償熱線 (852) 3187-6831 或電郵至 medicalcs@generali.com.hk\_查詢。如受保成員已提供電郵給本公司,歡迎閣下瀏覽我們的網頁 http://mygenerali.com.hk/wecare 以使用「We Care 網上服務」,當中包括線上下載賠償申請表格及查詢賠償記錄。

## **Hospitalization Claim**

- The Insured Member is required to settle all payment(s) first and obtain the original bills, receipts and account statements from the attending doctor and/or hospital with precise details of the diagnosis and treatment of the sickness.
- 2. Submit the original documents together with a duly completed hospitalization claim form (completed by insured member and attending doctor) to Generali Insurance EB Claims Department within 90 days from the date of discharge from hospital for reimbursement.
- 3. For hospitalization in Hong Kong Hospital Authority Hospital, please submit the claim together with Discharge Summary (for replacement of Part B of the Hospitalization Claim Form) that issued at the ward.
- 4. Please keep a copy of receipts and medical reports for your own record.

## 住院賠償

- 1. 受保成員需先行繳付相關住院費用,並請向醫院取回住院單據及收據之正本,以 及由主診醫生及/或醫院負責人簽署並具有詳細病症資料之賬單。
- 2. 請將受保成員及其主診註冊醫生填寫完成的住院賠償申請表格,以及上述文件之正本,於出院後90天內一併號交給忠意保險-團體醫療賠償部。
- 3. 有關香港公立醫院的住院賠償,請在索償時遞交由醫院發出的出院紙(出院紙可用作取代住院賠償申請表格的乙部)。
- 4. 請緊記保留收據和醫療報告的副本,以便日後作參考用。



### **Outpatient Claim**

- 1. Please settle the bills first and obtain original receipts from the clinic. The following items must be shown clearly on the receipt:
  - Name of patient
  - Breakdown of medical charges
  - Date of consultation
  - Doctor's / Dentist's signature and stamp
  - Name of diagnosis
  - Name of operation performed (if applicable)
  - Referral letter (if applicable)
- 2. Please complete and forward the outpatient claim form with the original receipts to Generali Insurance EB Claims Department directly within 90 days from the date of consultation.
- 3. Please keep a copy of receipts and referral letter for your own record.

## 門診賠償

- 受保成員需要先行支付相關診症的費用,並向診所索取正本付款收據需同時附上正本處方)。收據上須寫上以下資料:
  - 病人姓名
  - 詳細列明各項診症的費用
  - 診症日期
  - 醫生 / 牙醫簽署及蓋印
  - 病症
  - 所施行的手術名稱(如適用)
  - 主診醫生轉介信(如適用)
- 2. 請於診症日期起計 90 天內,將已填妥的門診賠償申請表,連同以上 (i)項所述 的收據, 一併交回忠意保險 - 團體醫療賠償部。
- 3. 請緊記保留收據和推薦信的副本,以便日後作參考用。

## **Special notes for Group Medical Claims**

1. Generali will recover the medical cost from Insured Members through the policyholder in the event of improper use of any excluded services or any medical treatments received by the Insured Member which are exceeding the benefit limits stipulated in the group medical insurance benefit plan.

2. If you are going to seek the second claims from another insurance company, please indicate on the first page of claim form, so that Generali can return all original receipts to you after completion the claim.

### 有關團體醫療保障賠償之特別備註

- 如受保成員不當地使用有關醫療服務、治療並不在醫療保單的保障範圍內,忠 意保險將保留權利經保單持有人向受保成員追討有關費用。
- 若閣下擬向另一間保險公司申請第二次索償,請於賠償申請表上清楚列明,以 便忠意保險完成賠償後交回所有正本單據予閣下。

# (D) WE CARE ONLINE SERVICES (WEBSITE & MOBILE APP) (丁) WE CARE 網上服務 (網頁及手機程式)

If the Insured Member provided his/her email address to Generali, he/she could access Generali's online platform – *We Care*, which enables member to download claim forms & benefit schedule and view claim history and submit claims electronically (E-Claim Submission, if applicable).

User Guide (*We Care* Web and *We Care* App) is available in our *We Care* web link. We Care web link can be access through http://mygenerali.com.hk/wecare.

如受保成員已向忠意保險提供電郵地址,則可使用忠意保險的線上平台 - We Care 下載索償表格、福利賠償表、查閱理賠記錄及遞交電子索償(如適用)。

受保成員可透過忠意保險的線上平台下載相關的用戶指南作參考。如欲了解各項網上服務的詳情,請下載忠意保險的手機程式<u>"Generali We Care"</u>或登入http://mygenerali.com.hk/wecare 瀏覽。





## (E) GENERAL EXCLUSIONS

(戊) 主要不承保事項

## Group Medical Insurance 團體醫療保障

No benefit shall be payable for the following services, products or conditions: 以下服務、產品或情況,將不會獲得賠償:

1. Where the loss, costs or expenses is recoverable under any law, medical program, or other insurance policy provided by any government, company, other insurers or any other third party.

倘損失、成本或費用可根據任何法例、醫療計劃或其他保單,向任何政府、公司、其他保險公司 或任何其他第三者提出索償。

2. Treatment or tests which is not Medically Necessary; or purchase of drugs which are not prescribed by a Registered Medical Practitioner.

推行的治療或測試並非屬醫療必需,或並非經註冊醫生處方購買的藥物。

3. Confinement solely for the purpose of general checkup.

**純粹因接受一般身體檢查而住院。** 

4. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.

任何先天性疾患(疝氣、斜視及包莖除外)或成長障礙狀況或類近疾病的治療。

5. Expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) and its related Disability, including Acquired Immunization Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the effective date of coverage applicable to such Insured. For the purposes of this exclusion, an HIV related disability emerging within 5 years after the Policy Effective Date will be conclusively presumed to proceed from an HIV infection occurring prior to the effective date of coverage of the Insured.

直接或間接因後天免疫力缺乏症病毒及其有關的傷病而引致的費用,包括愛滋病及/或因愛滋病而引發的任何突變、衍生或變異,並因適用於受保人的保障生效日期前感染後天免疫力缺乏症病毒而病發。就本不保事項而言,於保單生效日期後五年內出現與後天免疫力缺乏症病毒有關的傷病,將推定為受保人於保障生效日期前已因受後天免疫力缺乏症病毒感染而病發。

6. Treatment or disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving whilst exceeding the prescribed alcohol limit, or venereal and sexually transmitted disease or its sequelae.

直接或間接由於或因為以下事項所引致的治療或傷病:濫用藥物或酒精、自我毀傷或企圖自殺、不法活動、飲用超過規定水平的酒精後駕駛,或經由性接觸傳染的疾病或其後遺症。

7. Any charges in respect of services for beautification purposes; cosmetic surgery; including related and associated medical conditions arising therefrom, hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by the Company), eye refraction including routine eye tests, fitting of spectacles or lens and any operational procedures and related services for the purpose of correcting visual acuity or refractive errors.

以美容為目的的任何服務費用;整形外科-包括因此而引致的有關及相關醫療狀況;聽力測試;例行血液測試;一般身體檢查;接種疫苗或防疫注射;頭髮重金屬元素分析;服食燕窩、靈芝、人蔘及其他中醫專用補藥;健康補充品(除非獲本公司批准);眼折射測試包括例行視力測試、驗配眼鏡或貨片,以及任何為矯正視力準確度或折射不正而進行的任何手流流程序及相關服務。

8. Dental treatment and oral surgery except for emergency treatment arising from an accident received during confinement. Follow up treatment from such hospital confinement relating to dental treatment or oral surgery shall not be covered.

牙科治療及口腔外科手術,因意外而需在醫院接受的緊急治療除外。保障不包括因住院期間接受 有關牙科治療及口腔外科手術後的覆診治療。

9. All investigation, treatment, surgical procedure and counselling services relating to maternity and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; sexual dysfunction including but not limited to impotence, erectile dysfunction, pre –mature ejaculation regardless of cause.

與婦產及其併發症有關的所有檢查、治療、手術及諮詢服務,包括驗孕或其後的分娩、墮胎或流產;節育或恢復生育;兩性結紮;不育治療;性別轉換手術,包括體外受孕或以任何其他人工方法導致懷孕;性機能失調,包括但不限於任何原因導致的陽萎、不舉、早泄。

10. Purchase of artificial limbs, body organs and prosthetic devices including those prosthetic devices that are surgically implanted, and purchase or rental of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use.

購買義肢、移植器官及矯型裝置,包括經由手術植入體內的矯型裝置;及購買或租借耐用的醫療設備及儀器,包括但不限於輪椅、病床/傢俱、呼吸正壓機及面罩、氧氣及供氧機、洗腎機、運動設備、眼鏡、助聽器、特別支架、助行器、非處方藥物、空氣清新機或空調、暖爐或於受保人家居進行的改動。



11. Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric condition of any and all kinds, and any physiological or psychosomatic manifestations thereof.

直接或間接由任何精神或心理狀況,以及其生理及心理表現而引致的治療。

12. Alternative treatment including but not limited to acupressure, Tui Nai, hypnotism, qigong, massage therapy and aroma therapy and such alike.

另類療法,包括但不限於指壓、推拿、催眠、氣功、按摩治療、香薰治療及類似的治療方式。 13. Experimental, unproven and/or new medical technology or procedure not yet approved by

the Company with reference to the common standard in the locality where the treatment is received.

在該地區一般醫學界的情況下,未獲本公司批准的試驗性及/或新醫療技術或程序。

14. Non-medical services, including but not limited to guest meals, radio or TV rentals, telephone charges, photocopy charges, medical report charges, taxes and the like.

非醫療服務,包括但不限於訪客膳食、租用收音機或電視、電話費、影印費、醫療報告費、稅項 及其他。

15. Treatment or disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

直接或間接因戰爭(不論宣戰與否)、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義或 軍事政變或奪權而及因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

### (F) **Sanction Clause**

## 制裁條款

The Scheme does not provide any cover or service directly or indirectly in relation to any Sanction Country. Please contact Generali's Medical Claims Customer Service Team, or visit https://www.app-generali.com/s/f/sanction.pdf for a simplified version of the Clause.

本計劃不提供任何承保或服務予受制裁國家。請向忠意保險賠償服務熱線查詢詳情,或到 https://www.app-generali.com/s/f/sanction.pdf 瀏覽條款之簡易版本。



### SCHEDULE OF BENEFITS 福利表

Hospital And Surgical 住院及外科毛術

Hospital And Surgical 住院及外科	户術	
100% up to Maximum Amount (HK\$)		最高賠償金額(港元)
Room & Board	住院及膳食費	
Max no, of days per disability	每項疾病最高賠償天數	90
Limit per day	每天賠償限額	\$750
Hospital Service	醫院雜費	
Limit per disability	每項疾病最高賠償額	\$14,000
Hospital Physician Services	住院醫生巡房費	
Max no. of days per disability	每項疾病最高賠償天數	90
Limit per day	每天賠償限額	\$750
Surgeon's Fee	外科手術費	
Complex	極嚴重	\$44,000
Major	嚴重	\$22,000
Intermediate	普通	\$11,000
Minor	簡單	\$4,400
Anesthetist's Fee	麻醉師費	
Complex	極嚴重	\$13,200
Major	嚴重	\$6,600
Intermediate	普通	\$3,300
Minor	簡單	\$1,320
Operation Theatre Fee	手術室費	
Complex	極嚴重	\$13,200
Major	嚴重	\$6,600
Intermediate	普通	\$3,300
Minor	簡單	\$1,320
Post Operation for outpatient visit	出院後門診費用	
Limit per disability	每項疾病最高賠償額	\$1,000
In-Hospital Specialist's Service	住院醫生專科醫生費用	\$4,000
Limit per disability	每項疾病最高賠償額	
Day Confinement	單日住院保障	
Limit per disability	每項疾病最高賠償額	\$4,400
Intensive Care	深切治療費用	
Limit per day	每天賠償限額	\$3,000
Limit day per disability (subject to	每項疾病最高賠償天數	
max. no. of days of Room & Board	(已包括於住院及膳食費之	_
Charges inclusively)	最多可住天數內)	7



Outpatient Surgery Cash

門診手術現金津貼\*

\$750

Allowance \*

Limit per surgical procedure

每外科手術

\* A cash allowance will be paid in case where the Insured receives any of the following Day Case Procedure: Gastroscopy (including

Esophagogastroduodenscopy), Colonoscopy, Cystoscopy, Arthroscopy, Colposcopy, Bronchoscopy, Detached Retina Repair and Hysteroscopy.

門診手術現金津貼只適用於以下日症手術: 胃鏡(包括食道胃十二指腸鏡)檢查、 腸鏡檢查、膀胱鏡、關節鏡、陰道鏡檢查、支氣管鏡檢查、視網膜脫落修補及子宮 鏡檢查。

**Accidental Dental Treatment** 

意外牙科治療

\$1.000

Limit per accident Death Benefits\* 每宗意外最高賠償額

身故保障

\$10,000

## VOLUNTARY TOP-UP PLAN 自選額外福利

Out-Patient Benefit 門診醫療計劃

100% up to Maximum Amount (HK\$) 最高賠償金額(港元)

# Specialist's Consultation with Medicines (including Physiotherapy / Chiropractor Treatment)#

專科醫生費用及藥物(包括物理治療/脊椎治療)#

Max visits per year每年最高賠償天數10Limit per day per visit每日每次最高賠償額\$600

Diagnostic X-rays & Laboratory Test# 各項化驗及檢查費#

Limit per disability 每項疾病最高賠償額 \$2,000

Vaccination 疫苗注射

Max visits per year每年最高賠償天數1Limit per day per visit每日每次最高賠償額\$200

Chemotherapy / Radiotherapy /

化療/放射治療/腎透析治療

Renal Dialysis Treatment

Limit per disability

每項疾病最高賠償額 \$15,000

# Witten referral from the attending physician is required. 需要由主診西醫書面推薦。

- Validity of referral letter is 6 months from date of issuance. 轉介信只在六個月內有效。
- Full year benefits irrespective of join or termination date of students. 無論學生何時加入均享有全年福利。

## OVERSEAS EMERGENCY ASSISTANCE 海外緊急援助

Evacuation / Repatriation Service 撤離 / 運送服務

Fully Covered 全數賠償

### NOTES 附註:

Expense related to clinical / day surgery and the associated histopathology can be covered under Hospitalization Benefit (only covered under Hospital Special Services (Hospital Expenses) / Surgical Benefit / Anaesthetist's Fee / Operation Theatre, if the benefit is applicable) where admission is not necessary.

Diagnostic Advanced Imaging (CT, MRI & PET scan) will be covered under Hospital Special Services (Hospital Expenses) and admission is not necessary. Preferential rate and credit service is available at network laboratory and imaging centre for Advanced Diagnostic Imaging (e.g. MRI, CT and PET scans) with Generali approval. Please call Generali service hotline for details. 先進診斷掃描(如磁力共振、電腦掃描及正電子掃描)於日間化驗及診斷中心進行亦可獲得醫院雜項費賠償(無需入院進行),會員並可於指定網絡化驗及診斷中心以優惠價錢及掛賬服務接受先進診斷掃描,但需忠意保險預先批核。有關詳情可致電忠意服務熱線查詢。

Successive hospital confinement due to the same cause, or confinement within a three-month period arising from closely inter-related cause(s) shall be considered as one disability. 如在三個月內,受保成員因同樣疾病或直接因該病而引發起的其他疾病,而導致需要入院治療超過一次者,一切費用將按照上述每病症之規定計算,而各次之入院治療將當作同一病症處理。

<sup>\*</sup> No benefit will be payable if the death of the insured member results directly or indirectly from suicide.



## A Program Exclusive for all Non-local Students of City University of Hong Kong

### **ACCIDENTS DO HAPPEN!**

Therefore, Marsh (Hong Kong) Limited has arranged with Assicurazioni Generali S.p.A. to provide you with a Group Accident Insurance (GPA) Program at reasonable and competitive price.

### **Special Features:**

- No excess for all benefits.
- 24-hour worldwide coverage without Geographical Discrimination.
- No medical examination required.
- Free choice of hospital or doctor.
- Cover accident injury in laboratory and practical lesson.
- Cover gas and food poisoning.
- Cover amateur sports and university-delegated field work.
- Pay accidental medical expenses including Chinese Bone-setters and Acupuncturists.
- The minimum acceptance age is 15.
- 24-hour Worldwide Emergency Assistance Services (Hong Kong number : (852)

Benefits Table (HK\$)				
A.	Accidental Death / Permanent Total or Partial Disablement	300,000		
B.	Double Indemnity in public common carriers	100% of the initial principal sum of Benefit A payable under this section		
C.	Accidental Medical Expenses Extend to cover expenses arising from Chinese Bonesetters & Acupuncturists	5,000 Maximum 2,000 per accident and 4,000 per policy year		
D.	Additional Accidental Medical Expenses to cover expenses incurred outside Hong Kong territories (excluding Insured's home country)	25,000		
E.	Weekly Hospital Income (Max. 52 weeks per disability)	1,000 per week		
F.	Emergency Medical Evacuation (applicable to incidents incurred outside Hong Kong and your home country) & Repatriation	Actual Cost		
G.	Anniversary Bonus	After each anniversary year, 5% increase of the initial principal sum of Benefit A payable under this section, and maximum up to 25%		
H.	Burns Benefit (2 <sup>nd</sup> and 3 <sup>rd</sup> degree burns)	200,000		
I.	Funeral Expenses Benefit	20,000		
J.	Coma Benefit (Up to 50 weeks)	500 / week		
K.	Rehabilitation Expenses / Home Renovation Expenses	25,000		
L.	Kidnap Benefit	500 per day up to 30 days		
M.	Cosmetic Damage	50,000		
N.	Deviated Travel (each full 12 hours of continuous late arrival)	500 (up to 10,000)		
Ο.	Corporate Travellers' Family Assistance	50,000		
P.	Drowning & Suffocating By Gas, Poisonous Fumes or Smoke	50,000		

## Premium - Per Person (Including 0.1% Insurance Authority Levy) :-

Annual : HK\$85.09 (Aug 20, 2021 – Aug 19, 2022) Mid-term: HK\$58.06 (Jan 1, 2022 – Aug 19, 2022)

(The above is a minimum premium per person and non-refundable for any mid-term termination. The final decision on refund rests with the insurance company)

## 24 HOURS WORLDWIDE HOTLINE SERVICES

- Telephone Medical Advice and Evaluation
- Referral to Doctors, Specialists & Hospital
- Referral to Legal Service
- **Emergency Medical Evacuation Service**
- Repatriation Service
- Emergency Assistance Service is provided on a best-efforts basis, and may not be available due to problems of time, distance or location. Assicurazioni Generali S.p.A is not responsible for the availability, use, acts, omissions or results of any medical, legal or transportation service.

### **GENERAL EXCLUSIONS**

Pre-existing conditions, self-inflicted injury, acts of war, direct participation in strike, riot, civil commotion, service in military, disciplinary forces, Professional sports, Illegal acts, Pregnancy or treatment pertaining to infertility, mental disorders, conditions caused by chronic alcoholism or drug addiction, surgical or treatment of dental or cosmetic purpose, congenital anomalies, AIDS, sexually transmitted diseases or traveling except as farepaying passenger, aerial activities

> This Plan is arranged by Marsh (Hong Kong) Limited and underwritten by Assicurazioni Generali S.p.A. For enquiry, please call Assicurazioni Generali S.p.A., Tel: (852) 3187 6829 / (852) 3187 6832

## **COVERAGE**

### BENEFIT A

Covers the Insured Person injured by Accident anywhere in the world 24-hour, solely and independently of any other caused which shall within twelve (12) consecutive months result in accident death or permanent disablement.

### COMPENSATION TABLE

6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         125%           Right Hand         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent and Incurable Insanity         100%           10.         Permanent Total Loss of Hearing in         100%           (a)         both Ears         100%           (b)         one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         85%           (a)         Right Hand         65%           (b)         Left Hand         45%           14.         Loss of or the Permanent Total Loss of use of four Fingers of         40%           (a)         Right Hand         55%           (b)         Left Hand         45%           15.         Loss of or the Permanent Total Loss of use of one Thumb         40%           (b)         Left Joints         30%           (c)         both Right	INJU	<u>RY</u>	COMPENSATION
3.         Permanent and Incurable Paralysis of all Limbs         150%           4.         Permanent Total Loss of Sight of both Eyes         150%           5.         Permanent Total Loss of Sight of one Eye         100%           6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         125%           Right Hand         100%         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent Total Loss of Hearing in         100%           (a)         both Ears         100%           (b)         one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         85%           (a)         Right Hand         55%           (b)         Left Hand         45%           14.         Loss of or the Permanent Total Loss of use of four Fingers of         40%           (a)         Right Hand         55%           (b)         Left Hand         45%	1.	Loss of Life	100%
4.         Permanent Total Loss of Sight of both Eyes         150%           5.         Permanent Total Loss of Sight of one Eye         100%           6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         150%           Right Hand         125%           Left Hand         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent and Incurable Insanity         100%           10.         Permanent Total Loss of Hearing in         100%           (a)         both Ears         100%           (b)         one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         85%           (a)         Right Hand         65%           (b)         Left Hand         55%           (b)         Left Hand         55%           (b)         Left Hand         45%           (b)         Left Hand         45%           (	2.	Permanent Total Disablement	150%
4.         Permanent Total Loss of Sight of both Eyes         150%           5.         Permanent Total Loss of Sight of one Eye         100%           6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         125%           Right Hand         100%           Left Hand         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent Total Loss of Hearing in         100%           (a)         both Ears         100%           (b)         one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         65%           (a)         Right Hand         65%           (b)         Left Hand         55%           (b)         Left Hand         55%           (b)         Left Hand         45%           15.         Loss of or the Permanent Total Loss of use of four Fingers of         63%           (a)         Right Hand         55%	3.	Permanent and Incurable Paralysis of all Limbs	150%
5.         Permanent Total Loss of Sight of one Eye         100%           6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         125%           Right Hand         100%           Left Hand         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent and Incurable Insanity         100%           10.         Permanent Total Loss of Hearing in         100%           (a) both Ears         100%           (b) one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         85%           (a) Right Hand         65%           (b) Left Hand         45%           14.         Loss of or the Permanent Total Loss of use of four Fingers of         40           (a) Right Hand         55%           (b) Left Hand         45%           15.         Loss of or the Permanent Total Loss of use of Fingers         40%           (a) Sight Joints         25% <td>4.</td> <td></td> <td>150%</td>	4.		150%
6.         Loss of or the Permanent Total Loss of use of two Limbs         150%           7.         Loss of or the Permanent Total Loss of use of one limb         125%           Right Hand         100%           One Foot         100%           8.         Loss of Speech and Hearing         100%           9.         Permanent and Incurable Insanity         100%           10.         Permanent Total Loss of Hearing in         100%           (a)         both Ears         100%           (b)         one Ear         30%           11.         Loss of Speech         75%           12.         Permanent Total Loss of the Lens of one Eye         75%           13.         Loss of or the Permanent Total Loss of use of four Fingers and Thumb of         85%           (a)         Right Hand         85%           (b)         Left Hand         45%           14.         Loss of or the Permanent Total Loss of use of four Fingers of         40           (a)         Right Hand         55%           (b)         Left Hand         45%           15.         Loss of or the Permanent Total Loss of use of ne Thumb         40%           (a)         both Right Joints         30%           (b)         ne Righ	5.	Permanent Total Loss of Sight of one Eve	100%
Right Hand	6.		150%
Left Hand One Foot 100% One Foot 100% One Foot 100% 8. Loss of Speech and Hearing 100% 9. Permanent and Incurable Insanity 100% 10. Permanent Total Loss of Hearing in (a) both Ears 100% (b) one Ear 30% 11. Loss of Speech 75% 12. Permanent Total Loss of the Lens of one Eye 75% 13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of 85% (a) Right Hand 65% (b) Left Hand 45% 14. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand 55% (b) Left Hand 45% 15. Loss of or the Permanent Total Loss of use of ne Thumb (a) both Right Joints 45% (b) one Right Joints 25% (c) both Left Joints 30% (d) one Left Joint 10% (b) two Right Joints 10% (c) one Right Joints 10% (d) three Right Joints 15% (e) one Right Joints 15% (e) one Right Joints 15% (f) one Left Joints 10% (f) one Left Joints 10% (g) all – one Foot (g) all – one Foot (b) great – both Joints 10% (h) great – both Joints 10% (g) all – one Foot (g) 25% (g) great – both Joints 10%	7.	Loss of or the Permanent Total Loss of use of one limb	
One Foot		Right Hand	125%
8. Loss of Speech and Hearing 9. Permanent and Incurable Insanity 10. Permanent Total Loss of Hearing in (a) both Ears (b) one Ear 10. Loss of Speech 11. Loss of Speech 12. Permanent Total Loss of the Lens of one Eye 13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of (a) Right Hand (b) Left Hand 14. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand (b) Left Hand 15. Loss of or the Permanent Total Loss of use of nor Fingers of (a) Right Hand (b) Left Hand 15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (b) one Right Joints (c) both Left Joints (d) one Left Joints (d) one Left Joints (a) three Right Joints (b) two Right Joints (c) one Right Joints (d) three Left Joints (e) two Left Joints (f) one Left Joints (g) all – one Foot (h) great – both Joints (a) all – one Foot (b) great – both Joints (c) Sof or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints (c) Sof or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints (b) great – both Joints (c) Sof or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints		Left Hand	100%
9. Permanent and Incurable Insanity 10. Permanent Total Loss of Hearing in (a) both Ears (b) one Ear 30% 11. Loss of Speech 75% 12. Permanent Total Loss of the Lens of one Eye 13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of (a) Right Hand (b) Left Hand 14. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand (b) Left Hand 15. Loss of or the Permanent Total Loss of use of ne Thumb (a) Eight Hand (b) Left Hand 15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (b) one Right Joints (c) both Left Joints (d) one Left Joints (d) one Left Joints (e) two Right Joints (f) one Right Joints (g) three Right Joints (h) two Left Joints (h) two Left Joints (h) three Left Joints (h) one Left Joints (h) o		One Foot	100%
10. Permanent Total Loss of Hearing in (a) both Ears 100% (b) one Ear 30%	8.	Loss of Speech and Hearing	100%
(a) both Ears (b) one Ear 30% (b) one Ear 30% (b) one Ear 30% (c) one Ear 75% (c) Eart 75% (a) Right Hand (b) Left Hand 85% (b) Left Hand 145% (b) Left Hand 15. Loss of or the Permanent Total Loss of use of four Fingers and Thumb (b) Left Hand 15. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand 55% (b) Left Hand 15. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand 55% (b) Left Hand 15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints 40% (b) one Right Joints 25% (c) both Left Joints 30% (d) one Left Joint 220% (d) one Left Joints 15% (e) two Right Joints 15% (c) both Left Joints 15% (c) one Right Joints 15% (c) one Right Joints 15% (c) one Right Joints 15% (d) three Left Joints 15% (e) two Left Joints 15% (f) one Left Joints 15% (g) all – one Foot (g) all – one Foot (b) great – both Joints 10%	9.	Permanent and Incurable Insanity	100%
(b) one Ear 30%  11. Loss of Speech 75%  12. Permanent Total Loss of the Lens of one Eye 75%  13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of 85%  (a) Right Hand 85%  (b) Left Hand 55%  (c) Right Hand 55%  (b) Left Hand 55%  (b) Left Hand 55%  (c) Deft Hand 55%  (d) Right Hand 55%  (e) Loss of or the Permanent Total Loss of use of four Fingers of (a) 85%  (a) Right Joints 45%  15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints 25%  (b) one Right Joints 30%  (d) one Left Joint 20%  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints 20%  (b) two Right Joints 15%  (c) one Right Joints 15%  (d) three Left Joints 15%  (e) two Left Joints 15%  (f) one Left Joints 15%  (g) all – one Foot 25%  (b) great – both Joints 100%	10.	Permanent Total Loss of Hearing in	
11. Loss of Speech         75%           12. Permanent Total Loss of the Lens of one Eye         75%           13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of Right Hand (b) Left Hand         85% (a) Right Hand (b) Left Hand           14. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand (b) Left Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (c) both Left Joint (c) both Left Joint (d) one Left Joint (d) one Left Joint (d) Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints (b) two Right Joints (c) one Right Joint (d) three Left Joints (d) three Left Joints (e) two Left Joints (f) one Left Joints (f) one Left Joints (g) all – one Foot (b) great – both Joints (c) Gas all – one Foot (b) great – both Joints (c) Gas and descriptions (c) Gas all – one Foot (b) great – both Joints (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas all – one Foot (b) great – both Joints (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas all – one Foot (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and control of the permanent Total Loss of use of Toes (c) Gas and c		(a) both Ears	100%
12. Permanent Total Loss of the Lens of one Eye         75%           13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of             (a) Right Hand             (b) Left Hand         85%             (a) Right Hand             (b) Left Hand         65%             (b) Left Hand         55%             (a) Right Hand             (b) Left Hand         45%           15. Loss of or the Permanent Total Loss of use of one Thumb              (a) both Right Joints		(b) one Ear	30%
13. Loss of or the Permanent Total Loss of use of four Fingers and Thumb of	11.	Loss of Speech	75%
of (a) Right Hand (b) Left Hand  14. Loss of or the Permanent Total Loss of use of four Fingers of (a) Right Hand (b) Left Hand  15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (b) one Right Joint (c) both Left Joints (d) one Left Joint  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints (b) two Right Joints (c) one Right Joints (d) three Left Joints (e) two Right Joints (f) one Left Joints (g) three Right Joints (g) three Right Joints (g) one Right Joints (g) one Right Joints (g) one Left Joints	12.	Permanent Total Loss of the Lens of one Eye	75%
(a)         Right Hand (b)         65%           (b)         Left Hand         55%           14.         Loss of or the Permanent Total Loss of use of four Fingers of (a)         55% (b)           (b)         Left Hand         45%           15.         Loss of or the Permanent Total Loss of use of one Thumb         40%           (a)         both Right Joints         40%           (b)         one Right Joint         25%           (c)         both Left Joints         30%           (d)         one Left Joint         20%           (d)         one Left Joints         15%           (a)         three Right Joints         15%           (b)         two Right Joints         15%           (c)         one Right Joint         10%           (d)         three Left Joints         15%           (e)         two Left Joints         15%           (f)         one Left Joint         10%           (f)         one Left Joint         10%           (f)         one Left Joint         10%           (g)         all – one Foot         25%           (b)         great – both Joints         10%	13.	Loss of or the Permanent Total Loss of use of four Fingers and	Thumb
(b) Left Hand  14. Loss of or the Permanent Total Loss of use of four Fingers of  (a) Right Hand (b) Left Hand  55% (b) Left Hand  45%  15. Loss of or the Permanent Total Loss of use of one Thumb (a) both Right Joints (b) one Right Joint (c) both Left Joints (d) one Left Joints  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints (b) two Right Joints (c) one Right Joints (d) three Left Joints (c) one Right Joint (d) three Left Joints (f) one Left Joints (g) all Joints (g) three Left Joints (g) three Left Joints (g) three Left Joints (g) one Left Joint (g) One Left Jo		of	85%
14. Loss of or the Permanent Total Loss of use of four Fingers of       (a) Right Hand       55%         (b) Left Hand       45%         15. Loss of or the Permanent Total Loss of use of one Thumb       40%         (a) both Right Joints       25%         (b) one Right Joint       25%         (c) both Left Joints       30%         (d) one Left Joint       20%         16. Loss of or the Permanent Total Loss of use of Fingers       20%         (a) three Right Joints       20%         (b) two Right Joints       15%         (c) one Right Joints       15%         (d) three Left Joints       15%         (e) two Left Joints       10%         (f) one Left Joint       10%         (f) one Left Joint       10%         (g) all – one Foot       25%         (b) great – both Joints       10%		(a) Right Hand	65%
(a)         Right Hand (b)         55% (b)           (b)         Left Hand (b)         45%           15.         Loss of or the Permanent Total Loss of use of one Thumb         40% (b)           (a)         both Right Joints         25% (c)           (b)         one Right Joints         30% (d)           (d)         one Left Joints         20% (b)           (a)         three Right Joints         20% (b)           (b)         two Right Joints         15% (c)           (c)         one Right Joint         10% (d)           (d)         three Left Joints         15% (e)           (e)         two Left Joints         10% (f)           (f)         one Left Joint         10% (f)           17.         Loss of or the Permanent Total Loss of use of Toes         25% (b)           (a)         all – one Foot         25% (b)           (b)         great – both Joints         10% (b)		(b) Left Hand	
(b) Left Hand 45%  15. Loss of or the Permanent Total Loss of use of one Thumb  (a) both Right Joints 40% (b) one Right Joints 25% (c) both Left Joints 30% (d) one Left Joint 20%  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints 20% (b) two Right Joints 15% (c) one Right Joints 15% (c) one Right Joint 10% (d) three Left Joints 15% (e) two Left Joints 15% (f) one Left Joints 10% (f) one Left Joints 10% (g) all – one Foot 50% (a) all – one Foot (b) great – both Joints 10%	14.	Loss of or the Permanent Total Loss of use of four Fingers of	
15. Loss of or the Permanent Total Loss of use of one Thumb  (a) both Right Joints			
(a) both Right Joints 40% (b) one Right Joint 25% (c) both Left Joints 30% (d) one Left Joints 20%  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints 20% (b) two Right Joints 15% (c) one Right Joint 10% (d) three Left Joints 15% (e) two Left Joints 15% (f) one Left Joints 10% (f) one Left Joint 10%  17. Loss of or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints 10%		(b) Left Hand	45%
(b) one Right Joint 25% (c) both Left Joints 30% (d) one Left Joints 20%  16. Loss of or the Permanent Total Loss of use of Fingers (a) three Right Joints 20% (b) two Right Joints 15% (c) one Right Joint 10% (d) three Left Joints 15% (e) two Left Joints 15% (f) one Left Joints 15% (g) all – one Foot 25% (h) great – both Joints 10% (g) all – one Foot 10% (g) great – both Joints 10%	15.	Loss of or the Permanent Total Loss of use of one Thumb	
(c)         both Left Joints         30%           (d)         one Left Joint         20%           16.         Loss of or the Permanent Total Loss of use of Fingers         20%           (a)         three Right Joints         20%           (b)         two Right Joints         15%           (c)         one Right Joints         10%           (d)         three Left Joints         15%           (e)         two Left Joints         10%           (f)         one Left Joint         10%           17.         Loss of or the Permanent Total Loss of use of Toes           (a)         all – one Foot         25%           (b)         great – both Joints         10%			
(d)         one Left Joint         20%           16.         Loss of or the Permanent Total Loss of use of Fingers         20%           (a)         three Right Joints         15%           (b)         two Right Joints         15%           (c)         one Right Joint         10%           (d)         three Left Joints         15%           (e)         two Left Joints         10%           (f)         one Left Joint         10%           17.         Loss of or the Permanent Total Loss of use of Toes           (a)         all – one Foot         25%           (b)         great – both Joints         10%			
16. Loss of or the Permanent Total Loss of use of Fingers       20%         (a) three Right Joints       20%         (b) two Right Joints       15%         (c) one Right Joint       10%         (d) three Left Joints       15%         (e) two Left Joints       10%         (f) one Left Joint       10%         17. Loss of or the Permanent Total Loss of use of Toes       25%         (a) all – one Foot       25%         (b) great – both Joints       10%			
(a)         three Right Joints         20%           (b)         two Right Joints         15%           (c)         one Right Joint         10%           (d)         three Left Joints         15%           (e)         two Left Joints         10%           (f)         one Left Joint         10%           17.         Loss of or the Permanent Total Loss of use of Toes           (a)         all – one Foot         25%           (b)         great – both Joints         10%			20%
(b) two Right Joints 15% (c) one Right Joint 10% (d) three Left Joints 15% (e) two Left Joints 15% (f) one Left Joint 10% 17. Loss of or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints 10%	16.		
(c) one Right Joint 10% (d) three Left Joints 15% (e) two Left Joints 10% (f) one Left Joints 10% (f) Loss of or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints 10%			
(d) three Left Joints 15% (e) two Left Joints 10% (f) one Left Joint 10%  17. Loss of or the Permanent Total Loss of use of Toes (a) all – one Foot (b) great – both Joints 10%			
(e) two Left Joints 10% (f) one Left Joint 10% 11. Loss of or the Permanent Total Loss of use of Toes (a) all – one Foot 25% (b) great – both Joints 10%			
(f) one Left Joint         10%           17. Loss of or the Permanent Total Loss of use of Toes         (a) all – one Foot         25%           (b) great – both Joints         10%			
17. Loss of or the Permanent Total Loss of use of Toes  (a) all – one Foot 25%  (b) great – both Joints 10%			
(a) all – one Foot 25% (b) great – both Joints 10%			10%
(b) great – both Joints 10%	17.		
(a) great laint			
		(c) great – Joint	10%
18. Fractured Leg or Patella with established non-union 20%			
19. Shortening of Leg by at least 5 cm 10%			

Permanent Disability not otherwise provided for under Events 10 to 19 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 10 to 19 inclusive.

Compensation for accidental death and disablement (Benefit A) will be doubled if the accident happens while the insured traveling as a fare-paying passenger in a public common carrier.

Actual expenses incurred due to accident to pay for medical and surgical treatment, as an in-patient or out-patient, subject to the limit as stated. Expenses paid to Chinese Bonesetters or Acupuncturists will be subject to maximum HK\$2,000 per accident and HK\$4,000 per anniversary year. **BENEFIT D** 

Actual expenses incurred outside Hong Kong territories (excluding Insured's home country) due to accident to pay for medical and surgical treatment, as an in-patient or out-patient outside Hong Kong territories, subject to the limit as stated.

## BENEFIT F

Cash benefit payable weekly for hospital confinement up to 52 weeks, covering both accident and sickness

Necessary evacuation to Hong Kong or nearest place for appropriate medical treatment due to Serious Injury or Sickness; and necessary arrangement to return deceased Insured's mortal remains to Hong Kong and/or home country. BENEFIT G

Upon each anniversary year of the individual coverage a bonus of 5% increase will be allowed on the initial principal sum benefits as stated in Benefit A payable under this Benefit G up to a maximum of 25% of the initial principal sum of Benefit A for 5 years.

### BENEFIT H

Insured Person sustains Second or Third Degree Burn of body surface arising from accident dur ing the covered trip.



### BENEFIT I

Reimbursement of funeral expenses following the Accidental Death of the Insured Person.

### BENEFIT J

Weekly benefit payable for Insured Person's coma due to an Accident following the 2 waiting period; up to 50 weeks.

### RENEFIT K

Reimbursement for costs incurred for tuition or advice from a licensed vocational/educational school or a Hospital or home renovation expenses of the Insured Person who sustains Permanent Total Disablement following an Accident.

If during the Period of Insurance an Insured Person is Kidnapped, the Company shall pay a daily benefit for each completion of twenty-four (24) hours subject to a maximum of thirty (30) days. **BENEFIT M** 

If the Insured Person suffers Accidental Bodily Injury but does not qualify for compensation in terms of Permanent Disablement cover or Medical Expenses cover, the company will reimburse reasonable and customary charges incurred by an Insured Person for treatments and applications aimed at reducing or eliminating any cosmetic damage

### BENEFIT N

If during a covered trip, the route of the aircraft or sea vessel in which the Insured Person is riding on is deviated from the original route to another airport or sea port as specified in the itinerary due to drunk passenger, Emergency Medical Treatment of a passenger or bomb threat, resulting in the late arrival of the Insured Person on the final destination as specified in the itinerary, the company will pay HK\$500 for every full 12 hours of continuous late arrival

### BENEFIT O

If during a covered trip an Insured Person's Spouse, while in his/her permanent residence, suffers Accidental Bodily Injury which results in death, the company will pay the Benefit stated in the Schedule.

### BENEFIT P

If during a covered trip, the Insured Person suffers an Accidental Bodily Injury due to drowning or suffocation by gas, poisonous fumes or smoke, results in death or Permanent Total Disablement, the company will pay the Benefitprovided that such injury does not arise out of the Insured Person's wilful and intentional act.

Your coverage will be effective on the above-stated Plan Effective Date (for current students) or the first day of your arrival in Hong Kong, whichever is later (for new students). Your coverage will be terminated when you are no longer a student of the University.

University. This leaflet is descriptive only. The precise coverage afforded is subject to the terms, conditions and exclusions of the policy as issued.

### 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
- the 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.



# <sup>特為</sup> 香港城市大學<sub>非本地學生而設</sub> 團體人身意外及醫療保險計劃

### 人身意外及醫療保障計劃。

### 本計劃特點計有:

- 所有保障均毋須自負金額。
- 世界性二十四小時保障,絕無地域限制。
- 毌需體格檢驗。
- 容許自由選擇醫院、醫生。
- 保障包括實驗室及實習課堂內之意外損傷。
- 保障包括氣體襲擊及食物中毒意外。
- 保障非職業運動及由校方安排之校外實習。
- 意外醫療費賠償包括跌打及針灸治療。
- 可接受投保年齡低至 15 歲。
- 免費享有全球 24 小時熱線服務 (香港電話: (852) 3187 6888)。

保障利益(港幣)				
A. 人身意外	300,000			
B. 公共交通工具上之雙倍賠償	人身意外(A 項)之 100%			
C. 意外醫療費用	5,000			
- 包括跌打及針灸	跌打及針灸每宗意外最高			
	賠償至 2,000 元及每年 4,000 元			
D. 海外附加意外醫療費用	25,000			
- 受保人之原居地除外				
E. 每週住院現金	每週 1,000			
(最高達 52 週)				
F. 緊急醫療運送 (適用於事故發生在香港或原	實際開支費用 Actual Cost			
居地以外的地方 <b>)及遺體運返</b>				
G. 續保紅利	首五年每年可獲 A 項原本保額			
	之 5%増益・直至最高 25%為限			
H. 燒傷保障 (二級或三級)	200,000			
I. 殮葬費用	20,000			
J. 昏迷保障 (最長 52 週)	500 / 每週			
K. 復康/家居保障	25,000			
L. 被綁架之保障	每日\$500 最高為 30 日			
M. 毀容保障	50,000			
N. 被迫更改旅程保障	每十二小時\$500 最高為 10,000			
O. 商務旅遊期間之家庭保障	50,000			
P. 遇溺、氣體或煙霧中毒之保障	50,000			

### 保險費 -每人(包括 0.1%保險業監管局保費徵費):-

- **全年: 港幣 85.09** (2021 年 8 月 20 日至 2022 年 8 月 19 日)
- 中段: 港幣 58.06 (2022 年 1 月 1 日至 2022 年 8 月 19 日)

(以上為每名學生之最低保費。倘若您因離開大學而需要中途終止保障,保險公司 將不作退款安排。保險公司保留最終退款決定及權利。)

### 24 小 時 緊 急 全 球 支 援 服 務

- 電話醫療諮詢
- 醫生及醫院推薦
- 法律轉介
- 緊急醫療運送
- 遺體運扳

註:緊急支援服務將盡力協助受保人,但基於時間、距離及地點問題,支援服務或有不足之處,忠意保險有限公司無需對醫療、法律、交通或其他支援服務之使用、失漏及一切後果負責,所有醫療、法律及其他支援服務之費用概由受保人負責。

### 主要不承保事項

受保前已存在之損傷或疾病,自我毀傷,任何戰爭引致疾病或受傷、直接參與暴動、 內亂,服兵役或服務於紀律部隊,參與職業運動,一切違法行為引致之受傷,懷孕或 節育,精神病或智力不健全、因酒精或服食藥物引致之傷害、牙科護理、整容、先天 性缺陷、愛滋病、性病,非以乘客身份乘搭飛機,空中活動。

### 此項計劃由**達信風險管理及保險服務(香港)有限公司**策劃

及**忠意保險有限公司**承保

如遇任何疑問·請致電忠意保險有限公司電話: (852) 3187 6829 / (852) 3187 6832

### 保障範圍

### 保障A「人身意外保障」

倘若受保人在世界任何地方·任何時間·不幸遭遇意外·而在十二個月內導致身故或 永久傷殘·均可根據下列損害事項表列明之投保額百分率獲取現金賠償。

### 損傷事項賠償表

+9 /年	ちで	K M P X M K K	+1.1.1.1 放うエハ志		
損傷			投保額之百分率		
1. 2.	意外死亡	ric.	100%		
	永久完全殘	150%			
3.	四肢永久癱	150%			
4. 5.	永久完全喪	150%			
	永久完全喪	100%			
6. 7.	喪失任何雙	150%			
7.	右手	肢或任何一肢完全失去功能	125%		
	石手 左手				
	一足		100%		
8.	一 <sub>足</sub> 雙耳完全失	100% 100%			
o. 9.	永久及無法	100%			
9. 10.	永久完全失		100%		
10.	水 八 元 主 大 (a) 雙耳	·· <del>·</del>	30%		
	(a) 夏耳 (b) 單耳		30%		
11.	(D) 単中 完全喪失言		75%		
12.		<sup>品能力</sup> 失一眼角膜	75% 75%		
13.		天 吸角線 完全喪失四隻手指及姆指的能力	7370		
13.	(a) 右手		85%		
	(a) 石子 (b) 左手		65%		
14.	` '	· 完全喪失四隻手指的能力	0376		
14.	(a) 右手		55%		
	(a) 石子 (b) 左手		45%		
15.	` '	完全喪失一隻姆指的能力	4370		
13.		右關節	40%		
		右關節	25%		
	` '	左關節	30%		
	` '	左關節	20%		
16.	` '	完全喪失手指的能力	2070		
10.		右關節	20%		
	. ,	右關節	15%		
	` '	右關節	10%		
	` '	左關節	15%		
		左關節	10%		
	. ,	左關節	10%		
17.	* * *	完全喪失腳趾的能力			
		腳趾 - 一隻腳計算	25%		
	` '	趾 - 兩個關節	10%		
	` '	趾 - 一個關節	10%		
18.	. ,	膝蓋而無法聯合	20		
19.	足腿因意外而做手術後導致縮短五厘米或以上 10%				
20.		0 至第 19 項損害事項以外之永久殘缺,本公司有絕對對			
		該永久殘缺之投保額百分率。	-		



## 保障 B 「公共交通工具上之雙倍賠償」

在付費乘坐之公共交通工具上發生意外‧人身意外(A項)保障將作雙倍賠償。

### 保障C「意外醫療費用」

賠償因意外受傷引致之醫療費用包括門診、住院及手術費用。

### 保障D「海外附加意外醫療費用」

在本港以外地區因意外受傷引致之醫療費用包括門診、住院及手術費用。(受保人之原居地除外)

### 保障E「每週住院現金」

因意外受傷或疾病而住院,可獲已選擇之每週賠償額,以五十二週為限。

### 保障F「緊急醫療運送及遺體運返」

因應醫療所需·運送嚴重受傷或患病之受保人回港或至就近地區進行治療及安排運送 身亡的受保人遺體返港或原居地。

### 保障G「續保紅利」

人身意外(A項)保障於首五年每年可獲原本保額百分之五的自動增長·增幅最高至25%為限。

### 保障 H 「燒傷保障 (二級或三級)」

若受保人因意外導致損害,經註冊醫生診斷証實遭受以下其中一項損害事項,我們會按照列於保障權益表上所載之投保額及該項損害事項之投保額百分率計算賠償予你。

### 保障|「殮葬費用」

因身故可獲現金津貼支付殮葬費用。

### 保障 J 「昏迷保障 (最長 52 週)」

若受保人不幸因意外身故導致昏迷,受保人可獲每週賠償,直至受保人康復為止。首兩星期不作賠償,最高為五十週。

### 保障 K 「復康/家居保障」

若受保人不幸因意外身故導致永久完全傷殘‧我們會賠償復康開支或改建家居設私施 引致的費用予受保人。

### 保障L「被綁架之保障」

若受保人於受保旅遊期間被綁架,可獲補償。

### 保障 M 「毀容保障」

若受保人因意外導致損傷但並不符合永久傷殘之定義或醫療費用之保障·因是次事故 而須接受改善毀容情況之合理相關治療費用可獲賠償。

### 保障 N 「被迫更改旅程保障」

若受保人於受保旅遊期間因同機乘客醉酒鬧事或需接受緊急醫療診治、或炸彈恐嚇而 導致被迫更改原來旅程至另一機場或港口,以到達最終目的地之時間計算,受保人每 12 小時之延誤可獲港幣 500。

## 保障O「商務旅遊期間之家庭保障」

若受保人於受保旅遊期間,其配偶於居所因意外死亡,可獲補償。

### 保障 P 「遇溺、氣體或煙霧中毒之保障」

若受保人於受保旅遊期間因遇溺、氣體或煙霧中毒而導致死亡或永久傷殘,可獲補 僧。

保障生效日期為上述保險計劃生效日期(舊生適用)或您到達香港之首日·日期以後者為準(新生適用)。當您不再是香港城市大學的學生·保障將會自動終止。

此單張僅屬簡概,保障細則以簽發保單所列之內容、條款及不承保事項為準,詳情請向 忠意保險有限公司查詢。

中文譯本·乃供參考之用·如有異議·均以英文原本說明為準。

### 制裁條款:

- 若有關保障、支付有關申索或提供有關利益將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、美國或香港的貿易或經濟制裁、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保障。
- 本保單不提供與直接或間接涉及或受益於克里米亞·朝鮮民主主義人民共和國·伊朗·敘利亞·古巴的政府的活動有關的任何損失·損害或責任的任何保險服務·承保或任何利益委內瑞拉·或在克里米亞·朝鮮民主主義人民共和國·伊朗·敘利亞·古巴和委內瑞拉居住或所在地的實體的人。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保險人且保險人已確認承保相關風險的情況。