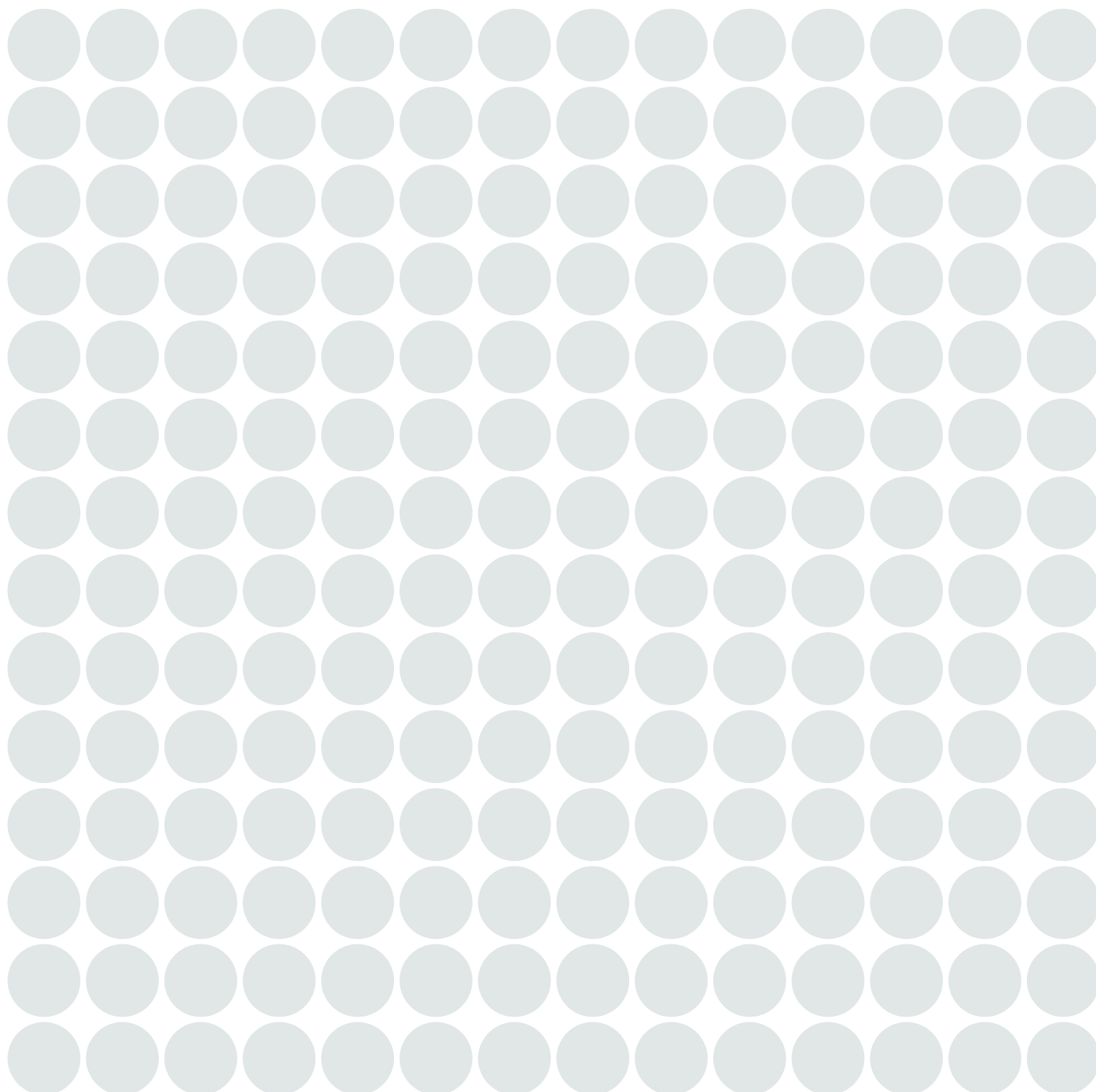


International Term Assurance 國際定期壽險

Policy Terms and Conditions
保單條款與規章



Introduction 引言

International Term Assurance is a level term assurance product, providing a compulsory Life Cover plus optional Additional Benefits over a fixed term. The Policy has no surrender value and at the end of the Policy Term all Benefits will cease and no amount will be payable.

Each Policy issued by Zurich International Life Limited ("the Company") is based on an application by the Policy Owner(s) named in the Policy Schedule. The application form, the Policy Terms and Conditions, the Policy Schedule and any Endorsements issued by the Company shall be deemed to be incorporated into the Policy.

These Policy Terms and Conditions and the Policy Schedule should be kept in a safe place.

This document contains 60 pages

「國際定期壽險」為一套定期壽險產品，在固定期間內提供一個強制性的「壽險保障」以及另選的「附加保障」。本保單沒有退保價值，在「保單年期」到期時，所有「保障」將會終止及不會有支付金額。

每份由 Zurich International Life Limited(「本公司」)簽發之保單乃基於保單附表所列的「保單持有人」作出的申請。申請表、保單條款與規章、保單附表和任何「本公司」簽發的批單應被當作經納入在本保單內。

本保單條款與規章和保單附表應放在一個安全的地方。

本文件合共六十頁。

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1 Policy basis

保單基礎

1.1 Policy Owner

The maximum number of Policy Owners is two and both must be aged at least 18 years at the Policy Commencement Date, as shown on the Policy Schedule.

1.2 Life Insured

The maximum number of Lives Insured is two and any Life Insured must be aged between 18 and 74 years at the Policy Commencement Date or date of any change to the Cover. If Waiver of Premium Benefit, Critical Illness Benefit and/or Permanent and Total Disability Benefits are selected, the maximum age of any Life Insured is limited to 59 years at the Policy Commencement Date or date of any increase.

1.3 'Life of Another' Policies

The Policy can be taken out on someone else's life as long as they agree and the Policy Owner can show they would suffer financially if the Life Insured were to die, suffer a Terminal or Critical Illness or become permanently and totally disabled at the time the Policy is effected.

1.4 Benefit basis

Policies are issued on either a single life or a joint life first event basis.

1.5 Policy Term

The Policy Term is chosen by the Policy Owner at the start of the Policy and it must be a fixed number of years between 5 and 35 years. The Policy Term must end before the Life Insured's 80th birthday, or for joint life policies the oldest Life Insured's 80th birthday. The Policy Commencement Date and the Policy Termination Date are shown in the Policy Schedule. The Policy Term cannot be changed and at the end of the Policy Term all Benefits provided by this Policy shall cease.

1.6 Currency

All payments made in connection with the Policy shall be payable in the Policy Currency. If requested, the Company may convert the payments into any freely convertible currency but all currency conversions will be subject to the exchange rates applied by the Company at the time of conversion.

1.1 「保單持有人」

本保單最多可有兩名「保單持有人」，兩者均需在保單附表內所載之保單生效日年滿 18 歲。

1.2 「受保人」

本保單最多可有兩名「受保人」，任何「受保人」在保單生效日或任何更改「保險」當日的年齡應介乎 18 至 74 歲之間。如「受保人」選擇豁免保費保障、「危疾保障」及／或「永久及完全傷殘保障」，任何「受保人」在保險生效日或任何提高「保險」當日的年齡上限則為 59 歲。

1.3 「非本人壽險保單」

在「受保人」同意的情況下和「保單持有人」可證明「受保人」在本保單有效時身故、患上「末期疾病」、危疾、或變成永久及完全傷殘時會令「保單持有人」蒙受經濟損失，便可以投購本保單為他人提供壽險保障。

1.4 「保障」基礎

本保單以個人壽險或聯名壽險首次事件基礎發出。

1.5 「保單年期」

「保單年期」由「保單持有人」在本保單開始生效時選擇，並需為介乎 5 年至 35 年的一個固定年期。「保單年期」必須在「受保人」，或在聯名壽險保單的情況下必須在最年長的「受保人」年屆 80 歲前終止。保單生效日和保單終止日已列明於保單附表。「保單年期」不能被改變以及本保單提供的所有「保障」將在「保單年期」屆滿時終止。

1.6 貨幣

所有有關本保單的付款將以「保單貨幣」支付。「本公司」可因應要求改為透過自由可兌換貨幣支付，但所有兌換匯率將由「本公司」在兌換時所應用的匯率釐定。

2 Benefits 「保障」

2.1 Benefit options

The Policy will provide Life Cover and Terminal Illness Benefit with the option to select any combination of the following Additional Benefits:

- Critical Illness Benefit
- Permanent and Total Disability Benefit
- Waiver of Premium Benefit

The total amount payable under the Policy from all or any valid Benefit claims under Terminal Illness Benefit, Critical Illness Benefit and Permanent and Total Disability Benefit is limited to the Life Cover. This is because Terminal Illness Benefit, Critical Illness Benefit and Permanent and Total Disability Benefit claims are an advance payment of the Life Cover.

A payment under Terminal Illness or any Additional Benefit will result in a reduction of the Life Cover and remaining Additional Benefit levels, and where appropriate will be applicable to both lives in the case of a joint life Policy.

The Policy has no surrender value at any time.

2.2 Life Cover

The amount of the Life Cover will be shown in the Policy Schedule (or any subsequent Change Notification Advice if the Life Cover has been changed – see Condition 2.7 (Changing the Benefit amounts)). For joint life policies, Life Cover is payable when the first of the lives insured dies. Once a Life Cover claim is paid, the Policy ends and all other Benefits cease.

Subject to Condition 6.1 (Claims conditions) the Company will pay the Life Cover if a Life Insured dies during the Policy Term.

2.3 Terminal Illness Benefit

Subject to Condition 6.3 (Claiming the Terminal Illness Benefit) the Company will pay the Terminal Illness Benefit if a Life Insured is diagnosed with a Terminal Illness that meets the criteria set out in these Policy Terms and Conditions, and has no more than 12 months to live. The amount paid under Terminal Illness Benefit is the lower of the Life Cover sum insured or HKD7,500,000 (or currency equivalent determined by the Company).

For Terminal Illness Benefit to be paid the diagnosis of the Terminal Illness must be confirmed before the start of the last 18 months of the Policy Term.

2.1 「保障」選擇

本保單提供「壽險保障」及末期疾病保障，並提供以下任何「附加保障」組合的選擇：

- 「危疾保障」
- 「永久及完全傷殘保障」
- 豁免保費保障

本保單因末期疾病保障、「危疾保障」和「永久及完全傷殘保障」索償而支付的總賠償金額限於「壽險保障」額。這是因為末期疾病保障、「危疾保障」和「永久及完全傷殘保障」索償乃提前從「壽險保障」額支付。

就「末期疾病」或任何「附加保障」所支付的金額會減低「壽險保障」和其餘「附加保障」的水平，及在適當的情況下適用於聯名壽險保單的兩名「受保人」。

本保單在任何時候均沒有退保價值。

2.2 「壽險保障」

「壽險保障」金額會在保單附表列明（或如「壽險保障」額曾被更改，則在任何其後「更改通知」列明 – 見第2.7節（更改「保障」金額））。聯名壽險保單將在首名「受保人」身故時支付。本保單及所有其他「保障」將會於支付「壽險保障」的索償後終止。

遵照第6.1節（索償條款）如果「受保人」在「保單年期」內身故，「本公司」將支付「壽險保障」。

2.3 末期疾病保障

遵照第6.3節（末期疾病保障索償），如果「受保人」被診斷患上符合本保單條款與規章所列明有關「末期疾病」的準則及預期「受保人」的壽命不會超過12個月，「本公司」將支付末期疾病保障。末期疾病保障所支付的金額為「壽險保障」金額或7,500,000港元（或其他由「本公司」決定的等值貨幣），二者取其較低金額。

「末期疾病」必須在「保單年期」最後18個月之前被確診，方可獲支付末期疾病保障。

2.4 Critical Illness Benefit

This is an optional Benefit and will only apply if it is shown in the Policy Schedule (or any subsequent Change Notification Advice if the critical illness has been changed – see Condition 2.7 (Changing the Benefit amounts)). Claims under this Benefit will only be accepted where the Claim Event occurs 180 days or more after the On Risk Date, or 180 days or more after any reinstatement or 180 days or more after the On Risk Date of any increase in or addition to a Benefit.

Subject to Condition 6.1 (Claims conditions) the Company will pay the Critical Illness Benefit if a Life Insured is diagnosed with a Critical Illness as set out in Condition 22 (Critical Illness definitions) of these Policy Terms and Conditions.

The Critical Illness Benefit includes provision for a Partial Payment. A Partial Payment is made if a Life Insured suffers a medical condition as defined in Condition 21 (Glossary) of these Policy Terms and Conditions. A Partial Payment is only payable once per applicable condition per Policy, on the first claim for that condition.

2.5 Permanent and Total Disability Benefit

This is an optional Benefit and will only apply if it is shown in the Policy Schedule (or any subsequent Change Notification Advice if the Permanent and Total Disability Benefit has been changed – see Condition 2.7 (Changing the Benefit amounts)). Subject to Condition 6.1 (Claims conditions) the Company will pay the Permanent and Total Disability Benefit if a Life Insured is diagnosed as being permanently and totally disabled as set out in these Policy Terms and Conditions, and has been so disabled for a continuous period of 180 days.

No Benefit shall be paid before the end of the 180 day period though the Company at its discretion, may elect to pay the Claim Proceeds before the 180 day period concludes.

Permanent and total disability at the time of claim means:

Lives Insured aged 70 or younger in gainful employment:

A Life Insured shall be regarded as having permanent and total disability if he is unlikely to ever work (for reward or otherwise) in his/her own occupation, profession, business as well as engage in any other occupation to which he/she is fitted by education, training and experience for the rest of his/her life, as a result of the disability.

2.4 「危疾保障」

此乃另選的「保障」，並只在保單附表（或如「危疾保障」曾被更改，則在任何其後「更改通知」—見第2.7節（更改「保障」金額））列出時適用。此「保障」的索償只會在「索償事件」發生於「承保日」的180天或以後，或復效日的180天或以後，或任何調高或增加「保障」的「承保日」的180天或以後的情況下才會獲受理。

遵照第6.1節（索償條款），如果「受保人」被診斷患上符合本保單條款與規章第22節（危疾定義）所列出的危疾，「本公司」將支付「危疾保障」。

「危疾保障」包括提供「部分付款」。如果「受保人」患上符合本保單條款與規章第21節（詞彙）訂明的病況，將可獲支付「部分付款」。「部分付款」僅在每份保單第一次因該情況索償時支付。

2.5 「永久及完全傷殘保障」

此乃另選的「保障」，並只在保單附表（或如「永久及完全傷殘保障」曾被更改，則在任何其後「更改通知」—見第2.7節（更改「保障」金額））列出時適用。遵照第6.1節（索償條款），如果「受保人」被診斷患上符合本保單條款與規章訂明有關永久及完全傷殘之準則及連續180天傷殘，「本公司」將支付「永久及完全傷殘保障」。

在此180天期完結前，「本公司」一般不會支付任何「保障」，唯「本公司」可酌情決定在180天期結束前支付索償款項。

在索償時永久及完全傷殘指：

「受保人」為70歲或以下並從事有報酬職業：

如果「受保人」由於傷殘引致相當可能不能再從事（有報酬或其他方式）自己的職業、行業、事業及在他/她的餘生不能從事任何其他適合他/她教育、培訓和經驗的職業，他/她將被視為永久及完全傷殘。

Lives Insured aged 70 or younger not in gainful employment:

A Life Insured shall be regarded as having permanent and total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

- i) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- ii) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- iii) Communications – the ability to answer the telephone and take a message.
- iv) Reading – having the eyesight required to be able to read a daily newspaper with corrective aids (if required).
- v) Writing – having the physical ability to write legibly using a pen or pencil.

Lives Insured aged 71 or more:

A Life Insured shall be regarded as having permanent and total disability if he is unable to perform at least three activities of daily living. The activities of daily living are:

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet – moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- v) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

「受保人」為 70 歲或以下並沒有從事有報酬職業：

如果「受保人」喪失從事最少兩種下列日常工作的能力，他／她將被視為永久及完全傷殘。日常工作的能力為：

- i) 步行 – 在平地步行超過 200 米而無須停頓或感到嚴重不適。
- ii) 彎身 – 進出普通汽車，或彎身或跪下從地上拾起輕型物件，然後再起立站直。
- iii) 溝通 – 接聽電話及記下留言。
- iv) 閱讀 – 可以閱讀或透過視力矯正輔助工具（如需要）閱讀每日的報章。
- v) 書寫 – 可以用原子筆或鉛筆書寫能辨讀的字體。

「受保人」為 71 歲或以上：

如果「受保人」喪失從事最少三種下列日常生活的能力，他／她將被視為永久及完全傷殘。日常生活的能力為：

- i) 餵食／進食 – 一切肉、在麵包塗牛油、用手指或食具將食物和飲品送到口裡。
- ii) 穿衣 – 自行穿衣、包括繫緊拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗 – 開水龍頭、進出浴缸／淋浴間、洗臉、洗手等、抹乾身體、梳頭。
- iv) 如廁 – 進出洗手間，無須他人扶助自行上落廁所，知道大小便急或有需要如廁時，及時上廁所。
- v) 行動／出入 – 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移到另一椅子坐下。
- vi) 步行／使用輪椅 – 步行或使用由有關「受保人」推動的非電動輪椅，或使用步行架往來兩個地方。

2.6 Waiver of Premium Benefit

This is an optional Benefit and will only apply if it is shown in the Policy Schedule (or any subsequent Change Notification Advice if the premium has increased as a result of an increase in Benefits – see Condition 2.7 (Changing the Benefit amounts)). Where applicable, the amount of the Waiver of Premium Benefit will be shown in the Policy Schedule.

Subject to Condition 6.1 (Claims Conditions) if at any Premium Due Date a Life Insured is totally disabled as set out in these Policy Terms and Conditions for a continuous period of at least 26 weeks the Company will waive the regular premium for so long as the disability continues. For the purposes of Waiver of Premium the commencement of the disability will be the actual date of disability or six months prior to notification of the disability to the Company, whichever is the later.

Total disability at the time of claim means:

Lives Insured aged 70 or younger in gainful employment:

A Life Insured shall be regarded as having total disability if he is unable to (for reward or otherwise) engage in his/her own occupation, profession, business as well as unable to engage in any other occupation to which he/she is fitted by education, training and experience, as a result of the disability.

Lives Insured aged 70 or younger not in gainful employment:

A Life Insured shall be regarded as having total disability if he is unable to perform at least two activities of daily working. The activities of daily working are:

- i) Walking – the ability to walk more than 200 metres on the flat without stopping or severe discomfort.
- ii) Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a light object from the floor and straighten up again.
- iii) Communications – the ability to answer the telephone and take a message.
- iv) Reading – having the eyesight required to be able to read a daily newspaper.

2.6 豁免保費保障

此乃另選的「保障」，並只在保單附表（或如因增加「保障」而增加保費，則在任何其後「更改通知」—見第2.7節（更改「保障」金額））列出時適用。如適用，豁免保費保障的金額會在保單附表內列明。

遵照第6.1節（索償條款），如果「受保人」在任何「保費到期日」符合本保單條款與規章所訂明有關完全傷殘的準則及維持至少連續26星期，「本公司」將在「受保人」持續傷殘期間豁免定期保費。就豁免保費而言，傷殘開始日為實際傷殘當日或通知「本公司」有關傷殘前的六個月，以較遲者為準。

在索償時完全傷殘指：

「受保人」為70歲或以下並從事有報酬職業：

如果「受保人」由於傷殘引致不能從事（有報酬或其他方式）自己的職業、行業、事業及在他／她的餘生不能從事任何其他適合他／她教育、培訓和經驗的職業，他／她將被視為完全傷殘。

「受保人」為70歲或以下並沒有從事有報酬職業：

如果「受保人」喪失從事最少兩種下列日常工作的能力，他／她將被視為完全傷殘。日常工作的能力為：

- i) 步行 — 在平地步行超過200米而無須停頓或感到嚴重不適。
- ii) 彎身 — 進出普通汽車，或彎身或跪下從地上拾起輕型物件，然後再起立站直。
- iii) 溝通 — 接聽電話及記下留言。
- iv) 閱讀 — 可以閱讀每日的報章。

- v) Writing – having the physical ability to write legibly using a pen or pencil.

Lives Insured aged 71 or more:

A Life Insured shall be regarded as having total disability if he is unable to perform at least three activities of daily living. The activities of daily living are:

- i) Feeding/eating – cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils.
- ii) Dressing – dressing oneself including fastening zips and buttons, getting clothes from wardrobes and drawers.
- iii) Bathing/grooming – turning on taps, getting in and out of bath/shower, washing face/hands, etc. drying oneself, combing hair.
- iv) Using the toilet – moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder or bowel in time to get to the toilet.
- iv) Mobility/transfer – getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair.
- vi) Walking/using a wheelchair: moving from one location to another – walking or using an unpowered wheelchair propelled by the Life Insured or using a frame.

2.7 Changing the Benefit amounts

It is not possible for the Policy Owner to reduce any of the Benefit amounts under the Policy.

The Company may reduce any of the Benefit amounts under the Policy in accordance with these Policy Terms and Conditions.

Subject to the receipt of any underwriting evidence requested and acceptance by the Company the Policy Owner can increase the amount of any Benefit and the increase will take effect from the next anniversary of the Policy Commencement Date.

If Cover is increased, the Company will calculate the new premium based on the age and gender of the Life Insured, whether or not they smoke, their current health, occupation, country of residence and any recreational activities they undertake, as well as the number of years of the Policy Term remaining.

- v) 書寫 – 有用原子筆或鉛筆書寫能辨讀的字體。

「受保人」為71歲或以上

如果「受保人」喪失從事最少三種下列日常生活的能力，他／她將被視為完全傷殘。日常生活的能力為：

- i) 餵食／進食 – 切肉、在麵包塗牛油、用手指或食具將食物和飲品送到口裡。
- ii) 穿衣 – 自行穿衣、包括繫緊拉鏈及扣鈕，從衣櫃及抽屜取出衣服。
- iii) 沐浴／梳洗 – 開水龍頭、進出浴缸／淋浴間、洗臉／洗手等、抹乾身體、梳頭。
- iv) 如廁 – 進出洗手間，無須他人扶助自行上落廁所，知道大小便急或有需要如廁時，及時上廁所。
- v) 行動／出入 – 上落床，由一處地方行動到其他地方，例如由椅子移至睡床，由椅子站起來，由一張椅子移到另一椅子坐下。
- vi) 步行／使用輪椅 – 步行或使用由有關「受保人」推動的非電動輪椅，或使用步行架往來兩個地方。

2.7 更改「保障」金額

「保單持有人」不能減低本保單內任何「保障」金額。

「本公司」或會根據本保單條款與規章減低本保單內任何「保障」金額。

在「本公司」收到所要求的任何核保證據並經「本公司」接納後，「保單持有人」可增加任何「保障」金額。是次增加將在保單生效日的下一個周年生效。

如果「保險」被增加，「本公司」將根據「受保人」的年齡、性別、有否吸煙、目前健康狀況、職業、居住國家和任何「受保人」從事的休閒活動，以及剩餘的「保單年期」計算新保費。

3 Termination of the Policy

終止保單

The Policy will terminate on the occurrence of the earliest of one of the following events:

- i) At the end of the Policy Term;
- ii) Upon payment of Benefits equivalent in value to the Life Cover, as a result of a valid claim for Life Cover, Terminal Illness Benefit, Critical Illness Benefit or Permanent and Total Disability Benefit;
- iii) If the Policy Owner fails to pay the premiums and the Policy lapses;
- iv) The Policy Owner requests in writing to end the Policy.

本保單將在以下較先發生的事件出現時終止：

- i) 「保單年期」屆滿；
- ii) 就有效的「壽險保障」、末期疾病保障、「危疾保障」或「永久及完全傷殘保障」索償而支付的「保障」金額相當於「壽險保障」金額；
- iii) 「保單持有人」欠繳保費及本保單失效；
- iv) 「保單持有人」發出書面要求終止本保單。

4 When a claim will not be paid

索償不被支付

These are circumstances that will result in a claim not being paid, including exclusion clauses. Any exclusion clause removes the Company's commitment to pay any claim caused by the circumstances described in the clause.

4.1 Exclusions applicable to all Covers

The Company will not pay a claim if it arises directly or indirectly as a result of:

- i) The Life Insured's active involvement in:
 - a) war or warlike operations (whether war is declared or not),
 - b) invasion, hostilities, mutiny, riot, civil commotion, civil war, rebellion, insurrection or the usurping of government power,
 - c) an act committed by a foreign enemy,
 - d) any activity (military or otherwise) or conspiracy that causes or leads to the proclamation of martial law or a state of siege.
- ii) The Life Insured's active involvement in terrorism or conspiracy to commit terrorism which includes any activity that jeopardises the continuance of human life or causes damage to property.
- iii) A criminal act perpetrated by the Life Insured or a criminal act perpetrated by the Policy Owner or any Beneficiary against the Life insured.

4.2 Exclusions applicable to Life Cover

The Company will not pay a Life Cover claim if it directly or indirectly is attributable to:

- i) The Life Insured committing suicide (whether sane or insane) within
 - a) 12 months of the Commencement Date of the Policy,
 - b) within 12 months of the date of re-instatement of the Policy,
 - c) within 12 months of an increase in the sum insured.
- ii) The Company not receiving written notification of death within 28 days of the date of death of the Life Insured.

以下列明引致索償不會被支付的情況(包括不承保事項)。任何不承保事項免除「本公司」在事項列出的情況所需支付的任何索償的責任。

4.1 適用於所有「保險」的不承保事項

「本公司」將不會支付因以下事件直接或間接引起的索償：

- i) 「受保人」積極參與：
 - a) 戰爭或類似戰爭事件(不論是否已宣布戰爭)，
 - b) 侵略行動、敵對局勢、政變、暴動、內亂、內戰、反叛、起義或篡奪政府權力，
 - c) 外敵攻擊，
 - d) 進行任何(軍事或其他形式)活動或陰謀而導致或引致宣布軍法管治或戒嚴狀態。
- ii) 「受保人」積極參與恐怖活動或串謀參與恐怖活動，包括任何危及人類生命或對財產造成損害的活動。
- iii) 「受保人」的犯罪行為、「保單持有人」或任何「受益人」對「受保人」的犯罪行為。

4.2 適用於「壽險保障」的不承保事項

「本公司」將不會支付因以下事件直接或間接產生的「壽險保障」索償：

- i) 「受保人」自殺(不論是否神智清醒)在：
 - a) 本保單生效日起 12 個月內，
 - b) 本保單復效日起 12 個月內，
 - c) 增加保障金額起 12 個月內。
- ii) 「本公司」在「受保人」身故當日起 28 日內仍未收到書面身故通知。

4.3 Exclusions for Terminal Illness Benefit

The Company will not pay a Terminal Illness Benefit claim if it is directly or indirectly attributable to:

- i) The Life Insured being diagnosed with a Terminal Illness within the last 18 months of the Policy Term.
- ii) The Company not receiving written notification of the Terminal Illness Benefit claim within 60 days of the date of confirmation of the Terminal Illness.

4.4 Exclusions applicable to Critical Illness Benefit

The Company will not pay a Critical Illness Benefit claim if it is directly or indirectly attributable to:

- i) A medical condition, medical or surgical procedure or injuries caused by an accident that is not described in these Terms and Conditions.
- ii) A medical condition/medical procedure/illness suffered that does not exactly meet the definition set out in Condition 22.
- iii) The Company not receiving written notification of the claim within 60 days of the Claim Event.
- iv) Intentional self-inflicted injury or attempted suicide whilst sane or insane.
- v) Any medical condition which originated prior to the later of
 - a) the date on which Critical Illness Benefit was most recently added to the Policy,
 - b) the On Risk Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement or,
 - d) for an increase in Critical Illness Benefit, the date of increase,

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

4.3 末期疾病保障的不承保事項

「本公司」將不會支付因以下事件直接或間接產生的末期疾病保障索償：

- i) 「受保人」在「保單年期」的最後 18 個月被診斷出「末期疾病」。
- ii) 「本公司」在「受保人」被確診患上「末期疾病」起 60 日內仍未收到末期疾病保障索償的書面通知。

4.4 適用於「危疾保障」的不承保事項

「本公司」將不會支付因以下事件直接或間接產生的「危疾保障」索償：

- i) 沒有於本保單條款與規章列載的意外所做成的病況、醫療或手術程序或創傷。
- ii) 不完全符合第 22 節所訂明的病況／醫療程序／病症。
- iii) 「本公司」在「索償事件」發生後 60 日內仍未收到書面索償通知。
- iv) 神智清醒或不清醒時故意自殘或企圖自殺。
- v) 任何在以下較後發生的事件出現前產生的病況：
 - a) 最近將「危疾保障」加進本保單的當日，
 - b) 保單附表列明的「承保日」，
 - c) 本保單復效日，或
 - d) 如增加「危疾保障」額，則在加額當日，

有關病況已向「本公司」披露，並被「本公司」承保及接納為申請、增加保障額或任何復效過程的一部分則例外。

4.5 Exclusions applicable to Permanent and Total Disability Benefit

The Company will not pay a Permanent and Total Disability Benefit claim if it is directly or indirectly attributable to:

- i) A diagnosis of Permanent and Total Disability that does not exactly meet the definition set out in Condition 2.5 (Permanent and Total Disability Benefit).
- ii) The Company not receiving written notification of a claim within 60 days of the Claim Event.
- iii) Addiction to, abuse or misuse of alcohol, or the addiction to, or misuse of non-prescribed drugs.
- iv) Mental, nervous or psychiatric disorders, without demonstrable brain disease.
- v) The Life Insured being found to be infected by any Human Immunodeficiency Virus (HIV) or to be carrying any antibodies to such a virus.
- vi) Aviation gliding or any other form of aerial flight other than as a fare paying passenger of a recognised airline or charter service.
- vii) Intentional self-inflicted injury or attempted suicide whilst sane or insane.
- viii) Any medical condition which originated prior to the later of
 - a) the date on which Permanent and Total Disability Benefit was most recently added to the Policy,
 - b) the On Risk Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement or,
 - d) for an increase in Benefit, the date of increase,

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

4.5 適用於「永久及完全傷殘保障」的不承保事項

「本公司」將不會支付因以下事件直接或間接產生的「永久及完全傷殘保障」索償：

- i) 不完全符合第 2.5 節（永久及完全傷殘保障）所訂明的永久及完全傷殘的診斷。
- ii) 「本公司」在「索償事件」發生後 60 日內仍未收到書面索償通知。
- iii) 酗酒、濫用或錯誤使用酒精，或錯誤使用非處方藥物或成癮。
- iv) 精神、神經或心理失調、但無明顯腦疾病。
- v) 「受保人」被證實感染任何人類免疫缺陷病毒或帶有此等病毒的抗原。
- vi) 航空、滑翔飛行或任何其他形式的飛行活動，但以付費乘客身分乘坐認可航空公司航班或租機服務例外。
- vii) 神智清醒或不清醒時故意自殘或企圖自殺。
- viii) 任何在以下較後發生的事件出現前產生的病況：
 - a) 最近將「永久及完全傷殘保障」加進本保單的當日，
 - b) 保單附表列明的「承保日」，
 - c) 本保單復效日，或
 - d) 如增加「保障」額，則在加額當日，有關病況已向「本公司」披露，並被「本公司」承保及接納為申請、增加保障額或任何復效過程的一部分則例外。

4.6 Exclusions applicable to Waiver of Premium Benefit

The Company will not pay a Waiver of Premium Benefit claim if it is directly or indirectly attributable to:

- i) A diagnosis of Total Disability that does not exactly meet the definition set out in Condition 2.6 (Waiver of Premium Benefit).
- ii) The Company not receiving written notification of a claim within 60 days of the Claim Event.
- iii) The Life Insured being found to be infected by any Human Immunodeficiency Virus (HIV) or to be carrying any antibodies to such a virus.
- iv) Addiction to, abuse or misuse of alcohol, or the addiction to, or misuse of non-prescribed drugs.
- v) Mental, nervous or psychiatric disorders, without demonstrable brain disease.
- vi) Intentional self-inflicted injury or attempted suicide whilst sane or insane.
- vii) Any medical condition which originated prior to the later of
 - a) the date on which Waiver of Premium Benefit was most recently added to the Policy,
 - b) the On Risk Date stated in the Policy Schedule,
 - c) the date of any Policy reinstatement or,
 - d) for an increase in Waiver of Premium Benefit, the date of increase

unless the medical condition was disclosed to, underwritten and accepted by the Company as part of the application, or an increase or in any reinstatement process.

4.6 適用於豁免保費保障的不承保事項

「本公司」將不會支付因以下事件直接或間接產生的豁免保費保障索償：

- i) 不完全符合第 2.6 節（豁免保費保障）所訂明的完全傷殘的診斷。
- ii) 「本公司」在「索償事件」發生後 60 日內仍未收到書面索償通知。
- iii) 「受保人」被證實感染任何人類免疫缺陷病毒或帶有此等病毒的抗原。
- iv) 酗酒、濫用或錯誤使用酒精，或錯誤使用非處方藥物或成癮。
- v) 精神、神經或心理失調、但無明顯腦疾病。
- vi) 神智清醒或不清醒時故意自殘或企圖自殺。
- vii) 任何在以下較後發生的事件出現前產生的病況：
 - a) 最近將豁免保費保障加進本保單的當日，
 - b) 保單附表列明的「承保日」，
 - c) 本保單復效日，或
 - d) 如增加豁免保費保障額，則在加額當日。

有關病況已向「本公司」披露，並被「本公司」承保及接納為申請、增加保障額或任何復效過程的一部分則例外。

4.7 Other circumstances in which a claim will not be paid

The Company will not pay a claim if:

- i) The Policy Owner fails to make all premium payments that were due.
- ii) The Life Insured knowingly or recklessly fails to disclose or deliberately misrepresents any fact when he or she applies for a Policy, or an increase to the Cover, or for a reinstatement of the Policy. The non-disclosure or misrepresentation is such that it would cause the Company either to
 - a) totally decline the Cover, or
 - b) accept the Cover in whole or in part with an additional premium payable and/or an exclusion clause on certain Covers, or
 - c) accept Life Cover on some terms but to decline one or more of Critical Illness Benefit, Permanent and Total Disability Benefit or Waiver of Premium Benefit.

The Life Insured must disclose all matters which he knows, or would reasonably be expected to know, are relevant to the acceptance of the risk by the Company.

4.7 其他不支付索償的情況

「本公司」將不會支付因以下事件的索償：

- i) 「保單持有人」未能繳付所有到期保費。
- ii) 當「受保人」申請保單或增加「保險」或復效保單時，他／她知情或不顧後果地遺漏披露或蓄意虛報任何事實。該遺漏披露或蓄意虛報致使「本公司」：
 - a) 完全拒絕「保險」，或
 - b) 在增加應繳保費及／或在某些「保險」內加上不承保條款後完全或部分地接受「保險」，或
 - c) 接受「壽險保障」內的部分條款，但拒絕接受「危疾保障」、「永久及完全傷殘保障」或豁免保費保障其中一項或多項附加保障。

「受保人」必須披露他所知道或在合理預期情況下應該知道所有與「本公司」接受風險的有關事宜。

5 Premiums 保費

The Policy will not commence until the first premium payment is received by the Company. If this premium payment is not received, the Policy will not become effective and no Cover will be provided.

The first premium is due on the date shown in the Policy Schedule, and subsequent regular premiums must be paid throughout the Policy Term on the Premium Due Date. The amount of each premium and the due date of final payment are shown in the Policy Schedule.

The amount of premium payments will change if an increase in the amount of Cover is requested and accepted by the Company.

In the event of Life Cover being paid in advance as a result of a Critical Illness Benefit, Permanent and Total Disability Benefit or Terminal Illness Benefit claim, the premium is not reduced.

5.1 Premium Currency

All premiums should be paid in the Policy Currency. The Policy Owner may choose to pay the premiums in any freely convertible currency, however, this will be converted to the Policy Currency on receipt and will be subject to the exchange rates applied by the Company at the relevant time.

5.2 Premium calculation

Premiums are calculated at outset, or at reinstatement, or at the time of an increase to or addition of any Benefit, based on the type and amount of Life Cover selected, any Additional Benefits included, the Policy Term, the age and gender of the Life Insured, and whether they smoke. An underwriting assessment of the health of the Life Insured, their occupation and any recreational activities undertaken may result in an increase to the premium amount. Any such increase will be shown on or included in the premium payment shown on the Policy Schedule.

5.3 Guaranteed premiums

Premium payments in respect of Life Cover and, if selected, Permanent and Total Disability Benefit and/or Waiver of Premium Benefit (unless your Waiver of Premium Benefit increases as a result of an increase in Critical Illness Benefit premium as described in Condition 5.4 (Reviewable premiums)) will remain unchanged throughout the Policy Term, unless any Benefit amounts have increased, in which case the new premium will appear in the Change Notification Advice.

直至「本公司」收妥第一期保費後，本保單才開始生效。如第一期保費未收妥，本保單不會生效，亦不會提供任何「保險」。

保單附表載列第一期「保費到期日」，而隨後的定期保費必須在「保單年期」期間的「保費到期日」繳付。保單附表亦已載列每一期的保費金額及最後一期的付款到期日。

如「本公司」接受增加「保險」的要求，保費將會更改。

即使提前從「壽險保障」支付就「危疾保障」、「永久及完全傷殘保障」或末期疾病保障的索償，保費亦不會減少。

5.1 保費貨幣

所有保費應以「保單貨幣」支付。「保單持有人」可以選擇以任何可自由兌換匯率繳付保費，但該付款會在收到時會按「本公司」在有關時候所決定應用的匯率被兌換為「保單貨幣」。

5.2 保費計算

保費在開始、復效、調高或增加任何「保障」時，基於所選擇「壽險保障」的類型和金額、任何「附加保障」、「保單年期」、「受保人」的年齡和性別，以及「受保人」是否吸煙計算。一份基於「受保人」的健康、職業和從事任何休閒活動的核保評估可能導致保額的增加。任何此等增加將會列明或納入保單附表列明的保費內。

5.3 保證保費

「壽險保障」的保費及，如您選擇「永久及完全傷殘保障」及／或豁免保費保障（除非因第5.4節（保費檢討）列明增加「危疾保障」保費而增加您的豁免保費保障）所需支付的保費將會在「保單年期」內不變。除非增加任何「保障」金額，新保費將會透過「更改通知」顯示。

5.4 Reviewable premiums

Premium payments in respect of Critical Illness Benefit, if selected, will remain unchanged for five years from the Policy Commencement Date. At the fifth Policy anniversary date the premium amount will be reviewed and then further premium reviews will occur every five years thereafter for the remainder of the Policy Term. The Company reserves the right to increase the premium payment amount for the Critical Illness Benefit at each five year review date. In the event that premiums are not increased, the amount of Critical Illness Benefit may be reduced at the Company's discretion.

5.5 Credit Card Charge

The Company reserves the right to levy an additional charge for premiums paid by credit card. The charge will be added to the amount deducted from the Policy Owner's credit card and the charge can be varied at the Company's reasonable discretion to cover increases in the cost of providing this method of payment.

5.6 Non-Payment of premiums

All premiums must be paid within three months of the Premium Due Dates. If a premium payment is not made within three months from a Premium Due Date the Policy will lapse without any value and all Cover will cease.

If the Company accepts a claim which occurs during the three-month grace period, the Company reserves the right to deduct any unpaid premiums from the amount of the claim.

If the Policy has lapsed because premiums have remained unpaid for three months or more, the Policy Owner can ask the Company to reinstate the Policy provided all of the following requirements are received by the Company within 12 months of the due date of the first unpaid premium:

- i) A reinstatement application from the Policy Owner(s) and
- ii) Payment of all the outstanding premiums and
- iii) Any underwriting evidence required by the Company

Reinstatement of the policy is at the discretion of the Company.

5.4 保費檢討

如您選擇「危疾保障」，有關保費將從保單生效日期起五年內保持不變。在保單第五個周年日將會檢討保費，並在餘下「保單年期」期間每五年檢討保費一次。「本公司」保留在每五年檢討日增加「危疾保障」保費的權利。即使沒有增加保費，「本公司」亦有權減少「危疾保障」的保額。

5.5 信用卡收費

「本公司」保留對以信用卡繳付保費徵收額外費用的權利。費用將被加到從「受保人」信用卡扣減的金額。該收費可在「本公司」合理行使酌情權下而改變，以支付因提供此付款方式而增加的成本。

5.6 欠繳保費

所有保費必須在「保費到期日」起的三個月內繳付。如未能在「保費到期日」起的三個月內支付保費，本保單便會失效、喪失所有價值以及「保險」會終止。

如「本公司」接受在三個月寬限期內發生的索償，「本公司」保留在索償金額扣除任何欠繳保費的權利。

如本保單因欠繳保費三個月或以上而失效，若在第一期欠繳保費的「保費到期日」起計 12 個月內，「本公司」接獲以下所有條件，「保單持有人」可要求「本公司」復效本保單：

- i) 「保單持有人」(們)的復效申請，及
- ii) 繳付所有未交保費，及
- iii) 「本公司」要求的任何核保證據。

本保單的復效由「本公司」酌情決定。

6 Claims 索償

6.1 Claim conditions

In the event of a claim under the Policy, the claimant should contact their financial professional or the Company.

The Company will provide the claimant with a claim form and any other requirements which must be completed and returned to the Company before the claim will be processed.

The Company reserves the right to require (but is not limited to) the following before processing a claim:

- i) A completed claim form;
- ii) Information from the treating doctor, consultant or any other third party at the request of the Company;
- iii) At the request of the Company the Life Insured to attend a medical examination, where a Terminal Illness Benefit, Critical Illness Benefit, or Permanent and Total Disability Benefit or Waiver of Premium Benefit claim is being made;
- iv) Proof of identity of the Policy Owner;
- v) Proof of the age of the Life Insured;
- vi) Proof of the identity of the claimant (if different from the Policy Owner);
- vii) The Policy Schedule;
- viii) Death certificate of the Life Insured (where applicable).

The Company reserves the right to require that any documents are legally attested. The Company will advise when this is required.

Whilst any claim is being assessed, the Policy Owner must continue making premium payments on the Policy to avoid the risk of the Policy lapsing.

6.2 Claiming Life Cover

The Policy Owner or their representatives must notify the Company in writing within 28 days of the date of death of the Life Insured. Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim payment will be made.

After a claim has been admitted and the Life Cover has been paid, the Policy will terminate and all other Benefits under the Policy will cease.

6.1 索償條款

若就本保單提出索償，索償人應聯絡其理財顧問或「本公司」。

「本公司」會向索償人提供索償表格及其他必須填寫並交回「本公司」的文件，所有文件收妥後，「本公司」才可辦理索償。

「本公司」保留權利在開始辦理索償前要求（但不限於）下列文件：

- i) 一份已填妥的索償表格；
- ii) 按「本公司」要求，由主治醫生、顧問或任何其他第三方提供的資料；
- iii) 如就末期疾病保障，「危疾保障」，「永久及完全傷殘保障」或豁免保費保障作出索償，「受保人」按「本公司」之要求接受醫療檢查；
- iv) 「保單持有人」的身分證明；
- v) 「受保人」的年齡證明；
- vi) 索償人（如與「保單持有人」不同）的身分證明；
- vii) 保單附表；
- viii) 「受保人」的死亡證（如適用）。

「本公司」保留權利要求任何文件已被法律認證，當有需要時「本公司」會另行通知。

在評估任何索償的同時，「保單持有人」必須繼續繳付保費，以避免保單失效的風險。

6.2 「壽險保障」索償

「保單持有人」或其代表必須在「受保人」身故當日28天內以書面通知「本公司」。在收到填妥的索償表格後，「本公司」將在繳付索償金額前確認所需的證據。

當索償被接納及「壽險保障」被支付，本保單及本保單下的所有其他「保障」將會終止。

6.3 Claiming the Terminal Illness Benefit

The Policy Owner or their representatives must notify the Company in writing if a Life Insured has been diagnosed with a Terminal Illness and the life expectancy of the Life Insured is no more than 12 months.

Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim can be considered. In order for the Company to pay a Terminal Illness Benefit claim, an Appropriate Medical Specialist and the Company Medical Officer must both agree that the criteria for Terminal Illness has been fully met.

When the Life Cover is HKD7,500,000 (or currency equivalent determined by the Company) or less, and a Terminal Illness Benefit claim is admitted, then the Policy will terminate and all other Benefits will cease.

When the Life Cover exceeds HKD7,500,000 (or currency equivalent determined by the Company) and a Terminal Illness Benefit claim is admitted, then

- i) the Terminal Illness Benefit claim is limited to HKD7,500,000 (or currency equivalent determined by the Company).
- ii) Following such a payment, the Life Cover will be reduced by HKD7,500,000 (or currency equivalent determined by the Company).
- iii) Any Critical Illness Benefit or Permanent and Total Disability Benefit included on the Policy may remain, but if the remaining Life Cover is less than the Critical Illness Benefit cover or the Permanent and Total Disability Benefit, then either or both of these will be reduced to the amount of remaining Life Cover.
- iv) Waiver of Premium Benefit (if included in the Policy) will continue on the Policy.
- v) The Company will issue a Change Notification Advice showing the reduced Benefits.
- vi) The premium amount will not change.

In the case of a joint life Policy where the Life Cover exceeds HKD7,500,000 (or currency equivalent determined by the Company) it is possible for each Life Insured to claim separately under Terminal Illness Benefit. In this case,

6.3 末期疾病保障索償

如「受保人」被診斷患有「末期疾病」及預期壽命不會超過 12 個月，「保單持有人」或其代表必須以書面通知「本公司」。

收到填妥的索償表格後，「本公司」將在考慮索償前確認所需的證據。為使「本公司」支付末期疾病保障索償，一位「適當的專科醫生」和「公司醫務總監」必須同時認同「受保人」已完全符合「末期疾病」標準。

如「壽險保障」額為 7,500,000 港元（或由「本公司」決定的其他等值貨幣）或以下，而末期疾病保障索償被接納，本保單及所有其他「保障」將會終止。

如「壽險保障」額超過 7,500,000 港元（或由「本公司」決定的其他等值貨幣），而末期疾病保障索償被接納：

- i) 末期疾病保障索償的上限為 7,500,000 港元（或由「本公司」決定的其他等值貨幣）。
- ii) 支付末期疾病保障後，「壽險保障」額將被扣減 7,500,000 港元（或由「本公司」決定的其他等值貨幣）。
- iii) 任何在本保單內的「危疾保障」或「永久及完全傷殘保障」會被保留，但如「壽險保障」餘額少於「危疾保障」額或「永久及完全傷殘保障」額，其中一個或兩個保障會被扣減至「壽險保障」餘額。
- iv) 豁免保費保障（如果包括在本保單內）將會在本保單內繼續。
- v) 「本公司」將發出「更改通知」列明削減後的「保障」。
- vi) 保費金額將不會更改。

在聯名壽險保單的情況下，如「壽險保障」額超過 7,500,000 港元（或或由「本公司」決定的其他等值貨幣），每位「受保人」可分別作出末期疾病保障的索償。在這種情況下：

1. The Terminal Illness Benefit payment for each Relevant Life Insured is limited to HKD7,500,000 (or currency equivalent determined by the Company).
2. After the admission of the first Terminal Illness Benefit claim and payment of the Benefit:
 - i) The Life Cover on the Policy will be reduced by HKD7,500,000 or (currency equivalent determined by the Company).
 - ii) Any Critical Illness Benefit or Permanent and Total Disability Benefit included on the Policy may remain, but if the remaining Life Cover is less than the Critical Illness Benefit Cover or Permanent and Total Disability Benefit, then either or both of these will be reduced to the amount of remaining Life Cover.
 - iii) The Company will issue a Change Notification Advice showing the reduced Benefits.
 - iv) Waiver of Premium Benefit (if included in the Policy) will continue.
 - v) The premium amount will not change.
3. When the second Terminal Illness Benefit claim is admitted, then
 - i) The amount paid will be the lesser of the remaining Life Cover or HKD7,500,000 (or currency equivalent determined by the Company).
 - ii) When the payment is less than HKD7,500,000 (or currency equivalent determined by the Company), the policy will terminate and all Benefits will cease.
 - iii) If the amount paid is HKD7,500,000 (or currency equivalent determined by the Company), then
 - a) The Life Cover will be separately reduced by HKD7,500,000 (or currency equivalent determined by the Company).

1. 各相關「受保人」的末期疾病保障索償上限為 7,500,000 港元（或由「本公司」決定的其他等值貨幣）。
2. 接納首次「末期疾病」索償及支付「保障」後：
 - i) 本保單內的「壽險保障」額將被扣減 7,500,000 港元（或由「本公司」決定的其他等值貨幣）。
 - ii) 任何在本保單內的「危疾保障」或「永久及完全傷殘保障」會被保留，但如「壽險保障」餘額少於「危疾保障」額或「永久及完全傷殘保障」額，其中一個或兩個保障會被扣減至「壽險保障」餘額。
 - iii) 「本公司」將發出「更改通知」列明削減後的「保障」。
 - iv) 豁免保費保障（如果包括在本保單內）將會繼續。
 - v) 保費金額將不會更改。
3. 接納第二次「末期疾病」索償後：
 - i) 所付金額為「壽險保障」餘額或 7,500,000 港元（或由「本公司」決定的其他等值貨幣），以較少的金額為準。
 - ii) 如應付金額少於 7,500,000 港元（或由「本公司」決定的其他等值貨幣），本保單及所有「保障」將會終止。
 - iii) 如應付金額為 7,500,000 港元（或由「本公司」決定的其他等值貨幣）：
 - a) 「壽險保障」額將分別被扣減 7,500,000 港元（或由「本公司」決定的其他等值貨幣）。

- b) Any Critical Illness Benefit or Permanent and Total Disability Benefit included on the Policy may remain, but if the remaining Life Cover is less than the Critical Illness Benefit or Permanent and Total Disability Benefit, either or both of these will be reduced to the amount of the remaining Life Cover.
- c) Waiver of Premium Benefit (if included in the Policy) will continue.
- d) The Company will issue a Change Notification Advice showing the reduced Benefits.
- e) The premium amount will not change.

6.4 Claiming for Critical Illness Benefit

The Policy Owner or their representatives must notify the Company in writing within 60 days of the Life Insured being diagnosed with a Critical Illness. Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim can be considered. In order for the Company to pay a Critical Illness Benefit claim, an Appropriate Medical Specialist and the Company Medical Officer must both agree that the criteria for that condition has been fully met. In the case of a surgical condition, confirmation that the surgery has been performed will be required from the treating doctor.

When a Critical Illness Claim, has been admitted and the Benefit paid, then

1. If the Critical Illness Benefit is the same as the Life Cover, the Policy will terminate and all other Benefits will cease.
2. If the Critical Illness Benefit is less than the Life Cover, then
 - i) The Life Cover will be reduced by the amount of Benefit paid.
 - ii) If the Policy includes Permanent and Total Disability Benefit, this may remain on the Policy but if the Permanent and Total Disability Benefit exceeds the Life Cover, it will be reduced to the amount of the remaining Life Cover.

- b) 任何在本保單內的「危疾保障」或「永久及完全傷殘保障」會被保留，但如「壽險保障」餘額少於「危疾保障」額或「永久及完全傷殘保障」額，其中一個或兩個保障會被扣減至「壽險保障」餘額。
- c) 豁免保費保障（如果包括在本保單內）將會繼續。
- d) 「本公司」將發出「更改通知」列明削減後的「保障」。
- e) 保費金額將不會更改。

6.4 「危疾保障」索償

「保單持有人」或其代表必須在「受保人」被診斷患有危疾起的60天內以書面通知「本公司」。在收到填妥的索償表格後，「本公司」將在考慮索償前確認所需的證據，且必須同時由一位「適當的專科醫生」和「公司醫務總監」確認「受保人」已完全符合危疾標準，「本公司」方會支付「危疾保障」索償。如需進行外科手術，須由主治醫生確認已進行有關的手術。

接納危疾索償及支付「保障」後：

1. 如「危疾保障」額與「壽險保障」額相同，本保單及所有其他「保障」將會終止。
2. 如「危疾保障」額少於「壽險保障」額：
 - i) 「壽險保障」額將減去已支付的「保障」金額。
 - ii) 如本保單包括「永久及完全傷殘保障」，該保障將會保留於本保單內，但如「永久及完全傷殘保障」額多於「壽險保障」額，「永久及完全傷殘保障」額將被扣減至「壽險保障」餘額。

- iii) In the case of a Joint Life Policy, as Critical Illness Benefit is paid on a first event basis, then such Benefit is cancelled by payment of the first claim.
 - iv) Waiver of Premium (if included in the Policy) can continue.
 - v) The Company will issue a Change Notification Advice showing the reduced Benefits.
 - vi) The premium amount will not change.
3. If a Partial Payment is made under Critical Illness Benefit, then
- i) The Life Cover and Critical Illness Benefit will be reduced by the Partial Payment claim amount.
 - ii) If the Policy includes Permanent and Total Disability Benefit, this may remain on the Policy but if the Permanent and Total Disability Benefit exceeds the Life Cover, it will be reduced to the amount of the remaining Life Cover.
 - iii) In all cases, a Partial Payment under Critical Illness Benefit is only payable once per applicable condition per Policy, on the first valid claim for that condition.
 - iv) Waiver of Premium (if included in the Policy) can continue.
 - v) The Company will issue a Change Notification Advice showing the reduced Benefits.
 - vi) The premium amount will not change.

6.5 Claiming for Permanent and Total Disability Benefit

Upon receipt of the completed claim form, the Company will confirm the evidence required before the claim can be considered. In order for the Company to pay a Permanent and Total Disability Benefit claim, an Appropriate Medical Specialist and the Company Medical Officer must both agree that the criteria for Permanent and Total Disability Benefit has been fully met. The Company reserves the right to ask for independent confirmation that any medical treatment is necessary and appropriate and for an opinion on the level of disability.

- iii) 在聯名壽險保單的情況下，「危疾保障」以首次事件基礎支付，該保障將在支付首次索償後取消。
 - iv) 豁免保費保障（如果包括在本保單內）將會繼續。
 - v) 「本公司」將發出「更改通知」列明削減後的「保障」。
 - vi) 保費金額將不會更改。
3. 如以「部分付款」方式繳付「危疾保障」：
- i) 「壽險保障」額和「危疾保障」額將減去已支付的「部分付款」索償金額。
 - ii) 如本保單包括「永久及完全傷殘保障」，該保障將會保留於本保單內，但如「永久及完全傷殘保障」額超過「壽險保障」額，「永久及完全傷殘保障」額將被扣減至「壽險保障」餘額。
 - iii) 在所有情況下，每份保單只會就首次有效索償及適用條件作一次「危疾保障」的「部分付款」。
 - iv) 豁免保費保障（如果包括在本保單內）將會繼續。
 - v) 「本公司」將發出「更改通知」列明減低後的「保障」。
 - vi) 保費金額將不會更改。

6.5 「永久及完全傷殘保障」索償

在收到填妥的索償表格後，「本公司」將在考慮索償前確認所需的證據，且必須同時由一位「適當的專科醫生」和「公司醫務總監」確認「受保人」已完全符合永久及完全傷殘標準，「本公司」方會支付「永久及完全傷殘保障」索償。「本公司」保留權利，就任何治療是否必須和適合及傷殘程度，尋求獨立的確認和意見。

When a Permanent and Total Disability claim has been admitted and the Benefit paid, then

1. If the Permanent and Total Disability Benefit is the same as the Life Cover, the Policy will terminate and all other Benefits will cease.
2. If the Permanent and Total Disability Benefit is less than the Life Cover, then
 - i) The Life Cover will be reduced by the amount of Benefit paid.
 - ii) If the policy includes Critical Illness Benefit, this may remain on the Policy but if the Critical Illness Benefit exceeds the Life Cover, it will be reduced to the amount of the remaining Life Cover.
 - iii) In the case of a Joint Life Policy, as Critical Illness Benefit is paid on a first event basis, then such Benefit is cancelled by payment of the first claim.
 - iv) Waiver of Premium (if included in the Policy) can continue.
 - v) The Company will issue a Change Notification Advice showing the reduced Benefits.
 - vi) The premium amount will not change.

6.6 Claiming Both Critical Illness Benefit and Permanent and Total Disability Benefit ("Both Benefits")

When the Policy includes both Critical Illness Benefit and Permanent and Total Disability Benefit, consideration will be given to paying both Benefits due to the severe ramifications of an illness or injury suffered by a Life Insured.

An Appropriate Medical Specialist and the Company Medical Officer must both agree that the criteria for the relevant Critical Illness definition and the definition for Total and Permanent Disability have been fully met. The Company reserves the right to ask for independent confirmation that any medical treatment is necessary and appropriate, and for an opinion on the level of disability.

For the purposes of this Condition, Total Cover means the sum of the amounts shown in the Policy Schedule for Critical Illness Benefit and Permanent and Total Disability Benefit.

經本公司接納永久及完全傷殘索償及支付「保障」後：

1. 如「永久及完全傷殘保障」額與「壽險保障」額相同，本保單及所有其他「保障」將會終止。
2. 如「永久及完全傷殘保障」額少於「壽險保障」額：
 - i) 「壽險保障」額將減去已支付的「保障」金額。
 - ii) 如本保單包括「危疾保障」，該保障將會保留於本保單內，但如「永久及完全傷殘保障」額超過「壽險保障」額，「危疾保障」額將被扣減至「壽險保障」餘額。
 - iii) 在聯名壽險保單的情況下，「危疾保障」以首次事件基礎支付，該保障將在支付首次索償後取消。
 - iv) 豁免保費保障（如果包括在本保單內）將會繼續。
 - v) 「本公司」將發出「更改通知」列明減低後的「保障」。
 - vi) 保費金額將不會更改。

6.6 「危疾保障」和「永久及完全傷殘保障」同時索償（「兩項保障」）

如本保單包括「危疾保障」和「永久及完全傷殘保障」，當「受保人」因生病或受傷而遭致嚴重後果，將可獲考慮支付兩項保障。

一位「適當的專科醫生」和「公司醫務總監」必須同時確認「受保人」已完全符合相關的危疾定義和永久及完全傷殘定義的標準。「本公司」保留權利，就任何治療是否必須和適合及傷殘程度，尋求獨立的確認和意見。

就這節而言，總「保險」指保單附表內列明的「危疾保障」金額和「永久及完全傷殘保障」金額的總額。

If after consideration of a joint claim for both of these Benefits, it is possible to admit a claim for one Benefit but not the other, the provisions of Condition 6.4 (Claiming for Critical Illness Benefit) or 6.5 (Claiming for Permanent and Total Disability Benefit) will apply to whichever of Critical Illness Benefit or Permanent and Total Disablement is admitted.

When a claim for Both Benefits has been admitted and paid, then

1. If the Total Cover for Both Benefits is equal to or greater than the Life Cover, then the Company will pay the Life Cover amount (as both Critical Illness Benefit and Permanent and Total Disablement are considered advance payments of the Life Cover as per Condition 2.1 (Benefit Options)) and the Policy will terminate and all Benefits will cease.
2. If the Total Cover for Both Benefits is less than the Life Cover, then
 - i) The Life Cover will be reduced by the amount of Total Cover paid.
 - ii) In the case of a Joint Life Policy, as both Critical Illness Benefit and Permanent and Total Disability Benefit are paid on a first event basis, then both Benefits are cancelled by payment of the first claim.
 - iii) Waiver of Premium (if included in the Policy) can continue.
 - iv) The Company will issue a Change Notification Advice showing the reduced Benefits.
 - v) The premium amount will not change.

6.7 Claiming for Waiver of Premium Benefit

Upon receipt of the completed claim form, the Company will confirm what evidence is required before the claim can be considered. In order for the Company to waive premiums under the Waiver of Premium Benefit, an Appropriate Medical Specialist and the Company Medical Officer must both agree that the criteria for total disability have been fully met.

經考慮就「兩項保障」的同時索償申請，或可能出現只接納其中一個索償的情況，屆時將視乎「危疾保障」或永久及完全傷殘獲接納，第6.4節（「危疾保障」索償）或第6.5節（「永久及完全傷殘保障」索償）將會適用。

如同時接納及支付「兩項保障」：

1. 如「兩項保障」的總「保險」額等於或超過「壽險保障」額，「本公司」將會支付「壽險保障」金額（因為根據第2.1節（「保障」選擇）「危疾保障」和永久及完全傷殘被視為提前支付金額），本保單及所有「保障」將會終止。
2. 如「兩項保障」的「保險」總額少於「壽險保障」額：
 - i) 「壽險保障」將減去已支付的「保險」總額。
 - ii) 在聯名壽險保單的情況下，由於「危疾保障」和「永久及完全傷殘保障」均以首次事件基礎支付，兩個保障將在支付首次索償後會被註消。
 - iii) 豁免保費保障（如果包括在本保單內）將會繼續。
 - iv) 「本公司」將發出「更改通知」列明削減後的「保障」。
 - v) 保費金額將不會更改。

6.7 豁免保費保障索償

在收到填妥的索償表格後，「本公司」將在考慮索償前確認所需的證據，且必須同時由一位「適當的專科醫生」和「公司醫務總監」確認已完全符合完全傷殘標準，「本公司」方會豁免保費。

The Company reserves the right at any time to request evidence to support the ongoing disability of the Life Insured and at the Company's discretion, the Life Insured shall, when requested by the Company supply documents, medical evidence, reports signed by a medical practitioner approved or appointed by the Company, and shall submit themselves to be examined by a medical practitioner approved or appointed by the Company. The Life Insured must take every reasonable action, including having any appropriate medical or surgical procedure and without limitation take every reasonable step to lessen the disability in order that the Life Insured no longer meets the criteria for total disability applicable to their circumstances at the time.

The Company reserves the right to ask for independent confirmation that any medical treatment is necessary and appropriate and on the level of total disablement.

「本公司」保留權利，在任何時候要求「受保人」提供持續傷殘的證據，「本公司」並可行使酌情權，要求「受保人」提供文件、醫學證明、由「本公司」認可或委任的醫務人員簽署的報告，及接受由「本公司」認可或委任的醫務人員的檢查。「受保人」必須採取一切合理的行動，包括接受任何適當的醫療或手術程序，及在沒有限制下採取所有合理程序以減輕傷殘，從而使「受保人」不再符合當時適用於他們的情況的完全傷殘標準。

「本公司」保留權利尋求獨立意見，確認任何治療為必須和適合以及傷殘等級。

7 Beneficiary Nomination 提名「受益人」

The Policy Owner may nominate in writing a Beneficiary to receive the Life Cover subject to the Company's consent and to any terms, conditions or restrictions which the Company may reasonably, from time to time, impose.

The Policy Owner may revoke the nomination of a Beneficiary or may nominate a different Beneficiary in the place of a previously nominated Beneficiary.

Any assignment or transfer of the Policy to a third party shall automatically revoke any existing Beneficiary nomination.

In the event of a valid claim for Terminal Illness Benefit, Critical Illness Benefit or Permanent and Total Disability Benefit, subject to the Policy Terms and Conditions the claim shall be paid to the Policy Owner and not the nominated Beneficiary. In the event of a valid claim for Waiver of Premium Benefit, Policy premiums are waived by the Company and no payment is made to the Policy Owner or Beneficiary.

Any Beneficiary who becomes entitled to payment of the Life Cover shall have the right to enforce the terms of the Policy as a third party as set out in the provisions of the Isle of Man Contracts (Rights of Third Parties) Act 2001. The terms of the Policy and the Cover may be amended or varied without the Beneficiary's consent.

「保單持有人」可以書面形式提名一位「受益人」接受「壽險保障」，但須得「本公司」同意和按照「本公司」可能合理地不時施加的任何條款、條件或限制。

「保單持有人」可以撤銷已提名的「受益人」，或可提名不同的「受益人」取代先前提名的「受益人」。

轉讓本保單或將保單轉移予第三方將會自動撤銷任何現有被提名的「受益人」。

在有效的末期疾病保障、「危疾保障」或「永久及完全傷殘保障」索償的情況下，按照本保單條款與規章，應當支付索償予「保單持有人」而非指定「受益人」。在有效的豁免保費保障索償的情況下，保費由「本公司」豁免及無金額應支付給「保單持有人」或「受益人」。

任何合資格接受「壽險保障」金額的「受益人」可根據人島（Isle of Man）《2001年合同法（第三者權利）》的條文以第三者行使本保單的條款。本保單及「保險」的條款可能在未經「受益人」同意下予以修訂或更改。

8 Law and Interpretation 法律及詮釋

The Policy is governed by, and shall be construed in accordance with, the laws of the Isle of Man, and the courts of the Isle of Man shall have legal jurisdiction subject to the following conditions:

Where the Policy Owner is resident in the Hong Kong Special Administrative Region ('Hong Kong') then the Company will submit to the non-exclusive jurisdiction of any competent legal authority in Hong Kong in respect of any litigation arising out of the Policy.

Except where provided for in Condition 7 (Beneficiary Nomination), the Policy and its Terms and Conditions shall not be enforceable by virtue of the Isle of Man Contracts (Rights of Third Parties) Act 2001, or any other similar law in any other jurisdiction, by any person or party who is not a party to it.

This Policy has been designed to meet legal and regulatory requirements for customers purchasing the Policy in Hong Kong. Should the Policy Owner or the Life Insured move to another country during the term of the Policy, it may no longer be suitable. Laws and regulations in a different country may affect the Company's ability to continue to service the Policy in accordance with these Policy Terms and Conditions and the Company may no longer be able to provide the Cover under the Policy.

The Policy Owner must advise the Company of any change to country of residence during the term of the Policy prior to such change becoming effective. In these circumstances, and subject to the Policy Owner's consent, the Company may provide contact details to another Company within the Zurich Insurance Group in order to check whether there is an alternative product suited to the new situation and country of residence.

The Company does not offer tax or financial advice and recommends that independent advice is obtained in respect of any tax or financial consequences which may arise from a change in country of residence.

本保單受人島(Isle of Man)的法律管轄並應根據人島(Isle of Man)的法律解釋，人島(Isle of Man)的法院應當按照下列條件具有司法管轄權：

如「保單持有人」是香港特別行政區(「香港」)居民，有關本保單引起的訴訟，「本公司」將接受香港任何具有法律資格的司法機構的非專有管轄權。

除第7節(提名「受益人」)所列明外，任何不相關的人士一方不應憑藉人島《2001年合同法(第三者權利)》或任何其他同類的司法管轄區的法律執行本保單和本保單條款與規章。

本保單是根據符合客戶在香港購買本保單的法律和監管要求而設計。如「保單持有人」或「受保人」在保單期間移居至另一個國家，本保單可能不再適用。不同國家的法律和法規可能會影響「本公司」能否繼續根據本保單條款與規章提供服務的能力，及「本公司」或不能再提供本保單內的「保險」。

在保單期間變更居住地址，「保單持有人」必須在居住地址變更生效前通知「本公司」。在此情況下，經「保單持有人」同意，「本公司」可以向蘇黎世保險集團的另一家公司提供聯繫資料，以檢查會否有其他產品適用於新情況和居住地方。

「本公司」並不提供稅務或財務意見，建議「保單持有人」就居住國變更可能產生的任何稅務或財務後果尋求獨立意見。

9 Cooling-off rights 冷靜期權利

Policy Owners resident in Hong Kong have the right to cancel a Policy and obtain a refund of any premium(s) paid by giving written notice to the Company to the address in the 'How to contact us' section of these Policy Terms and Conditions within the cooling-off period described below. The cooling-off period is:

- 21 days after the delivery of the Policy, or issue of a Notice (informing the availability of the Policy and the expiry date of the Cooling-off period) to the Policy Owner or Policy Owner's representative, whichever is the earlier.

No refund will be made whilst a claim is being assessed, or if a claim payment has already been made.

居於香港的「保單持有人」有權在下述的冷靜期內根據本保單條款與規章「如何聯絡我們」一節列明的地址，向「本公司」發出書面通知取消保單，並獲退回任何已支付保費。冷靜期是：

- 發出本保單後21天內，或向「保單持有人」或「保單持有人」的代表發出通知書(說明保單已備妥及列明冷靜期的屆滿日)後的21日內，以較早者為準。

當索償正被評估，或如已支付索償金額，不會支付退款。

10. Assignments 轉讓

To assign the Policy, the Policy Owner must send the Company a completed assignment form and provide any information and evidence the Company reasonably requests to confirm the identity of the Policy Owner and the assignee. No assignment will be processed unless and until it is agreed by the Company in writing. Any assignment to a person resident in a different country from the Policy Owner may be subject to Condition 8 (Law and interpretation).

如要轉讓本保單，「保單持有人」必須向「本公司」遞交已填妥的轉讓表格，並按「本公司」合理要求提供確認「保單持有人」與承讓人身分的任何資料和證據。除非「本公司」書面同意，否則不會處理轉讓。如承讓人居住在與「保單持有人」不同的國家，轉讓將會受第8節(法律及詮釋)規管。

11. Anti-Money Laundering Regulations 打擊清洗黑錢條例

The Policy Owner will supply the Company with any such information or documents that the Company requests in order to comply with the Anti-Money Laundering Regulations in the Isle of Man or any other relevant jurisdiction. The Company can only proceed with the allocation of premiums or the payment of any amounts due to the Policy Owner or his representative when the information provided complies with the Regulations. Failure to provide such information will delay or prohibit the allocation of premiums or the payment of any Cover.

「保單持有人」將按「本公司」要求提供相關資料或文件，以遵守人島(Isle of Man)或任何其他相關的司法管轄區的打擊清洗黑錢條例。如所提供的資料符合條例，「本公司」才可以分配保費或向「保單持有人」或其代表支付任何到期的金額。如未能提供相關資料，將會延遲或無法分配保費或支付任何「保險」。

12. Changes to the Policy Terms and Conditions 本保單條款與規章的更改

To the extent that any change is proportionate and reasonably required, the Company may alter the Policy Terms and Conditions to take into account a decision by a court, governmental body, ombudsman, regulator, industry body or other similar body or to take account of changes to law, taxation, official guidance, or applicable codes of practice.

The Company will give notice to the Policy Owner of any changes to the Terms and Conditions 30 days before the change takes place where it is possible to do so. Where this is not possible, the Company will give notice to the Policy Owner as soon as it reasonably can.

「本公司」會考慮法院、政府機構、監察員、監管機構、行業機構或其他同類機構的決定，或就法律、稅務、官方指引、或適用的實踐守則的更改，在任何適當和合理範圍內，更改本保單條款與規章。

在可能的情況下，「本公司」將會更改發生前的30日通知「保單持有人」有關本保單條款與規章的任何更改。如情況並不可行，「本公司」將在合理可行時盡快向「保單持有人」發出通知。

13. Policy Owner/Life Insured changes of contact details

「保單持有人」/「受保人」聯繫方式的更改

The Company will use the address shown in the application form for all correspondence until it is notified otherwise. The Policy Owner/Life Insured must inform the Company in writing of any change in name or contact details and the Company may require documentary evidence to substantiate such a change.

除獲另行通知，「本公司」將使用在申請表格內列明的地址作所有通訊用途。「保單持有人」/「受保人」必須以書面形式，將任何姓名或聯繫資料的更改通知「本公司」，及「本公司」或需要書面證據，以證明該更改。

14. Notices to the Company

通知「本公司」

The Company will not be affected by notice of any assignment, Beneficiary nomination or exercise of any right relating to the Policy unless notice in writing of that assignment, nomination or exercise has been received by the Company.

除非「本公司」接獲書面通知，否則儘管有任何轉讓、「受益人」的提名、或行使任何與本保單相關的權利的通知，否則「本公司」並不會受影響。

15. Incorrect date of birth of the Life Insured

受保人出生日期錯誤

If the date of birth of the Life Insured stated in the Policy Schedule is not correct due to information provided on the application form, an adjustment may be made by the Company to the Cover.

如因為申請表格內的資料引致保單附表註明的「受保人」出生日期不正確，「本公司」可調整「保險」。

16. Force Majeure 不可抗力事件

No liability shall arise if the Company is prevented from fulfilling its obligations under the Policy by reason of any circumstances beyond its reasonable control which could be construed as a force majeure event under applicable laws including, without limitation (an act of God, war, national emergency, fire, flood, earthquake, strike or industrial action or other events of a similar or different kind) the "force majeure event". On the occurrence of a force majeure event the Company shall be excused for a period equal to the delay resulting from the force majeure event and such additional period as may be reasonably necessary to allow the Company to resume its performance.

如「本公司」因為其控制能力之外的情況，構成適用法例的不可抗力事件(包括但不限於天災、戰爭、國家緊急狀態、火災、水災、地震、罷工、工業行動或其他同類或不同的事件)(「不可抗力事件」)，以致影響其履行本保單的責任，概無須承擔任何法律責任。如遇不可抗力事件發生，在一段相等於不可抗力事件造成延遲的期間，以及在一段合理及必要讓「本公司」恢復履行責任的額外期間，「本公司」將被免除履行責任。

17. Context 文意

Throughout the Policy where the context allows, words in the singular shall include the plural, the masculine gender shall include the feminine, and vice versa.

按照本保單意思，單數之詞語應包括眾數，男性之詞語應包括女性，反之亦然。

18. Data Protection and Disclosure Information

資料保障和資訊披露

The personal information (including health information) that is supplied may be held and used by Zurich International Life Limited (the Company) in the following ways:

- to process, evaluate and administer the contracts/policies/claims
- to prevent and detect fraud and financial crime
- to perform accounting, statistical and research activities.

In order to carry out the above the Company may need to pass the information to:

- any Zurich Insurance Group companies, re-insurers, reference agencies, third parties who provide relevant services to the Company and relevant financial professionals
- countries outside the Isle of Man that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained
- public bodies including the police, or insurers' database
- any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and /or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

Where more than one form of contact details have been provided, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

Telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

Individuals are entitled to receive (from the Company's Data Protection Officer) a copy of their personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

提所提供的個人資料(包括健康資料)或會由 Zurich International Life Limited (本公司)持有及作以下用途：

- 辦理、評估及決定申請／保單／索償的要求；
- 防止及偵察詐騙和財務罪行；
- 作會計、統計及調查用途。

為執行以上用途，本公司或需將資料提供資料予：

- 任何蘇黎世保險集團公司、再保公司、信貸諮詢機構、及任何向本公司和有關理財顧問提供服務的第三方服務供應商；
- 人島以外的國家或沒有同等程度的個人資料保障，但本公司有責任確保個人資料受到同等程度的保障；
- 公共機構，包括警察，或保險公司的資料庫
- 任何有關稅務機構或政府、監管機關，或根據任何法例、規例、守則或指引的其他機關，及／或根據主管司法權區的法院的任何頒令，資料或會以任何一般途徑包括互聯網傳送。

如提供多過一種聯絡資料，本公司會因應資訊的緊急及敏感程度，採用最合適的聯絡方法。

電話內容可能會被錄音或監察，以作強化保安、處理投訴、訓練、行政和提昇服務質素之用。

個別人士有權(向本公司的資料保障專員)索取本公司持有的個人資料的副本(及或需就此收取法定費用)及更正任何錯誤。

19. Compensation Schemes 補償計劃

The Policy Owner is protected under the Isle of Man (Compensation of Policyholders) Regulations 1991. If the Company is unable to meet its liabilities under the Policy, the Scheme will provide the Policy Owner with compensation of up to 90% of the liability of the Company under the Policy.

「保單持有人」受人島《1991年(保單持有人賠償)規例》的保障。如「本公司」未能履行其在本保單下的責任，根據該規例，「保單持有人」可獲得「本公司」在本保單下90%的責任的保障。

20. Complaints 投訴

If you ever need to complain about your Policy, please contact us in the first instance, using the address or the contact numbers in the 'How to contact us' section. Details of our complaint handling process are available on request.

If you are not satisfied with our response you may also have the right to refer your complaint to:

Office of the Commissioner of Insurance
21st Floor,
Queensway Government Offices,
66 Queensway,
Hong Kong
Telephone: 852 2869 0252
Email: iamail@oci.gov.hk

As your Policy is held with the Company in the Isle of Man you may also have the right to complain to the Isle of Man Financial Services Ombudsman at the following address:

The Isle of Man Financial Services Ombudsman (FSO) Scheme
Isle of Man Office of Fair Trading,
Government Building,
Lord Street, Douglas,
Isle of Man, IM1 1LE,
British Isles.

Telephone : +44 1624 686500
Email: ombudsman@iomoft.gov.im
Website: www.gov.im/oft

假如您需要就您的保單作出投訴，請第一時間根據「如何聯絡我們」一節中的地址或聯絡電話號碼聯繫我們。我們可按要求提供處理投訴機制的細節。

假如您對我們的回應感到不滿意，您有權將您的投訴提交至：

保險業監理處
香港金鐘道66號
金鐘道政府合署21樓
致電：852 2869 0252
電郵：iamail@oci.gov.hk

因為您的保單為「本公司」在人島簽發，您有權根據以下地址向人島金融服務監察員作出投訴：

The Isle of Man Financial Services Ombudsman (FSO) Scheme

Isle of Man Office of Fair Trading,
Government Building,
Lord Street, Douglas,
Isle of Man, IM1 1LE,
British Isles.

致電：+44 1624 686500
電郵：ombudsman@iomoft.gov.im
網址：www.gov.im/oft

21. Glossary – Definitions of words used in this document

詞彙 – 本文件中詞語的定義

Additional Benefit

Critical Illness Benefit, Permanent and Total Disability Benefit or Waiver of Premium Benefit which may have been selected.

Appropriate Medical Specialist

A medical specialist with Western medical qualifications which are relevant to the medical condition which is the subject of the claim, and who is registered as a specialist in the country in which the opinion is sought.

Beneficiary

The person nominated by the Policy Owner to receive the Life Cover upon the death of the Life Insured.

Benefit

Any monetary amount payable by the Company under Life Cover, Terminal Illness Benefit, Critical Illness Benefit, Permanent and Total Disability Benefit or Waiver of Premium Benefit whilst the Policy is in force. The amount or amounts of Cover are shown in the Policy Schedule.

Change Notification Advice

The document that is issued to confirm any change to premium or Cover levels.

Claim Event

An event that occurs to a Life Insured, that meets the appropriate Benefit definition within these Terms and Conditions and which triggers a claim payment. This could include (but is not limited to) the death of a Life Insured, the diagnosis of a terminal or critical illness, the diagnosis of permanent and total disability, or the undergoing of a medical procedure.

Company Medical Officer

A medical doctor appointed by the Company as a medical advisor.

Cover

The scope of any protection available under this Policy under Life Cover, Terminal Illness Benefit, Critical Illness Benefit, Permanent and Total Disability Benefit or Waiver of Premium Benefit.

Critical Illness Benefit

The Benefit payable by the Company if a Life Insured contracts any illness covered under the Policy and defined in Condition 22 (Critical Illness Definitions) of this Policy whilst the Policy is in force and if this Cover has been chosen.

附加保障

自選的「危疾保障」、「永久及完全傷殘保障」、或豁免保費保障。

適當的專科醫生

一位擁有與索償病況有關的西方醫療資格的專科醫生，並在被徵求意見的國家註冊為專科。

受益人

由「保單持有人」提名在「受保人」身故後收取「壽險保障」的人。

保障

「本公司」在本保單生效時所支付的「壽險保障」、末期疾病保障、「危疾保障」、或「永久和完全傷殘保障」、或豁免保費保障的金額。該金額或「保險」金額已在保單附表列明。

更改通知

用以確認任何更改保費或「保險」水平的文件。

索償事件

發生在「受保人」身上，並符合本保單條款與規章內適用的「保障」定義及觸發索償金額的事件。這可能包括(但不限於)「受保人」身故、「末期疾病」或危疾的診斷、永久和完全地傷殘的診斷、或需要接受的醫療程序。

公司醫務總監

獲「本公司」委任為醫務顧問的一名醫生。

保險

任何根據本保單在「壽險保障」、末期疾病保障、「危疾保障」、「永久及完全殘疾保障」、或豁免保費保障獲得的保障範圍。

危疾保障

在本保單有效期間及如危疾保障「保險」已被選擇，「本公司」將根據「受保人」患上本保單保障及本保單第22節(危疾定義)定義的疾病而支付的「保障」。

Life Cover

The amount payable by the Company if a Life Insured dies whilst the Policy is in force.

Life Insured

A person whose life is insured under the Policy.

Life of Another Policy

A Policy owned by a person who is not a Life Insured. This may include instances where the Policy is owned by a corporate entity.

On Risk Date

The date on which Cover under any Benefit selected first applies.

Partial Payment

In the event of a first valid critical illness claim for angioplasty and ductal carcinoma in situ of the breast (see Condition 22 (Critical Illness definitions)) the amount of the claim is limited to a fixed sum, instead of the full critical illness sum insured.

Permanent and Total Disability Benefit

The Benefit payable by the Company if a Life Insured is diagnosed with a permanent and total disability covered under the Policy.

Policy Owner

The individual or entity that enters into the contract of insurance with the Company, that owns the Policy and that has the right to exercise all privileges under the Policy.

Premium Due Date

The date, on which premiums are due, calculated from the due date of the first premium and the frequency of payment.

Policy Currency

The currency in which premiums and any Benefits are payable as shown on the Policy Schedule.

Policy Term

The period of time in which the Policy is in force, from the Policy Commencement Date to the Policy Termination Date, both of which are shown in the Policy Schedule.

壽險保障

在本保單有效期間，「本公司」就「受保人」身故而支付的金額。

受保人

受本保單保障其性命的人士。

非本人壽險保單

「受保人」並非「保單持有人」的保單，例子包括由公司持有的保單。

承保日

所選「保障」的「保險」最初開始生效的日期。

部分付款

就冠狀動脈成形手術和乳腺導管原位癌(見第22節(危疾定義))提出的首個有效危疾索償而支付的索償金額，其上限為一個固定的金額，而不是整個危疾保障金額。

永久及完全傷殘保障

「本公司」就「受保人」被診斷為本保單涵蓋的永久及完全傷殘而支付的「保障」。

保單持有人

與「本公司」訂立保險合約並擁有本保單及有權行使本保單下所有特權的個人或團體。

保費到期日

按應繳首期保費當日及支付的頻率計算的到期應付保費當日。

保單貨幣

在保單附表列明用以支付保費及任何「保障」的貨幣。

保單年期

本保單有效的期間，從保單生效日至保單終止日，兩個日期均已在保單附表列明。

Terminal Illness

An advanced or rapidly progressing incurable illness, where, in the opinion of an attending Medical practitioner (acceptable to the Company) and the Company Medical Officer, the Life Insured's life expectancy is no more than 12 months. 'Medical practitioner' means a legally qualified and duly licenced medical physician or surgeon acting within the scope of that licence who is not the Life Insured or a close relative of either the Life Insured or their spouse or, the Policy Owner or their spouse.

The Company

Zurich International Life Limited

末期疾病

末期或迅速惡化不能醫治，並由「本公司」認可的主診醫生及「公司醫務總監」認為「受保人」的壽命不會超過 12 個月的疾病。「醫生」指具有法定資格及正式領有牌照的醫生或外科醫生在該牌照範圍內行醫，而並非「受保人」、或「受保人」或其配偶的近親，或「保單持有人」或其配偶。

本公司

Zurich International Life Limited

22. Critical Illness definitions 危疾定義

Critical Illness means any one of the following:

1) Angioplasty (Partial Payment of the lower of 10% of the Critical Illness sum insured or HKD200,000)

First treatment to correct the narrowing of a minimum of 60% stenosis, of two or more major coronary arteries as shown by angiographic evidence by a balloon angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA) or similar intra arterial catheter procedure in a specified country*. The Angioplasty must be considered medically necessary by a consultant cardiologist, and there must be angiographic evidence of significant coronary artery disease.

For this condition the maximum payment is limited to the lower of 10% of the Critical Illness sum insured shown in the Policy Schedule (or any subsequent Change Notification Advice), or HKD200,000 (or currency equivalent determined by the Company) and the Critical Illness sum insured and Life Cover will be reduced by the amount of the payment. A partial payment amount under this condition will only be paid once. The remaining portion of the critical illness sum insured will be paid on diagnosis of any subsequent qualifying critical illness.

For the above definition, the following is not covered:

- diagnostic angiography.

2) Apallic syndrome

Universal necrosis of the brain cortex with the brain stem intact. The diagnosis must be confirmed by a consultant neurologist. The condition has to be medically documented for at least one month.

For the above definition, the following is not covered:

- Apallic syndrome secondary to alcohol, drug or chemical abuse.

3) Aplastic anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

「危疾」指以下任何疾病：

1) 冠狀動脈成形手術（「部分付款」為危疾保障金額 10% 或 200,000 港元，以較低者為準）

在指定國家 * 利用氣球血管整形手術、經皮層透視冠狀動脈成形手術或同類動脈內導管手術，初次治療兩條或多條透過血管造影證據顯示至少 60% 狹窄的主要冠狀動脈以糾正收窄情況。冠狀動脈成形手術必須經心臟科顧問醫生認為必要的醫療手術，並必須出示嚴重冠狀動脈疾病的血管造影證據。

這種病況的最高支付限額為保單附表內（或任何其後「更改通知」）列明危疾保障金額的 10% 或 200,000 港元（或由「本公司」決定的其他等值貨幣），以較低者為準。已支付的索償金額會在危疾保障金額和「壽險保障」中扣除。每份保單只會支付一次就這種症狀而支付的「部分付款」。危疾保障金額的剩餘部分會用以支付其後診斷的任何合資格的危疾。

對於上述定義，不包括下列：

- 血管成形手術診斷。

2) 植物人

腦幹完整但腦皮層全面壞死，診斷必須由腦神經科顧問醫生確認，病況必須有至少一個月的紀錄。

對於上述定義，不包括下列：

- 因濫用酒精、藥物或化學品變為植物人。

3) 障礙性貧血

因骨髓慢性持續衰竭而導致貧血、中性白血球減少症及血小板減少症，而必須接受以下最少一種治療：

- 輸血；
- 骨髓刺激素；
- 免疫抑制劑；或
- 骨髓移植手術。

The diagnosis must be confirmed by a haematologist.

For the above definition the following are not covered:

- Other forms of anaemia.

4) Bacterial meningitis

The unequivocal diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms or physical deficit.

For the above definition, the following are not covered:

- Other forms of meningitis, including viral meningitis.

5) Benign brain tumour

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms. The requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Angiomas.

6) Blindness

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

7) Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

此診斷必須由血液科醫生鑑定。

對於上述定義，不包括下列：

- 其他類型的貧血。

4) 細菌性腦膜炎

確診因細菌性腦膜炎，導致嚴重及永久性的神經機能缺陷並出現持續的臨床症狀或身體缺陷。

對於上述定義，不包括下列：

- 其他類型的腦膜炎，包括病毒性腦膜炎。

5) 良性腦部腫瘤

腦內或頭骨內的顱神經或腦脊膜非惡性腫瘤或囊腫，導致永久性神經機能缺陷及持續臨床症狀。

若良性腦部腫瘤已經以手術切除，出現永久性神經機能缺陷及持續臨床症狀的條件將被豁免。

對於上述定義，不包括下列：

- 腦下垂體腫瘤。
- 血管瘤。

6) 失明

永久及不可復原的喪失視力，即使配戴助視器進行檢驗，視力較好的一隻眼亦只能達到斯力倫氏視力的 3/60 級或更差。

對於上述定義，不包括下列：

- 「保單持有人」對「受保人」的蓄意傷害。
- 故意自我傷害。

7) 癌症

經組織化驗呈陽性反應並出現惡性細胞失控地生長及入侵組織的病徵而確診為的任何惡性腫瘤。惡性腫瘤包括：白血病，肉瘤和淋巴瘤，但皮膚淋巴瘤（淋巴瘤局限於皮膚）除外。

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive
 - cancer in situ
 - having either borderline malignancy; or having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- All tumours in the presence of HIV infection
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

8) Cardiomyopathy

Condition of impaired ventricular function (of variable aetiology) resulting in significant physical impairment of at least Class 4 on the New York Heart Association classification of cardiac impairment**. The diagnosis of Cardiomyopathy must be confirmed by a consulting cardiologist. Cardiomyopathy includes dilated hypertrophic and restrictive cardiomyopathy.

The following are excluded

- Cardiomyopathy secondary to alcohol abuse or drug abuse.
- All other forms of heart disease, heart enlargement or myocarditis.

** NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

9) Chronic/end stage liver failure

End stage liver disease or Cirrhosis means chronic end-stage liver failure that causes at least one of the following:

對於上述定義，不包括下列：

- 所有經組織化驗列為以下的癌症：
 - 癌前病變；
 - 非入侵性癌症；
 - 原位癌；
 - 交界性癌症；或低度潛在癌症。
- 所有前列腺腫瘤，除非經組織化驗證實格里遜森積分高於6或生長至少達到臨床TNM分類T2N0M0級則例外。
- 愛滋病病毒感染引致的所有腫瘤。
- 慢性淋巴細胞性白血病，但經組織化驗分類為已進入至少為Binet Stage A 除外。
- 任何皮膚癌（包括皮膚淋巴瘤），經組織化驗分類為造成入侵至表皮（皮膚外層）更深入的惡性黑色素瘤除外。

8) 心肌病

心室機能損傷症狀（可變病原學）導致紐約心臟協會心肌損傷分類中最少第4級**的嚴重身體損傷，心肌病的診斷必須由心臟科顧問醫生確定。心肌病包括擴張型肥厚性及限制型心肌病。

以下不在保障範圍之內：

- 濫用酒精和毒品引致之心肌病。
- 所有其他形式的心臟病、心臟擴大或心肌炎。

** 紐約心臟協會第4級心肌損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

9) 慢性/末期肝衰竭

末期肝病或肝硬化指慢性末期肝衰竭導致以下最少一種情況：

- Uncontrollable ascites;
- Permanent jaundice;
- Oesophageal or gastric varices; or
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

10) Chronic/end stage lung disease

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a permanent basis;
- evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40 percent of normal;
- vital capacity less than 50 percent of normal; and
- dyspnea at rest.

11) Chronic organic brain disease – before age 65

Chronic organic brain disease diagnosed before the 65th birthday by a Consultant Neurologist or Neuropsychiatrist, with the use of appropriate examination and investigation or imaging techniques, which results in an impaired short term and long term memory (unable to retain and retrieve information); and being disorientated in time, person and place; and impairment of the ability to make appropriate decisions and manage their affairs. The illness must affect the Life Insured to the extent that they will need care and supervision from another person to wash, dress and partake of meals; and will require medication for the rest of their life, irrespective of when the cover ends. Without medication there would be significant health and/or safety concerns.

12) Chronic relapsing pancreatitis

The definite diagnosis of chronic relapsing pancreatitis by a Consultant Physician or Consultant Surgeon. There must be progressive destruction of the pancreas by repeated attacks of proven acute interstitial pancreatitis. The diagnosis of chronic relapsing pancreatitis must be based on clinical evidence and modern imaging techniques.

For the above definition, the following is not covered:

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；或
- 肝性腦病。

因濫用酒精或藥物引致之肝病不在保障範圍內。

10) 慢性 / 末期肺病

顧問醫生確診為嚴重肺病，並證明出現以下所有情況：

- 需要每日持續接受永久性補給氧氣治療；
- 需要氧氣治療已經至少6個月的證明；
- 強力呼氣容積 1 少於正常水平 40%；
- 肺活量低於正常水平 50%；及
- 休息時呼吸困難。

11) 慢性器質性腦疾病 – 65 歲前

病者在 65 歲生日前由一名腦神經科顧問醫生或神經精神科醫生以適當的檢查和診斷或影像技術確診患有慢性器質性腦疾病，導致病者短期和長期記憶受損（無法保留和取得信息）、對時間、人物和地點變得迷惘、作出適當決定能力及自理能力減退，必須導致「受保人」需要在他人照顧和監督下洗澡、穿衣和進食。不論保險在何時完結，病者餘生都需要服用藥物。在沒有藥物下，病者會有嚴重的健康及 / 或安全問題。

12) 慢性復發性胰臟炎

由一名顧問醫生或顧問外科醫生診斷的慢性復發性胰臟炎，且必須因證實的急性間質胰臟炎反復發作導致胰臟受到漸進性破壞。慢性復發性胰臟炎的診斷必須根據臨床證據和現代影像技術。

對於上述定義，不包括下列：

- chronic relapsing pancreatitis secondary to alcohol, drug or chemical abuse.

13) Coma

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- results in permanent neurological deficit with persisting clinical symptoms; and
- is not an artificial (medically induced) coma for therapeutic reasons.

For the above definition the following are not covered:

- Coma secondary to alcohol, drug or chemical abuse.

14) Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

If you are included on an official waiting list in a specified country* (for the list of countries please refer to the specified country list below), solely for coronary artery by-pass surgery, up to 20% of the critical illness Cover amount can be accelerated to enable the surgery to be performed. If you are included on an official waiting list in India solely for coronary artery by-pass surgery, the lower of 20% of the Critical Illness Cover amount or HKD112,500 (or currency equivalent determined by the Company) can be accelerated to enable the surgery to be performed. Where an accelerated payment has been made, the remaining portion of the critical illness sum insured is payable on completion of the procedure.

- 因濫用酒精、藥物或化學品導致慢性復發性胰臟炎。

13) 昏迷

處於無意識狀態，對所有外界刺激或體內需要均沒有反應，並：

- 需持續不斷地使用維持生命系統最少 96 小時；及
- 導致永久性神經機能缺陷及持續臨床症狀；及
- 不是因為治療的人造（藥物引起）昏迷。

對於上述定義，不包括下列：

- 因濫用酒精、藥物或化學品導致之昏迷。

14) 冠狀動脈繞道搭橋 – 以手術分隔胸骨

遵照心臟科顧問醫生建議進行胸骨正中切口手術（將胸骨分隔），利用繞道搭橋糾正一條或多條收窄或堵塞的冠狀動脈。

如果您被列入指定國家*（請參閱下列指定國家名單）的正式輪候名單，只進行冠狀動脈繞道手術，可獲預付最多 20% 的「危疾保障」額以進行手術。如果您被列入印度的正式輪候名單，只進行冠狀動脈繞道手術，可以獲預付「危疾保障」額的 20% 或 112,500 港元（或其他由「本公司」決定的等值貨幣）以較低者為準的金額以進行手術。支付預付額後，剩餘的危疾保障金額將在手術完成後發放。

15) Creutzfeldt-Jakob disease

The unequivocal diagnosis of Creutzfeldt-Jakob disease, made by a consultant neurologist, evidenced by a significant reduction in mental and social functioning such that requiring continuous assistance, or supervision by a third party is required. The diagnosis must be confirmed by a medical specialist.

16) Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

17) Dementia (including Alzheimer's disease) before age 65 - resulting in permanent symptoms

A definite diagnosis before age 65 of Dementia or Alzheimer's disease by a consultant neurologist.

The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity including the ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas

that results in a requirement for continual supervision to protect the Life Insured or others.

For the above definition, the following is not covered:

- Dementia relating to alcohol, drug abuse or AIDS.

15) 克雅二氏症(瘋牛病)

經由腦神經科顧問醫生確診為克雅二氏症，並證實精神及社交功能顯著下降因而需要持續的協助，或需要他人的監察。診斷必須由專科醫生確診。

16) 失聰 – 永久及不可復原

永久及不可復原地喪失聽力，較好的耳朵使用純音聽力時在整個頻率範圍內損失超過 95 分貝的聽力。

對於上述定義，不包括下列：

- 「保單持有人」對「受保人」的蓄意傷害。
- 故意自我傷害。

17) 65歲前癡呆症(包括亞爾茨海默氏病) – 造成永久性病癥

經由腦神經科顧問醫生確診，於 65 歲前患上癡呆症或亞爾茨海默氏病。診斷必須排除其他可以識別的原因，確診為因永久及不可復原的腦功能衰竭導致嚴重的意識障礙。嚴重意識障礙指包括以下認知能力惡化或喪失：

- 記憶；
- 推理；及
- 意念、理解、表達和實行意念

導致需要持續的監察以保障「受保人」或其他人。

對於上述定義，不包括下列：

- 因濫用酒精、藥物或愛滋病導致的癡呆症。

18) Dissecting aortic aneurysm

A definite diagnosis of dissecting aortic aneurysm causing tearing of the inner lining of the aorta (intima layer) such that blood enters the wall of the aorta and separates its layers.

Diagnosis must be made by a consultant physician, cardiologist or vascular surgeon and meet both of the following criteria:

- Symptoms consistent with dissecting aortic aneurysm are present;
- Diagnosis is confirmed by computer tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram.

Preventative surgery for replacement of the aortic root or valve preserving aortic root reconstruction is excluded.

19) Ductal carcinoma in situ of the breast- with specific treatment (Partial Payment of the lower of 12.5% of the Critical Illness sum insured or HKD150,000)

The Company will pay the lower of 12.5% of the Critical Illness sum insured shown in the Policy Schedule (or any subsequent Change Notification Advice), or HKD150,000 (or currency equivalent determined by the Company), if the Life Insured is diagnosed with a ductal carcinoma in situ (DCIS) of the breast, which is histologically confirmed, and as a result requires total mastectomy, segmentectomy or lumpectomy. The need for the procedure must be confirmed by an oncologist or a breast surgeon.

DCIS of the breast treated by other methods and lobular carcinoma in situ of the breast are specifically excluded.

This benefit is only payable once in the policy lifetime and after payment, the Critical Illness sum insured and Life Cover will be reduced by the amount of the payment.

20) Ebola – with haemorrhagic fever

The definite diagnosis of infection with the ebola virus causing haemorrhagic fever. The diagnosis must be made by a Consultant Physician specialising in infectious diseases and be confirmed by laboratory testing.

18) 主動脈夾層動脈瘤

確診為主動脈夾層動脈瘤引致主動脈內壁(內膜)撕裂，而血液進入主動脈並分隔其夾層。

必須由顧問醫生、心臟科醫生或血管外科醫生診斷，並符合以下兩個標準：

- 出現與主動脈夾層動脈瘤一致的症狀；
- 透過電腦斷層掃描、磁力共振掃描、磁力共振血管造影或血管造影確認病狀。

預防性手術更換主動脈根或瓣以保存主動脈根重建並不在保障範圍之內。

19) 乳腺導管原位癌 – 具體治療(「部分付款」為危疾保障金額的 12.5% 或 150,000 港元，以較低者為準)

如果「受保人」經組織化驗證實患上乳腺導管原位癌，並因此需進行乳房切除術、段切除術或腫瘤切除術，「本公司」將支付保單附表(或其後「更改通知」)內所列出的危疾保障金額的 12.5% 或 150,000 港元(或其他由「本公司」決定的等值貨幣)，以較低者為準。所需手術必須由腫瘤科醫生或乳房外科醫生確認。

以其他方法醫治乳腺導管原位癌及原位乳葉癌並不在保障範圍之內。

本保障只在保單有效期內支付一次。支付索償後，支付金額會在危疾保障金額和「壽險保障」中扣除。

20) 伊波拉病毒出血熱

確診患上伊波拉病毒出血熱。診斷必須由傳染病顧問醫生確診及由實驗室測試確認。

21) Encephalitis

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Chronic fatigue syndrome and myalgic encephalomyelitis.

22) Fulminant viral hepatitis

A sub massive to massive necrosis of the liver by the hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of ALL the following criteria:

- development of encephalopathy;
- necrosis of liver tissue involving entire lobules (if pathology is available);
- rapid deterioration of liver function tests;
- deepening jaundice.

The diagnosis must be confirmed by a consultant hepatologist or gastroenterologist and supported by appropriate clinical evidence.

Liver failure due to alcohol, drug or chemical abuse or following ingestion of poisons or toxins (including but not limited to suicide attempts) are excluded.

23) Heart attack

The first occurrence of heart attack or myocardial infarction (which means the death of a portion of the heart muscle, as a result of an acute interruption of blood supply to the myocardium), that has resulted in all of the following:

- New characteristic electrocardiographic changes.
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 - Troponin T > 1.0 ng/ml
 - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

21) 腦炎

由腦神經科顧問醫生確診為腦炎，導致永久性神經機能缺陷及持續臨床症狀。

對於上述定義，不包括下列：

- 慢性疲勞綜合症和良性肌痛性腦脊髓炎

22) 爆發性病毒性肝炎

因肝炎病毒而引致次規模至大規模的肝臟壞死，導致急性肝衰竭。這種疾病的診斷必須基於符合以下所有標準：

- 發展為腦病；
- 包括肝小葉的肝組織壞死(如病理適合)；
- 肝功能測試迅速轉差；
- 黃疸症狀加劇。

診斷必須由肝臟科顧問醫生或腸胃科顧問醫生確認，並獲合適的臨床證據支持。

因濫用酒精、藥物或化學品或攝入毒藥或毒素(包括但不限於自殺未遂)引致之肝衰竭並不在保障範圍之內。

23) 心臟病

心臟病或心肌梗塞初次病發，指心肌的血液供應急性中斷導致部分心肌壞死，導致以下所有症狀：

- 新心電圖改變。
- 心臟酵素或肌鈣蛋白提高，並錄得以下或更高水平：
 - 肌鈣蛋白 T>1.0ng/ml;
 - AccuTnl> 0.5ng/ml; 或其他心肌酶譜I方法的等同臨界。

證據必須顯示為急性心肌梗塞。

For the above definition, the following is not covered:

- Other acute coronary syndromes including but not limited to angina.

24) Heart valve surgery

The first occurrence of open or endoscopic heart valve surgery, performed to replace or repair one or more heart valves, as a consequence of defects that cannot be repaired by intra arterial catheter procedures alone. The surgery must be performed after a recommendation by a consultant cardiologist.

25) HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment from the eligible occupations listed below after the Date Risk Assumed of the Policy and satisfying all of the following:
 - The incident must have been reported to appropriate State and professional authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV.
 - Antibody test taken within 10 days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
 - The incident causing infection must have occurred in a specified country (as defined in the Policy Conditions).

對於上述定義，不包括下列：

- 其他急性冠狀綜合症，包括但不限於心絞痛。

24) 心瓣手術

首次以開刀或內窺鏡進行心瓣手術，因無法單以動脈內導管手術修補缺陷，而置換或修補一塊或以上心瓣。必須諮詢心臟科顧問醫生的意見後才進行手術。

25) 愛滋病病毒感染 – 在指定國家* 因輸血、身體攻擊或合資格職業而感染

因以下原因感染愛滋病病毒：

- 作為治療一部分的輸血；
- 身體攻擊；
- 在本保單承擔風險日期起從事合資格職業執行正常職務時所發生的事件，並符合以下所有條件：
 - 事件必須已向相關國家和專業機構報告，並已按照既定程序調查。
 - 當因身體攻擊或執行正常職務時所發生的事件感染愛滋病毒，事件必須以陰性反應的愛滋病病毒抗體測試支持。
 - 在事件發生後 10 天內進行抗體測試。
 - 必須在 12 個月內再進行愛滋病毒測試確認愛滋病毒或抗體的存在。
 - 引致感染的事件必須在指定國家發生（見保單規章定義）。

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

The eligible occupations are:

- a member of the medical or dental professions;
- a police, prison or fire officer;
- a pharmacist, laboratory assistant or an employee in a medical facility.

26) Impairment of daily activities – through permanent disability before age 65

A Life Insured will satisfy the permanent disability assessment criteria if before their 65th birthday they are diagnosed as permanently and irreversibly unable, because of illness or accidental injury to perform at least three of the following six tests***

- i) Walking on the flat. Walk 200 metres on an even surface, with the use of walking sticks or crutches if required, without having to stop due to breathlessness or severe pain.
- ii) Climbing. Walk up a flight of 12 stairs; and walk down a flight of 12 stairs with the use of a handrail, walking sticks or crutches if required, without having to stop due to breathlessness or severe pain.
- iii) Bending. To get into a standard saloon car; and get out of a standard saloon car; and bend or squat to pick up a light object from the floor and straighten up.
- iv) Lifting and carrying. Lift and carry a 2.5kg bag with a handle from a surface one metre above the floor to a similar surface of similar height five metres away, with the use of walking sticks or crutches if required.
- v) Dressing. Put on (without the need for fastening or buttoning) their coat or jacket; and take off their coat or jacket; and put on and take off a pair of socks.
- vi) Dexterity. Have the physical ability required to use a desk top personal computer keyboard and write legibly using a pen or pencil.

對於上述定義，不包括下列：

- 因其他形式包括因性活動或濫用藥物導致感染愛滋病病毒。

合資格的職業為：

- 醫務或牙科人員。
- 警察、監獄官員或消防員。
- 藥劑師、實驗室助理或醫療機構僱員。

26) 日常活動障礙 – 因 65 歲前的永久性殘疾

如「受保人」在 65 歲生日前因疾病或意外受傷被診斷為永久的和不可逆轉地不能執行以下六個測試***的至少三個，「受保人」將符合永久傷殘評估標準：

- i) 在平地走路。使用手杖或拐杖（如需要）在平地走 200 米而不會因呼吸急促或劇痛而停止。
- ii) 攀爬。使用扶手、手杖或拐杖（如需要）走上 12 級樓梯，及走下 12 級樓梯而不會因呼吸急促或劇痛而停止。
- iii) 彎腰。進出一架普通汽車；彎腰或蹲下，從地上拾起輕型物件及起立站直。
- iv) 提起和攜帶。使用手杖或拐杖（如需要）將一個附設挽手及重 2.5 公斤的袋子從離地一米的地板提起，然後攜帶至五米以外類同的地板和高度。
- v) 穿衣。穿上（不需繫緊或扣鈕）和脫下自己的大衣或外套，及穿上和脫下一雙襪子。
- vi) 靈巧度。有足夠的體能使用桌面個人電腦鍵盤，及使用原子筆或鉛筆書寫能辦讀的字體。

***For each test there must be clear evidence, to the reasonable satisfaction of the Company's Chief Medical Officer, that can be demonstrated by the independent testing in clinical conditions of physical disorder illness or injury (under the direction of a specialist in rehabilitation or occupational medicine or director of a pain clinic) to support the degree of discomfort, pain, disability or loss of function claimed by the Life Insured.

27) Kidney failure

End stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or requiring a renal transplant.

28) Loss of independent existence – resulting in permanent symptoms

A condition which means that the Life Insured is, as a result of a disease, illness or accident, permanently, totally and irreversibly unable to perform the activities in four of the six following categories, without the assistance of someone else:

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.
- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

29) Loss of speech

Total and irrecoverable loss of the ability to speak which must be established for a continuous period of 12 months. Medical evidence is to be supplied by an appropriate Ear, Nose and Throat specialist and to confirm injury or disease to the vocal chords. All psychiatric related causes are excluded. The condition must not be able to be corrected by medical procedure.

*** 每項測試必須有明確的證據（在康復或職業治療專科醫生或疼痛科醫生的指導下）藉獨立測試進行，向「本公司」的首席醫務總監合理地證明身體機能出現失調或受傷的臨床症狀，以支持「受保人」聲稱的不適、疼痛、傷殘或喪失功能的程度。

27) 腎衰竭

腎病的末期階段，呈現兩個腎臟慢性不可復原的功能衰竭。必須接受定期腎臟透析或需要移植腎臟手術證明有關診斷。

28) 喪失獨立生活能力 – 導致永久性症狀

「受保人」因患病、疾病或意外永久地、完全地和不可復原地在沒有其他人的協助下，無法執行任何以下六種活動其中四種的症狀：

- i) 個人衛生 – 清潔或洗澡，以保持必須的個人清潔。
- ii) 穿衣 – 穿上和脫下所有必要的衣服。
- iii) 行動 – 在不同房間之間來往走動，上落床或椅子。
- iv) 飲食 – 進食和飲用已準備好的食品 and 飲料。
- v) 使用廁所 – 進出廁所，並保持個人衛生。
- vi) 失禁 – 自行控制腸和膀胱功能。

29) 喪失語言能力

完全及不可復原地喪失說話能力，並必須持續 12 個月。必須經適當的耳、鼻、喉專科醫生提供醫療證明，確定聲帶受損或患病。

所有精神科相關的病症並不在保障範圍之內。此症狀無法經醫療程序糾正。

30) Major organ transplant

The undergoing as a recipient of a transplant, to replace a diseased or damaged organ, of bone marrow including human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or of one of the following complete human organs: heart, kidney, liver, lung or pancreas or inclusion on an official waiting list in a specified country* (for the list of countries refer to specified country list below), solely for such a procedure.

For the above definition, the following is not covered:

- Other than the above, stem cell transplants are excluded.
- Transplant of parts of organs, tissues or cells or any other organs.

31) Medullary cystic disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis. Clinical manifestations of the condition including anaemia, polyuria and renal loss of sodium, or progression to chronic renal failure must be demonstrated. Diagnosis should be supported by renal biopsy and confirmed by a nephrologist.

32) Motor neurone disease (including amyotrophic lateral sclerosis)

A definite diagnosis of motor neurone disease (including Amyotrophic Lateral Sclerosis) by a consultant neurologist. There must be permanent clinical impairment of motor function and definitive evidence of appropriate and relevant clinical examination findings (e.g. Electromyography, Electroneurography, Nerve Conduction Velocity).

33) Multiple sclerosis – with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.

34) Muscular dystrophy

The diagnosis of Muscular Dystrophy confirmed by a consulting neurologist, and based on a combination of all of the following:

30) 主要器官移植

以接受移植者身份進行骨髓病變或受損器官移植手術，包括清除所有骨髓後利用造血幹細胞製造人類骨髓，或以下任何整個人體器官：心臟、腎臟、肝臟、肺或胰臟；或被列入在指定國家*（請參閱下列指定國家名單）的官方醫院器官移植輪候名單只進行此手術。

對於上述定義，不包括下列：

- 上述以外，幹細胞移植除外。
- 移植器官、組織或細胞或任何其他器官部分。

31) 腎髓質囊腫病

漸進性遺傳腎病，出現腎髓質囊腫、腎小管腔萎縮及間質性纖維化。必須呈現臨床症狀包括貧血、多尿和腎性失鈉，漸漸發展為慢性腎衰竭。診斷應以腎臟活細胞檢查作為依據並由腎病專科醫生確認。

32) 運動神經原疾病（包括肌萎縮性脊髓側索硬化症）

經由腦神經科顧問醫生確診為運動神經原疾病（包括肌萎縮性脊髓側索硬化症）。必須是永久性運動功能臨床障礙及有適當和相關的臨床檢查結果（如肌電圖、電圖、神經傳導速度）確實。

33) 多發性硬化症 – 持續症狀

由腦神經科顧問醫生確診為多發性硬化症。必須有持續至少六個月的正在發生的運動功能或感官功能臨床障礙。

34) 肌肉萎縮症

必須由腦神經科顧問醫生依據以下所有綜合因素診斷為肌肉萎縮症：

- Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- Characteristic electromyogram; and
- Clinical suspicion confirmed by muscle biopsy.

35) Myasthenia gravis

An autoimmune disorder characterised by chronic weakness of voluntary muscles which is confirmed by a Consultant Neurologist and proven by Tensilon test, positive anticholinergic receptor antibodies and electromyogram (EMG). The Consultant Neurologist must report that the disease is generalised, causing permanent functional impairment and disability despite optimal therapy with surgery or medications.

For the above definition, the following are not covered:

- Occular myasthenia gravis.
- medication induced myasthenia gravis.
- myasthenia gravis in remission.

36) Necrotising fascitis

A definite diagnosis of life threatening Necrotising fascitis which may result in one or more of:

- kidney failure, or
- extensive tissue damage or loss, or
- amputation of a limb or limbs.

The diagnosis of Necrotising fascitis must be confirmed by a consultant physician in infectious diseases.

37) Open heart surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist, to correct a structural abnormality of the heart.

38) Paralysis

Total, permanent and irreversible loss of muscle function to the whole of any two limbs as a result of physical injury or disease.

- 臨床顯示包括缺乏感官干擾、正常腦脊髓液及腱反應輕微減退；
- 特性肌電圖；及
- 經肌肉活組織檢查鑑定臨床疑診為正確。

35) 重肌無力症

由腦神經科顧問醫生根據依酚氯胺測試、呈陽性抗膽鹼感覺器官抗體和肌電圖證實及診斷，為隨意肌慢性虛弱的自身免疫性疾病。腦神經科顧問醫生必須在報告內指出，即使進行理想的手術或藥物治療，疾病仍為全身性，並會導致永久機能受損和傷殘。

對於上述定義，不包括下列：

- 眼部重症肌無力。
- 藥物引致重肌無力症。
- 緩解重肌無力症。

36) 壞死性筋膜炎

致命性壞死性筋膜炎的診斷，可能導致病人一次或多次：

- 腎衰竭，或
- 廣泛纖維組織損壞或損失，或
- 截肢。

診斷必須由傳染病顧問醫生確診。

37) 切開心臟手術 – 以手術分隔胸骨

在心臟科顧問醫生的意見下接受胸口正中切開手術（將胸骨分隔），以糾正心臟結構異常。

38) 癱瘓

因身體受傷或患病而完全、永久及不可復原地喪失任何兩肢全部的肌肉功能。

For the above definition, the following is not covered:

- loss of function arising from a psychiatric or psychological disorder.

39) **Parkinson plus syndrome**

Unequivocal diagnosis of Parkinson Plus Syndrome by a consulting neurologist, based on definitive signs of progressive and permanent neurological impairment, where the Life Insured has permanent inability to perform at least four of the six following Activities of Daily Living (ADL's), in spite of being on optimal medication:

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.
- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

Drug induced or toxic causes of Parkinson Plus Syndrome are excluded.

40) **Parkinson's disease before age 65 – resulting in permanent symptoms**

A definite diagnosis of Parkinson's disease before age 65 by a consultant neurologist.

There must be permanent clinical impairment of motor function with associated tremor, and muscle rigidity.

For the above definition, the following are not covered:

- Parkinson's disease secondary to drug, alcohol or chemical abuse.
- Other Parkinsonian syndromes (not including Parkinsons' Plus).

對於上述定義，不包括下列：

- 因精神或心理失調引致功能喪失。

39) **柏金遜症非典型額外症候群**

經由腦神經科顧問醫生依據漸進及永久神經損傷的明確症狀，確實診斷為柏金遜症非典型額外症候群，而「受保人」接受最理想的藥物治療後，仍然永久無法執行以下六項日常生活的活動中最少四項：

- i) 個人衛生 — 清潔或洗澡，以保持必須的個人清潔。
- ii) 穿衣 — 穿上和脫下所有必要的衣服。
- iii) 行動 — 在不同房間之間來往走動，上落床或椅子。
- iv) 飲食 — 進食和飲用已準備好的食品 and 飲料。
- v) 使用廁所 — 進出廁所，並保持個人衛生。
- vi) 失禁 — 自行控制腸和膀胱功能。

濫用藥物或有毒物質引致的柏金遜症非典型額外症候群不在保障範圍之內。

40) **65歲前患柏金遜症 — 引致永久性症狀**

經由腦神經科顧問醫生確實診斷 65 歲前患柏金遜症。

必須出現運動功能永久性臨床障礙，相關的震顫及肌肉僵直。

對於上述定義，不包括下列：

- 因濫用酒精、藥物或化學品導致柏金遜症
- 其他柏金遜綜合症(不包括柏金遜附加症)

41) Primary pulmonary arterial hypertension – resulting in permanent symptoms

Primary pulmonary arterial hypertension associated with right ventricular enlargement established by investigations including catheterisation resulting in significant permanent physical impairment to the degree of Class 4 of the New York Heart Association classification of cardiac impairment.

NYHA Class 4 cardiac impairment means that the patient is symptomatic during ordinary daily activities despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

42) Progressive supra nuclear palsy - with permanent symptoms

The definite diagnosis of progressive supra nuclear palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.

43) Severance of limbs

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

44) Severe rheumatoid arthritis

Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition should be such that it results in a permanent inability to perform at least four of the six following Activities of Daily Living (ADLs):

- i) Personal hygiene – washing or bathing to the extent needed to maintain personal cleanliness.
- ii) Dressing – putting on and taking off all necessary clothes.
- iii) Mobility – moving from one room to another or getting in and out of a bed or chair.

41) 肺動脈高血壓 – 引致永久性病癥

經由包括導管在內的各類檢查而確定為與右心室肥大有關的原發性肺動脈高血壓，導致嚴重永久身體受損的程度為紐約心臟協會心肌損傷級別第4級*或以上。

紐約心臟協會第4級心肌損傷指病人接受藥物治療及飲食調節後，進行一般日常活動仍然出現症狀，並且經身體檢查及化驗結果鑑定為心室功能不正常。

42) 進行性核上麻痺 – 引致永久性症狀

經由腦神經科顧問醫生確實診斷為進行性核上麻痺。必須出現眼球運動和運動功能永久性臨床障礙。

43) 斷肢

兩隻或以上的手或腳(在腕部或踝部或以上部分)永久截斷。

對於上述定義，不包括下列：

- 「保單持有人」對「受保人」的蓄意傷害。
- 故意自我傷害。

44) 嚴重類風濕關節炎

關節受到廣泛破壞，以下三個或以上的關節部位出現嚴重變形：手部、手腕、肘部、頸椎、膝、踝、足部的蹠趾關節。必須導致永久無法做到以下日常生活的活動的至少四項：

- i) 個人衛生 – 清潔或洗澡，以保持必須的個人清潔。
- ii) 穿衣 – 穿上和脫下所有必要的衣服。
- iii) 行動 – 在不同房間之間來往走動，上落床或椅子。

- iv) Eating and drinking – eating and drinking once food and drink has been prepared and made available.
- v) Using the lavatory – getting on and off the lavatory and maintaining personal hygiene.
- vi) Continence – controlling bowel and bladder functions.

45) **Stroke – with permanent symptoms**

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis has to be confirmed by a Consultant Neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques.

For the above definition, the following is not covered:

- traumatic injury to brain tissue or blood vessels.
- cerebral symptoms due to transient ischaemic attacks, reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, disturbances of vision or balance due to disease of the eye, nerve or vestibular apparatus of the ear.

46) **Surgery to aorta**

Major surgery of the thoracic or abdominal aorta for life threatening vascular disease. This includes coarctation repair, surgical grafts for aortic aneurisms or aortic dissections but minimally invasive stent grafting is excluded.

Surgery on the branches of the aorta is not covered.

47) **Systemic lupus erythematosus – of specified severity**

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following are also present:

- Severe kidney involvement with SLE as evidenced by:
 - i) permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min/1.73m² and
 - ii) abnormal urinalysis showing proteinuria or haematuria,

- iv) 飲食 – 進食和飲用已準備好的食品和飲料。
- v) 使用廁所 – 進出廁所，並保持個人衛生。
- vi) 失禁 – 自行控制腸和膀胱功能。

45) **中風 – 引致永久病癥**

腦組織由於供血不足或顱骨內出血而死亡，導致永久性腦神經功能缺損及持續臨床症狀。必須由腦神經科顧問醫生以最新的電腦斷層掃描、或磁力共振掃描、或其他可靠的影像技術確診。

對於上述定義，不包括下列：

- 腦組織或血管創傷性損傷。
- 因短暫性腦缺血發作的腦症狀、可復原的神經功能缺損、偏頭痛、外傷或缺氧造成的腦損傷、或因眼疾、神經疾病或耳朵前庭器疾病所做成的視力或平衡障礙。

46) **主動脈手術**

因致命血管疾病進行的胸或腹主動脈大手術，包括窄縮修補、主動脈瘤或主動脈夾層移植手術，惟輕微的侵入性移植手術並不在保障範圍之內。

不包括主動脈支脈的手術。

47) **系統性紅斑狼瘡 – 指定的嚴重程度**

由風濕病科顧問醫生確診為指定的嚴重系統性紅斑狼瘡，出現以下其中一項情況：

- 由以下證明嚴重的腎臟受累的系統性紅斑狼瘡：
 - i) 腎小球濾過率低於 30 ml/min/1.73m² 和腎功能永久受損；及
 - ii) 顯示蛋白尿或血尿的異常尿檢，

or

- Severe Central Nervous System (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the claimant's life:
 - paralysis
 - localised weakness
 - dysarthria (difficulty with speech)
 - aphasia (inability to speak)
 - dysphagia (difficulty in swallowing)
 - difficulty in walking, lack of coordination
 - severe dementia where the insured needs constant supervision
 - permanent coma.

For the purposes of this definition:

- seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

To avoid doubt, all other forms of SLE are specifically excluded from the cover provided by this Policy.

48) Terminal illness

A definite diagnosis by an appropriate attending consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending consultant, the illness is expected to lead to death within 12 months.

或

- 由以下證明患上嚴重的中樞神經系統受累的系統性紅斑狼瘡，永久性神經系統受損及至少以下其中一項症狀必須在臨床測試時存在並預計將在索償人剩餘的生命期間持續的證明：
 - 癱瘓
 - 局部性無力
 - 發音障礙(言語能力障礙)
 - 失語(不能發言)
 - 吞嚥障礙(吞嚥困難)
 - 行走困難，缺乏協調
 - 受保人需要不斷被監督的嚴重癡呆症
 - 永久昏迷。

就這個定義而言：

- 癲癇、頭痛、乏力、嗜睡、或心理或精神起源的任何症狀不會被接受為神經系統永久性損害的證明。

為免產生疑問，本保單不包括所有其他形式的系統性紅斑狼瘡。

48) 末期危疾

由適當的主診顧問醫生確實診斷，符合以下兩項要求：

- 沒有已知的治愈或已進展到不能治愈的階段的疾病；及
- 按照主診顧問醫生的意見，認為疾病會引致壽命不會超過 12 個月。

49) Third-degree burns – covering 20% of the body's surface area or 50% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 50% of the face's surface area.

For the above definition, the following are not covered:

- Deliberate injury to the Life Insured by a Policy Owner.
- Intentional self-inflicted injury.

50) Traumatic head injury – with permanent symptoms

Death of brain tissue due to traumatic injury caused by external means and confirmed by new changes on a CT or MRI scan, resulting in permanent neurological deficit with persisting clinical symptoms, assessed and confirmed by a Consultant Neurologist with the evidence of new changes on a CT or MRI scan or other reliable imaging techniques no later than six weeks from the date of the traumatic injury.

*Specified country list:

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Isle of Man, Iceland, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Republic of Macedonia, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, UAE, United Kingdom, United States of America.

49) 三級燒傷 – 傷及 20% 身體表面面積或 50% 面部表面面積

皮膚遭燒傷深入至底層組織，並傷及 20% 身體表面面積或 50% 面部表面面積。

對於上述定義，不包括下列：

- 「保單持有人」對「受保人」的蓄意傷害。
- 故意自我傷害。

50) 顱腦損傷 – 引致永久的病癥狀

由於外在因素做成創傷性損傷引致腦組織死亡，經由最新的電腦斷層掃描、或磁力共振掃描確認，導致有持續臨床症狀的永久性神經功能損傷，並由腦神經科顧問醫生在創傷性損傷日起六個星期內，透過最新的電腦斷層掃描、或磁力共振掃描、或其他可靠的造影技術診斷及確認。

* 指定國家：

安道爾、澳洲、奧地利、巴林、比利時、保加利亞、加拿大、海峽群島、克羅地亞、塞浦路斯、捷克共和國、丹麥、愛沙尼亞、芬蘭、法國、德國、直布羅陀、希臘、香港、匈牙利、人島、冰島、意大利、日本、科威特、拉脫維亞、列支敦士登、立陶宛、盧森堡、澳門、馬來西亞、馬耳他、摩納哥、荷蘭、新西蘭、挪威、阿曼、波蘭、葡萄牙、卡達、愛爾蘭共和國、馬其頓共和國、羅馬尼亞、聖馬力諾、沙特阿拉伯、新加坡、斯洛伐克、斯洛文尼亞、南非、西班牙、瑞典、瑞士、土耳其、阿聯酋、英國、美國。

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Zurich International Life is a business name of Zurich International Life Limited.

Zurich International Life Limited is fully authorised under the Isle of Man Insurance Act 2008 and is regulated by the Isle of Man Government and Pensions Authority which ensures that the company has sound and professional management and provision has been made to protect policy owners.

For life assurance companies authorised in the Isle of Man, the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991, ensure that in the event of a life assurance company being unable to meet its liabilities to its policy owners, up to 90% of the liability to the protected policy owners will be met.

For full details of International Term Assurance, please refer to the product brochure and policy terms and conditions, copies of which are available on request.

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Zurich International Life Limited 是依據 2008 年人壽保險法獲得完全認可的機構，並受人壽政府 Insurance and Pensions Authority 規管。該法例乃專為保單持有人而設，以確保本公司以專業及穩健的手法管理業務。

倘若於人壽認可的壽險公司無法對保單持有人履行責任，根據 1991 年人壽保險（保單持有人賠償）規例，保單持有人可獲得最高 90% 的保障。

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Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Government Insurance and Pensions Authority.

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Zurich International Life Limited 是人壽政府 Insurance and Pensions Authority 所認可，提供人壽保險、投資及保障產品。

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