

Travel Union Travel Insurance
暢樂安達保

Policy Wording
保單條款

CHUBB®

Chubb
Travel
Insurance

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Part I – Schedule of Benefits

In consideration of the payment of a premium to **The Company** and subject to the terms and conditions of this policy, **The Company** agrees to provide cover in the manner and to the extent set out in this policy.

Please Read This Policy

If this policy contains incorrect information, please return it to **The Company** immediately for correction.

			Worldwide (HK\$)	Guangdong & Macau (HK\$)
A.	Personal Accident			
	(a) Accident (17 up to and including 75 years of age on the first day of the Period of Insurance)	Sum Insured	500,000	300,000
	(b) Accident (under 17 years of age or above 75 years of age on the first day of the Period of Insurance)	Sum Insured	150,000	150,000
B.	Medical Expenses			
	(a) Medical Expenses	Sum Insured	2,000,000	1,000,000
	(b) Follow-up Medical Expenses	Sum Insured	200,000	100,000
	(b)(1) Maximum amount for Chinese Medicine Practitioner	Sum Insured	3,000	1,500
	(b)(2) Daily maximum amount for Chinese Medicine Practitioner		150	150
	(c)(1) Trauma Counselling Benefit		20,000	20,000
	(c)(2) Daily maximum amount for Trauma Counselling Benefit		2,000	1,000
C.	Chubb Assistance – 24-Hour Worldwide Assistance Services			
	(a) Emergency Medical Evacuation and/or Repatriation		Unlimited	Unlimited
	(b) Return of Mortal Remains		Unlimited	Unlimited
	(c) Compassionate Visit	Sum Insured	30,000	5,000
	(d) Child Escort	Sum Insured	30,000	5,000
	(e) Chubb Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services		Applicable	Applicable
D.	Hospital Cash			
	(a)(1) Maximum amount	Sum Insured	5,000	Not Applicable
	(a)(2) Maximum daily benefit		500	Not Applicable
	(b)(1) Maximum amount for Extra Hospital Cash due to infectious disease	Sum Insured	2,000	Not Applicable
	(b)(2) Maximum daily benefit for Extra Hospital Cash due to infectious disease		250	Not Applicable
E.	Burns Benefit	Sum Insured	250,000	100,000
F.	Personal Property			
	(a) Maximum amount	Sum Insured	15,000	3,000
	(b) Maximum amount for each item/set/pair		3,000	1,500
G.	Personal Money	Sum Insured	2,000	500
H.	Loss of Travel Documents	Sum Insured	20,000	3,000
I.	Trip Cancellation	Sum Insured	30,000	3,000
J.	Trip Interruption			
	Maximum amount under Section J	Sum Insured	30,000	3,000
	(a) Trip Curtailment	Sum Insured	30,000	3,000
	(b) Trip Re-route	Sum Insured	30,000	3,000

K.	Travel Delay			
	Maximum amount under Section K	Sum Insured	2,000	Not Applicable
	Cover for any one (1) item under K(a) or (b) only			
	(a)(1) Maximum amount for Cash Benefit K(a)		1,000	Not Applicable
	(a)(2) Cash Benefit for each 6 hours of delay		250	Not Applicable
	(b) Forfeited hotel accommodation expenses	After 10 hours of delay	2,000	Not Applicable
L.	Baggage Delay	After 6 hours of delay	1,000	Not Applicable
M.	Personal Liability	Sum Insured	2,000,000	1,000,000
N.	Home Contents Protection			
	(a) Maximum amount	Sum Insured	10,000	3,000
	(b) Maximum amount for each item/set/pair		5,000	1,500
O.	Credit Card Protection	Sum Insured	5,000	2,500
P.	Scarring of The Face	Sum Insured	3,000	1,500

Aggregate Limit per Journey (for Insured Person over 75 years of age on the first day of the Period of Insurance):

For **Insured Person** over 75 years of age on the first day of the **Period of Insurance**, the maximum liability in aggregate per **Journey** for all Sections, except Section C(a) & Section C(b) is

- HK\$250,000 for Worldwide Plan and
- HK\$150,000 for Guangdong & Macau Plan

Part II – Definition of Words

The following defined terms shall have the meaning set out as follows in this policy:

1. **A Second Degree Burn** means **Bodily Injury** sustained as a result of burn and diagnosed by a **Physician** in which both the epidermis and the underlying dermis are damaged.
2. **A Third Degree Burn** means **Bodily Injury** sustained as a result of burn and diagnosed by a **Physician** in which the skin has been damaged or destroyed to its full depth and there is damage to the tissue beneath.
3. **Accident** or **Accidental** means a sudden, unforeseen and unexpected event happening by chance.
4. **Chubb Assistance** or **Authorised Assistance Service Provider** means the independent service provider appointed by **The Company** to provide overseas assistance services to **Insured Persons**.
5. **Black Alert** means the black travel alert issued by the Security Bureau of the **Hong Kong** Government under the Outbound Travel Alert (OTA) System. This definition may be changed by **The Company** from time to time based on changes to the OTA System communicated by the Security Bureau of the **Hong Kong** Government.
6. **Bodily Injury** means physical injury caused solely and independently by an **Accident** and sustained during the **Period of Insurance**.
7. **Business Partner** means one or more persons engaged in, and sharing the profits and risks of the same business enterprise as an **Insured Person**.
8. **Cash** means cash, banknotes or travellers cheques belonging to an **Insured Person** taken by an **Insured Person** on the **Journey**.
9. **Chinese Medicine Practitioner** means a person, other than an **Insured Person** or an **Immediate Family Member**, who is duly registered as a Chinese medicine practitioner according to the Chinese Medicine Ordinance (Cap. 549).
10. **Confinement** or **Confined** means a continuous period of necessary confinement in a **Hospital** as a **Resident Inpatient** for which the **Hospital** makes a charge for room and board.
11. **Hospital** means a legally constituted establishment operated and licensed pursuant to the laws of the country in which it is located and which meets all of the following requirements:
 - a) Operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a **Resident Inpatient** basis; and
 - b) Admits a **Resident Inpatient** only under the supervision of one or more **Physicians**, at least one of whom is available for consultation at all times; and
 - c) Maintains organised facilities for medical diagnosis and treatment of **Resident Inpatients** and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and
 - d) Provides full-time nursing service by and under the supervision of a staff of nurses; and
 - e) Has an on-duty staff of at least one **Physician** and one qualified nurse at all times; and

- f) **“Hospital”** shall not include the following:
- a mental institution, an institution operating primarily for the treatment of psychiatric or psychological disease including sub-normality or the psychiatric department of a hospital;
 - a place for the aged, a rest home or a place for drug addicts or alcoholics;
 - a health hydro or nature cure clinic, a nursing or convalescent home, a special unit of a hospital used primarily as a place for drug addicts or alcoholics or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.
12. **Hong Kong** means the **Hong Kong** Special Administrative Region.
13. **Household Contents** means property owned by an **Insured Person** and located at their **Principal Home** at the time of burglary but does not include diamonds, gems, antiques, valuable paintings or art, jewellery and accessories (including but not limited to, for example crystals, earrings, necklaces, rings or brooches etc.) or cash.
14. **Immediate Family Member** means an **Insured Person**’s spouse, parents, parents-in-law, grandparents, children, siblings, grandchildren or legal guardians.
15. **Infectious Diseases** means any contagious disease which, upon outbreak, is classified by the World Health Organisation as an epidemic or a pandemic.
16. **Insured Person** means the person or persons named in the **Policy Schedule** or subsequent endorsement(s) (if any).
17. **Journey** means the trip outside **Hong Kong** described in the **Policy Schedule**.
18. **Medical Expenses** means all **Usual, Reasonable and Customary Medical Expenses** necessarily incurred by an **Insured Person** as a result of **Bodily Injury** sustained or **Sickness** contracted, for **Confinement**, surgical, medical, or other diagnostic or remedial treatment given or prescribed by a **Physician**, including employment of a nurse, x-ray examination or the use of an ambulance as the result of an emergency.
19. **Period of Insurance** means:
- a) In relation to Section I (Trip Cancellation) of this policy only, the period beginning on the date this policy is purchased as specified in the **Policy Schedule**; or
 - b) In relation to all other Sections of this policy, the period beginning at the latest of either (i) three (3) hours before the **Insured Person**’s scheduled departure from **Hong Kong** to embark on a **Journey**, or (ii) the time at which an **Insured Person** commences his or her travel from anywhere in **Hong Kong** directly to the **Hong Kong** immigration control point to embark on a **Journey**; and
 - c) In relation to all Sections of this policy, the period ending at the earliest of either (i) one-hundred-eighty (180) days after an **Insured Person**’s departure from **Hong Kong** to embark on a **Journey** (inclusive of the date of departure); or (ii) three (3) hours after an **Insured Person** has passed through **Hong Kong** immigration control point on their return to **Hong Kong**, or (iii) the date on which the policy is terminated.
20. **Permanent** means:
- a) In relation to one or both limbs, loss of use lasting twelve (12) consecutive months from the date of **Accident** and being beyond hope of improvement or remedy by surgical or other treatment at the expiry of that period, or loss by physical separation at or above the wrist or ankle joint during the same period; or
 - b) In relation to any other type of loss, being beyond hope of improvement or remedy by surgical or other treatment at the end of twelve (12) consecutive months from the date of **Accident**.
21. **Permanent Total Disability** means disablement that results solely, directly or independently of all other causes from **Bodily Injury** and which occurs within one hundred eighty (180) days of the **Accident** in which such **Bodily Injury** was sustained, which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months, will, in all probability, entirely prevent the **Insured Person** from engaging in gainful employment of any and every kind for the remainder of his/her life and from which there is no hope of improvement.
22. **Personal Property** means personal goods belonging to an **Insured Person** taken on the **Journey** or acquired by an **Insured Person** during the **Journey**, other than any form of money, any kind of document, any kind of food or beverage, antiques, contracts, bonds, securities, animals, software, mobile telecommunications devices and accessories, means of transport and accessories, and jewellery (including but not limited to, for example crystals, earrings, necklaces, rings or brooches etc.) that is not being worn or carried by the **Insured Person** at the time of loss or damage.
23. **Physician** means a person other than an **Insured Person** or an **Immediate Family Member** who is a qualified medical practitioner licensed by the competent medical authorities of the jurisdiction in which treatment is provided and who, in providing treatment, practices within the scope of his or her licensing and training.
24. **Policy Schedule** means the document(s) which (i) allow each **Insured Person** to be identified by name, (ii) sets out an **Insured Person**’s itinerary, and (iii) indicates the policy certificate number.
25. **Pre-existing Medical Condition** means any sickness or injury of which, in the six (6) consecutive months before the first day of the **Period of Insurance**, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or **Business Partner** presented signs or symptoms, or for which, in the same period, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or **Business Partner** sought or received (or ought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a **Physician**.
26. **Principal Home** means an **Insured Person**’s primary place of residence in **Hong Kong**.
27. **Public Conveyance** means any mechanically propelled carrier operated by a company or an individual licensed to carry passengers for hire.

28. **Resident Inpatient** means an **Insured Person** whose **Confinement** as a resident bed patient is necessary for the medical care, diagnosis and treatment of **Bodily Injury** or **Sickness** and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
29. **Riot** means the act of a group of people that disturb the public peace (whether in connection with a **Strike** or lock-out or not) and the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
30. **Schedule of Benefits** means the schedule of benefits in Part I of this policy.
31. **Sickness** means illness or disease commencing during the **Period of Insurance**.
32. **Specially Designated List** means names of a person, entities, groups, corporate specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union or United Kingdom.
33. **Strike** means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
34. **Sum Insured** means, in relation to each benefit available to an **Insured Person** under this policy, the maximum amount listed in the **Schedule of Benefits** or any endorsement(s) corresponding to that benefit.
35. **The Company** means Chubb Insurance Hong Kong Limited.
36. **Travel Companion** means a person who accompanies an **Insured Person** for the entire **Journey**.
37. **Usual, Reasonable and Customary Medical Expenses** means charges for treatment, supplies or medical services medically necessary to treat an **Insured Person's** condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the charges are incurred. Charges that would not have been made if no insurance existed are excluded from this definition.

Part III – Description of Cover

Section A – Personal Accident

If an **Insured Person** sustains **Bodily Injury**, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, **The Company** will pay the percentage stated for that type of loss in the Loss Table in this Section A of the **Sum Insured** stated in:

- (a) Section A(a) of the **Schedule of Benefits** if an **Insured Person** is seventeen (17) up to and including seventy-five (75) years of age on the first day of the **Period of Insurance**, or
- (b) Section A(b) of the **Schedule of Benefits** if an **Insured Person** is under seventeen (17) years of age or above seventy-five (75) years of age on the first day of the **Period of Insurance**.

Section A Loss Table:

Type of Loss		Percentage of the Sum Insured
1.	Accidental death	100%
2.	Permanent Total Disability	100%
3.	Permanent and total loss or incurable paralysis of all limbs	100%
4.	Permanent and total loss of sight in both eyes	100%
5.	Permanent and total loss of sight in one eye	100%
6.	Permanent and total loss of two limbs	100%
7.	Permanent and total loss of one limb	100%
8.	Permanent and total loss of speech and hearing	100%
9.	Permanent and total loss of hearing in both ears	75%
10.	Permanent and total loss of hearing in one ear	15%
11.	Permanent and total loss of speech	50%

Special Conditions to Section A:

1. Where an **Insured Person** suffers more than one type of loss listed in the Loss Table in this Section A in the same **Accident**, **The Company's** liability under this Section A shall be limited to one payment for the type of loss which, of all the types of loss actually suffered, attracts the largest percentage stated in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.

2. **The Company's** total liability under this Section A for all **Accidents** involving the same **Insured Person** occurring during the **Period of Insurance** shall not exceed the relevant **Sum Insured**.
3. Where the use or enjoyment of an **Insured Person's** limb or organ was partially impaired before an **Accident** occurred, **The Company** may, in its sole discretion and after considering a medical assessment by **The Company's** appointed medical adviser of the extent to which any **Bodily Injury** was, in the medical adviser's opinion, caused solely and independently by that **Accident**, pay such percentage of the relevant **Sum Insured** as it considers reasonable. No payment shall be made for a limb or organ which was totally unusable before an **Accident** occurred.
4. Exposure: If an **Insured Person** is unavoidably exposed to the elements by reason of sustaining **Bodily Injury** and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, **The Company** will pay the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
5. Disappearance: Where an **Insured Person's** body has not been found within one (1) year of the date of the disappearance, sinking or wrecking of the means of transport being used by the **Insured Person** on the date of the disappearance, sinking or wrecking:
 - (a) It will be presumed that the **Insured Person** suffered **Accidental** death resulting from **Bodily Injury** at the time of such disappearance, sinking or wrecking; and
 - (b) Subject to receiving an undertaking, signed by the deceased **Insured Person's** legal representatives, that if the presumption of **Accidental** death resulting from **Bodily Injury** is subsequently found to be wrong, any amount paid by **The Company** under this Section A will be immediately refunded to **The Company**.

The Company will pay to the legal representatives of the deceased **Insured Person** the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.

Exclusion to Section A:

This Section A does not cover:

1. **Sickness**, disease or bacterial infection.

Section B – Medical Expenses

(a) Medical Expenses:

If an **Insured Person** incurs **Medical Expenses** during the **Period of Insurance** arising from **Bodily Injury** or **Sickness**, **The Company** will reimburse the **Insured Person** for those **Medical Expenses** up to the **Sum Insured** stated in Section B(a) of the **Schedule of Benefits**.

(b) Follow-up Medical Expenses:

If an **Insured Person** incurs **Medical Expenses** outside **Hong Kong** during a **Journey** arising from **Bodily Injury** or **Sickness** and, after returning to **Hong Kong**, that **Insured Person** still requires treatment in **Hong Kong** for the same **Bodily Injury** or **Sickness** as given or prescribed by a **Physician** and/or **Chinese Medicine Practitioner**, **the Company** will continue to reimburse the **Insured Person** for:

- (1) reasonable medical expenses incurred for the purpose of Chinese medical treatment and charged by a **Chinese Medicine Practitioner** ; and/or
- (2) Any **Medical Expenses** other than as set out at Section B (b)(1) above incurred in **Hong Kong** up to ninety (90) days after the **Insured Person's** return to **Hong Kong** or until the **Sum Insured** stated in Section B(b) of the **Schedule of Benefits** has been exhausted, whichever comes first.

(c) Trauma Counselling Benefit:

If during the **Period of Insurance**, an **Insured Person** is the victim of a traumatic event such as, but not limited to, rape, armed hold up, assault, natural disaster, hijack or acts of terrorism and sustains **Bodily Injury** due to that traumatic event, upon the **Physician's** advice on the need of trauma counselling service as a result of such **Bodily Injury**, **The Company** will reimburse the **Insured Person** for reasonable and necessary expenses for trauma counselling incurred within ninety (90) days from the occurrence of the traumatic event, up to the **Sum Insured** stated in Section B(c) of the **Schedule of Benefits**.

Special Conditions to Section B:

1. The **Authorised Assistance Service Provider** must be notified promptly if the **Insured Person** is admitted or anticipates admission to **Hospital** as a **Resident Inpatient** during the **Period of Insurance** outside **Hong Kong**. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this policy for those **Medical Expenses**.
2. **The Company's** liability under Section B(a) for all **Medical Expenses** incurred during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section B(a) of the **Schedule of Benefits**.
3. **The Company's** liability under Section B(b) for each and every expense incurred shall not exceed the amount stated in Section B(b) of the **Schedule of Benefits**.
4. **The Company's** liability under Section B(b)(1) for all expenses charged by **Chinese Medicine Practitioners** shall not exceed the amount stated in Section B(b)(1) of the **Schedule of Benefits**. The maximum daily amount incurred by **Chinese Medicine Practitioners** shall be the amount stated in Section B(b)(2) of the **Schedule of Benefits**.

5. **The Company's** liability of **Medical Expense** (including medical expenses charged by **Chinese Medicine Practitioners**) incurred in **Hong Kong** shall not exceed the amount stated in Section B (b) of the **Schedule of Benefits**.
6. **The Company's** total liability under Section B(c) for Trauma Counselling benefit incurred during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section B(c)(1) of the **Schedule of Benefits**. The maximum daily amount incurred for trauma counselling benefit shall be the amount stated in Section B(c)(2) of the **Schedule of Benefits**.
7. **The Company's** total liability under this Section B for all **Medical Expenses**, all medical expenses charged by **Chinese Medicine Practitioners**, and all expenses for trauma counselling shall not exceed the **Sum Insured** stated in Section B(a) of the **Schedule of Benefits**.

Exclusions to Section B:

This Section B does not cover:

1. Any expense included or contemplated in the cost of a **Journey** at the time it was paid for.
2. Surgery or medical treatment which, in the opinion of the **Physician** attending the **Insured Person**, can reasonably be delayed until the **Insured Person** returns to **Hong Kong**.
3. Any expense incurred after an **Insured Person** has failed, within a reasonable period, to follow a **Physician's** advice to return to **Hong Kong** to continue treatment for **Bodily Injury** suffered or **Sickness** contracted outside **Hong Kong**.
4. Any expense incurred during a **Journey** after an **Insured Person** has been advised by a **Physician** prior to the departure of the **Journey** that he or she is unfit to travel.
5. Any follow-up expense incurred more than ninety (90) days after the end of the **Period of Insurance** during which the **Bodily Injury** or **Sickness** occurred.
6. Any expenses incurred under Section B(a) after twelve (12) months from the date the first expenses were incurred.
7. Health check-ups or any investigation(s) not directly related to admission diagnosis, **Bodily Injury** or **Sickness** or any treatment or investigation which is not medically necessary.
8. The cost of prostheses, contact lenses, spectacles, hearing aids, dentures and other medical equipment or optical treatment.

Section C – Chubb Assistance – 24-Hour Worldwide Assistance Services

(a) Emergency Medical Evacuation and/or Repatriation:

Where a **Physician**, designated by an **Authorised Assistance Service Provider**, certifies that **Bodily Injury** or **Sickness** renders an **Insured Person** unfit to travel or continue with their **Journey** or is a danger to their life or health; and the necessary medical treatment is not available, either at the nearest **Hospital** where the **Insured Person** was transported to or in the immediate vicinity thereof, after suffering the **Bodily Injury** or **Sickness**, **The Company** may, based on the advice of that **Physician** that the **Insured Person** is medically fit to be evacuated, determine in its sole discretion, that the **Insured Person**, should be evacuated to another location for the necessary medical treatment. The **Authorised Assistance Service Provider**, shall arrange for the evacuation within a reasonable timeframe and utilise the best suited means, based on the medical severity of the **Insured Person's** condition for the transport of the **Insured Person**, including but not limited to, air ambulance, surface ambulance, regular air transport, railroad or any other appropriate means. All decisions as to the means of transport and the final destination will be made by **Authorised Assistance Service Provider**, and will be based solely upon medical necessity. The **Insured Person** may, in appropriate circumstances, be returned to **Hong Kong**.

The Company will pay the actual cost of the **Insured Person's** emergency medical evacuation and/or repatriation and associated medical services and medical supplies directly to **Authorised Assistance Service Provider**.

(b) Return of Mortal Remains:

Upon the death of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, **The Company** will pay the actual cost for transporting the **Insured Person's** mortal remains from the place of death to **Hong Kong**, or the cost of local burial at the place of death as approved by the **Authorised Assistance Service Provider**.

(c) Compassionate Visit:

If a **Physician** certifies that **Bodily Injury** or **Sickness** renders an **Insured Person** unfit to travel or continue with their **Journey** or is a danger to their life or health or suffers death during **Journey**, **The Company** will pay, up to the **Sum Insured** stated in Section C(c) of the **Schedule of Benefits** (i) the cost of one (1) economy class round trip ticket for one (1) person to visit the **Insured Person** outside **Hong Kong**, and (ii) the cost of one (1) ordinary room accommodation in any reasonable hotel outside **Hong Kong** for a maximum period of five (5) consecutive nights, but not the cost of drinks, meals and other room services.

(d) Child Escort:

Where:

- 1) An **Insured Person** is **Confined** as a direct and unavoidable result of **Bodily Injury** or **Sickness** which a **Physician** certifies as either rendering that **Insured Person** unfit to travel or continue with their **Journey** or as being a danger to their life or health or suffers death during **Journey**; and
- 2) That **Insured Person** is accompanied by a child who is an **Insured Person** and was under seventeen (17) years old on the first day of the **Period of Insurance**; and

- 3) That child is at risk of being left unattended as a result of the **Insured Person's Confinement** or **Insured Person's** death.

The Company will arrange and pay up to the **Sum Insured** stated in Section C(d) of the **Schedule of Benefits**, for an economy class one-way ticket, together with escort services, for that child to be escorted back to **Hong Kong**.

(e) **Chubb Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services:**

The services are provided by way of referral and arrangement only and all expenses incurred are to be borne by the **Insured Person**:

- 1) Inoculation and Visa Requirement Information services
- 2) Embassy Referral
- 3) Interpreter Referral
- 4) Loss of Baggage Assistance
- 5) Loss of Travel Document Assistance
- 6) Telephone Medical Advice
- 7) Medical Service Provider Referral
- 8) Monitoring of Medical Condition when Hospitalized
- 9) Arrangement of Appointments with Doctors
- 10) Arrangement of **Hospital** Admission

For full details on this service, please refer to the telephone hotline and referral service information provided by **Chubb Assistance**. If you have any queries on this telephone hotline and referral service, please telephone **Chubb Assistance** on (852) 3723 3030.

Special Conditions to Section C

1. Services under Section C are provided by the **Authorised Assistance Service Provider, The Company** or the **Authorised Assistance Service Provider** must be promptly notified of the occurrence of any event which may give rise to a potential claim under Section C(a)–(d) – Chubb Assistance – 24 Hour Worldwide Assistance Services. Failure to give the notice required by this condition could result in **The Company** having no liability under this Section of the policy.
2. The arrangements for, means and final destination of emergency medical evacuation and/or repatriation will be decided by the **Authorised Assistance Service Provider** and will be based entirely upon medical necessity.
3. Upon payment being made under this Section C, **The Company** shall be entitled to any monies refundable from an original return airfare.

Exclusions to Section C

This Section C does not cover any:

1. expenses included or contemplated in the cost of a **Journey** at the time it was paid for.
2. expenses incurred during a **Journey** after an **Insured Person** has been advised by a **Physician** prior to the departure of the **Journey** that he or she is unfit to travel.
3. expenses incurred for services provided by another party for which the **Insured Person** is not liable to pay.
4. expenses for a service not approved and arranged by an **Authorised Assistance Service Provider**.
5. treatment performed or ordered by a person who is not a **Physician**.
6. expenses incurred in relation to treatment that can be reasonably delayed until the **Insured Person** returns to **Hong Kong**.

Section D – Hospital Cash (applicable to Worldwide Plan only)

- (a) Upon the **Confinement** in a **Hospital** outside **Hong Kong** of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, **The Company** will pay an **Insured Person** a daily benefit of the amount stated in Section D(a)(2) of the **Schedule of Benefits** for each day of **Confinement**, up to the **Sum Insured** stated in Section D(a)(1) of the **Schedule of Benefits**.
- (b) Extra Hospital Cash
If an **Insured Person** is either:
 1. being imposed of an unexpected compulsory quarantine by a local government/health authority as a result of close contact with confirmed cases of an **Infectious Disease** or an **Insured Person** is identified by the relevant authority as a carrier of the **Infectious Disease**, at a destination scheduled in the **Journey** during the **Period of Insurance**; or
 2. **Confined** in a **Hospital** outside **Hong Kong** due to **Sickness** diagnosed by a **Physician** to have suffered from any one of the **Infectious Diseases** in a **Journey** during the **Period of Insurance**,The **Company** will pay the **Insured Person** extra hospital cash stated in Section D(b)(2) for each day of **Confinement** or compulsory quarantine, up to the **Sum Insured** stated in Section D(b)(1) of the **Schedule of Benefits**.

Special Condition to Section D(b):

1. The **Infectious Diseases** suffered/contacted with must be certified by a **Physician**/relevant governmental health authority.

Special Condition to Section D:

1. Payment of benefits under this Section D shall only be made after the compulsory quarantine/**Confinement** ends.
2. Where the payment of benefits under this Section D is due to the **Confinement** of an **Insured Person**, it shall only be paid in addition to those payable under Section B - MEDICAL EXPENSES.

Section E – Burns Benefit

If an **Insured Person** sustains **Bodily Injury** and diagnosed by a **Physician** to have suffered from **A Second Degree Burn** or **A Third Degree Burn**, **The Company** will pay the percentage stated for the degree of burn in the Burns Table in this Section E of the **Sum Insured** stated in Section E of the **Schedule of Benefits**.

Section E Burn table

Burns Table	Percentage of Compensation
A Second Degree Burn or A Third Degree Burn on	
Head:	
Equal to or greater than 8%	100%
Equal to or greater than 5% but less than 8%	75%
Equal to or greater than 2% but less than 5%	50%
Body:	
Equal to or greater than 20%	100%
Equal to or greater than 15% but less than 20%	75%
Equal to or greater than 10% but less than 15%	50%

Special Conditions to Section E:

1. Where an **Insured Person** suffers more than one type of burn listed in the Burns Table in this Section E in the same **Accident**, **The Company's** liability under this Section E shall be limited to a single payment for the type of burn which, of all the types of burn actually suffered, attracts the largest percentage stated in the Burns Table in this Section E of the **Sum Insured** stated in Section E of the **Schedule of Benefits**.
2. Payment of benefits under this Section E shall be in addition to those payable under Section A – Personal Accident.

Section F – Personal Property

Subject to a reduction or allowance for physical deterioration, depreciation or obsolescence, **The Company** will indemnify, at its absolute discretion, reinstate, repair or replace **Personal Property** lost, stolen or damaged during the **Period of Insurance**, up to the **Sum Insured** stated in Section F(a) of the **Schedule of Benefits**.

Special Conditions to Section F:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any **Personal Property** lost, stolen or damaged by the wilful act of a third party and which may give rise to a claim under this Section F. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section F.
2. Any claim for **Personal Property** lost, stolen or damaged by the wilful act of a third party under this Section F must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in **The Company** having no liability under this Section F.
3. If loss, theft or damage occurs in transit, the **Public Conveyance** carrier must be promptly notified of the loss or damage within twenty-four (24) hours of the discovery of the loss or damage. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section F of the policy.
4. **The Company's** maximum liability for loss or theft of, or damage to, each item of **Personal Property** during the **Period of Insurance** will be restricted to the amount stated in Section F(b) of the **Schedule of Benefits**.
5. Where any item of lost, stolen or damaged **Personal Property** forms part of a pair or set, **The Company's** maximum liability for that item and that pair or set will be restricted to the amount stated in Section F(b) of the **Schedule of Benefits**.
6. **The Company's** total liability under this Section F for all loss, theft or damage in connection with **Personal Property** during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section F(a) of the **Schedule of Benefits**.
7. Upon any payment being made under this Section F, **The Company** shall be entitled to take and retain the benefit and value of any recovered or damaged **Personal Property** and to deal with salvage at its absolute discretion.

Exclusions to Section F:

This Section F does not cover:

1. Loss, theft or damage arising from an **Insured Person's** negligence including, but not limited to, leaving **Personal Property** unattended.
2. Any unexplained loss.
3. Any loss or damage to **Personal Property** which was left unattended in a vehicle (except locked in the trunk) or **Public Conveyance** or in other public places.
4. Loss of, or damage to, any **Personal Property** due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, mechanical or electrical failure, any process of cleaning, restoring, repairing, alteration, confiscation or detention or destruction by customs or any other authority.
5. Any hired or leased equipment;
6. Any loss or damage to, or any **Personal Property** forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.
7. Breakage and damage of fragile article;
8. Any loss/amount which is payable to, refundable to, or recoverable by, an **Insured Person** from any other source of indemnity, reimbursement or compensation.
9. Loss claimed under Section L – Baggage Delay for the same incident.

Section G – Personal Money

The Company will indemnify the loss of an **Insured Person's** **Cash** due to i) **Accident**, ii) theft or robbery occurring during the **Period of Insurance**, up to the **Sum Insured** stated in Section G of the **Schedule of Benefits**.

Special Conditions to Section G:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section G. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section G.
2. Any claim under this Section G must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in **The Company** having no liability under this Section G.
3. **The Company's** total liability under this Section G for all loss during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section G of the **Schedule of Benefits**.

Exclusions to Section G:

This Section G does not cover:

1. Loss arising from an **Insured Person's** negligence including, but not limited to, leaving **Cash** unattended.
2. Any unexplained loss or loss due to confiscation or detention by customs or any other authority, devaluation of currency or shortages due to errors or omissions during money exchange transactions.
3. Loss arising from the use or misuse of any form of plastic money including, but not limited to, the credit value held on any card, electronic purse or equivalent store of credit.

Section H – Loss of Travel Documents

The Company will reimburse an **Insured Person** up to the **Sum Insured** stated in Section H of the **Schedule of Benefits** for

- (i) The replacement cost of travel documents necessary for immigration clearance and/or travel tickets which are lost or stolen during the **Period of Insurance**, the absence of which would otherwise lead to delay of the **Journey**; and/or
- (ii) The reasonable additional cost of transport and/or accommodation expenses necessarily incurred outside **Hong Kong** by an **Insured Person** for the sole purpose of arranging the replacement travel documents and/or travel tickets referred to in Section H (i).

Special Conditions to Section H:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section H. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section H.
2. Any claim under this Section H must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in **The Company** having no liability under this Section H.
3. **The Company's** total liability under this Section H for all loss during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section H of the **Schedule of Benefits**.

Exclusion to Section H:

This Section H does not cover:

1. Loss arising from an **Insured Person's** negligence including, but not limited to, leaving travel documents necessary for immigration clearance and/or travel tickets unattended.

Section I – Trip Cancellation

- a) In the event of:
 - (i) The sudden and unexpected death of an **Insured Person**, an **Immediate Family Member**, intended **Travel Companion** or **Business Partner** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (ii) Any sudden and unexpected **Confinement** of an **Insured Person**, an **Immediate Family Member**, intended **Travel Companion** or **Business Partner**, as a direct and unavoidable result of the **Bodily Injury** or **Sickness** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (iii) The unexpected compulsory quarantine of an **Insured Person** beginning after this policy has been purchased and continuing within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (iv) The jury service of an **Insured Person** or an **Insured Person** being the subject of a witness summons, notice of which was received by that **Insured Person** after this policy has been purchased and continuing within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (v) The unexpected occurrence of a **Strike, Riot** or civil commotion after this policy has been purchased at a destination scheduled in the **Journey** and continuing within one (1) week of the date the **Journey** is scheduled to begin; or
 - (vi) Serious damage to the **Insured Person's Principal Home** from fire, flood, earthquake or similar natural disaster occurring after this policy has been purchased and within one (1) week of the date the **Journey** is scheduled to begin and which reasonably requires the **Insured Person's** presence in **Hong Kong** on the scheduled departure date of the **Journey**; or
 - (vii) The unexpected issuance of a **Black Alert** for a destination scheduled in the **Journey** at least one (1) day after this policy has been purchased and which is in force at any time within one (1) week of the date the **Journey** is scheduled to begin.

resulting in cancellation of the **Journey**, **The Company** will reimburse, up to the **Sum Insured** stated in Section I of the **Schedule of Benefits**, the **Insured Person's** loss of transport and/or accommodation expenses paid in advance and forfeited by the **Insured Person**.

- b) In the event of an unexpected **Bodily Injury** or **Sickness** of an **Insured Person**, **Immediate Family Member**, intended **Travel Companion** or **Business Partner** not resulting in **Confinement** in a **Hospital** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin resulting in cancellation of the **Journey**, **The Company** will reimburse, up to the **Sum Insured** stated in Section I of the **Schedule of Benefits**, fifty percent (50%) of the **Insured Person's** loss of transport and/or accommodation expenses paid in advance and forfeited by the **Insured Person**.

Special Conditions to Section I:

1. Where a **Journey** is cancelled as a result of **Bodily Injury** or **Sickness** of an **Insured Person** or intended **Travel Companion**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as rendering that **Insured Person** or intended **Travel Companion** is unfit to travel or as being a danger to their life or health.
2. Where a **Journey** is cancelled as a result of **Bodily Injury** or **Sickness** of an **Immediate Family Member** or **Business Partner**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as being a danger to the life of that **Immediate Family Member** or **Business Partner**.
3. Failure to obtain the certifications required by this condition precedent will result in **The Company** having no liability under this Section I for the **Insured Person's** loss of travel and/or accommodation expenses paid in advance and forfeited.
4. Where an **Insured Person** is covered under both Section I(a)(ii) and Section I(b) above, **The Company's** liability under this Section I shall be limited to the one which attracts the largest compensation under Section I in the **Schedule of Benefits**.
5. **The Company's** total liability under this Section I for all reimbursement under this Section I shall not exceed the **Sum Insured** stated in Section I of the **Schedule of Benefits**.

Exclusions to Section I:

This Section I does not cover:

1. Any loss/amount which is payable to, refundable to, or recoverable by, an **Insured Person** from any other source of indemnity, reimbursement or compensation.
2. Any amount which an **Insured Person** is not legally obligated to pay.
3. Cancelled as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.
4. Cancelled due to the negligence, misconduct or insolvency of the travel agent through whom the **Journey** was booked.
5. Cancelled due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.

6. Cancelled as a direct or indirect result of financial hardship experienced by an **Insured Person**, changes in an **Insured Person's** circumstances or contractual obligations or an **Insured Person's** general disinclination to proceed with the **Journey**.
7. Arising from a condition which, at the time of booking a **Journey**, existed or might reasonably have been anticipated as being likely to result in the **Journey** being cancelled.
8. Claimed under Section B – Medical Expenses arising from the same cause or event.

Section J – Trip Interruption

(a) Trip Curtailment

In the event that a **Journey** is curtailed because an **Insured Person** must return directly to **Hong Kong** following:

- (i) The sudden and unexpected **Confinement** in a **Hospital** outside **Hong Kong** of an **Insured Person** or **Travel Companion** as a direct and unavoidable result of the **Bodily Injury** or **Sickness**; or
- (ii) The sudden and unexpected **Confinement** of an **Immediate Family Member** or **Business Partner** as a direct and unavoidable result of the **Bodily Injury** or **Sickness**; or
- (iii) The sudden and unexpected death of an **Insured Person**, **Immediate Family Member**, **Travel Companion** or **Business Partner**; or
- (iv) The unexpected occurrence of a **Strike**, **Riot**, civil commotion, epidemic, hijacking or earthquake or similar natural disaster at a destination scheduled in the **Journey** during the **Period of Insurance**, which prevents the **Insured Person** from continuing his/her scheduled **Journey**; or
- (v) The unexpected issuance during the **Period of Insurance** of a **Black Alert** for a destination scheduled in the **Journey**;

The Company will reimburse up to the **Sum Insured** stated in Section J(a) of the **Schedule of Benefits**:

- (1) The **Insured Person's** cost of the unused transport and/or accommodation expenses paid in advance and forfeited of the **Journey** calculated on a pro rata basis according to the number of unused days of the **Journey** after the **Insured Person** has passed through **Hong Kong** immigration control point on their return to **Hong Kong** or from the date of their death, in the event that the **Insured Person** is unable to provide the breakdown of the transport and accommodation expenses; and
- (2) Additional transport and/or accommodation expenses incurred by the **Insured Person** after the commencement of a **Journey**; and
- (3) Loss of transport and/or accommodation expenses paid in advance and forfeited by the **Insured Person** after the commencement of a **Journey**.

In the event that a **Journey** is curtailed because an **Insured Person** must return directly to **Hong Kong** following:

- (vi) Any unexpected **Bodily Injury** or **Sickness** of an **Insured Person**, or **Travel Companion** which does not lead to **Confinement** in a **Hospital** outside **Hong Kong**; or
- (vii) Any unexpected **Bodily Injury** or **Sickness** of an **Immediate Family Member** or **Business Partner** which does not lead to **Confinement**;

The Company will reimburse, up to the **Sum Insured** stated in Section J(a) of the **Schedule of Benefits**, fifty percent (50%) of:

- 1) The **Insured Person's** cost of the unused part of the **Journey** calculated on a pro rata basis according to the number of unused days of the **Journey** after the **Insured Person** has passed through **Hong Kong** immigration control point on their return to **Hong Kong** or from the date of their death, in the event that the **Insured Person** is unable to provide the breakdown of the transport and accommodation expenses; and
- 2) The additional transport and/or accommodation expenses incurred by the **Insured Person** after the commencement of a **Journey**; and
- 3) The loss of transport and/or accommodation expenses paid in advance and forfeited by the **Insured Person** after the commencement of a **Journey**.

(b) Trip Re-route

In the event that a **Journey** has to be re-routed because of the unanticipated occurrence during the **Period of Insurance**

of (i) a **Strike** by the employees of a **Public Conveyance**, (ii) **Riot** or civil commotion, (iii) adverse weather, (iv) natural disaster or (v) epidemic at the scheduled destination, which prevents the **Insured Person** from continuing his/her scheduled **Journey**; **The Company** will pay the reasonable additional transport and/or accommodation expenses incurred by an **Insured Person** to enable him or her to arrive at their scheduled destination, up to the **Sum Insured** stated in Section J(b) of the **Schedule of Benefits**.

Special Conditions to Section J

1. Where a **Journey** is curtailed as a result of **Bodily Injury** or **Sickness** of an **Insured Person** or **Travel Companion**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as rendering that **Insured Person** or **Travel Companion** unfit to travel or as being a danger to their life or health.

2. Where a **Journey** is curtailed as a result of **Bodily Injury** or **Sickness** of an **Immediate Family Member** or **Business Partner**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as being a danger to the life of that **Immediate Family Member** or **Business Partner**.
3. Failure to obtain the certifications required by this condition precedent will result in **The Company** having no liability for the **Insured Person**'s loss which may otherwise have been covered by this Section J.
4. **The Company**'s total liability for all loss, under Section J, during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section J of the **Schedule of Benefits**.
5. Where an **Insured Person** is covered under both Section J(a)(i) and Section J(a)(vi) and Section J(a)(ii) and Section J(a)(vii) above, **The Company**'s liability under this Section J shall be limited to the one which attracts the largest compensation under Section J in the **Schedule of Benefits**.

Exclusions to Section J

This Section J does not cover any amount/loss:

1. Which is payable to, refundable to, or recoverable by, an **Insured Person** from any other source of indemnity, reimbursement or compensation.
2. Incurred as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.
3. Incurred due to the negligence, misconduct or insolvency of the travel agent through whom the **Journey** was booked.
4. Incurred due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.
5. Incurred as a direct or indirect result of financial hardship experienced by an **Insured Person**, changes in an **Insured Person**'s circumstances or contractual obligations or an **Insured Person**'s general disinclination to proceed with the **Journey**.
6. Arising from a condition which, at the time of booking a **Journey** or on the date the **Journey** first begins, existed or might reasonably have been anticipated, as being likely to result in the **Journey** being interrupted.
7. Incurred due to failure to follow the advice of a **Physician**.
8. Which has claimed under Section K – Travel Delay arising from the same cause or event.

Section K – Travel Delay (applicable to Worldwide Plan only)

If that a **Public Conveyance** is delayed due to any unanticipated event within any items of the Travel Delay Event Table stated below during the **Period of Insurance**, **The Company** will pay for any one (1) item under Section K (a) to (b) only, up to the **Sum Insured** stated in Section K of the **Schedule of Benefits**, provided that the **Insured Person** is travelling on a regular route as a fare-paying passenger holding a valid boarding pass/ticket, bearing the scheduled departure and/or arrival time and the scheduled route and destination, issued by the operator of the **Public Conveyance** which is legally licenced for such scheduled regular transport.

a) Cash benefit

The Company will pay a cash benefit calculated at the rate stated in Section K(a)(2) of the **Schedule of Benefits** for the each and every six (6) consecutive hour period of delay; up to the **Sum Insured** stated in Section K(a)(1) of the **Schedule of Benefits**.

b) Forfeited hotel accommodation expenses

The Company will reimburse the paid and forfeited cost of hotel accommodation up to the amount stated in Section K(b) of the **Schedule of Benefits** after a ten (10) consecutive hour period of delay.

Travel Delay Events Table

Adverse weather

Natural disaster

Strike involving the employees of the operator of a **Public Conveyance**

Mechanical fault of a **Public Conveyance**

Hijacking

Special Conditions to Section K:

1. The period of delay will be calculated by reference to only one of the following periods: either (i) the difference between the scheduled local arrival time stated in the **Insured Person**'s original itinerary for the **Journey** and the **Insured Person**'s actual local arrival time at the same destination; or (ii) the difference between the scheduled local departure time stated in the **Insured Person**'s original itinerary for the **Journey** and the **Insured Person**'s actual local departure time for the same destination.

2. Where a **Journey** involves a sequence of connecting transport, the total period of delay will be calculated by reference to the difference between the original scheduled local arrival time at the final destination stated in the **Insured Person's** original itinerary for the **Journey** and the actual local arrival time at the same destination of the last transport in the sequence.
3. An **Insured Person** must take reasonable steps to mitigate any period of delay. Failure to take reasonable steps to mitigate any period of delay as required by this condition precedent will result in **The Company** having no liability under this Section K.
4. Any claim under this Section K must be accompanied by written confirmation from the carrier associated with the delay stating the scheduled and actual departure time at the stated departure point and/or the scheduled and actual local arrival time at the stated destination and the reason for the delay in departing the departure point and/or reaching that destination. Failure to provide the written confirmation required by this condition precedent will result in **The Company** having no liability under this Section K.
5. Where an **Insured Person** suffers more than one type of loss listed above in this Section K as a result of the same delay, **The Company's** liability under this Section K shall be limited to payment for one (1) item: K(a) or K(b) only.
6. **The Company's** total liability under this Section K during the **Period of Insurance** shall not exceed the maximum amount under Section K of the **Schedule of Benefits**.

Exclusions to Section K:

This Section K does not cover loss:

1. Arising from an event or occurrence announced before the insurance is purchased which might reasonably have been anticipated, at that time, would be likely to result in the **Journey** being delayed.
2. Claimed under Section J – Trip Interruption arising from the same cause or event.
3. Any amount which an **Insured Person** is not legally obliged to pay.

Section L – Baggage Delay (Applicable to Worldwide Plan Only)

In the event that, during the **Period of Insurance**, checked-in baggage is delayed, misdirected or temporarily misplaced by a **Public Conveyance** for more than six (6) consecutive hours after an **Insured Person's** arrival at the transport terminal of the destination stated in the **Insured Person's** original itinerary for the **Journey**, **The Company** will reimburse the **Insured Person** for the cost of purchasing essential toiletries and clothing, up to the **Sum Insured** stated in Section L of the **Schedule of Benefits**.

Special Conditions to Section L:

1. Any claim under this Section L must be accompanied by written confirmation from the carrier associated with the delay, misdirection or temporary misplacement of the baggage for more than six (6) consecutive hours after an **Insured Person's** arrival at the destination's transport terminal stated in the **Insured Person's** original itinerary for the **Journey**. Failure to provide the written confirmation required by this condition precedent will result in **The Company** having no liability under this Section L.

Exclusions to Section L:

This Section L does not cover the cost of purchasing essential toiletries and clothing:

1. For which an **Insured Person** has received or is duly compensated from the carrier or operator responsible for the delay, misdirection or temporary misplacement of the baggage.
2. Where the arrival terminal is in **Hong Kong**.
3. Where the delay, misdirection or temporary misplacement of baggage is unexplained or is due to confiscation or detention by customs or any other authority.
4. For any property forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.
5. Claimed under Section F – Personal Property and arising from the same cause or event.

Section M – Personal Liability

In the event that an **Insured Person** becomes legally liable to pay compensation for an **Accident** occurring during the **Period of Insurance** which causes **Bodily Injury** to any other person or destruction of the property of others, **The Company** will pay that compensation on behalf of the **Insured Person** up to the **Sum Insured** stated in Section M of the **Schedule of Benefits**.

Exclusions to Section M

This Section M does not cover compensation:

1. Arising from **Bodily Injury** sustained by an **Immediate Family Member** or by a person in the **Insured Person's** custody or control.
2. Arising from damage to property which belongs to the **Insured Person** or an **Immediate Family Member** or a **Travel Companion** or which is in the **Insured Person's** custody or control.

3. By way of damages for breach of any liability assumed under a contract.
4. For liability arising from the ownership, possession, lease or rental of any vehicle, aircraft, firearm or animal.
5. For liability arising from the undertaking of any trade or profession.
6. For any claim of whatever nature directly or indirectly caused by (a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from combustion of nuclear fuel, or (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

Section N – Home Contents Protection

In the event of loss of or damage to **Household Contents** as a result of burglary during the **Period of Insurance** involving the use of forcible and violent entry to or exit from the **Principal Home** whilst the **Principal Home** is uninhabited, **The Company** will indemnify an **Insured Person** the replacement cost of the **Household Contents** up to the **Sum Insured** stated in Section N(a) of the **Schedule of Benefits**.

Special Conditions to Section N:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the discovery of the occurrence of any event which may give rise to a claim under this Section N. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section N.
2. Any claim under this Section N must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in **The Company** having no liability under this Section N.
3. **The Company's** maximum liability for each and every item of lost or damaged **Household Contents** is the amount stated in Section N(b) of the **Schedule of Benefits**.
4. Where any item of lost or damaged **Household Contents** forms part of a pair or set, **The Company's** maximum liability for that item and that pair or set will be restricted to the amount stated in Section N(b) of the **Schedule of Benefits**.
5. **The Company's** total liability under this Section N for all items of **Household Contents** owned by the same **Insured Person** and lost or damaged as a result of burglary during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section N(a) of the **Schedule of Benefits**.

Exclusions to Section N:

This Section N does not cover:

1. Any special or unique value possessed by any item of lost or damaged **Household Contents** forming part of a pair or set.
2. Any loss/amount which is payable to, refundable to, or recoverable by, an **Insured Person** from any other source of indemnity, reimbursement or compensation.

Section O – Credit Card Protection

If an **Insured Person** of seventeen (17) up to and including seventy-five (75) years of age on the first day of the **Period of Insurance** sustains **Bodily Injury** and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, **The Company** will pay to the legal representatives of the deceased **Insured Person**, up to the **Sum Insured** stated in Section O of the **Schedule of Benefits**, any outstanding balance on the deceased **Insured Person's** credit card(s) for goods purchased by the deceased **Insured Person** during the **Journey**.

Exclusions to Section O:

This Section O does not cover:

1. Interest accrued or financial charges on the outstanding expenses of the deceased **Insured Person's** credit card.
2. Any outstanding balance on the deceased **Insured Person's** credit card which is covered for the same risk by any other insurance or by any other source.
3. **Sickness**, disease or bacterial infection.

Section P – Scarring Of The Face

If in a **Journey** during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** which results in permanent disfigurement or permanent scarring of the face of at least one (1) square centimeter or two (2) centimeters in length, **The Company** will pay the **Insured Person** the **Sum Insured** stated in the Section P of the **Schedule of Benefits** against Scarring of the Face.

Special Condition to Section P:

1. The disfigurement or scarring of the face must be certified by a **Physician** as being permanent.

Part IV – General Exclusions

General Exclusions Applicable To All Sections

This policy does not cover loss, consequential loss or liability arising from:

1. Any **Pre-existing Medical Condition**, congenital or heredity condition.
2. Travelling abroad contrary to the advice of a **Physician**, or for the purpose of obtaining medical treatment or services.
3. Suicide, attempted suicide or intentional self-infliction of **Bodily Injury**.
4. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
5. Dental care (unless resulting from **Accidental Bodily Injury** to teeth which were sound and natural before the **Accident**).
6. Mental or nervous disorders, insanity, psychiatric condition or any behavioural disorder.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, coup, hostilities (whether war is declared or not).
8. Direct participation in a **Strike/ Riot**/civil commotion or from the **Insured Person** performing duties as a member of armed forces, or armed service or disciplined forces (which shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc.), or as a volunteer and engaged in war or crime suppression.
9. Participation in:
 - a) Any extreme sports and sporting activities that presents a high level of inherent danger (i.e. involves a high level of expertise, exceptional physical exertion, highly specialized gear or stunts), including but not limited to cliff jumping, horse jumping, ultra-marathons, stunt riding, big wave surfing and canoeing down rapids unless such sports or sporting activities are usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognized local tour operator, providing that an **Insured Person** is acting under the guidance and supervision of qualified guides and/ or instructors of the tour operators when carrying out such tourist activities.
 - b) Any professional competitions or sports in which an **Insured Person** receives remuneration, sponsorship or any forms of financial rewards, any stunt activity, Off-piste skiing,
 - c) Racing, other than on foot but this does not include long-distance running more than ten (10) kilometers, biathlons and triathlons,
 - d) Private white water rafting grade 4 and above,
 - e) Any kind of climbing, Mountaineering or Trekking or ordinarily necessitating the use of specialized equipment including but not limited to crampons, pickaxes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment,
 - f) Scuba diving unless an **Insured Person** holds a PADI certification (or similar recognized qualification) or when diving with a qualified instructor. The maximum depth that this policy covers is as specified under the **Insured Person's** PADI certification (or similar recognized qualification). However, in any situation, it should not be deeper than thirty (30) meters and he/she must not be diving alone.
10. Prohibition or regulation by any government, or detention or destruction by customs or any other authority.
11. An unlawful, willful, malicious or reckless act or omission of an **Insured Person**.
12. The actions of an **Insured Person** while under the influence of alcohol or drugs to the extent of legal impairment.
13. Riding in any aircraft other than as a passenger in an aircraft.
14. Any dishonest or criminal activity.
15. An **Insured Person's** failure to mitigate the loss or the claim under this policy.
16. AIDS or AIDS Related Complex, any **Bodily Injury** or **Sickness** commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
17. The **Insured Person** engaging in manual labour or non-clerical or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.
18. The **Insured Person** who is People's Republic of China passport holder and travels within the territory of People's Republic of China (except **Hong Kong**, Taiwan and Macau).
19. Any coverage or claims arising directly or indirectly from, caused by, a consequence of, arising in connection with or contributed to by any loss or expenses with respect to any applicable trade and economic sanction, law or regulation or a **Specially Designated List** or which if reimbursed or paid by **The Company** would result in **The Company** being in breach of trade or economic sanctions or other such similar laws or regulations.
20. Any person or entity who is not a party to this policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this policy.

Part V – Extensions

1. **Hijack Extension:** where the **Journey** is delayed due to an **Insured Person** being a victim of a hijacking during the **Period of Insurance**, the **Period of Insurance** shall be automatically extended by a maximum period of twelve (12) consecutive months from the date of the hijacking or, until the **Insured Person** passes through **Hong Kong** immigration control point on their return to **Hong Kong**, whichever is earliest.
2. **Travel Extension:** where the duration of a **Journey** exceeds the **Period of Insurance** for any reason outside an **Insured Person's** control, the **Period of Insurance** shall be automatically extended without charge by a maximum period of ten (10) calendar days or until the **Insured Person** passes through **Hong Kong** immigration control point on their return to **Hong Kong**, whichever is the earliest.

Part VI – General Conditions

1. **Validity of Policy:** This policy is only valid for leisure travel or business travel (limited to administrative, clerical and non-manual works only) and shall not apply to persons undertaking expeditions, treks or similar journeys. The **Insured Person** must be fit to travel.
2. **Entire Contract:** This policy, together with its endorsement(s), attachment(s) (if any), any application form completed by an **Insured Person**, together with any document(s) attached to that application form or referred to in it, comprise and constitute the entire contract of insurance. This policy shall not be modified except by written amendment signed by an authorized representative of **The Company**.
3. **Sum Insured under each Section:** Once the **Sum Insured** available to an **Insured Person** under any Section of this policy has been exhausted, that **Sum Insured** will not be reinstated and **The Company** will have no further liability under that Section to that **Insured Person**.
4. **Sum Insured paid out:** Each and every benefit paid under this policy will erode the relevant **Sum Insured** available to an **Insured Person**, leaving only the balance of the relevant **Sum Insured** available to pay any remaining benefit claims which may be presented to **The Company** by that **Insured Person**. **The Company's** total liability under each Section of this policy for each **Insured Person** involved in an **Accident** shall not exceed the relevant **Sum Insured**.
5. **Duplicate Coverages:** Each **Insured Person** agrees that, if they are covered under more than one Travel Union Travel Insurance or other travel insurance issued by **The Company**:
 - a) **The Company** will consider the **Insured Person** to be insured under the policy which provides the highest amount of benefit; or
 - b) **The Company** will consider the **Insured Person** to be insured under the policy which was issued first if the benefit amount is the same.In any case, **The Company** will refund the premium paid, without interest, to the **Insured Person** for the policy that does not provide cover.
6. **Notice and Sufficiency of Claim:** Written notice of claim must be given to **The Company** as soon as is reasonably possible and in any event within thirty (30) days from the first day of the event giving rise to the claim under this policy. Notice given by or on behalf of an **Insured Person** to **The Company** with information sufficient to identify the **Insured Person** shall be deemed valid notice to **The Company**. **The Company**, upon receiving a notice of claim, will provide to an **Insured Person** such forms as it usually provides for filing proof of claim. The **Insured Person** shall, at his/her own expense, provide such certificates, information and evidence to **The Company** as it may from time to time require in connection with any claim under this policy and in the form prescribed. Proof of all claims must be submitted to **The Company** within one-hundred-eighty (180) days from the first day of the event giving rise to a claim.
7. **Claims Investigation:** In the event of a claim, **The Company** may make any investigation it deems necessary and the **Insured Person** shall co-operate fully with such investigation. Failure by the **Insured Person** to co-operate with **The Company's** investigation may result in denial of the claim.
8. **Examination of Books and Records:** **The Company** may examine the **Insured Person's** books and records relating to this policy at any time during the **Period of Insurance** and up to three (3) years after the expiration of this policy or until final adjustment and settlement of all claims under this policy.
9. **Physical Examinations and Autopsy:** **The Company**, at its expense, has the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. It may also have an autopsy carried out unless prohibited by law.
10. **Other Insurance (Applicable to Sections B, F, G, H, I, J, K, L, M, N, and O):** If a loss covered by this policy is also covered under any other valid insurance (and regardless of whether that other insurance is stated to be primary, contributory, excess, contingent or otherwise) or is compensated by other party, this policy will be subject to all of its terms and conditions, only cover that loss to the extent that the loss exceeds any amount recovered under the other insurance and other party. In any circumstances, the **Insured Person** should discover and reveal to **The Company** any compensation which is/will be recoverable from any other source.
11. **Legal Action:** No legal action shall be brought to recover on this policy until sixty (60) days after **The Company** has been given written proof of loss. No such action shall be brought after three (3) years from the date of loss.

12. **Rights of Recovery:** In the event that authorization of payment and/or payment is made by **The Company** or on its behalf by its authorized representatives, to include the **Authorised Assistance Service Provider**, **The Company** reserves the right to recover against the **Insured Person** the full sum which has been paid, or for which **The Company** is liable, to the **Hospital** to which the **Insured Person** has been admitted, less the liability of **The Company** under the terms of this policy.
13. **Subrogation:** **The Company** is entitled to subrogate the **Insured Person's** right of recovery/indemnity against any third party and has the right to proceed at its own expense in the name of **Insured Person** against third parties who may be responsible for an event giving rise to a claim under this policy. The **Insured Person** should co-operate and endeavour to secure such rights and shall not take any action to prejudice such rights.
14. **Assignment:** No assignment of interest under this policy shall be binding upon **The Company**.
15. **To Whom Indemnities Payable:** Any death payment will be paid to the deceased **Insured Person's** legal representatives. Any payment under Section C – Chubb Assistance – 24 Hour Worldwide Assistance Services will be paid to the **Authorised Assistance Service Provider** or another provider of services rendered to the **Insured Person**. All other benefits will be paid to the **Insured Person**.
16. **Geographical Limit and Operative Time:** For the Worldwide Plan, the geographical limit and operative time shall apply twenty-four (24) hours a day anywhere in the world during the **Period of Insurance** except for Section C – Chubb Assistance - 24-Hour Worldwide Assistance Service, when the geographical limit shall apply anywhere in the world outside **Hong Kong** unless otherwise stated in any endorsement issued by **The Company**. For the Guangdong & Macau Plan, the geographical limit and operative time shall apply twenty-four (24) hours a day anywhere in the Guangdong Province and Macau (excluding Taiwan and **Hong Kong**) during the **Period of Insurance**.
17. **Disclaimer:** Section C – Chubb Assistance – 24 Hour Worldwide Assistance Services are arranged by the **Authorised Assistance Service Provider** and the **Authorised Assistance Service Provider** is solely responsible for these services. The **Authorised Assistance Service Provider** is not a subsidiary or an affiliate of Chubb Insurance Hong Kong Limited and Chubb Insurance Hong Kong Limited will not be liable for any loss or damage caused by or relating to this service or any act or omission of the **Authorised Assistance Service Provider**.
18. **Cancellation by The Company:** **The Company** may cancel this policy at any time by sending written notice, stating the effective date of cancellation, to the **Insured Person's** last known address as shown in **The Company's** records. Cancellation will not affect valid claims already notified to **The Company** in accordance with General Condition 6 of this policy.
19. **Premium:** **The Company** has no liability under this policy until the premium is paid. The premium is deemed to be fully earned on the date this policy is purchased. No refund shall be allowed once the policy has been issued.
20. **Mediation:** Any dispute or difference arising out of, or in connection with, this policy must first be referred to mediation at the **Hong Kong International Arbitration Centre (HKIAC)** and in accordance with the HKIAC's mediation rules. If the mediation is abandoned by the mediator or otherwise ends without the dispute or difference being resolved, the dispute or difference must be referred to, and resolved by, arbitration at the HKIAC and in accordance with the HKIAC's domestic arbitration rules. If the dispute or difference arising out of, or in connection with, this policy requires medical knowledge (including, but not limited to, questions relating to the **Sum Insured** for any medical service or an operation not listed in the **Schedule of Benefits**) the mediator or arbitrator may, in **The Company's** reasonable discretion, be a registered medical practitioner or a consultant specialist, surgeon, or **Physician**. If **The Company** refuses to pay any claim under this policy and a dispute or difference arising from that refusal is not referred to mediation and, if necessary, arbitration, within twelve (12) months from the date of refusal, any claim against **The Company** arising from that dispute or difference will be barred.
21. **Fraud or Mis-statement:** Any false statement made by an **Insured Person** or concerning any claim shall result in **The Company** having the right to void this policy or repudiate liability under it.
22. **Jurisdiction:** This policy shall be governed and construed in accordance with the laws of **Hong Kong**. Subject to General Condition 20, any dispute under this policy shall be settled in accordance with the laws of **Hong Kong**.
23. **Clerical Error:** Clerical errors by **The Company** shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.
24. **Breach of Conditions:** If the **Insured Person** is in breach of any of the conditions or provisions of the policy (including a claims condition), we may decline to pay a claim, to the extent permitted by law.
25. **Interpretation of this Policy:** Please note that the English version of this policy is the official version. This policy has been provided to you in both English and Chinese languages for ease of reference only. The English version of the policy will prevail if any dispute arises regarding the interpretation of any part of the Policy.

Part VII – How to Make A Claim

The claimant should submit a claim form together with travel documents and the following documents as appropriate to:

Chubb Insurance Hong Kong Limited

25th Floor, Shui On Centre
No. 6-8 Harbour Road
Wanchai, Hong Kong,
O +852 3191 6611
F +852 2519 3233

Personal Accident Cover/ Burns Benefit / Credit Card Protection

- Medical report or certificate issued by a **Physician** certifying the degree or severity of disability;
- Police report, where relevant;
- Official/legal document of the employment status, where relevant.

Accidental Death

- Death certificate;
- Coroner's report;
- Police report, where relevant;
- In the event of a disappearance, presumption of death as proclaimed by court.

Medical Expenses/Hospital Cash

- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**;
- Original **Hospital** bill/receipt with itemized list issued by a **Hospital**.

Personal Property/Personal Money/Loss of Documents

- Original receipts, including date of purchase, price, model and type of items lost or damaged;
- Photos of the damaged items showing the extent of the damage;
- Copy of notification to airline/**Public Conveyance** and their official acknowledgement in writing when loss of damage has occurred in transit;
- Police report (which must be made within 24 hours of the occurrence);
- Copy of notification to the issuing authority in respect of loss of traveller's cheques (which must be made within 24 hours of the occurrence).

Trip Cancellation/Trip Interruption

- All bills, receipts and coupons;
- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**;
- Original boarding pass/ticket, bearing the scheduled departure and/or arrival time and the scheduled route and destination; issued by the operator of the **Public Conveyance**.

Travel Delay/Baggage Delay

- Official documentation from the airline/**Public Conveyance** including victim's name, date, time, duration and reason of delay;
- Original bill/ receipt issued by hotel/airline/**Public Conveyance**;
- Original bill/ receipt of essential toiletries and clothing;
- Original boarding pass/ticket, bearing the scheduled departure and/or arrival time and the scheduled route and destination; issued by the operator of the **Public Conveyance**.

Home Contents Protection

- Receipts, including date of purchase, price, model and type of items lost or damaged;
- Police report and statement (which must be made within 24 hours upon return from the **Journey**).

Personal Liability

- Statement on the nature and circumstances of the incident or event (No admission of liability or settlement can be made or agreed upon without our written consent);
- All associated documentation received in connection with the incident or event (including copies of summons, all court documents, solicitors' and other legal correspondence).

These are some of the required documents for claims. The Company reserves the right to request the Insured Person to provide any other information or documents which are not specified above, if necessary.

Part VIII – Personal Information Collection Statement

The Company (“We/Us”) want to ensure that **Our Insured Persons** (“You”) are confident that any personal data collected by Us is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** (“Personal Data”), the circumstances when **Personal Data** may be disclosed and information regarding **Your** rights to request access to and correction of **Personal Data**.

a. **Purposes of Collection of Personal Data**

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering **Your** application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing **Your** and **Our** rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of **Our** respective products and services. **We** may also use **Your Personal data** in other ways with your consent.

b. **Direct marketing**

Only with **Your** consent, **We** may also use **Your** contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS. Tick the box below if **You** do not consent to receive such marketing information.

c. **Transfer of Personal Data**

Personal Data will be kept confidential and **We** will not sell **Your Personal Data** to any third party. **We** limit the disclosure of **Your Personal Data** but, subject to the provisions of any applicable law, **Your Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to **Our** relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) **Our** parent and affiliated companies, or any company within the Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) others for the purposes of public safety and law enforcement; and
- (v) other third parties with **Your** consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of **Your Personal Data** outside of Hong Kong.

d. **Access and correction of Personal Data**

Under the **Personal Data** (Privacy) Ordinance (“PDPO”), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct **Your Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
25th Floor, Shui On Centre, No. 6 – 8 Harbour Road, Wanchai, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of **Our** receipt of **Your** request. **We** will not charge **You** for lodging a request for access to **Your Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Please tick if **You** do not consent to receive marketing material from **Us**.

第一部分 – 保障計劃

根據向本公司所支付保費，並按照本保單所載的條文及條款，本公司同意按照本保單所載的方式及範圍提供保障。

請詳閱本保單

如本保單所載資料有任何不正確之處，請立即將本保單交回本公司以作修正。

		環球及長線 (港幣)	廣東省及澳門 (港幣)
A.	個人意外		
	(a) 意外 (17歲至75歲)	保額	500,000
	(b) 意外 (17歲以下或75歲以上)	保額	150,000
B.	醫療費用		
	(a) 醫療費用	保額	2,000,000
	(b) 覆診醫療費用	保額	200,000
	(b)(1) 中醫最高限額	保額	3,000
	(b)(2) 中醫每日最高限額		150
	(c)(1) 創傷輔導保障		20,000
	(c)(2) 創傷輔導保障每日最高限額		2,000
C.	Chubb Assistance - 24小時環球支援服務		
	(a) 緊急醫療運送及 / 或運返		不設上限
	(b) 遺體運返		不設上限
	(c) 親友探望	保額	30,000
	(d) 小童護送	保額	30,000
	(e) Chubb Assistance — 二十四(24)小時電話熱線及轉介服務		適用
D.	住院現金		
	(a)(1) 住院現金最高限額	保額	5,000
	(a)(2) 住院現金每日最高限額		500
	(b)(1) 傳染病之額外住院現金	保額	2,000
	(b)(2) 傳染病之額外住院現金每日最高限額	保額	250
E.	燒傷保障		250,000
F.	個人財物		
	(a) 最高限額	保額	15,000
	(b) 每件 / 套 / 對物件的最高限額		3,000
G.	個人金錢	保額	2,000
H.	遺失證件	保額	20,000
I.	取消旅程	保額	30,000
J.	旅程阻礙		
	章節J最高限額	保額	30,000
	(a) 縮短旅程	保額	30,000
	(b) 重新安排旅程	保額	30,000
K.	旅程延誤		
	章節K最高限額	保額	2,000
	僅支付章節K (a)至(b) 內任何一(1)項：		
	(a)(1) 現金賠償最高限額		1,000
	(a)(2) 每滿6小時延誤		250
	(b) 損失酒店住宿費用	每滿10小時延誤	2,000
L.	行李延誤	滿6小時延誤	1,000
M.	個人責任	保額	2,000,000
N.	家居財物保障		
	(a) 最高限額	保額	10,000
	(b) 每件 / 套 / 對物件的最高限額		5,000
O.	信用卡保障	保額	5,000
P.	面部永久疤痕	保額	3,000

每一旅程的總責任(適用於受保期間首日其年齡為75歲以上的受保人)

若受保人於受保期間首日其年齡為七十五(75)歲以上，每一旅程在所有章節(章節C(a)及章節C(b)除外)的總責任不超過：

- 港幣250,000(環球及長線計劃)及
- 港幣150,000(廣東省及澳門計劃)

第二部分 — 詞彙釋義

在本保單內，下列詞彙應具有以下涵義：

1. **二級程度燒傷**指因燒傷導致的身體損傷及經醫生診斷為表皮及相連真皮均受損的情況。
2. **三級程度燒傷**指因燒傷導致的身體損傷及經醫生診斷為皮膚已完全受損或破壞且傷及皮下組織的情況。
3. **意外或意外的**指偶然發生的突發、不可預見及意料之外的事件。
4. **Chubb Assistance**或**授權支援服務供應商**指本公司所指定向**受保人**提供海外支援服務的獨立服務供應商。
5. **黑色警示**指由香港政府保安局於「外遊警示制度」下就旅遊目的地發出的黑色外遊警示，就此定義，本公司會配合香港政府保安局就「外遊警示制度」的修訂不時作出修改。
6. **身體損傷**指純粹及完全由於**意外**造成並於**受保期間**蒙受的生理傷害。
7. **商業伙伴**指一名或多名與**受保人**從事同一商業企業並共享利潤及分擔風險的人仕。
8. **現金**指屬於**受保人**並由**受保人**於**旅程**期間攜帶的現金、鈔票或旅遊支票。
9. **中醫師**指根據《中醫藥條例》(第549章)正式註冊為中醫師，惟有關人士不得為**受保人**或**直系家庭成員**。
10. **住院**或**入住**指須以**住院病人**形式持續入住**醫院**，且**醫院**亦收取病房及膳食費用。
11. **醫院**指按照其國家法律營運的合法機構，並符合以下所有要求：
 - a) 營運的主要目的是以**住院病人**形式為患病、抱恙或受傷人士提供接待、醫療護理及治療；及
 - b) 在一名或多名駐診**醫生**的監督下接納以**住院病人**形式入院，而其中一位**醫生**必須隨時當值診症；及
 - c) 維持妥善設施以為**住院病人**提供醫學診斷及治療，並於機構內或由機構控管之地方內提供進行各主要手術之設備；及
 - d) 設有由合資格護士人員提供及監督之全日護理服務；及
 - e) 任何時候均有最少一名**醫生**及一名合資格護士當值；及
 - f) 「**醫院**」一詞之釋義不包括以下：
 - 精神病院，主要提供精神科或包括弱智等心理病治療之機構，以及醫院之精神科病院；
 - 老人院、療養院、戒毒中心或戒酒中心；
 - 水療或自然療法診所、療養或復康中心，醫院內主要為吸毒者或酗酒者提供地方或作為護理、復康、康復治療、延續護理設施或療養院的特別單位。
12. **香港**指香港特別行政區。
13. **家居財物**指被爆竊時由**受保人**擁有且位於其**主要住所**的財物，惟不包括鑽石、寶石、古董、名畫、藝術品、珠寶(包括但不只限於例如水晶、耳飾、項鍊、戒指或領針)或現金。
14. **直系家庭成員**指**受保人**的配偶、父母、配偶之父母、祖父母、子女、兄弟姐妹、孫子女或法定監護人。
15. **傳染病**指一旦爆發具高度傳染性的疾病，該病症被世界衛生組織界定為疫症或廣泛地區流行的疫症。
16. **受保人**指名列**保單承保表**或後續批註(如有)內的一名或多名人士。
17. **旅程**指**保單承保表**所述的**香港**以外旅程。
18. **醫療費用**指**受保人**因遭受**身體損傷**或**患病**，於接受**住院**、手術、醫療或由**醫生**給予或處方的其他診斷或治療(包括聘請護士、X光檢查或因緊急情況使用救護車)而必須引致的所有**正常、合理及慣常的醫療費用**。
19. **受保期間**指下列期間：
 - a) 關乎本保單章節I—取消旅程，指由購買本保單日子開始；或
 - b) 關乎本保單其他章節，指於(i)**受保人**在**旅程**中計劃離開**香港**前最多三(3)個小時，或(ii)**受保人**由**香港**任何一處直接前往**香港**入境處出入境管制站以展開其**旅程**的時間，以較後的時間為準；至
 - c) 關乎本保單所有章節，指於(i)**受保人**離開**香港**後一百八十(180)天(包括離開當日)，或(ii)由**受保人**於返回**香港**通過**香港**入境處出入境管制站後三(3)個小時，或(iii)本保單終止之日期(以最早者為準)結束。
20. **永久**指：
 - a) 就單或雙肢而言，由**意外**發生之日期起喪失功用連續十二(12)個月，且於該期間結束時情況仍無改善希望或無法透過手術或其他治療治癒，或因於該期間內自手腕或足踝關節以上從身體分離而喪失有關肢體；或
 - b) 就任何其他類型喪失而言，由**意外**發生之日期起計連續十二(12)個月結束時，仍無改善希望或無法透過手術或其他治療治癒。
21. **永久完全傷殘**指純粹、直接及不受其他因素影響下由**意外**損傷導致的傷殘，其相關**意外**損傷須於**意外**後的一百八十(180)日內發生出現；而該傷殘由**意外**發生之日期起計，須連續及無間斷持續十二(12)個月；及須在所有的可能性下，將完全妨礙**受保人**於餘生從事任何類型有報酬的工作及永無改善希望。
22. **個人財物**指是屬於**受保人**的及在**旅程**中攜帶或取得的個人物品，惟不包括任何形式的金錢、任何種類的文件、任何種類的食物或飲料、古董、合約、債券、證券、動物、軟件、流動電訊設備及配件、運輸工具及配件以及於遺失或損毀時**受保人**並未佩戴或攜帶的珠寶(包括但不只限於例如水晶、耳飾、項鍊、戒指或領針)。
23. **醫生**指合資格執業的醫師，在提供治療予他人時，所處司法管轄區的主管醫療當局已發出牌照予他/她，他/她於提供治療時已領有合資格執業的醫師牌照並提供其接受培訓的範圍內的醫療服務，惟有關人士不包括**受保人**及**直系家庭成員**。
24. **保單承保表**指(i)容許以姓名識別各**受保人**，(ii)載有**受保人**的旅程表，及(iii)顯示選定計劃的保單號碼的一份(多份)文件。
25. **受保前已存在之傷病**指於**受保期間**首日前連續六(6)個月內，**受保人**、**直系家庭成員**、**同行伙伴**或**商業伙伴**出現跡象或症狀，或於同一期間，**受保人**、**直系家庭成員**、**同行伙伴**或**商業伙伴**已尋求或接受(或理應經已尋求或接受)**醫生**給予醫療、會診、處方藥物、診症或診斷的任何患病或傷害。
26. **主要住所**指**受保人**於**香港**的一個主要居住地點。
27. **公共交通工具**指由持有效牌照可以出租方式運載乘客的公司或個人營運並以機械推動的任何運載工具。
28. **住院病人**指因**身體損傷**或**患病**必須作為**住院病人**住院接受醫療、診斷及治療的**受保人**(而非僅僅是任何形式的護理、療養、康復、休養或延展看護)。

29. **暴亂**指人群參與擾亂公共治安的行為(不論是否與**罷工**或**停工**有關),及任何依法成立的政府機關為鎮壓或試圖鎮壓任何上述擾亂行為或將上述擾亂行為的影響降至最低而採取的行動。
30. **保障計劃**指本保單第一部分所載的保障計劃表。
31. **患病**指於**受保期間**身體不適或罹患疾病。
32. **特別指定名單**指於美國、澳洲、聯合國、歐盟或英國之經貿制裁或其他近似的法律或條例內相關的名單上所列之人士、實體、團體或企業。
33. **罷工**指任何罷工工人或停工工人為推動罷工或抵制停工而蓄意作出的行為;或任何依法成立的機關為阻止或試圖阻止任何上述行為或將任何上述行為的影響降至最低而採取的行動。
34. **保額**指,就**受保人**根據本保單可享用的各項保障而言,**保障計劃**或該保障的任何相應批註中所列最高金額。
35. **本公司**指安達保險香港有限公司。
36. **同行伙伴**指在整個**旅程**中陪伴**受保人**的人士。
37. **正常、合理及慣常的醫療費用**指在醫療方面用於治療**受保人**的病症所需的治療、物品或醫療服務的費用,且該費用不高於產生有關費用地區的類似治療、物品或醫療服務費用的正常水平。此釋義並不包括假如並無保險則不會產生的費用。

第三部分 — 項目說明

章節A — 個人意外

若**受保人**因遭受**身體損傷**,而直接及無可避免地於連續十二(12)個月內蒙受本章節A的損傷表所列任何類型的損失,本公司將按照本章節A的損傷表上所列損失類別的百分比,支付**保障計劃**章節A所列**保額**。

- (a) 若**受保人**於**受保期間**首日其年齡介乎十七(17)歲至七十五(75)歲,本公司將按照本章節A損傷表上所列損失類別的百分比,支付**保障計劃**章節A(a)所列**保額**。
- (b) 若**受保人**於**受保期間**首日其年齡為十七(17)歲以下或75歲以上,本公司將按照本章節A的損傷表上所列損失類別的百分比,支付**保障計劃**章節A(b)所列**保額**。

章節A損傷表

損失類別	保額百分比
1. 意外死亡	100%
2. 永久完全傷殘	100%
3. 永久及完全喪失四肢或無法治癒的四肢癱瘓	100%
4. 永久及完全喪失雙眼視力	100%
5. 永久及完全喪失單眼視力	100%
6. 永久及完全喪失雙肢	100%
7. 永久及完全喪失單肢	100%
8. 永久及完全喪失語言能力及聽覺	100%
9. 永久及完全喪失雙耳聽覺	75%
10. 永久及完全喪失單耳聽覺	15%
11. 永久及完全喪失語言能力	50%

章節A的特別條款

1. 假若**受保人**在同一次**意外**中遭遇超過一類章節A的損傷表所列的損失,本公司於本章節A的責任僅限於支付一種損失類別,即根據所有實際遭遇的損失類別中,在本章節A的損傷表列百分比為最高的一種損失類別,而本公司只會支付**保障計劃**章節A所列相關**保額**。
2. 本公司根據本章節A就涉及同一**受保人**於**受保期間**內發生的所有**意外**而承擔的總責任不會超逾相關**保額**。
3. 假若**受保人**的肢體或器官於**意外**發生前在運用上或感覺上已部分受損,則本公司可按其酌情決定及經考慮由本公司委任的醫療顧問所作的醫療評估後,按醫療顧問的意見認為純粹及單獨由該**意外**導致的任何**身體損傷**程度,支付其認為合理的相關**保額**百分比。本公司不會就**意外**發生前完全不能運用的肢體或器官支付費用。
4. 風險:假若**受保人**因遭遇**身體損傷**而面對不可避免的致命風險因素,以及因此直接及不可避免地導致於連續十二(12)個月內身故,本公司將按照本章節A的損害表內**意外死亡**所列百分比,支付**保障計劃**章節A所列相關**保額**。
5. 失蹤:假若**受保人**的身體於**受保人**所使用的交通工具失蹤、沉沒、毀壞,當日起計一(1)年內未能尋回:
 - a) 則假設**受保人**已於上述失蹤、沉沒或毀壞時因**身體損傷**而導致**意外死亡**;及
 - b) 在收到由已故**受保人**的法定代表簽署的承諾書後(假若因**身體損傷**而導致**意外死亡**的假設其後被證實有誤,則本公司根據本章節A支付的任何款項將即時退還本公司)

本公司將按照本章節A的損傷表就**意外死亡**所列百分比,向已故**受保人**的法定代表支付**保障計劃**章節A所列相關**保額**。

章節 A 的不受保事項

本章节A並不保障：

1. 患病、疾病或細菌感染。

章節 B – 醫療費用

(a) 醫療費用

假若受保人於受保期間內因身體損傷或患病，而於受保期間內引致的醫療費用，本公司將向受保人補償有關醫療費用，惟金額上限為保障計劃章節B(a)所列保額。

(b) 覆診醫療費用

假若受保人因身體損傷或患病而在香港以外引致醫療費用，並在返回香港後仍須醫生就同一身體損傷或患病給予治療或處方藥物，則本公司將繼續向受保人補償

- 1) 由中醫師收取合理醫療費用；及/或
- 2) 因章節B(b)(1)以外的任何醫療費用

直至受保人返回香港後九十(90)天或保障計劃第B(b)項所列保額耗盡為止 (以較早達到者為準)。

(c) 創傷輔導保障

於受保期間，受保人遇上造成精神創傷的事情，包括但不限於強姦、槍劫、襲擊、自然災害、遭到劫持或恐怖活動，為上述造成精神創傷事件的受害者並因而蒙受身體損傷，按醫生意見就該身體損傷而接受創傷輔導服務，本公司將向受保人補償，在發生造成精神創傷的事情後九十(90)天內引起的合理及必須的創傷輔導費用，惟金額上限為保障計劃章節B(c)所列保額。

章節 B 的特別條款

1. 於受保期間於香港以外作為或預備作為住院病人並引致的任何醫療費用，須立即通知授權支援服務供應商。如未能按照此項先條條款規定而發出通知，本公司恕不承擔本保單項下有關醫療費用的任何責任。
2. 本公司對於在受保期間內引致的所有醫療費用的總責任，不會超逾保障計劃第B(a)項所列保額。
3. 本公司根據本章節B(b)內引致的各項費用的責任，不會超逾保障計劃章節B(b)項所列金額。
4. 本公司根據本章節B(b)(1)對於中醫師收取的所有費用的責任，不會超逾保障計劃第B(b)(1)項所列金額。由中醫師收取的每日最高金額應為保障計劃第B(b)(2)項所列金額。
5. 本公司根據本章節B的所有在香港引致的醫療費用責任 (包括中醫師收取的所有費用) 不會超逾保障計劃章節B(b)項所列金額。
6. 本公司根據本章節B(c)(1)對所有於旅程內引致的創傷輔導費用而收取的費用的總責任，不可超逾保障計劃章節B(c)(1)項所列保額。而創傷輔導費用的每日最高保障應為保障計劃的章節B(c)(2) 項所列金額。
7. 本公司根據本章節B對所有醫療費用及由中醫師收取的費用及創傷輔導費用的總責任，不可超逾保障計劃章節B(a)項所列保額。

章節 B 的不受保事項

本章节B並不保障：

1. 於支付旅程費用當時已包括或預期的任何費用。
2. 按照診治受保人的醫生認為，可合理地延遲至受保人返回香港後才接受的手術或醫治。
3. 受保人未有於合理時間內遵循醫生的意見，返回香港繼續治療於香港以外遭受的身體損傷或患病，因而在其後引致的任何費用。
4. 受保人在旅程出發前，經醫生診斷認為不適宜旅行後，他 / 她在旅程內引致的任何費用。
5. 受保期間結束後九十(90)天以外引致的任何覆診費用。
6. 引致首次費用之日期起計十二(12)個月後根據章節B(a)引致的任何費用。
7. 健康檢查或任何並非與診斷、身體損傷或患病直接有關的檢驗，或並非醫療上必需的任何治療或檢驗。
8. 義肢、隱形眼鏡、眼鏡、助聽器、假牙及其他醫療設備或眼科治療的費用。

章節 C – Chubb Assistance – 24-小時環球支援服務

(a) 緊急醫療運送及 / 或運返：

若授權支援服務供應商指定的醫生證實受保人的身體損傷或患病令其不適宜旅行或繼續其旅程或危及其生命或健康，以及在受保人蒙受身體損傷或患病後，受保人已經被送往最近的醫院或近處接受治療，而該處並無所須之治療，本公司可在醫生認為在醫療上適宜運送受保人的情況下，全權決定將受保人運送往其他地點接受所需治療。

授權支援服務供應商將於合理時間內安排運送，以及按照受保人的健康狀況，以最佳方式運送受保人，包括但不限於空中救護車、陸上救護車、定期航班、鐵路或其他合適交通工具。運送的工具及最終目的地將由授權支援服務供應商決定，並完全以醫療必要性決定。授權支援服務供應商會在適當情況下，將受保人送返香港。

本公司將直接向授權支援服務供應商支付受保人的緊急醫療運送及 / 或運返、相關醫療服務及醫療物品的實際費用。

(b) 遺體運返

於受保人因身體損傷或患病而直接及不可避免地導致其身故時，本公司將支付把受保人的遺體由死亡地點運返香港的實際費用，或經由授權支援服務供應商批准在死亡地點當地安葬的費用。

(c) 親友探望

若醫生證實受保人的身體損傷或患病令其不適宜旅行或繼續其旅程或危及其生命或健康或在旅程中身故，本公司將支付(i)一(1)張來回經濟客位機票的費用予一(1)位人士前往探望於香港以外的受保人，及(ii)於任何香港以外酒店內的一(1)間普通客房的合理住宿費用，以最多連續五(5)晚為限 (但不包括飲料、膳食及其他房間服務的費用)，惟金額上限為保障計劃章節C(c)所列保額。

(d) **小童護送**

在發生以下情況時：

- 1) 當**受保人**因**身體損傷**或**患病**而直接及無可避免地需**住院**，並獲**醫生**證明**受保人**不適宜旅行或繼續其**旅程**或危及其生命或健康或在**旅程**中身故；及
- 2) 該**受保人**同行之**小童**（該小童必須為**受保人**）於**受保期間**首日年齡未滿十七(17)歲；及
- 3) 該小童因**受保人**的**住院**或身故而面對無人照顧的風險。

本公司將安排及支付一(1)張單程經濟客位機票，護送該名小童返回**香港**，惟金額上限為**保障計劃**章節C(d)所列保額。

(e) **Chubb Assistance – 二十四(24)小時電話熱線及轉介服務**

下列服務僅以轉介及安排的方式提供，且所有費用須由**受保人**支付：

- 1) 預防注射及簽證規定的資訊服務
- 2) 領事館轉介
- 3) 傳譯員轉介
- 4) 遺失行李支援
- 5) 遺失旅遊證件支援
- 6) 電話醫療諮詢
- 7) 醫療服務供應商轉介
- 8) 住院時醫療狀況監察
- 9) 預約醫生安排
- 10) **醫院**入住安排

有關本服務之詳情，請致電電話熱線查詢或參閱由**Chubb Assistance**提供的轉介服務資料。若您對本電話熱線及轉介服務有任何查詢，可致電電話熱線 (852) 3723 3030向**Chubb Assistance**查詢。

章節C的特別條款

1. 本**章節C**的服務由**授權支援服務供應商**提供。假若發生根據**章節C(a)-(d) – Chubb Assistance – 24小時環球支援服務**可能導致潛在索償的任何事件，須立即通知**本公司**或**授權支援服務供應商**。如未能發出本條款規定的通知，**本公司**恕不承擔於保單本**章節**下的任何責任。
2. 運送的安排、方式及最終目的地將由**授權支援服務供應商**決定，並完全以醫療必要性決定。
3. **本公司**根據本**章節C**支付款項後，**本公司**有權收取來自原有回程機票的任何應退還款項。

章節C的不受保事項

本**章節C**並不保障任何：

1. 於支付**旅程**費用時已包括或預期的費用。
2. **受保人**在**旅程**出發前，經**醫生**診斷認為不適宜旅行後，他/她在**旅程**內引致的費用。
3. 由其他人士提供服務而產生的費用，該等費用**受保人**並不應負責的。
4. 不是由**授權支援服務供應商**批准及安排的服務而產生的費用。
5. 非由**醫生**給予或處方的治療。
6. 可合理地延遲至**受保人**返回**香港**後才接受治療而產生的費用。

章節D – 住院現金（只適用於環球及長線計劃）

(a) 於**受保人**因**身體損傷**或**患病**而直接及不可避免地在**香港**以外**住院**時，**本公司**將按照**保障計劃**第D(a)(2)項所列金額，就每日**住院**向**受保人**支付每日保障，惟上限為**保障計劃**第D(a)(1)項所列保額。

(b) **額外住院現金**

在**旅程**中的**受保期間**內，假若**受保人**：

1. 被**旅程**目的地的當地政府或相關醫療機構確定他/她與確診患上**傳染病**的人士有緊密接觸或**受保人**被相關機構確認為**傳染病**帶菌者，**受保人**在未能預計下被強制隔離；或
2. 因患病而入住**香港**以外的**醫院**，並被**醫生**確診患上任何一種**傳染病**

本公司將按照**保障計劃**第D(b)(2)項所列金額，就每日**住院**或強制隔離向**受保人**支付額外每日保障，惟上限為**保障計劃**第D(b)(1)項所列保額。

章節D(b)的特別條款：

1. 該患上/接觸到的**傳染病**必須得到**醫生**或相關政府醫療機構確定。

章節D的特別條款

1. 於本**章節D**的保障僅在**住院**或強制隔離結束後方會支付。
2. 若因同一**意外**引致入院，於本**章節D**的保障為**章節B-醫療費用**項下應付保障的累加保障。

章節E – 燒傷保障

若受保人遭遇包括二級程度燒傷或三級程度燒傷在內的身體損傷，本公司將按照本章節E的燒傷表就燒傷程度所列百分比，支付保障計劃章節E所列保額。

章節E燒傷表

燒傷表	賠償百分比
二級程度燒傷或三級程度燒傷	
頭部：	
等於或超過8%	100%
等於或超過5%但少於8%	75%
等於或超過2%但少於5%	50%
身體：	
等於或超過20%	100%
等於或超過15%但少於20%	75%
等於或超過10%但少於15%	50%

章節E的特別條款

1. 若受保人在同一次意外中遭遇超過一類在本章節E的燒傷表上所列的燒傷，本公司於本章節E的責任應限於支付一項燒傷類別，即根據所有實際遭遇的燒傷類別中，在本章節E的燒傷表所列百分比為最高的一項燒傷類別，而本公司只會支付保障計劃章節E所列相關保額。
2. 於本章節E的保障與章節A一個人意外項下應付的保障為累加保障。

章節F – 個人財物

就實際損耗、折舊及陳舊進行扣減或撥備後，本公司將按其絕對酌情權賠償對於在受保期間內遺失或被盜或損毀的個人財物進行修復、修理或更換，惟上限為保障計劃第F(a)項所列保額。

章節F的特別條款

1. 假若發生任何個人財物遺失、被盜或因第三方的蓄意行為而損毀的情況可能導致本章節F的索償的事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，本公司恕不承擔本章節F的任何責任。
2. 根據本章節F提出的任何個人財物遺失、被盜或因第三方的蓄意行為而損毀的索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，本公司恕不承擔本章節F的任何責任。
3. 假若遺失、盜竊或損毀在運送時發生，須於發現遺失或損毀起計二十四(24)小時內，立即將有關遺失或損毀通知公共交通工具的承運人。如未能發出此項先決條款規定的通知，本公司恕不承擔本章節F的任何責任。
4. 本公司對於在受保期間內遺失、盜竊或損毀的每件個人財物的最大責任，將以保障計劃第F(b)項所列金額為限。
5. 假若任何一件遺失、被盜或損毀的個人財物為一對或一套物品的一部分，本公司對該件及該對或該套物品的最大責任，將以保障計劃第F(b)項所列金額為限。
6. 本公司根據本章節F對於在受保期間內所有遺失、盜竊或損毀的個人財物的總責任，不可超逾保障計劃章節F(a)所列保額。
7. 於根據本章節F支付任何款項後，本公司有權獲得及保留任何尋回或損毀的個人財物的利益及價值，並按其絕對酌情權處理剩餘價值。

章節F的不受保事項

本章節F並不保障：

1. 因受保人疏忽所致的遺失、被盜或損毀，當中包括但不限於將個人財物置於無人看管的狀態。
2. 任何原因不明的遺失、被盜或損毀。
3. 個人財物因被置於汽車（鎖於車箱除外）或公共交通工具內或其他公共地方且無人看管而導致的遺失、被盜或損毀。
4. 任何個人財物因蟲蛀、蟲蝕、磨損、大氣或氣候狀況、逐漸損耗、機件或電力故障、任何清潔、修復、修理、改造的程序、海關或任何其他機關的充公或扣押而導致的遺失或損毀或由他們造成的破壞。
5. 任何租借或租賃設備遺失、被盜或損毀。
6. 在旅程前託運或單獨郵寄或以公共交通工具（同時運載受保人的公共交通工具除外）運載的任何個人財物遺失、被盜或損毀。
7. 易碎品之破損或毀壞。
8. 受保人可從任何其他來源獲得彌償或賠償退款或收回款項。
9. 已根據章節L一行李延誤就同一事件提出索償的損失。

章節G – 個人金錢

本公司將賠償受保人在受保期間內因發生(i)意外、(ii)盜竊或搶劫而引致的受保人的現金損失，惟上限為保障計劃章節G所列保額。

章節G的特別條款

1. 假若發生任何可能導致本章节G的索償的事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，本公司恕不承擔本章节G的任何責任。
2. 根據本章节G提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，本公司恕不承擔本章节G的任何責任。
3. 本公司根據本章节G對於受保期間內所有損失的總責任，不會超逾保障計劃章節G所列保額。

章節G的不受保事項

本章节G並不保障：

1. 因受保人疏忽所致的損失，當中包括但不限於將現金置於無人看管的狀態。
2. 任何原因不明的損失，或因海關或任何其他機關充公或扣押、貨幣貶值或因貨幣兌換交易期間的過失或疏忽而產生不足所致的損失。
3. 因使用或不當使用任何形式的電子貨幣所致的損失，當中包括但不限於任何卡類、電子錢包或等同信貸儲值媒介中所持的信貸價值。

章節H – 遺失證件

本公司將向受保人補償：

- (i) 受保人於受保期間內補領因遺失或被盜且如不補領則會導致旅程延誤的出入境檢查所需旅遊證件及 / 或車船機票的費用，及 / 或
- (ii) 受保人僅為安排補領於章節H(i)所提及的旅遊證件及 / 或車船機票而引致的合理額外交通費用及 / 或必須的住宿費用，惟金額上限為保障計劃章節H所列保額。

章節H的特別條款

1. 假若發生任何可能導致本章节H的索償事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，本公司恕不承擔本章节H的任何責任。
2. 根據本章节H提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，本公司恕不承擔本章节H的任何責任。
3. 本公司根據本章节H對於在受保期間內所有損失的總責任，不可超逾保障計劃章節H所列保額。

章節H的不受保事項

本章节H並不保障：

1. 因受保人疏忽所致的損失，當中包括但不限於將出入境檢查所需的旅遊證件及 / 或車船機票置於無人看管狀態。

章節I – 取消旅程

(a) 假若：

- (i) 受保人、直系家庭成員、擬定同行伙伴或商業伙伴在保單承保表所列購買本保單日子後及在旅程計劃開始日期前九十(90)天內突然及不能預料之身故；或
- (ii) 受保人、直系家庭成員、擬定同行伙伴或商業伙伴在保單承保表所列購買本保單日子後及在旅程計劃開始日期前九十(90)天內因突然及不能預料之身體損傷或患病而住院；或
- (iii) 受保人在保單承保表所列購買本保單日子後及旅程計劃開始日期前九十(90)天內，在未能預計地，受保人持續被強制性隔離；或
- (iv) 在保單承保表所列購買本保單日子後及旅程計劃開始日期前九十(90)天內，受保人須出任陪審員或受保人收到出任證人傳票；或
- (v) 在保單承保表所列購買本保單日子後及旅程的計劃目的地在旅程計劃開始日期前一(1)週內發生未能預計的罷工、暴亂或內亂；或
- (vi) 受保人的主要住所在保單承保表所列購買本保單日子後及旅程計劃開始日期前一(1)週內因火災、水災、地震或類似自然災害而嚴重損毀，且受保人就理應於旅程計劃出發日期身在香港；或
- (vii) 於購買保單不少於一(1)天後及旅程計劃開始日期前一(1)週內，在未能預計的情況下計劃目的地被發出黑色警示；而導致旅程必須取消，本公司將補償受保人因預付或被沒收的交通及 / 或住宿費用的損失，惟上限為保障計劃章節I所列保額。

- (b) 假若受保人、直系家庭成員、擬定同行伙伴或商業伙伴在購買本保單後及在旅程計劃開始日期前九十(90)天內遭受身體損傷或患病但無須住院，其身體損傷或患病導致旅程必須取消，本公司將就受保人因預付或被沒收的交通及 / 或住宿費用所致的百分之五十(50%)的損失，向受保人作出補償，惟上限為保障計劃章節I所列保額。

章節I的特別條款

1. 若**旅程**取消是由於**受保人或擬定同行伙伴的身體損傷或患病**，該**身體損傷或患病**須得到**醫生證明該身體損傷或患病令受保人或擬定同行伙伴不適宜旅行或危及其生命或健康**。
2. 若**旅程**取消是由於**直系家庭成員或商業伙伴的身體損傷或患病**，該**身體損傷或患病**須得到**醫生證明該身體損傷或患病危及其生命**。
3. 如未能提供此項先決條件規定的證明，**本公司**恕不承擔在**章節I**，**受保人**因預付或被沒收的旅行及/或住宿費用所致的損失的責任。
4. 假若**受保人**的損失屬於**章節I(a)(ii)及I(b)**的保障範圍，**本公司**於**本**章節I的責任僅限於賠償兩者中最高的一項損失。
5. **本公司**根據**本**章節I對於在**受保期間**內所有損失的總責任，不會超過**保障計劃** **章節I**所列保額。

章節I的不受保事項

本**章節**並不保障：

1. **受保人**可從任何其他來源獲得彌償或賠償退款或收回款項。
2. **受保人**在法律上沒有責任支付的有關款項。
3. 由於任何國家、地區或地方政府頒發禁令或規例而直接或間接取消。
4. 由於接受**旅程**預訂的旅行代理的疏忽、行為失當或周轉不靈而取消。
5. 由於人數不足導致旅遊經營商或批發商無法令旅行團成行而取消。
6. 由於**受保人**出現財務困難；或**受保人**的情況或所承擔的合約責任改變；或**受保人**不願繼續**旅程**而直接或間接取消。
7. 因在預訂**旅程**時，已存在或於當時可合理地預計可能導致**旅程**取消的事件或情況所致的損失。
8. 已根據**章節B**—醫療費用就同一事件提出索償的損失。

章節J – 旅程阻礙

a) 縮短旅程：

若**受保人**因下列原因而須縮短**旅程**並須直接返回**香港**：

- (i) **受保人或同行伙伴**蒙受**身體損傷或患病**，在未能預計下，直接及無可避免地導致須要入住**香港**以外的**醫院**；或
- (ii) **直系家庭成員、或商業伙伴**蒙受**身體損傷或患病**，在未能預計下，直接及無可避免地導致其**住院**；或
- (iii) **受保人，直系家庭成員，同行伙伴或商業伙伴**突然身故；或
- (iv) **旅程的計劃目的地**在**受保期間**內發生未能預計的**罷工、暴亂、內亂、爆發疫症、遭到劫持、地震或類似自然災害**而導致**受保人**不能繼續其計劃的**旅程**；或
- (v) 在未能預計的情況下**保安局**於**受保期間**發出**黑色警示**予**旅程的計劃目的地**；

本公司將補償下列費用，惟最高金額上限為**保障計劃** **章節J(a)**所列保額：

- (1) 如**受保人**未能提供已付的交通及住宿費用明細的，根據**受保人**在返回**香港**途中通過**香港**入境處出入境管制站後，或由**受保人**身故日起計，仍未使用的**旅程**天數，按比例計算**受保人**的未使用**旅程**費用；及
- (2) 在**旅程**開始後由**受保人**引致額外的交通及/或住宿費用；及
- (3) **受保人**在**旅程**開始後因預付及被沒收的交通及/或住宿費用所致的損失。

若**受保人**因下列原因而須縮短**旅程**並須直接返回**香港**：

- (vi) **受保人或同行伙伴**在未能預計下，蒙受毋須**住院**的**身體損傷或患病**；或
- (vii) **直系家庭成員或商業伙伴**在未能預計下，蒙受毋須**住院**的**身體損傷或患病**

本公司將補償下列費用的百分之五十(50%)，惟金額上限為**保障計劃** **章節J(a)**所列保額：

- (1) 如**受保人**未能提供已付的交通及住宿費用明細的，根據**受保人**在返回**香港**途中通過**香港**入境處出入境管制站時，或由**受保人**身故日起計，仍未使用的**旅程**天數，按比例計算**受保人**的未使用**旅程**費用；及
- (2) 在**旅程**開始後由**受保人**引致額外的交通及/或住宿費用；及
- (3) **受保人**在**旅程**開始後因預付或被沒收交通及/或住宿費用所致的損失。

b) 更改旅程：

假若**旅程**是因計劃目的地於**受保期間**內在**香港**以外發生未能預計的i)公共交通工具僱員罷工、ii)暴亂或內亂、iii)惡劣天氣、iv)自然災害或v)爆發疫症而導致**受保人**不能繼續其計劃的**旅程**，**本公司**將向**受保人**賠償為令他/她抵達計劃目的地而引致的合理額外交通及/或住宿費用，惟上限為**保障計劃** **章節J(b)**所列保額。

章節J的特別條款：

1. 若**旅程**縮短是由於**受保人或同行伙伴的身體損傷或患病**，須得到**醫生證明該身體損傷或患病令受保人或同行伙伴不適宜旅行或危及其生命或健康**。
2. 若**旅程**縮短是由於**直系家庭成員或商業伙伴的身體損傷或患病**，須得到**醫生證明該身體損傷或患病危及上述人士之生命**。
3. 如未能提供此項先決條件規定的證明，**本公司**恕不承擔在**章節J**，**受保人**所蒙受任何損失的責任。
4. **本公司**根據**本**章節J對於在**受保期間**內所有損失的總責任，不可超過**保障計劃** **章節J**所列保額。
5. 假若**受保人**同時受保障於上述**章節J(a)(i)和** **章節J(a)(vi)及** **章節J(a)(ii)和** **章節J(a)(vii)**，**本公司**於**章節J**的責任僅限於支付金額最高之一(1)項，並且不超過**保障計劃** **章節J**之最高保額。

章節J的不受保事項：

章節J並不保障任何損失：

1. 受保人可從任何其他來源獲得彌償或賠償退款或收回款項。
2. 由於任何國家、地區或地方政府頒發禁令或規例而直接或間接引致的損失。
3. 由於接受旅程預訂的旅行代理的疏忽、行為失當或周轉不靈而引致的損失。
4. 由於人數不足導致旅遊經營商或批發商無法令旅行團成行而引致的損失。
5. 由於受保人出現財務困難；或受保人的情況或合約附加責任改變；或受保人不願繼續旅程而直接或間接引致的損失。
6. 因在預訂旅程時或於開始第一日旅程時，已存在或於當時可合理地預計可能會導致旅程被阻礙的事件或情況所致的損失。
7. 由於未能遵從醫生的吩咐引致的損失。
8. 已根據章節K—旅程延誤就同一事件提出索償的損失。

章節K — 旅程延誤 (只適用於環球及長線計劃)

假若公共交通工具在受保期間由於下列《旅程延誤事故表》中任何一項突發的事故而導致旅程延誤，本公司將按照以下方式計算的比率支付賠償，本公司將支付K(a)或(b)其中一(1)項，惟上限為保障計劃章節K所列保額，而且受保人必須以繳費乘客身份乘搭由合法公共交通工具經營商提供的固定路線，並持有由公共交通工具經營商發出之(列明其固定路線及目的地和計劃離開及/或抵達時間的)有效登機證。

(a) 現金賠償

本公司將按照保障計劃K(a)(2)項所列金額，以每連續六(6)個小時延誤方式計算現金賠償；惟金額上限為保障計劃章節K(a)(1)所列金額。

(b) 損失的酒店住宿費用

由香港出發的有固定班次的公共交通工具延誤連續十(10)小時後，受保人最終決定取消旅程，本公司將補償，已預付但未享用的酒店住宿費用，惟金額上限為保障計劃章節K(b)所列金額。

章節K旅程延誤事故表

旅程延誤事故表

惡劣天氣

自然災害

涉及公共交通工具營運商的僱員罷工

公共交通工具機件故障

遭到劫持

章節K的特別條款

1. 延誤時數將只參照以下兩者其一的延誤差異作計算：(i)受保人旅程的原定旅程表計劃抵達的當地時間，與受保人實際抵達同一目的地的當地時間之差異，或(ii)受保人旅程的原定旅程表計劃離開的當地時間，與受保人實際離開前往同一目的地的當地時間之差異。
2. 若旅程涉及轉乘連串交通工具，總延誤時間則將參照最後交通工具的原定計劃抵達與實際抵達的當地時間之差異計算。
3. 受保人須採取合理措施縮短任何延誤時間。如未能按照此項先決條款的規定採取合理措施縮短任何延誤時間，本公司恕不承擔本章節K的任何責任。
4. 任何根據本章節K提出的索償，須附上發生延誤的相關承運人的確認書，當中須列明起程地的原本及實際離開時間及/或原本及實際抵達所列目的地的當地時間，及發生起程延誤及/或抵達延誤的原因。如未能提供此項先決條款規定的確認書，本公司恕不承擔本章節K的任何責任。
5. 假若受保人在同一次延誤中遭遇超過一類章節K所列的損失，本公司於本章節K的責任僅限於支付在K(a)至K(b)內其中一(1)項。本公司將支付保障計劃章節K所列可獲最高保額的項目。
6. 本公司根據本章節K於受保期間內發生的所有損失而承擔的總責任不會超過保障計劃章節K上所列的保額。

章節K的不受保事項：

本章節K並不保障下列損失：

1. 因在購買保險前已宣佈且於當時可合理地預計可能導致旅程延誤的事件或情況所致的損失。
2. 已根據章節J—旅程阻礙提出索償且因同一原因或事件所致的損失。
3. 受保人在法律上沒有責任支付的有關款項。

章節L — 行李延誤 (只適用於環球及長線計劃)

於受保期間內，假若已托運的行李在受保人抵達受保人旅程原定旅程表所列目的地的機場後，因公共交通工具營運商延誤、誤送或暫時丟失該行李超過連續六(6)個小時，本公司將向受保人補償購買必需盥洗用品及衣物的費用，惟上限為保障計劃章節L所列保額。

章節L的特別條款：

1. 根據章節L提出的任何索償，須附上承運人就有關已托運的行李在**受保人抵達受保人有關旅程的原定旅程表所列目的地的機場**後延誤、誤送或暫時丟失超過連續六(6)個小時而發出的確認書。如未能提供此項先決條款規定的確認書，**本公司**恕不承擔本**章節L**的任何責任。

章節L的不受保事項：

本**章節L**並不保障因下列原因購買必需盥洗用品及衣物費用：

1. **受保人**已收取或準備收取須對已托運的行李的延誤、誤送或暫時丟失負責的承運人或營運商所作出賠償。
2. **受保人**行李抵達**香港**時所發生。
3. 已托運行李的延誤、誤送或暫時丟失屬於原因不明或因海關或任何其他機關充公或扣押而導致。
4. 於有關**旅程**前託運或單獨郵寄或以**公共交通工具** (同時運載**受保人**的**公共交通工具**除外) 運送的任何財物。
5. 已根據**章節F**一個人財物提出索償且因同一原因或事件所致。

章節M — 個人責任

假若因**受保人**於**受保期間**內發生對任何其他人士造成**身體損傷**或損毀他人財物的**意外**，因而須承擔作出賠償的法律責任，**本公司**將代表**受保人**支付該賠償，惟上限為**保障計劃****章節M**所列**保額**。

章節M的不受保事項

本**章節M**並不保障：

1. **直系家庭成員**或受到**受保人**監護或控制的人士遭受**身體損傷**引起。
2. 屬於**受保人**或**直系家庭成員**或**同行伙伴**或受到**受保人**監護或控制的人士的財物損毀引起。
3. 屬於違反根據合約須承擔的任何責任的賠償。
4. 因擁有、管有、租賃或租用任何運輸工具、飛機、火器或動物所產生責任。
5. 因進行任何交易或專業所產生的責任。
6. 因(a)來自任何核子燃料或任何燃燒核子燃料而產生的任何核廢料的離子化輻射或輻射污染，或(b)任何因爆炸性核子裝配設施或該裝配設施的核子成分所產生的輻射、毒性、爆炸性或其他危險特性，而直接或間接導致的任何索償 (不論任何性質)。

章節N — 家居財物保障

假若**家居財物**於**受保期間**內因爆竊而遺失或損毀，且該爆竊發生於**主要住所**無人居住期間，並涉及以強行或暴力方式進入或離開**主要住所**，**本公司**將賠償**受保人**更換**家居財物**的費用，惟上限為**保障計劃****章節N(a)**所列**保額**。

章節N的特別條款

1. 假若發生任何可能導致本**章節N**的索償事件，須於發現事件起計二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，**本公司**恕不承擔本**章節N**的任何責任。
2. 根據本**章節N**提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，**本公司**恕不承擔本**章節N**的任何責任。
3. **本公司**對每件遺失或損毀的**家居財物**的最大責任為**保障計劃**第**N(b)**項所列金額。
4. 假若任何遺失或損毀的**家居財物**為一件或一對或一套物品的一部分，**本公司**對該件及該對或該套物品的最大責任，將以**保障計劃**第**N(b)**項所列金額為限。
5. **本公司**根據本**章節N**對所有由同一**受保人**擁有且於**受保期間**內因爆竊而遺失或損毀的**家居財物**的總責任，不可超逾**保障計劃**第**N(a)**項所列**保額**。

章節N的不受保事項：

本**章節N**並不保障：

1. 任何遺失或損毀且構成一對或一套的**家居財物**所擁有的任何特殊或獨有價值。
2. **受保人**可從任何其他來源獲得彌償或賠償退款或收回款項。

章節O — 信用卡保障

假若**受保人** (於**受保期間**首日其年齡介乎十七(17)歲至七十五(75)歲) 遭受**身體損傷**，並因該**身體損傷**直接及不可避免於連續十二(12)個月內**意外身故**，**本公司**將向已故**受保人**的法定代表，支付已故**受保人**的信用卡中因已故**受保人**在**旅程**內購買商品而結欠的任何未繳結餘，惟上限為**保障計劃****章節O**所列**保額**。

章節O 的不受保事項：

本**章節O**並不保障：

1. 已故**受保人**的信用卡的未繳費用累計利息或財務費用。
2. 已故**受保人**的信用卡由任何其他保險或其他途徑就同一風險提供保障的任何未繳結餘。
3. **患病**、**疾病**或**細菌感染**。

章節P – 面部永久疤痕

假若於**受保期間**，**受保人**蒙受**身體損傷**而引致最少一(1)平方厘米或最少兩(2)厘米長的永久毀容或面部永久疤痕，**本公司**將根據**保障計劃**章節P所列**保額**賠償。

章節P的特別條款

1. 毀容或面部疤痕須由**醫生**證明為**永久**性質。

第四部分 – 一般不受保事項

適用於所有章節的一般不受保事項：

本保單並不保障因下列各項所致的損失或後繼損失或責任：

1. 任何**受保前已存在之傷病**、先天性或遺傳狀況。
2. 違反**醫生**意見而外出旅遊，或為了獲取醫治或醫療服務而外出旅遊。
3. 自殺、企圖自殺或故意引致自身的**身體損傷**。
4. 因懷孕、墮胎、分娩、流產、不育而引致的任何情況及其所致的其他併發症，整容手術或性病。
5. 牙醫護理 (**意外前**為天然及健全的牙齒但因**意外身體損傷**所引致除外)。
6. 精神或神經失常、精神錯亂、精神狀況或任何行為失常。
7. 戰爭 (不論宣戰與否)、侵略、外敵行動、內戰、革命、叛亂、暴動、敵對行為 (不論宣戰與否)。
8. 直接參與**罷工 / 暴亂 / 內亂**，或因**受保人**履行身為軍隊、武裝部隊或紀律部隊 (包括但不限於警員、海關職員、消防員、入境處職員 / 督察及懲教處職員 / 督察等) 成員或身為戰爭或減罪行動志願者的職責。
9. 參與
 - a) 任何極限的運動或體育活動，其性質存有高度的危險性 (即涉及高度專門技術、超乎正常的體力運用、使用專門工具或特技等)，包括但不只限於跳懸崖、馬術障礙賽、超級馬拉松賽、特技表演、衝巨浪及獨木舟激流。除非該項活動是由當地合資格的旅遊活動經營者主辦，而且是項活動是開放給一般大眾及遊客參與，而對參與者並無特殊限制的旅遊活動 (除身高或一般健康狀況警告外)。在參與活動時，**受保人**必須跟從按照合資格的導師及/或旅遊經營商的指導員之指導和監督，
 - b) 職業體育賽事或運動，而**受保人**可透過從事該運動而取得報酬、贊助或任何形式的財政報酬，任何特技活動，偏離滑雪道之滑雪活動，
 - c) 競賽 (除徒步的競賽外，但不包括超過十(10)公里的跑步、冬季兩項競賽及三項全能運動)，
 - d) 第四級程度之私人水域橡皮艇漂流，
 - e) 任何一般需利用專用裝備的攀石或攀山活動，裝備包括但不限於鉤、鶴嘴鋤、錨、螺、繩索或嚮導等工具，
 - f) 潛水活動，除非**受保人**持PADI證書 (或同類認可的資格)、或在合資格的導師指導下陪同之下進行潛水。深度限制不能超過**受保人**的PADI證書 (或同類認可的資格) 所注明的深度，惟在任何情況下都不得超過三十(30)米深及不得單獨進行潛水。
10. 任何政府的禁令或規例，或海關或任何其他機關扣押或破壞。
11. **受保人**的非法、蓄意或惡意行為或魯莽行為或疏忽。
12. **受保人**因服用超越法定水平之酒精或藥物引起的有關損失。
13. 乘搭任何飛機，但作為飛機搭客除外。
14. 任何不誠實或犯罪活動。
15. **受保人**未有減輕損失或本保單之索償。
16. 愛滋病或愛滋病相關綜合症、任何於人體免疫力衰減症或相關疾病的陽性測試當時或其後開始的任何**身體損傷**或**患病**、或任何其他經性接觸傳染之疾病。
17. **受保人**從事體力勞動或非文職或危險工作，當中包括但不限於離岸鑽探、礦物提煉、處理爆炸品、地盤作業、特技工作及空中攝影。
18. 持中華人民共和國護照的**受保人**在中國 (**香港**、**台灣**及**澳門**除外) 境內旅遊。
19. 任何與特別指定名單所列人士、實體、團體或公司有關之損失或費用；或任何導致本公司違反經貿制裁規定或相關法律或條例之損失或費用。
20. 任何不是本保單某一方的人士或實體，不能根據《合約 (第三者權利) 條例》 (香港法例第623章) 強制執行本保單任何條款。

第五部分 – 延期條款

1. 劫機延期：若**旅程**因**受保人**於**受保期間**內成為劫機的受害者而延誤的情況下，**受保期間**將由劫機日期起計自動延長最多連續十二(12)個月，或直至**受保人**返回**香港**時通過**香港**入境處出入境管制站為止 (以較早者為準)。
2. 旅行延期：若**旅程**期間因在**受保人**控制以外的任何原因而超過**受保期間**，**受保期間**將自動免費延長最多十(10)個曆日，或直至**受保人**返回**香港**時通過**香港**入境處出入境管制站為止 (以較早者為準)。

第六部分 — 一般條款

- 保單有效性：**本保單只適用於消閒或公幹（只限行政性質、文職及非體力勞動）的旅程，而不適用於探險跋涉或類似旅程。受保人必須是適宜旅行人士。
- 完整合約：**本保單，連同其批註、附件（如有）、經受保人填妥的任何申請表格連同該申請表格附帶或於申請表格提及（如有）的任何文件，組成及構成完整的保險合約。除經本公司授權代表簽署的書面修訂外，本保單不得修改。
- 每一章節的保額：**受保人根據本保單任何章節可獲賠償的保額一經耗盡，保額將不會重置，且本公司毋須根據該章節對該受保人承擔任何進一步責任。
- 保額支付：**根據本保單支付的各項保障將會減少受保人可獲賠償的相關保額，而相關保額只有剩下的結餘可用於支付該受保人可能會向本公司提出的任何餘下保障索償。本公司根據本保單所有章節對涉及意外的每名受保人的總責任，將不超過相關保額。
- 重複保障：**每一受保人同意，若他們同時受保多於一份由本公司簽發的「暢樂安達保」保單或其他由本公司簽發的旅遊保險：
 - 受保人將會被視作只受保於該份提供最高保障金額的保單；或
 - 如每份保單提供的保障相同時，則會以本公司首次簽發的保單以提供保障。在任何情況下，任何重覆投購的保單，本公司將會在不付利息下全數退回已繳交的保費給受保人。
- 索償通知及充份程度：**索償的書面通知必須在合理的情況下盡早送交本公司，且在任何情況下，須於導致根據本保單提出索償的受保事件發生之日起計三十(30)天內送交本公司。由受保人或其代表或索償人送交本公司且載有足以證明受保人身份的通知，應視為已有效送交本公司的通知。本公司於接獲索償通知後，將向受保人提供本公司為備存索償證明而通常提供的該等表格。受保人或索償人須根據本保單及該等表格就有關提出任何索償的規定，以自費方式就此向本公司提供有關證明書、資料及證據。所有索償的證明必須於導致索償的受保事件發生之日起計一百八十(180)天內送交本公司。
- 索償調查：**於出現索償時，本公司可能作出其視為必要的任何調查，受保人應全面配合該調查。倘受保人未能配合本公司的調查，可能導致索償遭拒。
- 檢查賬簿及記錄：**本公司可能於受保期間內任何時間及直至本保單屆滿後三(3)年，或直至根據本保單提出的所有索償獲得最終調整及解決前，將會檢查於本保單有關的受保人賬冊及記錄。
- 體格檢查及屍體剖驗：**在索償處理期間，本公司有權自費於合理必要的情況下要求受保人接受檢查，除非法律禁止，否則亦可能要求進行屍體剖驗。
- 其他保險（適用於章節B、F、G、H、I、J、K、L、M、N、及O）：**倘若根據本保單受保的損失屬於任何其他有效保單的保障範圍（而不論該份其他保險是屬於主要、分擔、附加、待定或其他性質的保險）或已在其他途徑得到賠償，本保單會根據本保單條文及條款，保障從該份保險及賠償所支付的金額以外的實際損失金額。在任何情況下，受保人應顯示及透露本公司所有由其他途徑得到或將會得到的賠償。
- 法律訴訟：**受保人在向本公司發出書面損失證明後六十(60)天起，方可展開法律訴訟追討本保單的賠償。受保人於損失日期起三(3)年後不得提出有關訴訟。
- 追討權：**倘若本公司或其授權代表（包括授權支援服務供應商）代受保人作出授權支付及/或支付，則本公司保留權利向受保人追討已支付或本公司須向接納受保人入住的醫院支付的全部金額，惟將扣除本公司根據本保單條款責任須支付的金額。
- 代位權：**本公司有權取代受保人向任何第三者追討或爭取賠償的權利，以及有權以自費方式以受保人的名義對導致根據本保單提出索償的事件可能負上責任的第三方提出訴訟。受保人必須合作及盡一切能力保證此權利及不能採用任何影響此權利的行動。
- 轉讓：**本保單的任何權益轉讓對本公司並無約束。
- 彌償的支付對象：**身故賠償將支付予已故受保人的法定代表。根據章節C – Chubb Assistance – 24小時環球支援服務應付的款項乃支付予授權支援服務供應商或向受保人提供服務的其他服務提供商，除上述規定外，所有其他保障款項乃支付予受保人。
- 地域限制及施行時間：**就環球及長線計劃而言，地域限制及施行時間適用於受保期間中在世界各地的一日二十四(24)小時，惟章節C – Chubb Assistance – 24小時環球支援服務除外，就該項而言，除非經本公司批註，否則適用於香港以外在世界各地的一日二十四(24)小時。就廣東省及澳門計劃而言，地域限制及施行時間適用於受保期間中在廣東省以內及澳門（不包括台灣及香港）任何地方的一日二十四(24)小時。
- 免責條款：**章節C – Chubb Assistance – 24小時環球支援服務由授權支援服務供應商安排。授權支援服務供應商全面負責此24小時環球支援服務。授權支援服務供應商並非安達保險香港有限公司之聯營或附屬機構及安達保險香港有限公司概不負責有關或由授權支援服務供應商作出之任何行為或疏忽而引致之任何損失或損傷。
- 取消保單：**本公司可以根據本公司記錄所顯示受保人最後所知地址，以書面通知方式隨時取消本保單。該通知應註明該項取消的生效日期。該項取消不會影響於取消提出前已根據本保單一般條款第6項已向本公司提出的任何索償。
- 保費：**除非保費已支付，本公司在本保單內並無任何責任。保費於保險購買日期已被視為完全賺取。當保單繕發後，保費將不獲退還。
- 調解：**凡出現因本保單產生或與本保單有關的任何爭議或歧異，均須首先提交香港國際仲裁中心，並按香港國際仲裁中心的調解規則進行調解。假若調解員放棄調解，或調解以任何方式結束但未能解決爭議或歧異，則該爭議或歧異必須提交香港國際仲裁中心，並按香港國際仲裁中心的本地仲裁規則透過仲裁解決。假若因本保單產生或與本保單有關的任何爭議或歧異需要醫療知識（包括但不限於與保障計劃並未列明的任何醫療服務或手術的保額有關的問題），則按照本公司的合理酌情權，調解員或仲裁員可以為註冊醫療人員或顧問或專科醫生、外科醫生或醫生。倘若本公司拒付根據本保單提出的任何索償，而因拒付產生的任何爭議或歧異並未於拒付日期起計十二(12)個月內提交調解及仲裁（如有必要），則因該爭議或歧異所引致而針對本公司的任何索償將不獲受理。
- 欺詐或錯誤陳述：**由受保人作出或有關任何索償的任何虛假陳述均會導致本公司有權廢除本保單或撤銷根據本保單提出的責任。
- 司法管轄權：**本保單受香港法律約束並據其解釋。依從一般條款第20項，本保單的任何爭議均須根據香港法律解決。
- 文書錯誤：**本公司的文書錯誤不應令生效的保單因此失效，亦不應令失效的保單因此生效。
- 違反條文：**若受保人違反任何本保單的條文（包括理賠條件），本公司可在法律容許下的範圍內，拒絕支付賠償。
- 本保單的詮釋：**本保單以中英雙語撰寫；而英文版本為正式版本。如因對本保單內任何地方的詮釋而引起任何爭議，均以英文版本為準。

第七部分 – 如何索償

索償人應將索償表格，連同旅遊證件及下列文件(視乎事件而定)送交：

安達保險香港有限公司
香港灣仔港灣道6-8號
瑞安中心25樓
電話 +852 3191 6611
傳真 +852 2519 3233

個人意外保障 / 燒傷保障 / 信用卡保障

- 由醫生簽發的醫療報告或證明書，證明傷疾程度或嚴重狀況；
- 警方報告(若相關)；
- 受僱狀況的正式或合法證明文件(若相關)。

意外死亡

- 死亡證；
- 死因裁判官報告；
- 警方報告(若相關)；
- 如屬失蹤，由法院宣佈推定死亡。

醫療費用/住院現金

- 經醫生證明的診斷及治療，包括病人姓名及診斷日期；
- 由醫院簽發的醫院賬單 / 收據正本並列明詳細項目。

個人財物 / 個人金錢 / 遺失證件

- 收據正本，包括遺失或損毀物件的購買日期、價格、型號及類別；
- 展示損毀物件及其情況的相片；
- 如在運送時遺失或損毀，發出予航空公司/公共交通工具予的遺失通知書副本及其正式確認書；
- 警方報告(必須於事發後24小時內發出)；
- 若屬遺失旅行支票，發出簽發機構予的遺失通知書副本(必須於事發後24小時內發出)。

取消旅程 / 旅程阻礙

- 所有賬單、收據及票券；
- 經醫生證明的診斷及治療，包括病人姓名及診斷日期；
- 航空公司 / 公共交通工具所發出的正式文件，包括受害人姓名、日期、時間、延誤期間及延誤原因。

旅程延誤 / 行李延誤

- 航空公司 / 公共交通工具所發出的正式文件，包括受害人姓名、日期、時間、延誤期間及延誤原因；
- 酒店 / 航空公司 / 公共交通工具所發出的正式賬單 / 收據；
- 購買必需盥洗用品及衣物之賬單或收據正本；
- 由公共交通工具經營商發出之(列明其原定路線及目的地和計劃抵達及/或離開時間的)登機證正本。

家居財物保障

- 收據，包括遺失或損毀物件的購買日期、價格、型號及類別；
- 警方報告(必須於旅程回程後24小時內發出)。

個人責任

- 意外或事件的性質及情況聲明(未經本公司書面同意，不得承認責任或達成和解)；
- 就意外或事件接收的所有有關文件(包括法院傳票副本、所有法院文件、律師函件及其他法律書信)。

上述文件為提出索償時需要提供的部份文件。本公司保留權利，於有必要時，要求受保人提供上文並未註明的任何其他資料或文件。

第八部分 – 個人資料收集聲明

本公司(「我們」)竭力確保受保人(「閣下」)對我們在收集個人資料方面的信心，我們於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述我們收集及利用由閣下提供以識別閣下個人的資料(“個人資料”)的目的、個人資料可能被公開的情況及閣下有權要求查閱及更改個人資料的詳情。

a. 收集個人資料的目的

我們收集及使用閣下個人資料的目的，是為了向閣下提供具優勢的保險產品及服務，包括用作考慮閣下投保任何新的保險產品，及管理由我們提供的保單，安排保障，及執行和管理閣下及我們在該等保障下的權利及責任。同時，我們亦會收集及使用閣下個人資料以設計及識別能吸引閣下的產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用我們相應的產品及服務的聯盟及其他計劃。在閣下的同意下我們亦可能使用閣下的個人資料作其他用途。

b. 直接促銷

只會在得到閣下的同意，我們會使用閣下的聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或SMS短訊方式聯絡閣下以便提供有關我們的保險產品的宣傳推廣。如閣下不希望接收到安達保險香港有限公司的宣傳推廣，請於下列方格內加上「✓」。

c. 個人資料的轉讓

個人資料將予以保密，而我們亦絕對不會將閣下的個人資料售賣給第三者。我們會對公開閣下個人資料作出限定；但在任何適用的法例條文下，閣下的個人資料可能：

- (i) 會被透露予我們相信必須達成以上第a及第b段所述目的之第三者。例如：我們把閣下的個人資料提供予我們相關的員工及承辦商、代理及其他涉及以上目的之人士，如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀(當中可能包括在香港以外的第三方)；
- (ii) 會給我們的母公司及附屬聯營公司或安達在本地及海外的相關人員使用；
- (iii) 會提供予保險中介人，閣下可以透過指定系統查閱有關資料；
- (iv) 會給予有關人士以維持公眾安全及法紀；及
- (v) 在閣下同意下提供予其他第三者。

就以上個人資料的轉移，如有適用的地方，則代表閣下亦同意該資料在香港以外地方轉移。

d. 查閱及更改個人資料

根據個人資料(私隱)條例，閣下有權要求查閱及更改曾給予我們的資料，另除非在個人資料(私隱)條例下有適用的豁免條款賦予我們可拒絕遵從，否則我們必須按閣下的要求，給閣下查閱及更改本身的個人資料。閣下亦可向我們要求提供持有閣下個人資料的類別。

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

香港灣仔港灣道6-8號
瑞安中心25樓
安達保險香港有限公司
個人資料私隱主任收
電話：(852) 3191 6222
傳真：(852) 2519 3233
電郵：Privacy.HK@chubb.com

在我們收到閣下查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，我們一般將不會收取任何費用；但即使我們在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

如閣下不希望接收安達保險香港有限公司的宣傳推廣，請於方格內劃上「✓」。

