



**P&R CONSULTANCY CO., LTD**  
Rm 1101, 11/F, Tower 1 Cheung Sha Wan Plaza,  
833 Cheung Sha Wan Road, Lai Chi Kok, Kowloon  
Tel: (852)8203-3900/3189-0431

### **SMART ACCIDENTAL INSURANCE CERTIFICATE**

	Certification number/ 證書號	PnRHKo2000

#### **Important information about this cover**

This document provides a summary of the Terms and Conditions of the Smart Accidental Insurance to the Insured Person(s), the cover of which will be available to all Insured Persons as defined. It is important that you keep this Insurance Certificate in a safe place as evidence of coverage. This Insurance Certificate explains the nature of the arrangement and its relevant benefits and risks

You should read this Insurance Certificate carefully. Any reimbursement payable to you will be bound by the definitions, terms and conditions, exclusions and reimbursement procedures set out in this document.

#### **PART 1: DECLARATION**

Chubb Insurance Hong Kong Limited (herein called "Insurer") has agreed to insure the eligible **Insured Person(s)** to the extent hereto provided and subject to the exclusions and all other limitations and provisions of the Master Policy No. PnRHKo2000 (the "Policy").

#### **PART 2: SCHEDULE OF BENEFITS**

(A)	Hong Kong Accidental Death & Dismemberment	Sum Insured	HKD 250,000
(B)	Hong Kong Accidental Medical Expenses (including Chinese bone-setting expenses subject to HKD150 per day per visit up to maximum HKD 400 per event)	Sum Insured	HKD 4,000

#### **PART 3: DEFINITION OF WORDS**

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

1. **Accidental Death** means death occurring as a result of an Accidental Injury within six (6) months from the date of accident.
2. **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance.

3. **Accidental Medical Expenses** means all Usual, Reasonable and Customary Medical Expenses necessarily incurred by the Insured Person for medical, hospital, surgical, physiotherapy, chiropractic therapy, X-ray or nursing treatment in respect of Bodily Injury, and in connection therewith, the cost of medical supplies and ambulance hire, which all the above treatments or services must be prescribed by Physician.

4. **Bodily Injury** means physical injury caused solely and independently by an Accident and which is not an illness and which :

- (a) is sustained in Hong Kong; and
- (b) is caused by violent, external and visible means; and
- (c) occurred during the Period of Insurance; and
- (d) results within one (1) month of the accident; and
- (e) results solely and independently of any cause other than:
  - the Accident; and/or
  - sickness directly resulting from medical or surgical treatment rendered necessary by the accident;
- (f) may include an injury caused by Insured Person being directly and unavoidable exposed to the elements as result of an Accident.

5. **Dismemberment** means

- loss in respect of "Loss of Limb(s)" means the Bodily Injury resulting in the loss by physical separation at or above the wrist or ankle joint, which is Permanent, beyond remedy by surgical or other treatment; or
- loss in respect of "Loss of Sight" means Bodily Injury resulting in total and irrecoverable loss of all sight of any eye or eyes, which is Permanent, beyond remedy by surgical or other treatment.

6. **Effective Date** means the effective date of this Insurance Certificate, which the Policyholder shall provide to the Insured Person.

7. **Expiry Date** means the date exactly one (1) calendar months after the Effective Date.

8. **Hong Kong** means Hong Kong Special Administration Region of the People's Republic of China.

9. **Insurance Certificate** means this document which the Policyholder shall provide to the Insured Person at the commencement of this insurance, which sets out the terms and conditions under this insurance and which may be amended or replaced from time to time.

10. **Insured Person** means the Insured Person(s) declared to Insurer and is eighteen (18) years of age or above and under sixty-five (65) years of age on the Effective Date; and such person shall be the holder of a valid Hong Kong Identity Card during the Period of Insurance.

11. **Period of Insurance** means the period to which this insurance applies starting from the Effective Date for one calendar month, unless terminated according to Part 7 – Cancellation of this Insurance.

12. **Permanent** means having lasted twelve (12) consecutive months and at expiry of that period, being beyond hope of improvement.

13. **Physician** means a legally registered western medical practitioner who is not the Insured Person or his/her relative. **Policyholder** means P&R Consultancy Company.

14. **Pre-existing Medical Condition** means:

- (a) Any condition for which a Physician was consulted or for which treatment or medication was prescribed prior to the Effective Date; or
- (b) A condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Effective Date.

15. **Riot** means the act of any person taking part together with or without others in any disturbance of the public peace (whether in connection with a Strike or lock-out or not) or 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.

16. **Schedule of Benefits** means Part 2 which sets out the Sum Insured for each Insured Person under this Insurance Certificate and which may be amended or replaced from time to time.

17. **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.

18. **Sum Insured** means, in relation to each benefit available to an Insured Person under the Insurance Certificate, the maximum amount per Period of Insurance listed in the Insurance Schedule or any endorsement(s) corresponding to that benefit.

19. **The Company/Insurer** means Chubb Insurance Hong Kong Limited.

20. **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.

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#### **PART 4 DESCRIPTION OF COVER**

##### **SECTION A – Hong Kong Accidental Death & Dismemberment**

If an Insured Person sustains Bodily Injury in Hong Kong, as a direct and unavoidable result, suffers within three (3) consecutive months a loss of the type listed in the Accidental Death & Dismemberment Table in this Section A, The Company will pay the percentage stated for that type of loss in the Accidental Death & Dismemberment Table in this Section A of the Sum Insured stated in Section A of the Schedule of Benefits.

Section A - Accidental Death & Dismemberment Table		Percentage of Sum Insured
1.	Accidental Death	100%
2.	Loss of Sight of both eyes	100%
3.	Loss of two or more Limbs	100%
4.	Loss of one Limb and Loss of Sight of one eye	100%
5.	Loss of Sight of one eye	50%
6.	Loss of one Limb	50%

##### **Special Conditions to Section A:**

- (i) Where an Insured Person suffers more than one type of loss listed in the Accidental Death & Dismemberment 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 Accidental Death & Dismemberment Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.

- (ii) The Company's total liability under this Section A for all Accidents involving the same Insured Person shall not exceed the relevant Sum Insured.
- (iii) 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.
- (iv) 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 Accidental Death & Dismemberment Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.
- (v) 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 legal representative of the Insured Person's estate 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 representative of the Insured Person's estate the percentage stated for Accidental Death in the Accidental Death & Dismemberment Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.

## **SECTION B – HONG KONG ACCIDENTAL MEDICAL EXPENSES (including Chinese bone-setting expenses)**

If an Insured Person incurs Accidental Medical Expenses in Hong Kong arising from Bodily Injury and a Physician certifies this, The Company will reimburse the Insured Person for those Accidental Medical Expenses upon the production of receipts and Physician's certificate or documents, up to the Sum Insured stated in Section B of the Schedule of Benefits.

### **Chinese bone-setting expenses extension**

If the Insured Person incurs necessary Chinese bone-setting expenses as a result of an Accidental Injury and a legally licensed, registered and qualified Chinese medical practitioner prescribes and certifies this, The Company will reimburse the Insured Person the Chinese bone-setting expenses, upon the production of receipts and doctor's certificate or documents, subject to the maximum HK\$150 per visit per day and up to the maximum amount of Chinese bone-setting expenses as shown on Section B of the Schedule of Benefits.

### **Exclusions to Section B:**

This Section B does not cover:

1. Any expense incurred outside Hong Kong.
2. Any expenses incurred under Section B after thirty (30) days from the date the first expenses were incurred.
3. 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.

4. The cost of prostheses, contact lenses, spectacles, hearing aids, dentures and other medical equipment or optical treatment.

## **PART 5:GENERAL EXCLUSIONS**

### **GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS:**

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

1. Illness, disease or any bacterial infection even if contracted by accident other than bacterial infection that is the direct result of an accidental cut or wound or accidental food poisoning.
2. Any Pre-existing Medical Condition, congenital or heredity condition.
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, hostilities (whether war is declared or not), direct participation in a Strike/ Riot/ civil commotion/acts of terrorism 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.
8. Participation in or conducting training for:
  - (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, 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 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, carabiners and lead-rope or top-rope anchoring equipment,
  - (f) Scuba diving, snorkelling, free-diving or the use of any type of equipment to aim breathing underwater,
  - (g) Activities involving any type of explosions (including but not limited to any activity involving the use of fireworks or firecrackers),
  - (h) Parachuting, any kind of gliding, ballooning bungy-jumping or micro-lighting,

- (i) Any kind of hunting.
- 9. Prohibition or regulation by any government, or customs detention.
- 10. An unlawful, wilful, malicious or reckless act or omission of an Insured Person.
- 11. The actions of an Insured Person while under the influence of alcohol or drugs to the extent of legal impairment.
- 12. Riding in any aircraft other than as a passenger in an aircraft.
- 13. Any dishonest or criminal activity.
- 14. An Insured Person's failure to mitigate the loss.
- 15. AIDS or AIDS Related Complex, any Bodily Injury commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
- 16. The Insured Person engaging in manual labour or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.

## **PART 6: GENERAL CONDITIONS**

- 1. Entire Contract: This Insurance Certificate, 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 Insurance Certificate shall not be modified except by written amendment signed by an authorized representative of The Company.
- 2. Sum Insured under each Section: Once the Sum Insured available to an Insured Person under any Section of this Insurance Certificate 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.
- 3. Sum Insured paid out: Each and every benefit paid under this Insurance Certificate 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 Insurance Certificate for each Insured Person involved in an Accident shall not exceed the relevant Sum Insured.
- 4. Duplicate Coverages: Each Insured Person agrees that, each of them should be covered under one complimentary personal accident insurance offered by the Policyholder. If they are covered for the same Bodily Injury by more than one PnRHKo1000/PnRHKo2000 certificate or by both PnRHKo1000 and PnRHKo2000 certificates issued by the Company:
  - (a) The only Insurance Certificate of both PnRHKo1000 and PnRHKo2000 that will pay out for that Bodily Injury will be the Insurance Certificate which, after all the Insurance Certificates covering that Bodily Injury have been compared with each other, produces the largest benefit payment to the Insured Person for that Bodily Injury; and
  - (b) The Company's aggregate liability under all the Insurance Certificates covering that Bodily Injury shall be the amount of the largest benefit payment to the Insured Person under sub-paragraph a. of this General Condition 4
- 5. 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 Insurance Certificate. 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 Insurance Certificate 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.

6. **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.
7. **Examination of Books and Records:** The Company may examine the Insured Person's books and records relating to this Insurance Certificate at any time during the Period of Insurance and up to three (3) years after the expiration of this Insurance Certificate or until final adjustment and settlement of all claims under this Insurance Certificate.
8. **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.
9. **Other Insurance (Applicable to Sections B):** If a loss covered by this Insurance Certificate 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), this Insurance Certificate will, 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.
10. **Legal Action:** No legal action shall be brought to recover on this Insurance Certificate 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.
11. **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, 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 Insurance Certificate.
12. **Subrogation:** The Company 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 Insurance Certificate.
13. **Assignment:** No assignment of interest under this Insurance Certificate shall be binding upon The Company.
14. **Geographical Limit and Operative Time:** The geographical limit and operative time shall apply twenty-four (24) hours a day anywhere in Hong Kong.
15. **Mediation:** Any dispute or difference arising out of, or in connection with, this Insurance Certificate 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 Insurance Certificate 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 Insurance Certificate 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.
16. **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 Insurance Certificate or repudiate liability under it.
17. **Jurisdiction:** This Insurance Certificate shall be governed and construed in accordance with the laws of Hong Kong. Subject to General Condition 15, any dispute under this Insurance Certificate shall be settled in accordance with the laws of Hong Kong.

18. Contracts (Rights Of Third Parties) Ordinance

The Company and the Policyholder are the only contracting parties to this Policy and this Insurance Certificate. Any person or entity who is not a party to this Policy or this Insurance Certificate 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 or this Insurance Certificate.

19. 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.

1. 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.

2. 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.

3. 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 1 and 2 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 Group local and overseas;
- (iii) the insurance intermediary through which You accessed the system;
- (iv) provided to 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.

4. 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  
39/F, One Taikoo Place  
979 King's Road  
Quarry Bay, Hong Kong  
Tel. : (852) 3191 6222  
Fax. : (852) 2519 3233  
E-mail: 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.

20. Clerical Error: Clerical errors by The Company shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.
21. Expiry of this policy: This Insurance Certificate expires at the Expiry Date.
22. Interpretation of this Policy: This Insurance Certificate is written in both English and Chinese. The English version is the official version. If any dispute arises regarding the interpretation of any part of this Insurance Certificate, the English version shall prevail.
23. Compliance with Applicable Economic and Trade Sanctions Laws: This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

Chubb Insurance Hong Kong Limited is a subsidiary/branch of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Hong Kong Limited is subject to certain US laws and regulations in addition to EU, UN and Hong Kong sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.

## **PART 7 – CANCELLATION OF THIS INSURANCE**

In addition to any other legal rights The Company may have under this Insurance Certificate or otherwise, The Company may cancel this Insurance Certificate by giving the Insured Person or his/her legal representatives a written notice of such cancellation:

- (a) breach the duty of utmost good faith;
- (b) make a misrepresentation to The Company before or at the time this policy was entered into;
- (c) breach a provision of this Insurance Certificate;
- (d) make a fraudulent claim under any policy of insurance;
- (e) engage in any act or omission which under this Insurance Certificate the Insured Person is required to notify to The Company, but the Insured Person fails to notify to The Company; or
- (f) engage in any such act or omission which under the terms of this policy authorises The Company to refuse to pay a claim either in whole or in part.

The Company will give the Insured Person notice in writing to his/her address on file.

If The Company cancels the Insurance Certificate, such cancellation shall be without prejudice to any claim originating prior thereto.

### **Automatic cancellation**

This Insurance Certificate will cancel automatically when the Insured Person:

- (a) is unable to meet the definition of Insured Person as defined; this will be confirmed in writing; or
- (b) dies.

All insurance under this Insurance Certificate shall at once terminate at the occurrence of any specific loss for which indemnity is payable under Section A of this Insurance Certificate, but such termination shall be without prejudice to any other claim originating from the Accident causing that loss.

### **PART 8 : HOW TO MAKE A CLAIM**

The claimant should submit a claim form (available at <http://www.chubbclaims.com.hk>) together with the following documents as appropriate within thirty (30) days of the event taking place to:

Chubb Insurance Hong Kong Limited  
39/F, One Taikoo Place  
979 King's Road  
Quarry Bay, Hong Kong  
Tel: (852) 3191 6222  
Fax: (852) 2519 3233

#### Personal Accident Cover Benefit

- Medical report or certificate issued by a Physician certifying the degree or severity of disability;
- Police report, 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

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

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.

**CHUBB**<sup>®</sup> 安達保險

## 智易保保險證明書

### 有關本保障的重要資料

本文件記載了適用於所有合資格受保人於智易保保障中，包括其條款、細則及不保事項之概要。閣下必須把保險證明書放置於一個安全的地方，以便確保日後能隨時查閱及作索償證明。因為本證明書記錄了閣下相關保障及風險。

閣下小心閱讀及了解本證明書是十分重要的。閣下所有的相關理賠將受本文件記載的條款、細則及不保事項限制。

#### 第一部分：申報

安達保險香港有限公司(承保公司)將依據 保單 (PnRHKO2000) 內文的條款、細則及不保事項的規定，為合資格受保人提供受保事件的保障。

#### 第二部分：保障計劃

(A)	香港意外死亡及傷殘	保額	港幣 250,000
(B)	香港意外醫療費用 (包括跌打費用) • 跌打費用	保額	港幣 4,000 港幣 400

#### 第三部分：詞彙釋義

在本保單內，下列詞彙應具有以下涵義：

1. **意外死亡**指於發生意外後的六(6)個月內因意外損傷而導致死亡。
2. **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。
3. **傷殘**指：
  - 就「喪失肢體」而言是指因**身體損傷**引致自手腕或足踝關節以上從身體分離而喪失有關肢體，情況屬**永久**而且無改善希望或無法透過手術或其他治療治癒者。
  - 就「喪失視力」而言是指因**身體損傷**引致永久、完全及無法恢復視力，情況屬**永久**而且無改善希望或無法透過手術或其他治療治癒者。
4. **身體損傷**指因意外導致身體損傷而非疾病，及：
  - (a) 意外在香港境內蒙受
  - (b) 因暴力、由外來及可見方式引致；及
  - (c) 在受保期間發生；及
  - (d) 在意外發生後的六(6)個月內出現；及
  - (e) 在純粹及不受其他因素影響下：
    - 導致的意外；及/或
    - 因意外而在進行治療或手術時直接招致的疾病；
  - (f) 包括因發生意外而直接及不可避免地暴露而引起的身體損傷。
5. **意外醫療費用**指受保人由於意外損傷引致的醫藥、住院、手術、物理治療、脊醫治療、x光或護理治療所須的費用，包括醫療供應品及租用救傷車的費用，以上所有治療或服務應由註冊醫生所指示。
6. **生效日**指本保險證明書的 生效日 ，保單持有人將通知受保人保險證明書之生效日。
7. **結束日**指由**生效日**起計一 1)個曆月後的該日。
8. **香港**指中華人民共和國香港特別行政區。
9. **保險證明書**指在本保單生效時由**保單持有人**發送給受保人的文件，該文件將不時修訂或更替。
10. **受保人**指已向**承保公司**申報的合資格受保人，其年齡在**生效日**當日必須介乎十八(18)歲或以上至六十五(65)歲以下；並於**受保期間**，持有有效的**香港身份證**。
11. **受保期間**指由本**保險證明書**的**生效日**起計的一整個曆月，除非依據本**保險證明書**第七部分所載之方式取消。
12. **永久**指連續維持十二(12)個月，並在該期間完結時沒有改善的希望。

13. **醫生**指指合法、正式註冊及獲認可執業的西醫，但不包括 閣下或閣下之親屬。
14. **保單持有人**指 P&R Consultancy Company
15. **受保前已存在之傷病**指:
  - (a) 在保單生效日前，已向註冊醫生求診或已接受治療護理或獲藥物配方的任何症狀；或
  - (b) 於保單生效日時，任何一名正常人士理應留時到該症狀、表面症狀或病徵。
16. **暴亂**指任何人士單獨或與他人共同參與擾亂公共治安的行為（不論是否與罷工或停工有關），或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。
17. **保障計劃**指於本**保險證明書**第二部分所載的保障計劃表。
18. **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。
19. **保額**指，在受保期間內，就受保人根據本**保險證明書**可享用的各項保障而言，在保障計劃或該保障的任何相應批註中所列最高金額。
20. **本公司/承保公司**指安達保險香港有限公司。
21. **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。

## 第四部分：項目說明

### 章節A – 香港意外死亡及傷殘

若受保人於香港，遇上章節 A 所載者的意外並遭受**身體損傷**，而直接及無可避免地於連續三(3)個月內蒙受本章節 A 的意外死亡及傷殘之損傷表中的損失，本公司將按照本章節 A 的意外死亡及傷殘之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**。

### 章節 A- 意外死亡及傷殘之損傷表

損失類別	保額百分比
1. 意外死亡	100%
2. 兩眼喪失視力：	100%
3. 雙項或以上喪失肢體：	100%
4. 一項喪失肢體 及一眼喪失視力	100%
5. 一眼喪失視力	50%
6. 一項喪失肢體	50%

### 章節 A 的特別條款：

- i) 假若受保人在同一次意外中遭遇超過一類章節 A 的意外死亡及傷殘之損傷表所列的損失，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 的意外死亡及傷殘之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**。
- ii) 本公司根據本章節 A 就涉及同一受保人發生的所有意外而承擔的總責任不可超逾相關**保額**。
- iii) 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。
- iv) 風險：假若受保人因遭遇**身體損傷**而面對不可避免地致命風險因素，以及因此直接及不可避免地導致於連續十二(12)個月內死亡，本公司將按照本章節 A 的意外死亡及傷殘之損傷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**。
- v) 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) 將會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遺產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 的意外死亡及傷殘之損傷表就意外死亡所列百分比，向已故受保人遺產的法定代表支付**保障計劃**章節 A 所列相關**保額**。

## 章節 B – 香港意外醫療費用(包括跌打費用)

假若受保人於香港因身體損傷而引致的醫療費用，並獲醫生證明，在受保人提供收據及醫生的證明或文件時，本公司將依據實際的意外醫療費用作出賠償，惟金額上限為**保障計劃**章節 B 所列保額。

### 延至跌打費用

當受保人因意外損傷而引致跌打費用，並獲合法持牌執業、註冊及認可的中醫自證明，在閣下提供收據及醫生的證明或文件時，我們將依據實際的跌打費用作出賠償，並以每天不可超越一(1)次，每次賠償金額不超越港幣一百五十(150)元及金額上限為**保障計劃**章節 B 所列保額。

### 章節 B 的不受保事項：

本章節 B 並不保障：

1. 任何於香港以外引致的任何費用
2. 引致首次費用之日期起計三十(30)日根據章節 B 引致的任何費用。
3. 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。
4. 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。

## 第五部分：項目說明

### 適用於所有章節的一般不受保事項：

本**保險證明書**並不保障因下列各項所致的損失或後繼損失或責任：

1. 因意外引起之疾病或病症或細菌感染，但不排除純粹及直接因意外損傷或傷口而引發的疾病、病症或細菌或病毒感染或意外食物中毒。
2. 任何受保前已存在之傷病、先天性或遺傳狀況。
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）、直接參與**罷工**／**暴亂**／內亂／恐怖活動，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）成員或身為戰爭或滅罪行動志願者的職責。
8. 參與或進行以下任何一種活動的訓練
  - 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），包括但不限於跳懸崖、馬術障礙賽、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) 需要使用任何輔助呼吸設備之潛水或水中活動
  - g) 任何類型的爆炸活動（包括但不限於使用煙花或爆竹的任何活動）；
  - h) 跳降傘、任何類型的高空滑翔、乘坐氣球、高空躍跳或滑翔機
  - i) 任何形式的打獵
9. 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。
10. 受保人的非法、蓄意或惡意行為或魯莽行為或疏忽。
11. 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。
12. 乘搭任何飛機，但作為飛機搭客除外。
13. 任何不誠實或犯罪活動。
14. 受保人未有減輕損失或本保單之索償。

15. 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。

16. 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。

## 17. 第六部分：一般條款

1. **完整合約**：本**保險證明書**，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。
2. **保額**：受保人根據本**保險證明書**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。
3. **保額**：根據本**保險證明書**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**保險證明書**所有章節對涉及**意外**的每名受保人的總責任，將不超逾相關**保額**。
4. **重複保障**：每一受保人同意，他們同時間只可受保於一份保單持有人提供的個人意外保障保障，若他們就一個**身體損傷**同時受保多於一份由本公司發出的 PnRHKo100 或 PnRo2000 保險證明書本或同時受保於由本公司發出的 PnRHKo1000 及 PnRHKo2000 智易保保險證明書：
  - a) 當比較 PnRHKo1000 及 PnRo2000 所有**身體損傷**保障後，會以就該**身體損傷**提供最高保障金額的**保險證明書**作為賠償該**身體損傷**的唯一保單；及
  - b) 本公司在所有保障該**身體損傷**的**保險證明書**內總責任將為一般條款第 4 項上提及的最高金額。
5. **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**保險證明書**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**保險證明書**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。
6. **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。
7. **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。
8. **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。
9. **其他保險（適用於章節 B）**：倘若根據本**保險證明書**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），本**保險證明書**會根據本保單條文及條款，保障該份其他保險所支付的金額以外的實際損失金額，惟以有關損失金額為限。
10. **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**保險證明書**的賠償。受保人於損失日期起三 (3) 年後不得提出有關訴訟。
11. **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。
12. **代位權**：本公司有權以自費方式，以受保人的名義對導致根據本**保險證明書**提出索償的事件可能負上責任的第三方提出訴訟。
13. **轉讓**：本**保險證明書**的任何權益轉讓對本公司並無約束。
14. **地域限制及施行時間**：地域限制及施行時間適用於**受保期間在香港**的一日二十四 (24) 小時。
15. **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。

16. **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**保險證明書**或撤銷根據本**保險證明書**提出的責任。
17. **司法管轄權**：本**保險證明書**受香港法律約束並據其解釋。依從一般條款第15項，本**保險證明書**的任何爭議均須根據香港法律解決。
18. **合約（第三者權利）條例**：何不是本保單及**保險證明書**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）強制執行本保單或**保險證明書**任何條款。
19. **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。

**(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：

安達個人資料私隱主任

香港鰂魚涌英皇道979號

太古坊一座39樓電話+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。

20. **文書錯誤**：本公司的文書錯誤不應令生效的**保險證明書**因此失效，亦不應令失效的**保險證明書**因此生效。

21. **本保險證明書失效**：本**保險證明書**於結束日當天失效。
22. **本保險證明書的詮釋**：本保單以中英雙語撰寫；而英文版本為正式版本。如因對本**保險證明書**內任何地方的詮釋而引起任何爭議，均以英文版本為準。於同一受保期間內得到保障的時段。
23. 遵守適用的經濟和貿易制裁條例：當經貿制裁規定或其他法規禁止我們提供保險（包括但不限於支付賠償金）時，本保險將不適用。保單中的所有其他條款及細則則維持不變。安達保險香港有限公司是一間美國公司 - **Chubb Limited** 的子公司/分公司，**Chubb Limited** 是紐約證券交易所上市公司，因此除了歐盟、聯合國和香港的貿易限制之外，安達保險香港有限公司還受某些美國法律和法規的約束，這些限制可能禁止其向某些個人或實體提供保險或支付賠償，或者對某些類型的活動及某些國家/地區例如古巴提供保障。

## 第七部分：我們在何時可以取消 閣下的保單

除了在本**保險證明書**內或其他情況下給予我們應有的合法權利外，當出現以下情況時，我們會書面通知 閣下取消**保險證明書**，如任何受保人或 閣下或 閣下的法律代表：

- (a) 違反絕對誠信的責任；
- (b) 在達成 閣下保單合約的事前或當時作出失實聲明；
- (c) 違反 閣下**保險證明書**的條文；
- (d) 在任何保險保單內提出虛假的索償；
- (e) 在**保險證明書**內規定 閣下必須通知我們而 閣下卻沒有遵行的任何行為或疏忽；或
- (f) 作出任何行為或疏忽，令我們可根據 閣下保單內規定拒絕支付全部或部份賠償。

我們會向 閣下在我們文件案內的地址發出書面通知。如我們取消 閣下的**保險證明書**，則在減去受保人於仍受保障期間所需繳付的保費後，餘數會退回給 閣下，惟不付任何利息。

### 自動取消

本保單在以下情況下會被自動終止，當該受保人：

- a) 不再符合保單內文**保單持有人**的釋義；此情況將獲發書面確認，任何沒提供保障的時段的保費將會退回；或
- b) 死亡。

當發生本**保險證明書**章節 A 內的任何損失，本**保險證明書**的其他保障將即時終止，惟此終止不會對其他任何由同一意外引致的索償造成影響。

## 第八部分 – 如何索償

索償人應將索償表格（可於索取 <http://www.chubbclaims.com.hk>），連同下列文件（視乎事件而定）於事發後三十(30)天送交：

安達保險香港有限公司  
香港鰂魚涌英皇道 979 號  
太古坊一座 39 樓電話 +852 3191 6222  
傳真 +852 2519 3233

### 個人意外保障

- 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)。

### 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

- 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。

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。

(此乃中文譯本，如此中文保單內容與英文版本有任何差別，均以英文保單為準。)

