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THIS IS A LEGAL CONTRACT – PLEASE KEEP IT IN A SAFE PLACE

此為一份具法律效力的合約-請妥為保存

SMART OVERSEAS ACCIDENTAL INSURANCE CERTIFICATE

海外智精明保障保險證明書

	Certification number/ 證書號	PnRHK01000
1.	Name of Insured Person 受保人姓名	XXX
2.	HKID of the Insured Person 受保人之香港身分證號碼	XXXXX
3.	Effective date 生效日	

Important information about this cover

This document provides a summary of the Terms and Conditions of the Smart Overseas 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 certificate issued by the Policyholder in a safe place as evidence of coverage. This certificate explains the nature of the arrangement and its relevant benefits and risks

You should read this 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. PnRHK01000(the "Policy").

PART 2: SCHEDULE OF BENEFITS

(A)	Overseas Accidental Death& Dismemberment	Sum Insured	HKD 200,000
(B)	Overseas Accidental Medical Expenses	Sum Insured	HKD 6,000

PART 3: DEFINITION OF WORDS

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

1. Accident or Accidental means a sudden, unforeseen and unexpected event happening by chance.
2. 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.
3. Bodily Injury means physical injury caused solely and independently by an Accident and sustained during an Overseas Journey.
4. 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.
5. Effective Date means the effective date stated in this certificate.
6. Expiry Date means the date exactly twelve (12) calendar months after the Effective Date.
7. 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 organized 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 or 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.
8. Hong Kong means the Hong Kong Special Administrative Region.

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. Medical Expenses means all Usual, Reasonable and Customary Medical Expenses necessarily incurred by an Insured Person as a result of Bodily Injury sustained 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.

12. Overseas Journey means a return overseas trip made to a destination outside Hong Kong by the Insured Person, beginning and ending in Hong Kong during the Period of Insurance but not exceeding maximum thirty (30) days from the date of departure from Hong Kong.

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

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

15. 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.

16. Policyholder means P&R Consultancy Company Limited.

17. Pre-existing Medical Condition means any sickness or injury of which, in the six (6) consecutive months before the first day of the Overseas Journey, an Insured Person presented signs or symptoms, or for which, in the same period, an Insured Person sought or received (or ought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a Physician.

18. 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 and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

19. 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.

20. 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.

21. Specially Designated List means names of a person, entities, groups, corporate specified on a list who are subject to as 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.

22. 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.

23. 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.

24. The Company/Insurer means Chubb Insurance Hong Kong Limited.

25. 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 4 DESCRIPTION OF COVER**SECTION A – Overseas Accidental Death & Dismemberment**

If an Insured Person sustains Bodily Injury during the Overseas Journey, 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 occurring during an Overseas Journey 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 – OVERSEAS ACCIDENTAL MEDICAL EXPENSES

If an Insured Person incurs Medical Expenses during an Overseas Journey arising from Bodily Injury, The Company will reimburse the Insured Person for those overseas Medical Expenses up to the Sum Insured stated in Section B of the Schedule of Benefits.

Special Conditions to Section B:

- (i) The Company must be notified of any Medical Expenses incurred overseas as a Resident Inpatient during an Overseas Journey within thirty (30) days of the occurrence. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Insurance Certificate for those Medical Expenses.
- (ii) The Company's total liability under Section B for all overseas Medical Expenses incurred outside Hong Kong shall not exceed the Sum Insured stated in Section B of the Schedule of Benefits.

Exclusions to Section B:

This Section B does not cover:

1. 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.
2. 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 contracted whilst overseas.
3. Any expense incurred overseas 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.
4. Any expenses incurred after the Insured Person returns to Hong Kong.
5. Any overseas expenses incurred under Section B after three (3) months from the date the first expenses were incurred.
6. 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.
7. 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. Travelling abroad contrary to the advice of a Physician, or for the purpose of obtaining medical treatment or services.
4. Suicide, attempted suicide or intentional self-infliction of Bodily Injury.
5. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
6. Dental care (unless resulting from Accidental Bodily Injury to teeth which were sound and natural before the Accident).

7. Mental or nervous disorders, insanity, psychiatric condition or any behavioural disorder.

8. 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.

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, 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 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 customs detention.

11. An unlawful, wilful, 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.

16. 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.

17. 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.

18. Any loss or expenses with respect to a specially designated person, entity, group or company on the 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.

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 Certificates 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, if they are covered for the same Bodily Injury by this Insurance Certificate and another Smart Overseas Accidental Insurance Certificate issued by the Company:
 - (a) The only Insurance Certificate 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 the world outside Hong Kong during the Overseas Journey.
- 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. Tick the box below if You do not consent to receive such marketing information.

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.

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 travel documents and the following documents as appropriate to:

Chubb Insurance Hong Kong Limited

39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong.

Tel: (852) 3191 6611
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.



海外智精明保障保險證明書

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海外智精明保障中，包括其條款、細則及不保事項之概要。閣下必須把由保單持有人發出的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 (PnRHK01000) 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)	海外旅程中之意外死亡及傷殘	保額	港幣 200,000
(B)	海外旅程中的意外醫療費用	保額	港幣 6,000

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. **意外或意外的**指偶然發生的突發、不可預見及意料之外的事件。
2. **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。
3. **身體損傷**指純粹及完全由**意外**造成並於**海外旅程**中遭遇的生理傷害。
4. **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。
5. **生效日**指列明於本保險證明書的“生效日”。
6. **結束日**指由**生效日**起計十二(12)個曆月後的該日。
7. **醫院**指合法組成及按照其國家法律營運的機構，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接待患病、抱恙或受傷人士，並為其提供醫療護理及療程；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) 維持妥善設施以為上述人士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) 設有由護士人員提供及督導之全職護理服務；及
 - e) 任何時候均有最少一名合法執業的駐院醫生及一名合資格的護士當值；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；
 - 健康中心或天然治療所、療養或復康院，醫院內的特別部門主要供有毒癮的病人或酗酒者使用，或供護理、復康、復原、延續護理設施或療養院。
8. **香港**指香港特別行政區。
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. **醫療費用**指受保人因遭受**身體損傷**，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。

12. **海外旅程**指於受保期間內，由香港出發到香港以外的目的地，並由海外返回香港的行程，惟只適用於由離港日起計最多不超過三十天內的行程。

13. **受保期間**指由本保險證明書的**生效日起**計的一整個曆年，除非依據本保險證明書第七部分所載之方式取消。

14. **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。

15. **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**及其直系家庭成員。

16. **保單持有人**指 P&R Consultancy Company Limited。

17. **受保前已存在之傷病**指於**海外旅程**首日前連續六(6)個月內，受保人出現跡象或症狀，或於同一期間，受保人已尋求或接受（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。

18. **住院病人**指因身體損傷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）。

19. **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。

20. **保障計劃**指於本保險證明書第二部分所載的保障計劃表。

21. **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。

22. **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。

23. **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。

24. **本公司/承保公司**指安達保險香港有限公司。

25. **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 – 海外旅程中之意外死亡及傷殘

若受保人於**海外旅程**期間，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就涉及同一受保人於該**海外旅程**中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：

- 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
- 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 - 海外旅程中的意外醫療費用

假若受保人於該海外旅程中因**身體損傷**而引致的海外**醫療費用**，**本公司**將向受保人補償有關的海外**醫療費用**，惟金額上限為**保障計劃**章節 B 所列**保額**。

章節 B 的特別條款：

- 在該海外旅程中於作為**住院病人**並引致的任何**醫療費用**，須在引致費用時起計三十(30)天內通知**本公司**。如未能按照此項先決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。
- 本公司**根據本章節 B 對於在該海外旅程中引致的所有**醫療費用**的總責任，不可超逾**保障計劃**第 B 項所列**保額**。

章節 B 的不受保事項：

本章節 B 並不保障：

- 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。
- 受保人未有於合理時間內遵循**醫生**的意見，返回**香港**繼續治療於海外遭受的**身體損傷**或**患病**，因而在其後引致的任何費用。
- 受保人在旅程出發前，經**醫生**診斷認為不適宜旅行後，他 / 她在海外內引致的任何費用。
- 受保人返回香港後所引致的任何費用。
- 引致首次費用之日起計三(3)個月後根據章節 B 於海外引致的任何費用。
- 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。
- 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：

- 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。
- 任何**受保前已存在之傷病**、先天性或遺傳狀況。
- 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。
- 自殺、企圖自殺或故意引致自身的**身體損傷**。
- 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。
- 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）。
- 精神或神經失常、精神錯亂、精神狀況或任何行為失常。
- 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。
- 參與
 - 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) 潛水活動，除非受保人持 PADI 証書（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 証書（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. 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。

19. 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，若他們的同一個**身體損傷**同時受保於本保單及由**本公司**發出的另一份或多份「海外智精明保障」**保險證明書**：
 - a) 當比較所有保障**身體損傷**保單後，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；及
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**以外世界各地的**海外旅程**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）條例任**：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。如閣下不希望接收到我們的宣傳推廣，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：

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。

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**帳單 / 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。)