

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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「旅遊綜合保險」保險單條款

鑒於保險單持有人及「被保險人」已給付或同意給付保費，中國太平保險(香港)有限公司(“本公司”)將依照本保險所載承保條款、除外責任及批單，同意支付賠償予「被保險人」或「被保險人」之「法定受益人」(如屬死亡賠償)。

本保險之賠償乃按發出之保險單上所列，並可按本公司發出之任何認可批文而修訂。

保證聲明

保險單持有人及「被保險人」聲明並據實相信各「被保險人」絕不會違反「醫生」的囑咐或僅為獲得醫療而外出旅遊。各「被保險人」更清楚明白任何現「已存在之傷病」或先天性之「疾病」皆不在承保之列。各「被保險人」保證對已安排而又必須取消或縮短旅程之事絕不知情。

承保區域範圍

若無特別聲明於權益條款，本保險單之所有保險權益適用於除香港特別行政區以外的世界各地。

釋義

本保險單內所有有關詞語之單數字詞將包含眾數意義而相反亦然；另含陽性的字詞將包含陰性及中性；除非內文另有註明，下列詞語將以下列定義解釋。

1. 「意外」指因暴力、外在及可見因素引致而完全非所能控制之事故。
2. 「恐怖活動」指任何人士，不論是個人行動或代表或與任何組織或政府有聯繫，為政治、宗教、意識形態等的目的包括意圖影響政府和/或引起公眾恐慌所作出的暴力行為或其威脅。
3. 「身體受傷」乃指純因上述定義之「意外」，而非涉及其他原因所引致之受傷。
4. 「緊密業務伙伴」指「被保險人」生意上之合夥人。
5. 「合理醫療費用」就醫療費用而言，乃指被保險範圍內之「意外」事故或病症所須，並經「醫生」建議認為需要之服務所支付的費用，但不得超過該項服務一般正常的收費。
6. 「家居物品」指「被保險人」之所有傢具、陳設品、家居電器、家居及個人用品包括供「被保險人」或其家庭成員使用之家庭器具。
7. 「醫院」指具備規模並已註冊為「醫院」，以視生病及受傷人士為付費住院病人提供護理及治療之組織，並須設有下述各項：
 - (1) 診病及手術設施。
 - (2) 由註冊畢業護士提供 24 小時護理服務。
 - (3) 有「醫生」監督。一般診所、酗酒或吸毒人士治療所、療養護理院、或老人院或同類機構，均非「醫院」。
8. 「直系家庭成員」指「被保險人」之合法配偶、子女(親生或領養)、兄弟姊妹、配偶之兄弟姊妹、父母、配偶之父母、祖父母、孫子女、法定監護人、繼父母或繼子女。
9. 「被保險人」指年齡為六週至八十五歲之人士，而其名字顯示在投保書或任何由本公司發出之認可批文內。
10. 「法定受益人」指在沒有簽立有效遺囑的情況下，法律規定的繼承人，或在留有效遺囑的情況下，遺囑指定的受益人。惟在任何情況下，身故賠償的賠款將予代表受益人並獲頒承辦書的遺產管理人或遺囑執行人。
11. 「雙目失明」指雙目完全及不能恢復及不能醫治之失明。
12. 「一目失明」指單目完全及不能恢復及不能醫治之失明。
13. 「喪失一肢」指完全分離或全部及永久喪失一手或手腕以上或喪失一腳或腳眼以上的功用。
14. 「喪失雙肢」指完全分離或全部及永久喪失兩手或兩腳或喪失一手或手腕以上及喪失一腳或腳眼以上的功用。
15. 「嚴重燒傷」意指因由高溫使細胞組織受到損害。
16. 「醫生」指在其執業的地區已獲授權、發牌或合法註冊登記從事內/外科診療人士，但「被保險人」或「被保險人」之「直系家庭成員」除外。
17. 「未成年被保險人」指年齡為六週至十八歲之「被保險人」，而其名字顯示在投保書或任何由本公司發出之認可批文內。
18. 「保險期」指保險單或保險證所訂明之期限。
19. 「永久完全傷殘」指因發生「意外」而令「被保險人」不能從事其正常工作，而該情況自「意外」發生日持續至少一年後，經本公司認可之「醫生」檢定證明該情況將永久完全令「被保險人」失去任何工作謀生能力，且並無康復希望。
20. 「個人財物」指屬於「被保險人」或其家庭成員一般穿著或攜帶之個人物件。
21. 「已存在之傷病」指任何在保險單生效日期前已出現病徵或徵兆之「疾病」、症狀或身體受傷狀況，而「被保險人」當時已知悉或應已知悉者。
22. 「經處方之藥物」分別指為治療被保險範圍內之病症經由「醫生」處方之藥物，並由「醫生」門診配藥部門或註冊藥劑師配藥。

23. 「公共交通工具」指持合法牌照收費載客之「公共交通工具」，包括多引擎飛機、巴士、火車、輪船、氣墊船、渡輪、的士或由旅行社安排之旅遊車。
24. 「年長被保險人」指年齡為七十五歲至八十五歲之「被保險人」，而其名字顯示在投保書或任何由本公司發出之認可批文內。
25. 「嚴重身體受傷或嚴重疾病」當應用於「被保險人」指「被保險人」需接受「醫生」治理並證實身體狀況有生命危險和不適合旅遊或繼續旅程。當應用於「被保險人」之「直系家庭成員」時指「被保險人」之「直系家庭成員」因受傷或「疾病」並經「醫生」證實其身體狀況有生命危險，以致「被保險人」必須終止或取消其旅程。
26. 「疾病」指身體顯著有異於正常健康之狀況。
27. 「三級程度燒傷」意指用以表示身體皮膚面積及皮膚以下細胞組織所受到的損傷或破壞的程度。

第一部分 人身平安險

至尊計劃：最高賠償金額 HK\$2,000,000

超級計劃：最高賠償金額 HK\$1,000,000

優越計劃：最高賠償金額 HK\$500,000

上述任何計劃之「未成年被保險人」或「年長被保險人」最高賠償金額為 HK\$400,000

1. 本部分所述之賠償適用於在「保險期」內發生「意外」而在一年內因該「意外」而引致發生之傷亡。
 - 1.1 如「被保險人」、「未成年被保險人」或「年長被保險人」因「意外」身故或「永久完全傷殘」或「雙目失明」或「喪失雙肢」或「一目失明」及「喪失一肢」，可獲得不超過上述最高賠償金額。
 - 1.2 如「被保險人」、「未成年被保險人」或「年長被保險人」因「意外」導致「一目失明」或「喪失一肢」，可獲得不超過上述最高賠償金額之百分之五十。
2. 按本部分保障而因任何及所有事故作出之賠償總額上限，不得超過上述最高賠償金額。惟本部分第 3 點之乘搭交通工具「意外」死亡賠償則除外。
3. 若「被保險人」以付費乘客身份於乘搭「公共交通工具」時發生「意外」而導致死亡，則可獲得上述最高賠償金額之 150% 賠償。此保障不適用於「未成年被保險人」及「年長被保險人」。

第二部分 醫療費用

至尊計劃：最高賠償金額 HK\$1,000,000

超級計劃：最高賠償金額 HK\$800,000

優越計劃：最高賠償金額 HK\$300,000

1. 本部分對下述各項於在「保險期」內所引致之「合理醫療費用」，提供補償如下：
 - 1.1 住院、手術、救護車及輔助醫療費用、診斷測試、向註冊「醫生」求診及由該註冊「醫生」處方之藥物。
 - 1.2 住院房租及膳食費，每天最高限額為 HK\$1,000，但倘住院費已連同各項醫療服務一併計算，則該限額為 HK\$3,000。
 - 1.3 倘「被保險人」索償本部分第 1.1 項或第 1.2 項獲接納和賠付，其亦可索償由目的地返回香港特別行政區後 90 天內因同一病症或「意外」事故所須支付之「合理醫療費用」，而該費用以不超過上述最高賠償金額的十分之一為限。該「合理醫療費用」包括：跌打治療費用總額不超過 HK\$500 (惟每天最高賠償金額為 HK\$100) 及物理治療費用或整脊治療費用總額不超過 HK\$1,000 (惟每天最高賠償金額為 HK\$150)。惟上述支出須為必須性質，並須提交由發牌或註冊跌打醫師、物理治療師或整脊治療師發出的收據正本。惟上述各項支出須為正常及必須性質；並須提交詳細之開支賬目、收據正本及由「醫生」提供之醫療報告連詳細診斷資料以作證明。
2. 所有「身體受傷」或「疾病」必須先於香港特別行政區境外接受認可「醫生」第一次治療。
3. 本公司在此部分之責任於「身體受傷」或「疾病」/傷殘之發生或感染後一年終止，而其後之醫療及有關費用，本公司將不會負責。

本部分不承保範圍：

1. 聘用特別看護或私家看護之費用。
2. 私家病房及半私家病房的額外費用。
3. 整容手術、眼鏡、助視及助聽器、惟完全因在「保險期」內發生「意外」之「身體受傷」而引致必須作出上述矯正治療者則除外。
4. 牙科護理或治療費用，因「意外」導致必須的緊急治療費用則除外。

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5. 使用或操作車輛引致受傷之有關醫療護理治療或有關服務，惟該項受傷事故可獲發還之賠償費用，已超越「被保險人」在其他保險計劃或賠償下可得之賠償金額則除外。
6. 精神或心理失常 (包括任何初期徵兆或病徵)。
7. 以手術、機械或化學方法控制生育，以及與不育有關之任何及所有症狀情況或治療。
8. 非由「醫生」建議之醫療護理或治療支出，例行身體檢查或非因旅途中引致之「身體受傷」或「疾病」而須作出之身體檢查。
9. 任何有違「醫生」勸喻，或特為接受醫療或外科治療而作的旅行。

第三部分 海外住院現金津貼

至尊計劃：每日津貼為 HK\$800，最高賠償金額 HK\$8,000

超級計劃：每日津貼為 HK\$500，最高賠償金額 HK\$5,000

優越計劃：每日津貼為 HK\$200，最高賠償金額 HK\$2,000

「被保險人」在旅途中，因「身體受傷」或「疾病」，在海外需留院接受緊急治療，自住院第四天起可獲額外上述每日津貼賠償，而每日津貼是以每一整天計，惟不可超過上述最高賠償金額為限。

惟須按下列規定：

1. 有關住院時間必須超過三整天，而且在住院期間接受治療之病症情況須為本保險被保範圍之內。
2. 提出索償時須向本公司提交充足之證明文件以作支持，文件須列明住院之日期、時間、住院期及地點，亦須提交一份列述病情之醫療報告副本。
3. 引發住院之病症乃急性病症，且非因任何「已存在之傷病」或本保險不承保的病症引起。

本部分不承保範圍：

本公司不會支付「被保險人」住院期首三天之海外住院現金津貼。

第四部分 個人行李及個人財物

至尊計劃：最高賠償金額 HK\$15,000

超級計劃：最高賠償金額 HK\$10,000

優越計劃：最高賠償金額 HK\$2,500

本部分就「被保險人」在「保險期」內旅途中攜帶之個人行李或「個人財物」因「意外」、盜竊、爆竊、搶劫、寄運或托運時不小心處理而有所損失、損壞或毀壞時作出應有賠償。

惟須按下述條款規定：

1. 所有損失必須於事發或「意外」發生後 24 小時內向事發地點之警方、旅運當局或有關機構報告及索取有關報告。
2. 「被保險人」須小心看管隨身個人行李及「個人財物」，不任由個人行李及「個人財物」在公眾地方缺乏看管，在接回個人行李後立即加以檢查，倘發覺有任何破壞損失或損毀時立刻知會有關方面及索取有關證明。
3. 每項/每對/每套被保物件之最高賠償為 HK\$2,500 (攝影機、其鏡頭及其附件合共視作一套論)。
4. 本公司可選擇以現金、更換或修理作為賠償，但最高之賠償不高於上述最高賠償金額。
5. 所有關於破損索償之申請，索償人須自費提供受損之物品予本公司為物證以作檢查。

本部分不承保範圍：

1. 因遭海關或其他有關部門檢查、延遲、扣留或充公而引致之損失或損壞。
2. 現金、鈔票、可轉讓票據、債券或證券、契約、信用卡及其他任何類型之文件或付款工具；所有因遺失護照、簽證文件、機票、交通及住宿代用券或任何旅遊代用券所引致之支出。
3. 傳呼機、手提之通訊設備、電腦設施、軟件及其附件。
4. 所有正常損耗、容易損壞、易碎或易破之物品，包括隱形眼鏡、眼鏡、瓷器、玻璃物品或陶具。
5. 藝術品、古董、珠寶、已鑲嵌或未鑲嵌之寶石或半寶石及食品。
6. 正常使用導致之損壞、發霉、蟲蛀、變壞、機械或電力故障或搗亂、清洗維修或翻新過程或氣候或空氣轉變引致之損壞、價值本身折舊，而本公司有全權斷定其折舊率。
7. 商品、樣本。
8. 在「公共交通工具」內或於公眾地方遺失或在缺乏看管之情況下損失的個人行李。然而，如個人行李是存放在已上鎖的私家車尾箱內，將獲特別考慮。
9. 任何已從其他途徑獲得保障或賠償/維修之財物或私人物件，包括信用卡購物保障計劃及航空公司保障賠償之被保物件。
10. 在航空公司或其他運輸公司保管期間引致的損失，但發現後立即報告或取得航空公司的正式書面收條，則不在此限。

第五部分 行李延誤

至尊計劃：最高賠償金額 HK\$1,000

超級計劃：最高賠償金額 HK\$800

優越計劃：最高賠償金額 HK\$500

倘因行李延誤或誤送而令「被保險人」在抵達香港特別行政區境外之目的地後至少八小時仍未能取回行李，本公司會就「被保險人」須購買衣服及梳妝用品以應付緊急需要所付出之額外費用作出不少於上述最高賠償金額之補償。

惟須按下列規定：

1. 延誤事件須有航空公司之正式行李事故報告或旅行社負責人書面報告證實。
2. 延誤事件並非因遭受海關或其他有關部門扣留或充公所引致。
3. 「被保險人」須提供文件證明 (包括購物收據正本)，列明有關支出之詳細資料。
4. 如同一項損失已按本保險之「個人行李及個人財物」保障部分索償，則不可再按本部分提出索償。
5. 當「被保險人」返抵香港特別行政區境內後，則本部分保險將不再適用。

第六部分 個人錢財及旅遊證件

至尊計劃：錢財，最高賠償金額 HK\$5,000；證件及機票，最高賠償金額 HK\$5,000

超級計劃：錢財，最高賠償金額 HK\$3,000；證件及機票，最高賠償金額 HK\$3,000

優越計劃：錢財，最高賠償金額 HK\$2,000；證件及機票，最高賠償金額 HK\$2,000

倘「被保險人」在「保險期」內因下列情況而導致損失，則本公司會向「被保險人」作出不少於上述最高賠償金額之賠償：

1. 遭搶劫、盜竊及爆竊導致在旅途中攜帶之個人錢財如鈔票、現金、支票、旅遊支票或匯票的損失。
2. 遭盜竊、搶劫、爆竊或遺失而招致的旅遊證件及機票之補領費。

須按下列規定：

1. 任何該等損失須於 24 小時內向事發地點警方報案和向簽發旅遊支票的機構報告。所有舉證的費用例如警察報告等俱由「被保險人」自付。
2. 補領機票手續費賠償只限於經濟客位費用。
3. 此保障不適用於「未成年被保險人」。

本部分不承保範圍：

1. 個人錢財因錯誤、遺漏、貨幣兌換、充公或貶值引致之損失，本公司概無賠償責任。
2. 在公眾地方缺乏看管之情況下遺失。
3. 任何因信用卡、八達通卡、股票等損失，本公司概不賠償。

第七部分 行程延誤

至尊計劃：最高賠償金額 HK\$2,000

超級計劃：最高賠償金額 HK\$1,000

優越計劃：最高賠償金額 HK\$500

倘若「被保險人」按行程安排乘坐之「公共交通工具」因自然災難(例：地震)、惡劣天氣、發生罷工或工業行動、「恐怖活動」或飛機被竊劫、機械故障而延誤超過六小時或以上，本公司將按每六小時之延誤賠償 HK\$250，而最高賠償為不少於上述之總金額。

惟須按下列規定：

1. 延誤時間的計算乃由「公共交通工具」之原訂開出時間直至改乘由航空公司/旅運當局安排所提供最先可啟程的其他「公共交通工具」的開出時間為止。假如「被保險人」有連續的接駁航班，則不可累積計算每段航班之延誤時間，而延誤的主因必須為上述事故。
2. 延誤事故並非因「被保險人」未於指定時間內辦理登機手續或抵達登機閘口而引致。
3. 預定之機位在工業行動開始前已獲確定。
4. 按本部分保險提出索償時須提交航空公司/旅運當局發出之正式證明文件，列述延誤事故發生之日期、時間及延誤持續時間，作為索償證明。
5. 有關之罷工、工業行動或其他情況引致延誤的事故，於投保當日或安排行程時已存在或為公眾所知悉，本公司將不負責有關的賠償。
6. 「被保險人」因預早安排之公共交通班次取消而必須改變行程之情況。

第八部分 取消旅程

至尊計劃：最高賠償金額 HK\$30,000

超級計劃：最高賠償金額 HK\$15,000

優越計劃：最高賠償金額 HK\$5,000

倘「被保險人」因下述原因必須及不可避免取消旅程而損失旅行團、機票，或其他

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旅遊安排之訂金或費用，而涉及之款項不能獲旅行社或航空公司發回，則本公司會向「被保險人」作出不少於上述最高賠償金額之賠償：

1. 「被保險人」因「被保險人」、「被保險人」之「直系家庭成員」或「緊密業務伙伴」身故或因「嚴重身體受傷或嚴重疾病」而不能成行。
2. 「被保險人」須出任審判證人、陪審員或遭強迫性隔離。
3. 在出發前十天內，「被保險人」因其香港特別行政區的主要住所受到水災或火災嚴重損毀而須繼續留在該主要住所而不能成行者。

惟該等影響「被保險人」或其「直系家庭成員」或「緊密業務伙伴」之病症或其他事故情況，非於投保當日或安排旅程時已知悉存在者。

本部分不承保範圍：

1. 懷孕或婦科疾病或有關後遺症引致之損失則不會獲得賠償。
2. 政府規定或法令、順延或更改預定行程、或預約旅程的服務提供者或經紀或旅行隊負責人的失誤（包括錯誤、遺漏或違約）。
3. 「被保險人」不願成行或因經濟問題取消旅程。
4. 旅程提供者的非法行為或刑事訴訟，由法庭傳令「被保險人」作證人除外。
5. 任何引致「取消旅程」之事故，於投保或安排旅程時已存在或為公眾所知悉。
6. 「被保險人」沒有立即通知旅行經紀、行程負責人、交通或住宿提供者取消行程。

第九部分 縮短旅程

至尊計劃：最高賠償金額 HK\$30,000
超級計劃：最高賠償金額 HK\$15,000
優越計劃：最高賠償金額 HK\$5,000

縮短旅程是抵達預定目的地(按預定旅程發票所示之目的地)後卻放棄原計劃之旅程返回香港特別行政區之意。倘「被保險人」因下列情況而直接引致旅程必須無可避免地縮短，本保險會按比例(以每一整日計)向「被保險人」賠償原行程中已支付但未使用之交通或住宿費用；並支付「被保險人」返回香港特別行政區所須之額外「公共交通工具」費用(以經濟客位為限)：

1. 「被保險人」、「被保險人」之「直系家庭成員」或「緊密業務伙伴」身故或因「嚴重身體受傷或嚴重疾病」。
2. 「被保險人」以付費乘客身份搭乘之航機或交通工具遭騎劫。
3. 保險生效後「被保險人」須出任審判證人、陪審員或遭強迫性隔離。

惟該等影響「被保險人」或其「直系家庭成員」或「緊密業務伙伴」之傷病情況或身體狀況，非於投保當日或安排旅程時已知悉存在者。

本部分不承保範圍：

1. 懷孕或婦科疾病或有關後遺症引致之損失則不會獲得賠償。
2. 政府規定或法令、順延或更改預定行程、或預約旅程的服務提供者或經紀或旅行隊負責人的失誤（包括錯誤、遺漏或違約）。
3. 「被保險人」因經濟問題而縮短旅程。
4. 旅程提供者的非法行為或刑事訴訟，由法庭傳令「被保險人」作證人除外。
5. 任何引致「縮短旅程」之事故，於投保或安排旅程時已存在或為公眾所知悉。
6. 「被保險人」沒有立即通知旅行經紀、行程負責人、交通或住宿提供者需要縮短行程及未能提供該等有關縮短旅程之證明文件。

第十部分 個人責任

「保險期」內累積及/或最高賠償金額：
至尊計劃：最高賠償金額 HK\$2,000,000
超級計劃：最高賠償金額 HK\$1,000,000
優越計劃：最高賠償金額 HK\$500,000

倘在「保險期」內發生下述事故，而令「被保險人」須向第三者負上法律責任，則本公司會向「被保險人」作出不少於上述最高賠償金額之賠償(包括合理之訴訟費用)。

惟該事故必須為：

1. 因「被保險人」引致之第三者「身體受傷」。
2. 因「被保險人」引致之第三者財物受損。

惟須按下述條款規定：

發生事故後，被保險人須立即通知本公司，並須於事故或任何可能出現索償之十四天內以書面提供事件之性質、情形及全面充足證明文件，包括傳票、法庭文件、律師信及其他法律書信往來之副本。

本部分不承保範圍：

1. 此保障不適用於「未成年被保險人」。

2. 任何責任損失或索償如已由任何其他保險公司或第三者支付。
3. 任何責任損失或索償如「被保險人」或其授權代表已承諾責任或達成任何協議或和解，而事前並無知會本公司及取得本公司之書面同意。
4. 如非由香港特別行政區法院首次作出裁決，有關責任將不會獲得賠償。
5. 任何責任由下列各項直接或間接引起者，本保險概不承保：
 - 5.1 僱主責任、合約性責任，或對「被保險人」家庭成員之責任。
 - 5.2 由「被保險人」或其家庭成員擁有、照料、托管或控制之財物或動物所引致的損失。
 - 5.3 任何蓄意、惡意或非法之行為。
 - 5.4 從事商業貿易或職業。
 - 5.5 擁有或佔用土地或建築物（暫時佔用作臨時居所則除外）。
 - 5.6 擁有、佔有、租用、使用或操作車輛、飛機或船隻。
 - 5.7 進行任何刑事訴訟涉及之法律費用或罰款。
 - 5.8 神經失常，使用任何藥物（經「醫生」處方而非濫用藥物則除外），或酗酒，或使用軍火。
 - 5.9 保釋、合約牌照，或產業或個人財產之轉讓。

第十一部分 嚴重燒傷

至尊計劃：最高賠償金額 HK\$100,000
超級計劃：最高賠償金額 HK\$50,000
優越計劃：最高賠償金額 HK\$20,000

由於「意外」事故導致「被保險人」遭受下列程度之「嚴重燒傷」，經「醫生」診斷後，確屬本保險單應負責的範圍內，本公司將按下列賠償表賠付。「被保險人」不得因遭受一次「意外」事故，而獲得表列一項以上的賠償。

「三級程度燒傷」

	最高賠償金額百分比
燒傷部分達身體表面面積 50%或以上	100%
燒傷部分達身體表面面積 30%或以上	50%
燒傷部分達身體表面面積 20%或以上	40%
燒傷部分達身體表面面積 10%或以上	20%
燒傷部分達身體表面面積 5%或以上	10%

惟須按下述規定：

燒傷之評估須由「醫生」提供之醫療報告及詳細診斷資料以作證明。

第十二部分 家居爆竊

至尊計劃：最高賠償金額 HK\$20,000
超級計劃：最高賠償金額 HK\$10,000
優越計劃：最高賠償金額 HK\$5,000

倘「被保險人」於香港特別行政區之主要住所內「保險期」內因其外遊而空置，並遭人使用暴力進入及入屋爆竊以致住所內之「家居物品」或「個人財物」失竊或破損，「被保險人」可獲得不少於上述最高賠償金額重置或修理該「家居物品」或「個人財物」之費用。

惟須按下述條款規定：

1. 「被保險人」應採取一切有效預防措施使其個人財產得以安全，而當有事故或類似事故發生，須立即通知警方及書面通知本公司。
2. 在「保險期」內發生不論一次或多次事故，本公司將賠償予「被保險人」及「直系家庭成員」不少於上述最高賠償金額。

本部分不承保範圍：

1. 因使用任何或複製鑰匙而導致之損失，無論該鑰匙是否屬於「被保險人」。
2. 因「被保險人」或其家庭成員之疏忽或故意行為而導致或助長之損失。

第十三部分 二十四小時全球緊急支援服務

熱線：(852) 2861 9283

本緊急救援服務條款乃由國際救援(亞洲)公司(以下稱為「國際救援」)發出及有關服務只提供本保險單「承保表」內列明之「被保險人」。

第一章 定義

「援助事故」意指在有效期及限制章節內列明的地域範圍內，導致「被保險人」急需國際緊急支援服務的意外或急病事故。

「意外傷害」意指「被保險人」因暴力、意外、外來因素及可見之事故所直接單獨引致之身體傷害。

「親人」意指配偶、子女、兄弟、姊妹、父或母，及姻親父母。

「貨幣」意指香港之合法貨幣。

「緊急情況」意指「被保險人」因意外傷害或急病所致無法防止且急需外來援助之嚴重情況或災難。

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「急病」意指不可預期之病症。
「原居地」意指香港特別行政區(除非在投保申請書上另有列明)。

交回國際救援。如有需要，國際救援更會聘請專人陪同「被保險人」子女返回「原居地」。

第二章 有效期及限制

2.1 有效期

以下之服務在本保險單有效期內生效。

2.2 地區及時間限制

以下之服務只適用於「被保險人」的「原居地」以外之地區所發生之「緊急情況」。而該旅程天數不多於 90 天(多次旅程計劃)或 182 天(單次旅程計劃)。

第三章 緊急醫療援助服務及保障

如「被保險人」在「原居地」以外地方旅行或公幹時因意外嚴重受傷或患上「急病」，或期間需要醫療、法律、行程折回之緊急服務，而該旅程或公幹並非在照顧醫療人員的勸止下進行，或 / 及該旅程或公幹並非為接受或尋求海外醫療或手術治療，則「被保險人」或其代表可致電國際救援的緊急中心要求提供下列服務及保障。任何有關援助服務的費用將由國際救援直接支付，而任何「被保險人」自行支付之有關費用，將不會獲發還。

3.1 電話醫療建議、評估及轉介約見

當需要醫療建議，「被保險人」可致電國際救援的緊急中心詢問當值醫生醫療建議及評估，但該項電話服務只作為參考用途。若有需要可轉介至合適的醫生或國際救援可代為預約醫生。若「被保險人」不適宜走動，國際救援可安排醫生上門出診。但有關之醫療費用需由「被保險人」自行支付，亦不會獲國際救援發還。

3.2 緊急護送

若「被保險人」身體受傷或患上「急病」，而國際救援中心的醫療隊伍及「被保險人」的主診醫生均建議「被保險人」需要於其他醫院接受所需之適當治療，國際救援會安排並支付：

3.2.1 運送「被保險人」至最接近的醫院；及

3.2.2 為了醫療的原因：

3.2.2.1 利用一切方法(包括但不限於救護機、固定班次之商務客機及救傷車)以運送「被保險人」至一所在設備上就該項身體受傷或「急病」更為適合的醫院。

3.2.2.2 直接護送「被保險人」至其「原居地」的醫院。

以上安排須由國際救援中心的醫療隊伍及「被保險人」的主診醫生共同決定。這決定包括運送時間表、運輸工具及目的地。

3.3 治療後之護送服務

於接受緊急護送服務後，並在「被保險人」的主診醫生及國際救援緊急中心的醫生的共同診斷下，「被保險人」作為一位普通乘客仍需被護送回其「原居地」，而其機票並不能用於護送服務，則國際救援將妥善安排「被保險人」乘坐固定班次之航機(一張經濟客位的機票)或其他合適之交通工具(一張經濟客位的票)返回其「原居地」。一切護送費用包括往來機場的附加費用將由國際救援支付，唯「被保險人」須把原有機票之未使用部份交回國際救援。國際救援將決定護送的時間及運送方法。

3.4 運返遺體/骨灰回國

如「被保險人」不幸因意外或「急病」身故，國際救援將支付並安排 1) 運返其遺體或骨灰至「被保險人」原居地內之安葬地點，或 2) 應「被保險人」之繼承人或代表之要求，安排當地安葬，但該費用不得超過運送「被保險人」遺體返回「原居地」之費用。

3.5 運送所需藥物/醫療器材

若「被保險人」的主診醫生未能於當地取得合適的藥物或 / 及醫療器材，國際救援將在接獲通知後，循一切合法之途徑，運送該等藥物或 / 及醫療器材到「被保險人」身處之地，以供使用。「被保險人」須支付該等藥物或 / 及醫療器材的費用及有關之運輸費，除非國際救援之醫療隊伍認為此乃緊急所需。

3.6 跟進病況

當「被保險人」身在「原居地」以外地方接受治療，國際救援將會跟進「被保險人」的醫療狀況，並向「被保險人」之僱主或家屬匯報最新病況。

3.7 護照補發遞送

當「被保險人」旅程所需之文件或個人證件(如護照、簽證等)遺失或被盜竊，國際救援將向「被保險人」提供所需資料，以便「被保險人」向有關當局補辦證件。

3.8 親友探病費用

若「被保險人」單獨外遊及在當地沒有「親人」的情況下因身體嚴重受傷或患上「急病」而住院連續七天以上，國際救援將安排及支付一位「被保險人」之「親人」或指定人士乘搭來回客機(經濟客位)或其他合適之交通工具(經濟客位)前往探望「被保險人」，及包括一般酒店住宿，每日最高達港幣 1,200 元，並最長可達連續五日，唯不包括飲料、膳食及其他的房間服務費。

3.9 護送隨行未成年子女回國

若「被保險人」在「原居地」以外地方因身體受傷或患上「急病」而住院，並連下與其同行之十八歲以下子女，而其子女之回程機票已失效，則國際救援將安排該名(或多名)子女乘坐客機(經濟客位)返回「原居地」；國際救援將支付有關機票費用，包括往返機場的交通費，唯「被保險人」須把機票之未使用部份

3.10 墊支住院按金

在「被保險人」的主診醫生及國際救援之醫生的共同建議下，認為「被保險人」需入住醫院，而「被保險人」又無法支付住院按金的情況下，國際救援將墊支高達美金 6,500 元之住院按金或作為該筆住院按金之擔保人，唯「被保險人」或其家屬 / 代表需擔保在入院後清付有關費用。

3.11 出院後療養住宿

如「被保險人」之主診醫生及國際救援之醫生均認為「被保險人」於出院後需即時進行療養，則國際救援將為「被保險人」安排及支付出院後之一般酒店住宿費。該筆費用包括每日高達港幣 1,200 元的酒店住宿費，並最長可達連續五日，出院後即日起計。

3.12 安排緊急回國料理「親人」後事

當「被保險人」身在海外(不包括移民)而獲悉「親人」身故，並須立即折返其「原居地」，國際救援將安排「被保險人」乘坐客機(經濟客位)返回「原居地」及支付有關的機票費用。

3.13 諮詢服務

「被保險人」可於任何時間致電國際救援的緊急中心要求提供下列資料及轉介服務：

3.13.1 最新的免疫及防疫要求及需要、護照 / 簽證要求

3.13.2 領事館地址及電話

3.13.3 代尋並轉送行李

3.13.4 旅遊資料

3.13.5 緊急行程安排

3.13.6 提供翻譯員轉介服務

3.13.7 律師轉介服務

第四章 遇事通知程序/責任

國際救援將不會發還「被保險人」或任何團體或人士，任何並非經由國際救援提供之服務，或未經國際救援預先同意之費用。

第五章 一般責任

5.1 「被保險人」必須用任何合理方法避免產生「緊急情況」。

5.2 國際救援小組或代表可自由接觸「被保險人」以評估「被保險人」的情況，若此接觸在未有合理原因的情況下被拒絕，「被保險人」將不符合資格接受進一步的醫療支援。

5.3 「被保險人」必須協助國際救援取得需要文件或收條，有關手續的費用由「被保險人」自行負擔。

5.4 「被保險人」必須由該事故發生後兩年內就救援服務提出索償或採取法律行動，否則當作放棄論。

第六章 代位追償權

如國際救援因提供支援予「被保險人」而需支付任何費用，其將取代「被保險人」的權利收取任何第三者在法律責任上因有關支援而所需支付的款項，唯金額將不超過國際救援及其他保險或支援計劃就是項支付的費用或賠償。

第七章 不受保項目及其他限制

除「被保險人」或家屬同意自費所需之服務，否則「被保險人」若因下列情況而導致身體損傷或患上疾病，國際救援將不提供緊急支援服務及支付任何費用：

7.1 在旅程出發前已存在的疾病或損傷，不論「被保險人」察覺與否；

7.2 故意自傷、神經錯亂、神智不清、濫用酒精或藥物所引致的損傷、長期休養或療養；法律或航空公司規定要受隔離之傳染病個案；

7.3 先天的疾病及異常；

7.4 所有與懷孕及分娩有關的費用或情況；

7.5 間接或直接由於參與職業運動或競賽運動；

7.6 由於參與非法活動所致的損傷；

7.7 並未經國際救援授權或介入提供的服務；

7.8 在無國際救援介入的情況下，「被保險人」理應支付或早已產生的費用；

7.9 任何更適當地由其他保險承保的費用；

7.10 根據國際救援醫生的意見，被保險人在當地獲妥當的治療後，便能繼續旅程或返回工作的輕微疾病或損傷；

7.11 國際救援之醫生意見認為「被保險人」在無醫療人員陪同下，仍能如一般乘客可乘坐普通航班返回「原居地」，國際救援將不負責所支出的費用。除非國際救援的醫生認為有需要的則除外；

7.12 一切與精神病有關的個案；

7.13 「被保險人」參與任何空中飛行活動，如以持票乘客身份，乘坐固定航班或領有飛行執照及固定航線的包機則除外。

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第八章 合約

國際救援將不負責因罷工、戰爭、敵國入侵、武裝衝突(不論是否正式宣戰)、內戰、內亂、叛亂、恐怖行動、政變、暴動、群眾騷擾、政治干預、輻射或自然災難等的不可抗力事項或不可歸責於國際救援之事由所導致救助行動延誤、無法提供或進行而產生的任何責任。

獲推介的專業人士、醫生、診所及醫院，均非本公司或國際救援的職員、代理或僱員。這些專業人士、醫生、診所及醫院乃獨立人士或機構而需對自己所作的行為負責。在推介前，國際救援將查核這些專業人士、醫生、診所及醫院是否具備資格，並確實具獲當地政府的認可。如遇這些專業人士、醫生、診所及醫院之行為不當，國際救援概不負責。

第九章 終止合約

此海外緊急援助服務保障將由保單終止後立刻終止。

第十章 修訂

此服務會被不時檢討及本公司保留在任何時間修改此服務的權利而不需預先通知。

第十一章 免責聲明

此服務是由國際救援提供。國際救援為獨立的承辦商，並非本公司的代理。本公司不會就國際救援提供之服務作出任何聲明、保證或擔保，及不會就「被保險人」或任何人士因國際救援或其代理提供之服務或建議或該等服務之供應而直接或間接受或招致之任何損失、損害、費用、起訴、訴訟或法律程序承擔任何責任。

適合於各部分之章則條款

1. 保險單持有人及「被保險人」及有關索償人須適當遵守及履行本保險單之章則條款、豁免條款及附加批文，且所提交之各項申請表及聲明內所述之說明及資料均屬真實。本公司方能按本保險單承擔賠償之責任。
2. 除「取消旅程」外，各部分所述之保險範圍或賠償均於「被保險人」自其香港特別行政區之居所或辦公地點直接出發往離境地點起開始生效，並於其直接返回上述居所或辦公地點時終止；惟於任何情況下，保險均不可早於預定啟程時間前六小時開始生效，亦不可遲於預定返回香港特別行政區後六小時終止。本保險單「取消旅程」一節所述之保險權益，則於投保當日或安排旅程時開始生效，並於旅程開始前訂定之行程中第一個啟程日期當日終止。
3. 旅程期限：
 - 3.1 單次旅程保險期，最長可達連續 182 天。
 - 3.2 三個月或一年保險期，每次旅程保期以不超過連續 90 天為限。
4. 本保險單受香港特別行政區法律所約束。
5. 有關本保險上的任何爭議，當由爭議雙方共同協商委任一名仲裁員作出仲裁。如雙方未能達成協議，則雙方應在提出仲裁的一個月內各自委任一名仲裁員，再由雙方之仲裁員邀請一名高級仲裁員作出決定，由仲裁員裁決本保險單上的任何爭議，乃向本公司提出訴訟前之先決條件。當本公司已拒絕「被保險人」的索償，如非按本部分規定在出事後十二個月內予以仲裁，則表示「被保險人」放棄該次損失之索償，並在日後不能以此損失向本公司索償。
6. 本保險單不承保因下列任何直接或間接原因引致的損失：
 - 6.1 「已存在之傷病」。
 - 6.2 由於 HIV(人類免疫缺陷病毒)及/或與 HIV 有關的任何「疾病」，包括愛滋病(獲得性免疫缺陷綜合徵)及/或其任何突變衍化物或變種。
 - 6.3 騷亂或罷工、戰爭(不論已宣戰與否)、「恐怖活動」、侵略、外敵行動、內戰、革命、內亂、為軍隊、警隊或執法機關執勤。
 - 6.4 「被保險人」自願招惹不必要之危險(為企圖拯救別人之生命則除外)，因「被保險人」的挑釁或故意行為而導致的打鬥、被襲擊、自殺、企圖自殺或自傷、神經失常、墮胎、流產、懷孕生育、性病、服用酒精或藥物而非由註冊「醫生」處方者、非因「意外」、「身體受傷」而須進行之牙齒護理治療。
 - 6.5 遭遇謀殺、綁架或勒索。
 - 6.6 核裂變、核聚變或放射性污染。
 - 6.7 從事職業性質的運動或比賽，或可使「被保險人」從而獲得收入或酬金之運動、競賽(跑步除外)、任何形式之策騎或駕駛競賽、騎電單車、狩獵、攀山(輔以繩索、岩釘或需嚮導帶領的)、空中漫遊、滑翔及跳降傘。
 - 6.8 在海拔五千米高度以上進行高山遠足，或在三十米水深以下進行水肺潛水。
 - 6.9 參與任何空中飛行活動(以旅客身份乘搭由航空公司或註冊商業公司擁有和控制的註冊航班機或參與熱氣球活動除外)。
 - 6.10 間接或相生性引致之損失。
 - 6.11 任何非法行為。
 - 6.12 演藝表演或電影及電視製作。
 - 6.13 從事任何體力勞動或與操作機器有關之工作。
 - 6.14 大殺傷力核子及生化武器的應用。
7. 「保險期」開始之後，被保期限可依照保險單持有人或「被保險人」之要求延長，但必須先向本公司申請並得到本公司同意。然而，倘「被保險人」在出發

前已訂定之行程因自然災難(例如：地震)、惡劣天氣、預先安排之「公共交通工具」發生罷工、工業行動或機械故障、「恐怖活動」或飛機被騎劫引致無可避免之延誤，則保險期限可自動延長最多十天。

8. 「未成年被保險人」可獨立投保單次旅程計劃(「未成年被保險人」之保障維持不變)，惟需取得父母或監護人簽署投保書。
 9. 「被保險人」同意，本公司可就任何本保險提供之賠償項目，以「被保險人」之名義向任何有關之第三者提出訴訟追討賠償，訴訟費用由本公司負責，而所得回之款項亦歸本公司所有。
 10. 本保險將不提供任何直接支賬。
 11. 在保險承保範圍內之任何索償金額，應歸納為該保險有關部分或項目之總賠償限額內。
 12. 倘任何索償出現欺詐成分或蓄意誇大事實或提出索償或申請保險時有任何虛假聲明或陳述，則本保單將作廢除，而所有索償均不會獲得賠償。
 13. 如「被保險人」提出索償時有其他保單保障同類項目，本公司只負責按比例作出賠償(惟本保險之第一部分「人身平安險」保障、第三部分「住院現金津貼」保障除外)。
 14. 保險證書一經發出及生效，保費將不獲退還(全年旅程計劃除外)。
 15. 適用於一年期保險單之補加章則條款：
 - 15.1 「被保險人」之年齡為十八歲至六十五歲。
 - 15.2 本公司有權決定繼續保此保險單與否。
 - 15.3 本公司可於七天內通知保險單持有人取消此保險單，並以掛號方式將通知信郵寄致保險單持有人最後登記之地址，本公司將保險單持有人所繳交之總保險費扣除以承保日期比例計算之保費退還；而保險單持有人亦可於七天內以書面通知本公司取消此保單(「被保險人」於此保單承保日內必須無任何賠償記錄，而此保險單需於取消生效日前交回本公司)，保險單持有人方可收取有關之退費，其未到期保費將按下列退費表辦理。
- | 保單保障期 | 退費(年保費百分比) |
|---------|------------|
| 1 個月 | 50% |
| 2 個月 | 40% |
| 3 個月 | 30% |
| 4 個月 | 20% |
| 5 個月 | 10% |
| 6 個月或以上 | 0% |
16. 任何索償須於保險單滿期日或每次旅程完結後三十天內知會本公司，否則本公司將不負責其任何責任及損失。而按本保險「個人責任」部分提出之索償，則須儘早以書面通知本公司，最遲亦不得在引致索償之事件發生後超過十四天。提出任何索償均須按本公司之要求，連同有關死亡、「疾病」、傷殘、受傷或損失之證明，有關證明之費用由索償者負責。
 17. 所有索償均須連同全面充足證明資料一併提交，包括：
 - 17.1 如屬「人身平安險」及「嚴重燒傷」：則須提交「醫院」及「醫生」報告，闡述急病或受傷之性質、程度及傷殘期間；有關之警方報告，如引致死亡，則須連同死亡證明及驗屍報告。
 - 17.2 如屬「醫療費用」、「海外住院現金津貼」、「取消旅程」及「縮短旅程」：則須提交所有索償有關之賬單、收據、票據、代用券、合約或協議書，若涉及醫療服務，更須提交「醫生」報告，闡明接受治療之傷病、按「醫生」意見下取消或縮短旅程之建議書、傷殘正式開始之日期及治療過程包括所使用之藥物及服務之摘要。
 - 17.3 如屬「個人行李」、「個人財物」、「行李延誤」、「個人錢財」、「旅遊證件」及「家居爆竊」：則須提交所有資料包括列明遺失或損壞之物品之購買日期、價格、型號、物品種類之單據；補領旅遊證件或機票手續費之收據；如該遺失或損壞於附運途中發生，則須向航空公司/旅遊當局報告並索取該公司的正式書面收條；如該遺失或損壞於其他情況下發生，則須即時提交知會警方之證明報告。在事件發生後 24 小時內必須向上述有關當局報告。此外，若損失旅遊支票，必須在發生 24 小時內，儘早知會簽發機構。
 - 17.4 如屬「行程延誤」：則須提交航空公司/旅程當局簽發之正式文件，說明延誤之原因、日期及時間。
 - 17.5 如屬「個人責任」：則須即時並在 14 天內以面知會本公司可能引致之索償，指出事件之性質及情形，並確定未有在未經本公司知悉及書面同意前作任何責任承諾及達成任何和解協議。在事件發生後，應儘快向本公司提交所有全面充足證明文件，包括傳票、法庭文件、律師信及其他法律書信往來之副本。
 18. 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)強制執行本保單的任何條款。

註：此為中文譯本，僅供參考之用，如有爭議，概以英文版本為準。

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以下批單附加於本保單並構成本保單的一部分

1. 「外遊警示制度」下之保單伸延條款

儘管本保單另有規定，現特此聲明及同意，除既有保障外，本公司將提供以下的伸延保障。

(1) 「取消旅程」保障

如「被保險人」出發前因計劃前往之目的地被發出「黑色警示」而決定取消旅程而損失旅行團、「機票」、或其他旅遊安排之訂金或費用，而涉及之款項不能獲旅行社或「公共交通工具」發回，本公司會就此損失向「被保險人」作出賠償，賠償金額以本保單「取消旅程」保障項目下之最高賠償金額為限。

惟須按下述條款規定：

- 保單/保險證明書必須於旅遊目的地被發出「黑色警示」至少 24 小時前簽發；及
- 旅遊安排之取消須於「黑色警示」生效時提出及不得早於「保險期」開始前 7 天。

(2) 「縮短旅程」保障

如「被保險人」身處於或根據行程安排將前往的目的地被發出「黑色警示」，「被保險人」決定縮短旅程並返回香港特別行政區，本公司會按比例(以每一整日計)向「被保險人」賠償原行程中已支付但未有使用之交通及/或住宿費用；並支付「被保險人」返回香港特別行政區所須之額外「公共交通工具」費用(以經濟客位為限)，賠償金額以本保單「縮短旅程」保障項目下之最高賠償金額為限。

惟須按下述條款規定：

「被保險人」必須在旅遊目的地被發出「黑色警示」前開始旅程。

(3) 「自動延長保期」保障

如「被保險人」於受保旅程中因與「紅色警示」或「黑色警示」有關事故而未能於原定日期返回香港特別行政區，保險期可自動延長最多十日。如有關事故已列於保單內為不保事項，則由有關該事故引起之任何損失，本公司將不給予賠償。

惟須按下述條款規定：

「被保險人」必須在旅遊目的地被發出「紅色警示」或「黑色警示」前開始旅程。

就此批單而言，以下詞語具有以下含義：

「紅色警示」或「黑色警示」是指香港特別行政區政府根據外遊警示制度發出之「紅色外遊警示」或「黑色外遊警示」。

2. 甲型H1N1及H7N9流感免費增值保障

(1) 延長保期

倘被保險人在受保旅途中被當地政府機關因懷疑感染甲型 H1N1 或 H7N9 流感而遭強迫性隔離，本公司將自動伸延原有保險期至隔離期屆滿後七天或被保險人回港後保險便終止，以較先發生者為準。

(2) 現金津貼

被保險人於旅程中及/或回港後 3 天內，因感染或被懷疑感染甲型 H1N1 或 H7N9 流感而遭強制性隔離，可獲每天港幣 600 元現金津貼，最高為港幣 6,000 元。

(3) 全數退回保費(不適用於「旅遊綜合保險」一年期保險單)

在投保後，如世界衛生組織宣佈目的地(旅程發票所示之目的地)為疫埠，或者香港政府對該目的地已發出旅遊警告，客戶因此而取消旅程，本公司會因應客戶的要求取消保單，如客戶沒有提出任何索償，可全數退還保費。

上述保險計劃產品中的「疾病」定義已包括甲型 H1N1 及 H7N9 流感，如被保險人在保險期內被確診染上該病後，可根據保單適合同部分例如「醫療費用」、「取消旅程」、「縮短旅程」及「24 小時全球緊急支援服務」等獲得保障。

3. 「恐怖活動」附加條款(核子、化學及生物恐怖主義活動除外)

茲經同意本保險擴展承保因「恐怖活動」所導致的損失賠償。唯本保單不承保由任何核子、化學及生物恐怖主義(「核生化恐怖主義」)活動直接或間接地所引致的任何損失，不論有關損失是同時或於任何時序由其他起因或事故所引致。

就本條款而言：

「核生化恐怖主義」活動指(包括但不限於)在本保單的受保期內，任何一名或多名人士單獨、代表或聯同任何組織或政府使用或威脅使用任何核子武器或裝置，或發射、釋放、散佈、發出或漏出任何固體、液體或氣體化學製劑及/或生物製劑以達致政治、宗教、意識形態或類似目的(包括企圖影響任何政府及/或引致公眾或部分公眾產生恐慌)。

「化學」製劑指任何一種經適當播撒，將對人類、動物、植物或實質財產造成傷害，損壞或致命影響的化合物。

「生物」製劑指任何可令人類、動物或植物致病及/或死亡的病原(可引致疾病)微生物及/或生物製毒素(包括經基因改造的生物及化學合成毒素)。

本條款亦毋須就因採取任何行動，以控制、預防或遏止核生化恐怖主義活動，或與任何核子、化學及生物恐怖主義活動有關的任何方式而直接或間接導致或造成的任何損失、損壞、費用或開支作出賠償。

若本公司因本條款而宣稱任何損失、損壞、費用或開支均不在本保單的保障範圍之內，提出任何相反舉證的責任須由受保人承擔。

倘若本條款的任何部分被視為無效或無法執行，其餘部分將仍具十足效力及作用。

4. 承保區域範圍

本「保單」之所有保險權益適用於除香港特別行政區以外的世界各地。

所有旅程均需由香港特別行政區出發及返回香港特別行政區，而該行程必須經香港特別行政區安排及付款。「本公司」亦伸延保障至旅程由澳門特別行政區出發及返回澳門特別行政區。為配合此伸延保障，本保單內所涉及香港特別行政區的字詞將更改為澳門特別行政區，惟貨幣及適合於各部分之章則條款部分則除外。

5. 制裁限制及除外條款

只要「本公司」所提供的保障、索償的賠付或所給予的利益使「本公司」存在違反聯合國決議、歐盟、英國或美國的貿易或經濟制裁、法律或條例下實施的任何制裁、禁止或限制的風險，「本公司」不會被視為提供保障，亦不負責賠付索償或不依此給予利益。

除特別註明外，以上批單受原保單條款、規定及不保事項約束。

註：此為中文譯本，僅供參考之用，如有爭議，概以英文版本為準。

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個人資料(私隱)條例 - 收集個人資料聲明

此保單權益人 / 持有人已通知閣下，中國太平保險(香港)有限公司 (下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供的個人資料(包括信用資料和以往申索記錄)，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律、條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、保險理算人或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下的個人資料可能被移轉至香港境外。

在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意(包括表示不反對)，否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可以書面向本公司總經理辦公室(詳情參閱下文)提出有關要求。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司總經理辦公室提出，地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。

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“Travel Insurance Package” Insurance Clause

In consideration of the Policyholder and Insured Person have paid or agreed to pay the premium stated and subject to the terms provisions, exclusions and conditions contained herein or endorsed hereon, China Taiping Insurance (HK) Company Limited (“the Company”) agrees to pay or grant benefits to the Insured Person or to the Legal Beneficiary /appointed beneficiary of the Insured Person in the event of death.

The benefits shall be subject to the Insurance Terms, Conditions and Exclusions herein and any endorsement issued by the Company and attached hereto.

DECLARATION

The Policyholder and the Insured Person declare that the Insured Person should not travel contrary to the advice of a Medical Practitioner or for the purpose of obtaining medical treatment. The Insured Person fully understands this Insurance does not cover any Pre-Existing Conditions or congenital Sickness. The Insured Person shall ensure they have no knowledge that the planned journey has to be cancelled or curtailed.

TERRITORIAL SCOPE OF INSURANCE COVER

All benefits described in this Policy except where otherwise stated in the benefits sections are applicable in places worldwide other than in Hong Kong SAR.

DEFINITIONS

In this Policy where consistent with the contents, the singular shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neuter gender; and each of the following words and expressions shall have the following meanings except where the context otherwise requires.

1. **Accident** shall mean an event occurring entirely beyond control and caused by violent, external and visible means.
2. **Act of Terrorism** shall mean an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organizations or government, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
3. **Bodily Injury** shall mean any bodily damage caused directly and independently of all other causes by an Accident as defined above.
4. **Close Business Partner** shall mean a business associate that has a share in the Insured Person’s business.
5. **Eligible Expenses** in respect of medical expenses shall mean those expenses necessitated by an Accident or a Sickness or disability covered by this insurance and incurred on the recommendation of a Medical Practitioner but not exceeding normal and customary charges for the same.
6. **Home Contents** shall mean all the Insured Person’s furniture, furnishings, home appliances, household and Personal Effects including household appliances hired to the Insured Person or the Insured Person’s Immediate Family Members.
7. **Hospital** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients and which has all of the following:-
 - (1) Facilities for diagnostic procedures and surgery.
 - (2) 24 hours a day nursing services by registered graduate nurses.
 - (3) is under the supervision of a Medical Practitioner.
 And is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home; or a home for the aged or similar establishment.
8. **Immediate Family Members** shall mean an Insured Person’s lawful spouse, children (natural or adopted), siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardian, step-parents or step-children.
9. **Insured Person** shall mean any person whose age is between 6 weeks and 85 years and he is named in the proposal form or in an endorsement issued by the Company.
10. **Legal Beneficiary** shall mean where there is no valid will, statutory beneficiary defined by the law, or where there exists a valid will, beneficiary therein named. In any event, death benefit shall be released to the administrator or executor who represents the beneficiary and has been duly granted with a grant of representation.
11. **Loss of Both Eyes** shall mean the complete and irremediable and irremediable loss of the sight of both eyes.
12. **Loss of One Eye** shall mean the complete and irremediable and irremediable loss of the sight of an eye.
13. **Loss of One Limb** shall mean loss by physical severance or total and permanent loss of use of a hand at or above the wrist or of a foot at or above the ankle.
14. **Loss of Two Limbs** shall mean loss by physical severance or total and permanent loss of use of two hands or two feet or of one hand at or above the wrist and of one foot at or above the ankle.
15. **Major Burns** shall mean tissue damage caused by the agent as heat only.
16. **Medical Practitioner** shall mean a person legally authorized, duly licensed or registered in the geographical area of his practice to render medical or surgical service, other than the Insured Person or the Insured Person’s Immediate Family Members.
17. **Minor Insured Person** shall mean any Insured Person whose age is between 6 weeks and 18 and he is named in the proposal form or in an endorsement issued by the Company.

18. **Period of Insurance** shall mean the period of being insured which was specified on the Policy schedule or certificate of insurance.
19. **Permanent Total Disablement** shall mean a result of an Accident that prevents the Insured Person from attending to his/her normal occupation which disablement, after lasting for a minimum of one year from the date of Accident, shall be certified at the end of that time by a Medical Practitioner acceptable to the Insurer to be a condition that will permanently and totally disable the Insured Person from following any gainful occupation beyond the hope of any improvement.
20. **Personal Effects** shall mean articles of personal possession normally worn or carried belong to the Insured Person or the Insured Person’s Immediate Family Members.
21. **Pre-Existing Conditions** shall mean any Sickness, injury, disease or physical condition which existed before the effective date of the Policy in respect of the Insured Person, which presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware.
22. **Prescribed Medicine** shall respectively mean any medicine or drug for which a doctor’s prescription has been issued and that has been dispensed by a Medical Practitioner’s surgery or by a licensed pharmacist in respect of treatment of a covered disability.
23. **Public Conveyance** shall mean all public common carriers such as multi-engined aircrafts, buses, trains, ships, hovercrafts, ferries and taxis that are licensed to carry all fare-paying passengers or buses being arranged by travel agency.
24. **Senior Insured Person** shall mean any Insured Person whose age is between 75 and 85 years and he is named in the proposal form or in an endorsement issued by the Company.
25. **Serious Bodily Injury or Sickness** shall mean, when applied to the Insured Person, is one which requires treatment by a Medical Practitioner and which results in the Insured Person being certified by that Medical Practitioner as being dangerous to life and unfit to travel or continue with his original journey. When “**Serious Bodily Injury or Sickness**” is applied to the Insured Person’s Immediate Family Member, it shall mean injury or Sickness certified as being dangerous to life by a Medical Practitioner and which results in the Insured Person’s discontinuation or cancellation of his original journey.
26. **Sickness** shall mean a condition marked by a deviation from the normal healthy state of human being.
27. **Third Degree Burns** shall mean the damage or destruction of the skin to its full depth and damage to the tissues beneath.

SECTION 1 - PERSONAL ACCIDENT

Supreme Plan: The maximum benefit is up to HK\$2,000,000

Super Plan: The maximum benefit is up to HK\$1,000,000

Excellent Plan: The maximum benefit is up to HK\$500,000

The maximum benefit for Minor Insured Person or Senior Insured Person for whichever plan stated above is up to HK\$400,000.

1. The benefits described in this section shall be payable for accidental death or disablement occurring within one year of the Accident provided always that such Accident occurs within the Period of Insurance.
 - 1.1 The above-mentioned benefit amount for each Insured Person, Minor Insured Person or Senior Insured Person is payable for accidental death or Permanent Total Disablement or Loss of Both Eyes or Loss of Two Limbs or Loss of One Eye and Loss of One Limb. The maximum amount payable shall not exceed the above-mentioned benefit amount.
 - 1.2 50% of the above-mentioned benefit amount for each Insured Person, Minor Insured Person or Senior Insured Person is payable for Loss of One Eye; or Loss of One Limb. The total maximum amount payable shall not exceed 50% of the above-mentioned maximum benefit.
2. The maximum amount payable for any and all events arising under this section shall not exceed the maximum of the above-mentioned benefit amount for each Insured Person, except as provided for in item 3 of this section of the insurance.
3. If accidental death happening while the Insured Person is traveling as a fare paying passenger on board of Public Conveyance, benefit is payable by 150% of the above-mentioned benefit amount. This benefit shall not apply to the Minor Insured Person or Senior Insured Person.

SECTION 2 - MEDICAL EXPENSES

Supreme Plan: The maximum benefit is up to HK\$1,000,000

Super Plan: The maximum benefit is up to HK\$800,000

Excellent Plan: The maximum benefit is up to HK\$300,000

1. Eligible Expenses are payable for the following medical services occurred during the Period of Insurance in the manner as specified hereinafter:-
 - 1.1 Hospitalization, surgery, ambulance and paramedic services, diagnostic tests, consultation by a Medical Practitioner and Prescribed Medicine or Drug.
 - 1.2 A Hospital room and board benefit is limited to HK\$1,000 per day. The Hospital expenses is on per day basis, a daily reimbursement of all the charges inclusive of room and board and professional fees is limited to HK\$3,000 if no detailed breakdown of charges is provided.
 - 1.3 Subject to the Eligible Expenses which are admitted and payable and under item 1.1 or item 1.2 of this section, at the discretion of the

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Company a reimbursement up to 10% the afore-mentioned benefit amount for Eligible Expenses arising from follow-up medical treatment of same disability or Sickness or an Accident by the Insured Person within 90 days of his return to Hong Kong SAR from destination is also payable. The Eligible Expenses include the Chinese bonesetter treatment expenses which are limited to HK\$500 (HK\$100/day) and physiotherapy or chiropractic treatment expenses which are limited to HK\$1,000 (HK\$150/day) necessarily and supported by original receipt from a licensed or registered Chinese bonesetter, physiotherapist or doctor of chiropractor.

PROVIDED THAT all such expenditure shall be supported by a detailed breakdown of charges, original receipts and medical reports with full diagnosis provided by a Medical Practitioner.

- All first treatment for Bodily Injury or Sickness must be attended by a Medical Practitioner outside Hong Kong SAR.
- The liability of the Company under this section shall cease one calendar year after the date of the Bodily Injury or Sickness / disability contracted or sustained and the Company shall not be responsible for any medical and related expenses incurred thereafter.

THIS SECTION DOES NOT COVER:

- Charges in respect of special or private nursing.
- The extra expenses arising from private room or semi-private room.
- Expenses related to cosmetic surgery, visual apparels and refraction or hearing-aids, and prescriptions therefore except as necessitated to correct a condition resulting solely from external accidental Bodily Injury occurred during the Period of Insurance.
- Expenses related to dental care or treatment, except as necessitated and emergency treatment by accidental injuries to sound natural teeth.
- Expenses related to medical care or treatment or related services, pertaining to Bodily Injury arising out of the use or operation of a motor vehicle, except to the extent that reimbursement of eligible expenditure provided by this insurance for such injuries exceeds the amount of benefits available to each Insured Person under all other policies or plans of insurance or indemnity.
- Expenses related to psychiatric, psychological disorder and insanity (including any related primary/basic signs and symptoms).
- Expenses related to any and all conditions arising from surgical, mechanical or chemical methods of birth control and any and all conditions or treatments pertaining to infertility.
- Expenses related to treatment or services undertaken without the related recommendation of a Medical Practitioner; routine physical examinations or health check-ups not incidental to the treatment or diagnosis of a suspected covered Sickness or Bodily Injury sustained during the journey covered by this insurance and occurring or arising during the Period of Insurance.
- Any travel contrary to the advice of a Medical Practitioner or for the purpose of receiving medical or surgical treatment.

SECTION 3 - OVERSEAS HOSPITAL CASH ALLOWANCE

Supreme Plan:

Daily Benefit Amount HK\$800 subject to the maximum benefit of HK\$8,000 in total

Super Plan:

Daily Benefit Amount HK\$500 subject to the maximum benefit of HK\$5,000 in total

Excellent Plan:

Daily Benefit Amount HK\$200 subject to the maximum benefit of HK\$2,000 in total

The Company will pay the afore-mentioned daily benefit amount for each complete day as an additional payment to any reimbursement starting from the fourth consecutive day of hospital confinement while overseas when an Insured Person suffers from Bodily Injury or Sickness during the journey, subject to the afore-mentioned maximum benefit amount.

PROVIDED THAT:

- Such hospitalization shall be in excess of 3 complete days in duration and that the medical or surgical condition requiring treatment as an in-patient is covered by this insurance.
- Documentation satisfactory to the Company is produced in support of any claim under this section of the insurance, which indicates the date, time, duration and place of such hospitalization. A copy of the medical report which states the nature of the Sickness or Bodily Injury or disability is also required.
- The cause of such hospitalization is an acute one and does not arise from any Pre-Existing Conditions or Exclusions.

THIS SECTION DOES NOT COVER:

The Company will not pay the Overseas Hospital Cash Allowance for the first three days of the hospitalization.

SECTION 4 - PERSONAL BAGGAGE AND PERSONAL EFFECTS

Supreme Plan: The maximum benefit is up to HK\$15,000

Super Plan: The maximum benefit is up to HK\$10,000

Excellent Plan: The maximum benefit is up to HK\$2,500

This section provides indemnity for loss, physical breakage or damage directly resulting from Accident, theft, burglary, robbery or mishandling by carriers occurring during the Period of Insurance to an Insured Person's personal baggage or

Personal Effects carried in the journey.

PROVIDED THAT:

- The loss must be reported to the local police, the carriers or any third parties liable within 24 hours of the occurrence.
- The Insured Person shall observe ordinary and proper care for the safety of his accompanied personal baggage or Personal Effects and does not leave them unattended in a public place. All personal baggage and Personal Effects are to be examined immediately when received and in the event of any destruction, loss or damage coming to the notice of the Insured Person, the Insured Person shall give IMMEDIATE notice to the parties concerned and request for relevant approval.
- The limit of the Company's liability for each item/pair or set shall be HK\$2,500. (Camera body, lenses and accessories will be treated as a set.)
- The Company will, by payment or at its option by replacement or repair, indemnify the Insured Person against each such loss or damage provided that the maximum liability of the Company shall not exceed the afore-mentioned benefit amount.
- For claim relating to breakage or damage, the claimant has to produce the damaged effects as physical evidence for the Company's inspection at the claimant's cost.

THIS SECTION DOES NOT COVER:

- Loss or damage in consequence of delay, confiscation, detention or examination by the Customs or other officials.
- Loss of cash, banknotes, negotiable instruments, bonds or securities, deeds, credit cards and other instruments of payment or documents of any kind; nor all expenditures resulting from losses of passports, visas, air tickets and transportation, accommodation or any other travel vouchers or coupons.
- Loss of, breakage or damage to any pager, portable telecommunication equipment, computer equipment, software and necessity.
- Normal wear and tear, breakage or damage to fragile or brittle articles of every description, contact lenses, spectacles, china, glassware, porcelains.
- Objets d'arts, antiques, jewelry, set and unset precious or semiprecious gemstones or foodstuff.
- Wear and tear, moth, vermin or inherent vice, mechanical, electrical or electronic derangement, cleaning, repairing or restoring process, atmospheric or climatic changes, depreciation in value and such depreciation shall be applied wholly at the discretion of the Company.
- Business merchandise, samples.
- Loss of any personal baggage that is left behind or unattended in a Public Conveyance or public place except for personal baggage kept in a locked car-boot of a private car.
- Any effects or personal belongings specifically insured elsewhere or recovered/repared by a third party.
- Loss or damage whilst in the custody of an airline or other carrier, unless reported immediately on discovery and, in case of an airline, an official acknowledgment in writing is obtained.

SECTION 5 - BAGGAGE DELAY

Supreme Plan: The maximum benefit is up to HK\$1,000

Super Plan: The maximum benefit is up to HK\$800

Excellent Plan: The maximum benefit is up to HK\$500

The Company will pay for the additional cost to get back the baggage or emergency purchases of essential items of toiletries or clothing consequent upon temporary deprivation of baggage for at least 8 hours from the time of arrival at destination abroad due to delay or misdirection in delivery.

PROVIDED THAT:

- The delay is certified by an official baggage irregularity report from the airline or by a letter from the tour operator.
- The delay is not a result of detention or confiscation by the Customs or other law enforcing officials.
- Documentation (including original purchase bills) is produced by the Insured Person showing the details of the expenditure.
- A claim cannot be made under this section if the same loss is claimed for under the Section 4 of "PERSONAL BAGGAGE AND PERSONAL EFFECTS" cover of this Policy.
- No cover is provided after the Insured Person returns to Hong Kong SAR.

SECTION 6 - PERSONAL MONEY AND TRAVEL DOCUMENT

Supreme Plan:

Personal Money: The maximum benefit is up to HK\$5,000;

Travel Document and Air Ticket: The maximum benefit is up to HK\$5,000.

Super Plan:

Personal Money: The maximum benefit is up to HK\$3,000;

Travel Document and Air Ticket: The maximum benefit is up to HK\$3,000.

Excellent Plan:

Personal Money: The maximum benefit is up to HK\$2,000;

Travel Document and Air Ticket: The maximum benefit is up to HK\$2,000.

The Company will indemnify the Insured Person for the following loss arising during the Period of Insurance, up to the afore-mentioned benefit amount.

- only from theft, burglary or robbery, the loss of personal money in the form of bank notes, cash, cheques, travellers' cheques, money orders taken in the journey.

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- from theft, burglary, robbery or loss, the cost of obtaining replacement of air tickets and related travel documents.

PROVIDED THAT:

- If the Insured Person experiences the said loss, report must be made to the local police where the loss occurs and the issuing authority of the travellers' cheques within 24 hours of the loss. All forms of proof such as police report and receipts should be made available to the Company at the Insured Person's own cost.
- The cost of obtaining replacement of air ticket should be limited to economy class only.
- The benefit under this Section is not applied to the Minor Insured Person.

THIS SECTION DOES NOT COVER:

- Loss or shortages due to error, omission, fluctuation of the rate of currency exchange, confiscation or devaluation.
- Loss by leaving the passports, tickets or travel documents unattended in a public place.
- Loss of plastic money (including credit cards, Octopus cards etc.) or securities.

SECTION 7 - TRAVEL DELAY

Supreme Plan: The maximum benefit is up to HK\$2,000
Super Plan: The maximum benefit is up to HK\$1,000
Excellent Plan: The maximum benefit is up to HK\$500

In the event of the Public Conveyance in which the Insured Person has arranged to travel is delayed for at least 6 hours from the departure time specified in the travel itinerary, due to the natural disaster (e.g. earthquake), adverse weather conditions, strike or industrial action, Act of Terrorism or hi-jack, mechanical derangement of Public Conveyance. The Insured Person is entitled to claim HK\$250 for each full 6-hour delay up to the afore-mentioned maximum benefit amount.

PROVIDED THAT:

- The period of delay will be calculated from the original scheduled departure time of the Public Conveyance until the revised departure time of the first available alternative transportation offered by the airline/carrier. If the Insured Person has consecutive connected flights, each period of delayed hours of subsequent connected flights cannot be accumulated and the proximate cause of the delay must be due to above-mentioned reason.
- The delay does not arise from the failure of the Insured Person to confirm the advanced booking or late check-in or late arrival at the boarding gate after checked-in.
- Confirmed advanced booking is given prior to the commencement of an industrial action affecting the carrier.
- Official documentation from the airline/carrier is submitted in support of any claim under this section of the insurance, which states the cause, date, time and duration of the delay.
- The Company does not cover strike, industrial or any circumstances leading to the delay already existing and known to the public before the date of applying this insurance or arranging the journey.
- The Insured Person has to reroute his trip due to cancellation of the public transportation with prior confirmed booking.

SECTION 8 - CANCELLATION OF JOURNEY

Supreme Plan: The maximum benefit is up to HK\$30,000
Super Plan: The maximum benefit is up to HK\$15,000
Excellent Plan: The maximum benefit is up to HK\$5,000

In the event of necessary and unavoidable cancellation by the Insured Person, the Company indemnifies the Insured Person against loss of deposits or payments for tour or airfare or other travel arrangements which are irrecoverable from the tour operator or airline concerned provided that such losses arise from:

- Death, Serious Bodily Injury or Sickness of the Insured Person, Immediate Family Members, or Close Business Partner of the Insured Person causing the Insured Person unable to travel under this Policy.
- Receipt of subpoena or witness summons, or being summonsed for jury service or compulsory quarantine of the Insured Person.
- Serious damage to the Insured Person's principal home in Hong Kong SAR arising from fire or flooding within 10 days prior to the departure date which requires the Insured Person's continued presence on the premises.

And do not arise from medical or physical conditions or other circumstances affecting the Insured Person, or Immediate Family Members, or Close Business Partner of the Insured Person known to exist on the date of applying this insurance or arranging the journey.

THIS SECTION DOES NOT COVER ANY LOSS ARISING DIRECTLY OR INDIRECTLY FROM:

- Pregnancy or gynecological disease or their sequel.
- Government regulation or act, delay or amendment of the booked itinerary, or failure in provision of any part of the booked holiday (including error, omission or default) by the provider of any service forming part of the booked holiday as well as of the agent or tour operator through whom the holiday was booked.
- Disinclination to travel or cancellation of journey due to financial circumstances of the Insured Person.
- Any unlawful act or criminal proceedings of any person on whom the holiday

plans depends on, other than attendance under subpoena as a witness at a Court of Law.

- Any circumstances leading to the Cancellation of Journey already existing and known to the public at the time of applying this insurance or arranging the journey.
- Failure to notify travel agent / tour operator or provider of transport or accommodation immediately it is found necessary to cancel the travel arrangement.

SECTION 9 - CURTAILMENT OF JOURNEY

Supreme Plan: The maximum benefit is up to HK\$30,000
Super Plan: The maximum benefit is up to HK\$15,000
Excellent Plan: The maximum benefit is up to HK\$5,000

Curtailment herein means abandonment of the planned journey by returning to Hong Kong SAR after arrival at the booked destination as shown on the official receipt. The Company indemnifies the Insured Person against loss on a pro-rata basis for each complete day of the unused portion of pre-paid transport or accommodation charges included in the contracted holiday or journey arising from necessary and unavoidable curtailment of the holiday or journey and the additional public transportation expenses returning to Hong Kong SAR (based on economy class fare for any transportation media) as a direct result for:

- Death, Serious Bodily Injury or Sickness of the Insured Person, or Immediate Family Members, or Close Business Partner of the Insured Person.
- Hi-jack of an aircraft or conveyance in which the Insured Person is traveling on as a fare-paying passenger.
- Receipt of subpoena or witness summons, or being summonsed for jury service or compulsory quarantine of the Insured Person after the Policy is effected.

Any such case does not arise from medical or physical conditions or other circumstances affecting the Insured Person, or Immediate Family Members, or Close Business Partner of the Insured Person known to exist on the date of applying this insurance or arranging the journey.

THIS SECTION DOES NOT COVER ANY LOSS ARISING OUT OF:

- Pregnancy or gynecological disease or their sequel.
- Government regulation or act, delay or amendment of the booked itinerary, or failure in provision of any part of the booked holiday (including error, omission or default) by the provider of any service forming part of the booked holiday as well as of the agent or tour operator through whom the holiday was booked.
- Curtailment of journey due to financial circumstances of the Insured Person.
- Any unlawful act or criminal proceedings of any person on whom the holiday plans depends on, other than attendance under subpoena as a witness at a Court of Law.
- Any circumstances leading to the Curtailment of Journey already existing and known to the public at the time of applying this insurance or arranging the journey.
- Failure to notify travel agent/ tour operator or provider of transport or accommodation immediately if it is found necessary to curtail the travel arrangement and failure to submit the relevant documents.

SECTION 10 - PERSONAL LIABILITY

Aggregate maximum benefit payable during the Period of Insurance
Supreme Plan: The maximum benefit is up to HK\$2,000,000
Super Plan: The maximum benefit is up to HK\$1,000,000
Excellent Plan: The maximum benefit is up to HK\$500,000

The Company will indemnify the Insured Person up to the afore-mentioned benefit amount inclusive of legal costs and expenses against legal liability to third party arising from an event occurring during the Period of Insurance.

PROVIDED THAT IT IS A RESULT OF:

- Bodily Injury to third party.
- Damage to third party property.

PROVIDED THAT:

Insured Person shall give immediate notice in writing to the Company within 14 days of the incident or any possible claim stating the nature, circumstances of the incident or event and full documentation including copies of the summons, court documents, solicitors' and other legal correspondence etc., must be submitted to the Company.

THIS SECTION DOES NOT COVER:

- Any liability in relation to the Minor Insured Person.
- Any liability, loss or claim payable by any other insurance company or third party.
- Any liability, loss or claim where the Insured Person or his authorized representative has admitted liability or entered into any agreement or settlement without notifying and obtaining the prior written consent of the Company.
- This Indemnity shall not apply in respect of judgments which are not in the first instance delivered by or obtained from a court of competent jurisdiction within Hong Kong SAR.
- Any liability arising directly or indirectly from:
 - Employers' liability, contractual liability or liability to the Immediate Family Members of an Insured Person.
 - Loss of or damage to properties or animals belonging to or held in trust,

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in the care, custody or control of an Insured Person or the family member of the Insured Person.

- 5.3 Any willful, malicious, unlawful or deliberate act.
- 5.4 Pursuit of a trade business or profession.
- 5.5 Ownership or occupation of lands or buildings (other than occupation only of any temporary residence).
- 5.6 Ownership, possession, hire, use or operation of vehicles, aircraft or watercraft.
- 5.7 Legal costs and penalties resulting from any criminal proceedings.
- 5.8 Insanity, the use of any drug (except as medically prescribed but excluding drug addiction), or intoxicating liquor, or the use of firearms.
- 5.9 Bailments, contractual licences or conveyances of real estate or personal property.

SECTION 11 - MAJOR BURNS

Supreme Plan: The maximum benefit is up to HK\$100,000

Super Plan: The maximum benefit is up to HK\$50,000

Excellent Plan: The maximum benefit is up to HK\$20,000

If as a result of an Accident the Insured Person sustains a Major Burns and is diagnosed by a Medical Practitioner to have suffered any of the events listed hereunder, the Company agrees to pay the benefit amount according to the percentage stated below for such event, provided that compensation shall not be payable for more than one of the events stated below in respect of any one Accident.

Third Degree Burns	Maximum Benefit Amount Percentage
50 % or more of body surface	100%
30 % or more of body surface	50%
20 % or more of body surface	40%
10 % or more of body surface	20%
5 % or more of body surface	10%

PROVIDED THAT:

The assessment of the burns is certified by a Medical Practitioner with medical reports and full diagnosis.

SECTION 12 - LOSS OF HOME CONTENTS

Supreme Plan: The maximum benefit is up to HK\$20,000

Super Plan: The maximum benefit is up to HK\$10,000

Excellent Plan: The maximum benefit is up to HK\$5,000

If the Insured Person's principal home in Hong Kong SAR suffers loss of or damage to the Home Contents or Personal Effects as a result of burglary accompanied by forcible and violent entry to or exit from the premises whilst the home is unoccupied during the Period of Insurance, the Company will indemnify the Insured Person for the cost of replacement or repair of such Home Contents or Personal Effects up to the afore-mentioned benefit amount.

PROVIDED THAT:

1. The Insured Person shall take all reasonable precautions for the safety of the property insured and on the happening of any event giving rise or likely to give rise to a claim under this Policy the Insured Person shall immediately report to the Police and notify the Company by giving written notice.
2. All sums which may be paid to the Insured Person or the Immediate Family Member of the Insured Person shall be accounted in diminution of the total amount, so that the total amount payable hereunder by the Company shall not exceed the afore-mentioned benefit amount in any one Period of Insurance.

THIS SECTION DOES NOT COVER:

1. Loss due to use of any key or duplicate thereof irrespective whether the key belongs to the Insured Person or not.
2. Loss caused or facilitated by the reckless or willful act of the Insured Person or the family members of the Insured Person.

SECTION 13 - 24-HOUR WORLDWIDE EMERGENCY ASSISTANCE SERVICE

Hotline: (852) 2861 9283

These Emergency Assistance Benefits are issued and provided by Inter Partner Assistance Hong Kong Limited (hereinafter referred to as "IPA") to the Insured who is insured under this policy with the Company.

1. DEFINITIONS

"Assistance Event" shall mean any event or occurrence with respect to an Insured Person who is entitled to receive assistance pursuant to this Benefit, occurring within the territorial limit set forth in Duration of Cover and Time Limit.

"Bodily Injury" shall mean any Bodily Injury which occurred during the period covered by this assistance program.

"Close Relative" shall mean the spouse, the child/ren, the brother(s), the sister(s), the father, the mother, or the parent(s) in law of the Insured Person.

"Dollar" shall mean the lawful currency of Hong Kong SAR.

"Emergency" shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

"Illness" shall mean any Sickness, illness or disease.

"Place of Residence" shall mean Hong Kong SAR unless it is specified

otherwise in the application form for the Policy. If a place other than Hong Kong SAR is specified, Place of Residence in the context of this assistance program means the place so specified in the application form.

2. DURATION OF COVER AND LIMITATIONS

2.1 Duration of Cover

The benefits mentioned in point 3 are granted during the insurance period prescribed in the Policy and as long as the Policy remains valid.

2.2 Geographic and Time Limits

The benefits mentioned in point 3 apply to worldwide outside Place of Residence and to the trip not exceeding 90 consecutive days (Multiple Trips Plan) or 182 consecutive days (Single Trip Plan).

3. EMERGENCY ASSISTANCE SERVICES AND BENEFITS

If the Insured Person shall suffer Bodily Injury or Illness or is in need of medical, legal, administrative emergency assistance outside the Place of Residence (except for Travel Assistance information which may be obtained locally) during his journey provided that such journey is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following emergency assistance services and benefits are available directly from IPA upon specific verbal notification by the Insured Person or his personal representative to any of the specified 24-hour alarm centre. The Insured Person shall not be entitled to the reimbursement of expenses incurred or paid directly by him in relation to the notification.

3.1 Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment

When medical advice is needed, the Insured Person may telephone the nearest IPA's alarm centre for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and shall be considered as an advice only. If medically necessary, the Insured Person shall be referred to another physician or to a medical specialist for personal assessment and IPA will assist the Insured Person in making the medical appointment. IPA will also provide the Insured Person with the name, address, telephone number and if required by the Insured Person and if available, office hours of physicians, hospitals, clinics, dentists, dental clinics. All physician's fees and related charges shall be borne entirely and directly by the Insured Person without any reimbursement from IPA.

3.2 Medical Evacuation (Unlimited Cover)

Should the Insured Person suffer from Bodily Injury or Illness such that IPA's medical team and the attending physician recommend hospitalization in a or another medical facility where the Insured Person can be suitably treated IPA will arrange and pay for:

3.2.1 The transfer of the Insured Person into one of the nearest hospital and,

3.2.2 If necessary, on medical grounds

3.2.2.1 The transfer of the Insured Person with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight, and road ambulance) to a hospital more appropriately equipped for the particular Bodily Injury or Sudden Illness, or

3.2.2.2 The direct repatriation, including road ambulance transfers to and from the airports, of the Insured Person with necessary medical supervision by scheduled airline to an appropriate hospital or other health care facility near his Place of Residence, if his medical condition permits such repatriation. The medical team and attending physician will determine the necessary arrangements according to the circumstances.

3.3 Repatriation After Treatment (Unlimited Cover)

Following the Medical Evacuation in point 3.2 above and if medically necessary, IPA will arrange and pay for the repatriation of the Insured Person as a regular passenger to the medical facility in his Place of Residence by scheduled airline flight (on economy class up to one ticket) or any other appropriate means of transportation (on economy class basis up to one ticket), including any supplementary cost of transportation to and from the airport, if his original ticket is not valid for the purpose, provided that the Insured Person shall surrender any unused portion of his ticket to IPA. Any decision on the repatriation of the Insured Person shall be made jointly and exclusively by both the attending physician and IPA's alarm centre under constant medical supervision.

3.4 Repatriation of Mortal Remains/Ashes

Upon the death of the Insured Person, IPA will arrange and pay for (i) the repatriation of the Insured Person's body or ashes to the Insured Person's place of burial in the Insured Person's Place of Residence, or (ii) at the request of the Insured Person's heirs or representative, the local burial of the Insured Person, provided that IPA's financial responsibility for such local burial shall be limited to the equivalent of the cost of repatriation of mortal remains as provided in this benefit.

3.5 Essential Medication/Medical Equipment

Upon request from a local attending physician IPA will, while possible and legally permissible, dispatch any essential medicine and/or medical equipment required for the Insured Person which is not locally available. On IPA obtaining written agreement or approval of those costs incurred by the Insured Person, the Insured Person will bear the cost of the items dispatched and the relevant transportation costs, unless these items are

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required for emergency according to the opinion of IPA's medical team.

3.6 Medical Monitoring

IPA will monitor the Insured Person's medical condition if the Insured Person is hospitalized outside Place of Residence and will update the employer or family of the Insured Person on the said condition.

3.7 Administration Assistance

In case of loss or theft of essential documents or personal identification documents (e.g. passport, entry visa, etc.), IPA will provide the Insured Person with the necessary information regarding the formalities to be fulfilled with the appropriate local authorities or entities, in order to obtain the replacement of such lost or stolen documents of the Insured Person, IPA will refer Lawyers and/or Solicitor Firms worldwide.

3.8 Compassionate Visit

In the event of the Insured Person is traveling alone and has no Close Relatives staying at the place where the Insured Person has suffered from Bodily Injury or Illness resulting in hospital confinement outside his Place of Residence for more than 7 (seven) consecutive days, IPA will arrange and pay for the cost of a return scheduled airline ticket (on economy class basis) or any reasonable transportation means (on economy class basis) for a Close Relative or a designated person of the Insured Person to travel from the Place of Residence of the Insured Person to the Insured Person's bedside, including the cost of an ordinary room accommodation in any reasonable hotel up to HK\$1,200.00 per day for a maximum period of 5 (five) consecutive days, but excluding the cost of drinks, meals and other room services.

3.9 Return of Unattended Dependent Child(ren) to Place of Residence (Unlimited Cover)

If any of the Insured Person's traveling dependent child(ren) under 18 years of age is left unattended by reason of the Insured Person's Bodily Injury or Illness resulting in hospital confinement outside his Place of Residence, IPA will organise and pay for the cost of a scheduled airline ticket (on economy class basis) or any reasonable transportation means, for such child(ren) to return to his home in the Insured Person's Place of Residence, including any supplementary cost of transportation to and from the airport, if the original ticket is not valid for the return, provided that the Insured Person shall surrender any unused portion of the return ticket to IPA.

If necessary, IPA will also hire and pay for a qualified attendant to accompany any such dependent child(ren) for return journey.

3.10 Deposit Guaranteeing of Hospital Admission

In case of hospital admission duly approved by both the attending physician and IPA's alarm centre doctor and the Insured Person is without means of payment of the required hospital admission deposit, IPA will guarantee or provide such payment up to USD6,500.00. Prior to providing this service IPA has a right to request the Insured Person or his personal representative to provide a valid credit guarantee.

3.11 Hotel Room Accommodation for Convalescence

IPA will arrange and pay for the cost of an ordinary room accommodation in any reasonable hotel up to HK\$1,200.00 per day for a maximum of 5 (five) consecutive days, incurred by the Insured Person for the sole purpose of convalescence immediately following his discharge from the hospital, and if deemed medically necessary by both attending physician and IPA alarm centre doctor.

3.12 Unexpected Return to the Place of Residence (Unlimited Cover)

In the event of the death of the Insured Person's Close Relative in his Place of Residence while the Insured Person is traveling overseas (excluding the case of immigration) necessitating an unexpected return to his Place of Residence, IPA will arrange and pay for the cost of a scheduled return airline ticket (on economy class basis) for the return of the Insured Person.

3.13 Hotline Extension to the Insurer's Full Service Program

IPA will provide the following additional information and referral services to the Insured Person calling IPA in Hong Kong SAR at any time twenty four (24) hours a day, three hundred and sixty five days a year.

- 3.13.1 Pretrip Information Services
- 3.13.2 Embassy Referral
- 3.13.3 Lost Luggage Assistance
- 3.13.4 Travel Information
- 3.13.5 Emergency Travel Service Assistance
- 3.13.6 Interpreter Referral
- 3.13.7 Legal Referral

4. NOTIFICATION TO IPA

IPA will not reimburse the Insured Person or any party if the service is not directly performed by IPA or the Insured Person does not obtain a prior approval from IPA before arranging the service.

5. GENERAL OBLIGATIONS OF THE INSURED PERSON

- 5.1 Insured Person shall be obliged to use reasonable efforts to mitigate the effects of an emergency.
- 5.2 IPA's medical team or other representatives shall have free access to the Insured Person in order to assess the Insured Person's condition. Without reasonable justification for denial of such an access, the Insured Person will not be eligible for further medical assistance.
- 5.3 Insured Person shall cooperate with IPA to enable IPA to get all documents and receipts from the relevant sources and assist IPA at the

Insured Person's expense in complying with necessary formalities.

- 5.4 Any claim with respect to an Assistance Event or the right to any legal action or claim shall be forfeited unless such claim is filed within two (2) years of the occurrence of such event.

6. SUBROGATION

In the event that IPA makes any payments in connection with the provision of assistance to an Insured Person, IPA shall be subrogated to the rights of such Insured Person to obtain payments from any third party found legally responsible for the assistance, up to the amount of such payment made by IPA and any other insurance or assistance plan which provides compensation to the Assistance Events.

7. LIMITATION & EXCLUSION

Provided that IPA has first sought an agreement with the Insured Person and his Close Relative if the Insured Person and/or his Close Relative shall themselves be responsible for all reasonable costs incurred for such assistance, IPA will not be required to provide assistance to the following:-

- 7.1 Pre-existing Illness or disabilities for which treatment are received prior to effective date of the Policy;
- 7.2 Injuries due to insanity or self-infliction or conditions related to functional disorders of the mind; rest cure or sanatorium care; drug addiction or alcoholism; communicable diseases requiring by law isolation or quarantine;
- 7.3 Congenital Abnormalities;
- 7.4 Pregnancy and Maternity;
- 7.5 Injuries arising directly or indirectly as a result of participation in any professional or competitive sports;
- 7.6 Injuries sustained contracted as a result of participation in illegal acts;
- 7.7 Services rendered without the authorization and/or intervention of IPA;
- 7.8 Costs which would have been payable if the event giving rise to the intervention of IPA had not occurred;
- 7.9 Any expense more specifically covered under other insurance policy;
- 7.10 Cases of minor Illness or injury which in the opinion of the IPA's doctor can be adequately treated locally and which do not prevent the Insured Person from continuing their travels or work;
- 7.11 Expenses incurred where the Insured Person in the opinion of the IPA's doctor is physically able to return to his/her Place of Residence sitting as a normal passenger and without medical escort, unless deemed necessary by the IPA's doctor;
- 7.12 Cases related to psychiatric disorders;
- 7.13 The Insured Person engages in any form of aerial flight except as a fare paying passenger on a regular scheduled airline or licensed charter aircraft over an established route.

8. CONTRACT

IPA shall not be held responsible for delays or impeachment in performing Assistance in case of strike, war, invasion, act of foreign enemies, hostilities (whether war declared or not), civil war, rebellion, insurrection, terrorism or military, political coup, riot and civil commotion, administrative or political impediments or radioactivity or any other acts of God or widespread catastrophe such as flood, earthquake or tidal wave which prevents IPA from providing such assistance services.

It is understood that the physicians, hospitals, clinics, any kind of professionals to whom the Insured Person will be referred by IPA are for most of them independent contractors responsible for their own acts and are not employees, agents or servants of IPA. Furthermore, IPA shall not be responsible for any act of failure to act on the part of those professionals such as, but not limited to, physicians, hospitals and clinics.

9. TERMINATION

These emergency assistance benefits shall cease when the insurance policy is discontinued.

10. AMENDMENT

The service to be provided by IPA is subject to review from time to time and the Company reserves the right to change the service offered at any time without prior notice.

11. DECLARATION

The service is provided by IPA which is an independent contractor and is not an agent of the Company. The Company shall make no representation, warranty or undertaking as to the availability of IPA's services and shall not be liable to the Insured or any other person in any respect of any loss, damage, expense, suit, action or legal proceeding suffered or incurred by any of them, whether directly or indirectly, arising from or in connection with the services provided or advice given by IPA or its agents, or the availability of such services.

TERMS AND CONDITIONS APPLYING TO ALL SECTIONS

- 1. The due observance and fulfillment of the Terms, Conditions, Exclusions and Endorsements of this insurance by the Policyholder and Insured Person and claimants in so far as they relate to anything to be done or complied with them, and the truth of the statements and details in every proposal form and declaration shall be conditions precedent to any liability of the Company to make any payment under this insurance.
- 2. The insurance coverage for all sections except "Cancellation of Journey" commences on the departure of the Insured Person from his residence or office

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- in Hong Kong SAR directly to the international departure point and ceases on the Insured Person's return directly to his residence or office; provided that the insurance shall in any event be deemed to have not commenced more than 6 hours prior to the departure time or ceased more than 6 hours after the return to Hong Kong SAR. As for coverage under the "Cancellation of Journey" section the insurance commences on the date of applying this insurance or arranging the journey and ceases on the departure date on the itinerary as stipulated before commencement of travel.
3. Trip Duration
 - 3.1 The maximum period of Insurance for single trip plan shall be 182 consecutive calendar days.
 - 3.2 The maximum period of Insurance for multiple trips plan shall be 3 months or one year. However, the Insurance covers for each trip shall not exceed 90 consecutive days.
 4. This Policy shall be governed and construed in accordance with the laws of Hong Kong SAR.
 5. All differences arising out of this insurance shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required in writing so to do by either of the parties or in case the Arbitrators do not agree of an Umpire appointed in writing by the Arbitrator and preside at their meetings and the making of an award shall be a condition preceding to any right of action against the Company. If the Company shall disclaim liability to the Insured Person for any claim and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.
 6. The Policy does not cover any claims or losses directly and indirectly arising out of:-
 - 6.1 Pre-Existing Conditions.
 - 6.2 Any injury, Sickness, death, loss, expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof howsoever caused.
 - 6.3 Riot and strike, war (whether declared or not), Act of Terrorism, invasion, act of foreign enemies, civil war, revolution, civil unrest, performing duties as a member of armed forces, or police, or a law enforcing agencies.
 - 6.4 The Insured Person willfully exposing himself to needless peril (except in an attempt to save human life), fighting, attack resulting from provocation or deliberate act of Insured Person, suicide, attempted suicide or intentional self-inflicted Bodily Injuries, insanity, abortion, miscarriage, child-birth, venereal diseases, the use of alcohol or drugs other than those prescribed by a Medical Practitioner; dental treatment unless it is resulting from accidental Bodily Injury to sound and natural teeth.
 - 6.5 Encountering Murder, kidnap or extortion.
 - 6.6 Nuclear fission, nuclear fusion or radioactive contamination.
 - 6.7 Accidents happened whilst engaging in sports or games in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in sports or games. Racing (other than on foot), riding or driving in any kind of race, motorcycling, hunting, mountaineering (necessitating the use of ropes, pitons or guides), skydiving, hang gliding and parachuting.
 - 6.8 Trekking at an altitude limit greater than 5,000 meters above sea level or scuba diving to a depth greater than 30 meters below sea level.
 - 6.9 Engaging in any form of aerial flight or air travel other than participated in hot air balloon activities or as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial company.
 - 6.10 Losses which are indirect and consequential in nature except herein provided.
 - 6.11 Taking part in any illegal act.
 - 6.12 Taking part in performing entertainment or film production.
 - 6.13 Engaging in any manual labour or hazardous work that involves the use of machinery or tools.
 - 6.14 Utilisation of Nuclear, Chemical or Biological weapons of mass destruction.
 7. Extension of cover can be granted subject to the discretion of the Company once the period of insurance has commenced; however, the original period of insurance will be automatically extended for a maximum period of 10 days in the event of the natural disaster (e.g. earthquake), adverse weather conditions, scheduled licensed Public Conveyance is delayed due to strike, industrial action or mechanical derangement, Act of Terrorism or hi-jack, the Insured Person is unavoidably delayed in the course of his scheduled itinerary as stipulated prior to departure.
 8. "Minor Insured Person" can enroll the Single Trip Plan individually (maximum benefit for the "Minor Insured Person" remains unchanged) but proposal form has to be signed by parents or guardian.
 9. In the event of any payment made under this Policy, the company shall be subrogated to all the Insured Person's right of recovery and indemnity against any third party and any amount so recovered shall belong to the Company.
 10. There is no direct billing under this insurance.
 11. This policy shall be subject to the limits of liability for each section as stated on the Insurance Terms and Conditions.
 12. Failure by the Insured Person to comply with the Claims Procedure or investigation may result in denial of the claim. If any claim shall be fraudulent or intentionally exaggerated or if any false declaration or statement shall be made then the Policy shall be voidable at the entire discretion of the Company and no claim shall be payable by the Company.
 13. If at the time of a claim there is any other policy covering anything insured by this policy (except as provided by Section 1 Personal Accident Cover and Section 3 Hospital Cash Allowance Benefit), the Company will be liable only for the Company's proportionate share.
 14. No refund of premium will be made once this Policy has been issued and coverage becomes operative (Except one year plan).
 15. Additional Terms and Conditions apply to 1-Year Policy Multiple Trips Plan:
 - 15.1 The age of the Insured Person is between 18 and 65.
 - 15.2 Any renewal of this Policy shall be at the option of the Company.
 - 15.3 The Company may cancel this Policy by giving seven days' notice by registered letter to the Policyholder at his/her last known address and in such event will return to the Policyholder the premium paid less the pro rata portion thereof for the period the Policy has been in force or the Policy may be cancelled at any time by the Policyholder on seven days' notice and (provided no claim has arisen during the current Period of Insurance and the current Schedule of Insurance has been returned to the Company on or before the date of cancellation) the Policyholder shall be entitled to a return of premium less the premium calculated as the following table for the period the Policy has been in force.

Policy Cover	Return Premium
Within	(Percentage of Annual Premium)
1 month	50%
2 months	40%
3 months	30%
4 months	20%
5 months	10%
6 months or Over	0%
 16. Notice of any claim must be given to the Company within 30 days of the expiry of this Insurance or the end of each single trip, otherwise the Company shall not be liable for any loss or damage occurring in connection with such event and in the instance of a claim under the Personal Liability section of this insurance such notice must be given in writing as soon as possible and in any event not later than 14 days after the incident which may give rise to such a claim. A claim shall be made together with proof satisfactory to the Company in case of death, Sickness, disability, injury or loss for which a claim is made hereunder and shall be rendered on demand at the Insured Person's own expense.
 17. A claim must be submitted with supporting documents including:-
 - 17.1 In case of **Personal Accident and Major Burns**:- Hospital, Medical Practitioner's reports giving details on the nature of the injury and the extent and period of disability, police reports where relevant and if death shall have resulted, a copy of the death certificate and the relevant coroner's report.
 - 17.2 In case of **Medical Expenses, Overseas Hospital Cash Allowance, Cancellation and Curtailment of Journey** cover:- All bills, receipts, tickets, coupons, contracts or agreements relevant to the claim and if the claim is in respect of medical treatments, then a full Medical Practitioner's report stipulating the diagnosis of the condition treated, advice on the need of cancellation or curtailment of journey and the date when the disability commenced and a summary of the course of treatment including medicines prescribed and services rendered.
 - 17.3 In case of **Loss of, Breakeage or Damage to Personal Baggage, Baggage Delay, Loss of Personal Money, Travel Documents and Loss of Home Contents**:- All details including receipts as to date of purchase, price, model and type of items lost or damaged; receipt for obtaining replacement of travel document or air ticket; a copy of the IMMEDIATE notification to airline/carrier and their official acknowledgment in writing when loss or damage has occurred in transit; certified written copy of IMMEDIATE police report when loss or damage has occurred in other circumstances. Reports to the relevant authorities must be made within 24 hours of the occurrence. Additionally, loss of travellers' cheques must be reported to the issuing authority immediately and in no event later than 24 hours after the loss occurs.
 - 17.4 In case of **Travel Delay**:- Official documentation from the airline/carrier giving the cause, date, time and the duration of the delay.
 - 17.5 In case of **Personal Liability**:- Immediate written notification should be given to the Company within 14 days of the incident or any possible claim indicating the nature and circumstances of the incident or event, together with a confirmation that no admission of liability has been made and that no settlement has been made or agreed to without the prior knowledge and written consent of the Company. Full documentation, including copies of the summons, court documents, solicitors' and other legal correspondence etc., must be submitted to the Company immediately.
 18. 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.
- Remarks: Should the English and Chinese version of this Policy has different interpretation giving rise to a dispute, the English version shall prevail.

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

THIS FOLLOWING ENDORSEMENT IS ATTACHED TO AND FORMING PART OF THIS POLICY

1. Policy Extension for Travel Alert under Outbound Travel Alert (OTA) System

Notwithstanding anything to the contrary in this policy and in addition to the coverage provided under this policy, it is hereby declared and agreed that with immediate effect, extended coverage shall be added as follows:

(1) "Cancellation of Journey" Benefit

The Company will, subject to the limit as stated in "Cancellation of Journey" section under the policy, pay for loss of deposits or payments for tour or airfare or other travel arrangements which are irrecoverable from the tour operator or airline concerned, in the event of cancellation of journey by the Insured Person as a direct result of the issuance of Black Alert for the planned destination before the departure of the journey.

Provided that:

- a) the Policy/Certificate of Insurance is issued not later than one (1) day before the date on which the Black Alert is first issued for the planned destination; and
- b) cancellation of air tickets, tour packages or other travel arrangements shall take place not earlier than seven (7) days before the commencement date of the Period of Insurance and the Black Alert is in force at the time of such cancellation.

(2) "Curtailed of Journey" Benefit

The Company will, subject to the limit as stated in "Curtailed of Journey" section under the Policy, pay for loss on a pro-rata basis for each complete day of the unused portion of pre-paid transport or accommodation charges included in the contracted holiday or journey and the additional public transportation expenses returning to Hong Kong SAR (based on economy class fare for any transportation media) due to curtailment of the Journey as a direct result of the issuance of Black Alert for the planned destination during the Journey.

Provided that:

Black Alert is not issued for the planned destination prior to the scheduled journey.

(3) "Automatic Extension of Period of insurance" Benefit

The original period of insurance will be automatically extended for a maximum period of 10 days in the event that the Insured Person is unavoidably delayed in the course of his scheduled itinerary as stipulated prior to departure incapacitating him from returning to Hong Kong SAR within the Period of Insurance due to any incident arising from Red Alert or Black Alert. If the relevant incident relates to the OTA is under the exclusions of the policy, no cover shall be provided.

Provided that:

Red Alert or Black Alert is not issued for the planned destination prior to the scheduled journey.

For the purpose of this Endorsement, the following terms shall have the following meaning:

"Red Alert" or "Black Alert" means the Red Alert or Black Alert issued by the Government of the Hong Kong SAR under the Outbound Travel Alert System.

2. Free Extension for Influenza A (H1N1 & H7N9)

(1) Period of Insurance

If the Insured Person is infected or suspected to have Influenza A (H1N1 or H7N9) infection by the government authority during the Insured Journey, The original Period of Insurance will be automatically further extended for 7 days after the expiry of compulsory quarantine period or the insurance ceases on the Insured Person's return to Hong Kong SAR, whichever first occurs.

(2) Cash Benefit

If the Insured Person is infected or suspected to have Influenza A (H1N1 or H7N9) infection during the Insured Journey, We will pay daily benefit amount for HK\$600 for each complete day as an additional payment due to compulsory quarantine of the Insured Person (a) during the Insured journey, and/or (b) within 3 days after the Insured Person's return to Hong Kong SAR subject to a maximum benefit of HK\$6,000.

(3) Full Return of Premium (except 1-year Policy Multiple Trips plan)

In the event of Insured Person decides to cancel the itinerary after the policy issued due to the destination (booked destination as shown on the booking

invoice) has been declared as epidemic area by World Health Organization or Hong Kong SAR government has issued travel warnings. Provided no claim has arisen, we shall allow cancellation of the policy with full return of premium at the request of the Insured Person.

The Insured Person will be appreciated to note that Influenza A (H1N1 & H7N9) is covered under the definition of Sickness of the above Travel Insurance Plan(s). If the Insured Person is diagnosed to have Influenza A (H1N1 or H7N9) infection, we shall offer you respective protection, eg medical expenses, cancellation of journey, curtailment of journey, 24-Hour worldwide emergency assistance service under the Policy.

3. Extension for Terrorism except Nuclear, Chemical, Biological Clause

It is hereby noted and agreed that this policy is extended to cover any claim for loss arising out of "Act of Terrorism". However, this Policy does not cover any losses directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism ("NCB terrorism") regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this clause:

An act of "NCB terrorism" shall mean an act, including but not limited to the use or the threat thereof, of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) microorganism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which cause illness and/or death in humans, animals or plants.

This clause also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of Nuclear, Chemical, Biological terrorism.

If the Company alleges that by reason of this clause, any loss, damage, cost or expense is not covered by this Policy, the burden of proving the contrary shall be upon the Insured Person.

In the event any portion of this clause is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

4. TERRITORIAL SCOPE OF INSURANCE COVER

All benefits described in this Policy except where otherwise stated in the benefits sections are applicable in places worldwide other than in Hong Kong SAR. All trips must commence from and return to Hong Kong SAR provided that the travel arrangements must be made and paid in Hong Kong. The Company also extend to cover the trip which commences from and returns to Macao SAR. In conjunction with this extension, all the words "Hong Kong SAR" which appears in the Policy shall be changed to read as "Macao SAR" except for the currency, and TERMS AND CONDITIONS APPLYING TO ALL SECTIONS.

5. Sanction Limitation and Exclusion Clause

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to the risk of any sanction, prohibition or restriction under United Nations resolutions or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Unless otherwise provided, subject to the terms, conditions and exclusions of the original policy.

Remarks: Should the English and Chinese version of this Policy have different interpretation giving rise to a dispute, the English version shall prevail.

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

THE PERSONAL DATA (PRIVACY) ORDINANCE – PERSONAL INFORMATION COLLECTION STATEMENT

You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance. The personal data you provided (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company’s related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Use of Personal Data in Direct Marketing:

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). The Company may also use and/or provide your personal data to the Company’s related companies (as that term is defined in the Companies Ordinance), partners of the Company’s related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS.

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Office of the General Manager (please find the details below).

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F., 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company’s Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.