

# i-Guard Travel Protection Plan-Basic

## 嘉保旅遊保障計劃-基本

Policy Wording  
保單條款

CHUBB®

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**Important information about this cover**

This document sets out to the **Insured Person(s)** regarding the Terms and Conditions of i-Guard Travel Protection Plan which will be available to all **Insured Person** as defined. It is important that you keep it in a safe place as evidence of coverage. The i-Guard Travel Protection Plan Policy explains the nature of the arrangement and its relevant benefits and risks

The **Insured Person(s)** should read this i-Guard Travel Protection Plan Policy carefully. Any reimbursement made by **Insured Person(s)** will be bound by the definitions, terms and conditions, exclusions and reimbursement procedures set out in this document.

Part I: Declaration

In consideration of the declaration of the **Insured Person's** details by HKT FINANCIAL SERVICES (IA) LIMITED (herein called "**Policyholder**") to **The Company, The Company** has agreed to insure the eligible **Insured Person(s)** to the extent hereto provided and subject to the exclusions and all other limitations and provisions of the Master Policy No. [NACHKT10001].

Part II: Schedule of Benefits

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In HKD			Basic Plan NACHKT10001B
A.	PERSONAL ACCIDENT	Sum Insured	300,000
B.	ACCIDENT MEDICAL EXPENSES	Sum Insured	5,000

Part III : Definition of Words

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

1. **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance.
2. **Bodily Injury** means physical injury caused solely and independently by an **Accident** and sustained during a **Journey**.
3. **Child/Children** means the unmarried dependent child or children of the **Insured Person** (including step or legally adopted children) who is/are residing in Hong Kong and primarily dependent on the **Insured Person** for maintenance and financial support during the **Period of Insurance**.
4. **Confinement or Confined** means a continuous period of necessary confinement in a **Hospital** as a **Resident Inpatient** for which the **Hospital** makes a charge for room and board.
5. **Confirmation Page** means the confirmation issued to the Insured Person(s) which allows each **Insured Person** to be identified by name.
6. **Hospital** means a legally constituted establishment operated and licensed pursuant to the laws of the country in which it is located and which meets all of the following requirements:
  - (a) Operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a **Resident Inpatient** basis; and

- (b) Admits a **Resident Inpatient** only under the supervision of one or more **Physicians**, at least one of whom is available for consultation at all times; and
  - (c) Maintains organized facilities for medical diagnosis and treatment of **Resident Inpatients** and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and
  - (d) Provides full-time nursing service by and under the supervision of a staff or nurses; and
  - (e) Has an on-duty staff of at least one **Physician** and one qualified nurse at all times; and
  - (f) “**Hospital**” shall not include the following:
    - a mental institution, an institution operating primarily for the treatment of psychiatric or psychological disease including sub-normality or the psychiatric department of a hospital;
    - a place for the aged, a rest home or a place for drug addicts or alcoholics;
    - a health hydro or nature cure clinic, a nursing or convalescent home, a special unit of a hospital used primarily as a place for drug addicts or alcoholics or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.
7. **Hong Kong** means the Hong Kong Special Administrative Region of People’s Republic of China.
  8. **Immediate Family Member** means an **Insured Person**’s spouse, parents, parents-in-law, grandparents, **Child(ren)**, siblings, grandchildren or legal guardians.
  9. **Insured Person** of Basic Plan :
    - Refers to an individual account of CSL Mobile Limited: the person who registered the mobile number, his/her the spouse, **Child(ren)** or parents. The **Insured Person** has to be aged between 18 to 75 years old.
    - Refers to a corporate account of CSL Mobile Limited: the employees of the registered company of the corporate account of the mobile numbers. The **Insured Person** has to be aged between 18 to 75 years old.
  10. **Journey** means the trip outside **Hong Kong** and stated in the Confirmation Page and declared to **The Company**.
  11. **Medical Equipment** means the following medical equipment or medical appliances: wheel-chairs, prostheses, spectacles, crutches, walking frames, orthopedic braces and supports, cervical collars and hearing aids, which are certified by a **Physician** as being medically necessary to improve an **Insured Person**’s condition resulting from a **Bodily Injury**.
  12. **Medical Expenses** means all **Usual, Reasonable and Customary Medical Expenses** necessarily incurred by an **Insured Person** as a result of **Bodily Injury** sustained or **Sickness** contracted, for **Confinement**, surgical, medical, or other diagnostic or remedial treatment given or prescribed by a **Physician**, including employment of a nurse, x-ray examination or the use of an ambulance as the result of an emergency.
  13. **Period of Insurance** means the day which the **Insured Person** is outside **Hong Kong** and activates the roaming service provided by the **Policyholder**, and such period is declared to **The Company** by the **Policyholder**.
  14. **Permanent** means:
    - (a) In relation to one or both limbs, loss of use lasting twelve (12) consecutive months from the date of **Accident** and being beyond hope of improvement or remedy by surgical or other treatment at the expiry of that period, or loss by physical separation at or above the wrist or ankle joint during the same period; or

- (b) In relation to any other type of loss, being beyond hope of improvement or remedy by surgical or other treatment at the end of twelve (12) consecutive months from the date of **Accident**.
15. **Permanent Total Disability** means disablement that results solely, directly or independently of all other causes from **Bodily Injury** and which occurs within one hundred eighty (180) days of the **Accident** in which such **Bodily Injury** was sustained, which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months, will, in all probability, entirely prevent the **Insured Person** from engaging in gainful employment of any and every kind for the remainder of his/her life and from which there is no hope of improvement.
  16. **Physician** means a person other than an **Insured Person** or an **Immediate Family Member** who is a qualified medical practitioner licensed by the competent medical authorities of the jurisdiction in which treatment is provided and who, in providing treatment, practices within the scope of his or her licensing and training.
  17. **Pre-existing Medical Condition** means any sickness or injury of which, in the six (6) consecutive months before the first day of the **Period of Insurance**, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or business partner presented signs or symptoms, or for which, in the same period, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or business partner sought or received (or ought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a **Physician**.
  18. **Resident Inpatient** means an **Insured Person** whose **Confinement** as a resident bed patient is necessary for the medical care, diagnosis and treatment of **Bodily Injury** or **Sickness** and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
  19. **Riot** means the act of a group of people that disturb the public peace (whether in connection with a **Strike** or lock-out or not) and the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
  20. **Schedule of Benefits** means the schedule of benefits in Part II of this policy.
  21. **Sickness** means illness or disease commencing during the **Period of Insurance**.
  22. **Strike** means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
  23. **Sum Insured** means, in relation to each benefit available to an **Insured Person** under this policy, the maximum amount listed in the **Schedule of Benefits** or any endorsement(s) corresponding to that benefit.
  24. **The Company** means Chubb Insurance Hong Kong Limited.
  25. **Travel Companion** means a person who accompanies an **Insured Person** for the entire **Journey**.
  26. **Usual, Reasonable and Customary Medical Expenses** means charges for treatment, supplies or medical services medically necessary to treat an **Insured Person's** condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the charges are incurred. Charges that would not have been made if no insurance existed are excluded from this definition.

#### Part IV: Description of Cover

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##### Section A – Personal Accident

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

the percentage stated for that type of loss in the Loss Table in this Section A of the **Sum Insured** stated in Section A of the **Schedule of Benefits**.

**Section A Loss Table:**

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

**Special Conditions to Section A:**

- Where an **Insured Person** suffers more than one type of loss listed in the Loss Table in this Section A in the same **Accident**, **The Company's** liability under this Section A shall be limited to one payment for the type of loss which, of all the types of loss actually suffered, attracts the largest percentage stated in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
- The Company's** total liability under this Section A for all **Accidents** involving the same **Insured Person** occurring during the **Period of Insurance** shall not exceed the relevant **Sum Insured**.
- Where the use or enjoyment of an **Insured Person's** limb or organ was partially impaired before an **Accident** occurred, **The Company** may, in its sole discretion and after considering a medical assessment by **The Company's** appointed medical adviser of the extent to which any **Bodily Injury** was, in the medical adviser's opinion, caused solely and independently by that **Accident**, pay such percentage of the relevant **Sum Insured** as it considers reasonable. No payment shall be made for a limb or organ which was totally unusable before an **Accident** occurred.
- Exposure: If an **Insured Person** is unavoidably exposed to the elements by reason of sustaining **Bodily Injury** and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, **The Company** will pay the percentage stated for **Accidental death** in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.

5. Disappearance: Where an **Insured Person's** body has not been found within one (1) year of the date of the disappearance, sinking or wrecking of the means of transport being used by the **Insured Person** on the date of the disappearance, sinking or wrecking:
  - (a) It will be presumed that the **Insured Person** suffered **Accidental** death resulting from **Bodily Injury** at the time of such disappearance, sinking or wrecking; and
  - (b) Subject to receiving an undertaking, signed by the legal representatives of the **Insured Person's** estate, that if the presumption of **Accidental** death resulting from **Bodily Injury** is subsequently found to be wrong, any amount paid by **The Company** under this Section A will be immediately refunded to **The Company**.

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

#### **Exclusions to Section A:**

This Section A does not cover:

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

#### Section B – Accident Medical Expenses

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If an **Insured Person** incurs **Medical Expenses** during the **Period of Insurance** arising from **Bodily Injury**, **The Company** will reimburse the **Insured Person** for those **Medical Expenses** up to the **Sum Insured** stated in Part II Item B of the **Schedule of Benefits**.

#### **Special Conditions to Section B:**

1. **The Company's** liability under Section B for all **Medical Expenses** incurred shall not exceed the **Sum Insured** stated in Part II Item B of the **Schedule of Benefits**.

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

This Section B does not cover:

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

### General Exclusions Applicable To All Sections

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

1. Any **Pre-existing Medical Condition**, congenital or heredity condition.
2. Travelling abroad contrary to the advice of a **Physician**, or for the purpose of obtaining medical treatment or services.
3. Suicide, attempted suicide or intentional self-infliction of **Bodily Injury**.
4. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
5. Dental care (unless resulting from **Accidental Bodily Injury** to teeth which were sound and natural before the **Accident**).
6. Mental or nervous disorders, insanity, psychiatric condition or any behavioural disorder.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, coup, hostilities (whether war is declared or not).
8. Direct participation in a **Strike/ Riot**/civil commotion/acts of terrorism or from the **Insured Person** performing duties as a member of armed forces, or armed service or disciplined forces (which shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc.), or as a volunteer and engaged in war or crime suppression.
9. Participation in:
  - a. Any extreme sports and sporting activities that presents a high level of inherent danger (i.e. involves a high level of expertise, exceptional physical exertion, highly specialized gear or stunts) including but not limited to cliff jumping, horse jumping, stunt riding, big wave surfing and canoeing down rapids; unless such sports or sporting activities are usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognized local tour operator, providing that an Insured Person is acting under the guidance and supervision of qualified guides and/ or instructors of the tour operators when carrying out such tourist activities.
  - b. Any professional competitions or sports in which an Insured Person receives remuneration, sponsorship or any forms of financial rewards, any stunt activity, off-piste skiing,
  - c. Racing, other than on foot but this does not include long-distance running more than ten (10) kilometres, biathlons and triathlons,
  - d. Private white water rafting grade 4 and above,
  - e. Any kind of climbing , Mountaineering or Trekking or ordinarily necessitating the use of specialized equipment including but not limited to crampons, pickaxes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment,
  - f. Scuba diving unless an Insured Person holds a PADI certification (or similar recognized qualification) or when diving with a qualified instructor. The maximum depth that this policy covers is as specified under the Insured Person's PADI certification (or similar recognized qualification). However, in any situation, it should not be deeper than thirty (30) meters and he/she must not be diving alone.
10. Prohibition or regulation by any government, or detention or destruction by customs or any other authority.
11. An unlawful, willful, malicious or reckless act or omission of an **Insured Person**.



12. The actions of an **Insured Person** while under the influence of alcohol or drugs to the extent of legal impairment.
13. Riding in any aircraft other than as a passenger in an aircraft.
14. Any dishonest or criminal activity.
15. An **Insured Person**'s failure to mitigate the loss.
16. AIDS or AIDS Related Complex, any **Bodily Injury** or **Sickness** commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
17. The **Insured Person** engaging in manual labor or non-clerical or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.
18. Any loss or expenses with respect to Cuba.
19. Any person or entity who is not a party to this policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this policy.

## Part VI – General Conditions

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1. **Validity of Policy:** (a) This policy is only valid for leisure travel or business travel (limited to administrative, clerical and non-manual works only) and shall not apply to persons undertaking expeditions, treks or similar journeys. (b) The **Insured Person** must be fit to travel.
2. **Entire Contract:** This policy, together with its endorsement(s), attachment(s) (if any), any application form completed by an **Insured Person**, together with any document(s) attached to that application form or referred to in it, comprise and constitute the entire contract of insurance. This policy shall not be modified except by written amendment signed by an authorized representative of **The Company**.
3. **Sum Insured under each Section:** Once the **Sum Insured** available to an **Insured Person** under any Section of this policy has been exhausted, that **Sum Insured** will not be reinstated and **The Company** will have no further liability under that Section to that **Insured Person**.
4. **Sum Insured paid out:** Each and every benefit paid under this policy will erode the relevant **Sum Insured** available to an **Insured Person**, leaving only the balance of the relevant **Sum Insured** available to pay any remaining benefit claims which may be presented to **The Company** by that **Insured Person**. **The Company's** total liability under each Section of this policy for each **Insured Person** involved in an **Accident** shall not exceed the relevant **Sum Insured**.
5. **Duplicate Coverages:** Each **Insured Person** agrees that, if they are covered under more than one i-Guard Travel Protection Plan Policy or other travel insurance issued by **The Company**:
  - (a) **The Company** will consider the **Insured Person** to be insured under the policy which provides the highest amount of benefit; or
  - (b) **The Company** will consider the **Insured Person** to be insured under the policy which was issued first if the benefit amount is the same.In any case, **The Company** will refund the premium paid, without interest, to the **Insured Person** for the policy that does not provide cover.
6. **Notice and Sufficiency of Claim:** Written notice of claim must be given to **The Company** as soon as is reasonably possible and in any event within thirty (30) days from the first day of the event giving rise to the claim under this policy. Notice given by or on behalf of an **Insured Person** to **The Company** with information sufficient to identify the **Insured Person** shall be deemed valid notice to **The Company**. **The Company**, upon receiving a notice of claim, will provide to an **Insured Person** such forms as it usually provides for filing proof of claim. The **Insured Person** shall, at his/her own expense, provide

such certificates, information and evidence to **The Company** as it may from time to time require in connection with any claim under this policy and in the form prescribed. Proof of all claims must be submitted to **The Company** within one-hundred-eighty (180) days from the first day of the event giving rise to a claim.

7. **Claims Investigation:** In the event of a claim, **The Company** may make any investigation it deems necessary and the **Insured Person** shall co-operate fully with such investigation. Failure by the **Insured Person** to co-operate with **The Company's** investigation may result in denial of the claim.
8. **Examination of Books and Records:** **The Company** may examine the **Insured Person's** books and records relating to this policy at any time during the **Period of Insurance** and up to three (3) years after the expiration of this policy or until final adjustment and settlement of all claims under this policy.
9. **Physical Examinations and Autopsy:** **The Company**, at its expense, has the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. It may also have an autopsy carried out unless prohibited by law.
10. **Other Insurance (Applicable to Sections B):** If a loss covered by this policy is also covered under any other valid insurance (and regardless of whether that other insurance is stated to be primary, contributory, excess, contingent or otherwise), this policy will be subject to all of its terms and conditions, only cover that loss to the extent that the loss exceeds any amount recovered under the other insurance.
11. **Legal Action:** No legal action shall be brought to recover on this policy until sixty (60) days after **The Company** has been given written proof of loss. No such action shall be brought after three (3) years from the date of loss.
12. **Rights of Recovery:** In the event that authorization of payment and/or payment is made by **The Company** or on its behalf by its authorized representatives, **The Company** reserves the right to recover against the **Insured Person** the full sum which has been paid, or for which **The Company** is liable, to the **Hospital** to which the **Insured Person** has been admitted, less the liability of **The Company** under the terms of this policy.
13. **Subrogation:** **The Company** is entitled to subrogate the **Insured Person's** right of recovery/indemnity against any third party and has the right to proceed at its own expense in the name of the **Insured Person** against third parties who may be responsible for an event giving rise to a claim under this policy. The **Insured Person** should co-operate and endeavour to secure such rights and shall not take any action to prejudice such rights.
14. **Assignment:** No assignment of interest under this policy shall be binding upon **The Company**.
15. **To Whom Indemnities Payable:** Any death payment will be paid to the legal representatives of the Insured Person's estate. All other benefits will be paid to the **Insured Person**.
16. **Currency:** The **Sum Insured**, benefits and limit of liability stated in the **Schedule of Benefits** and this policy are expressed in **Hong Kong** dollars. Notwithstanding the first sentence of this policy, losses and/or benefits will be adjusted and paid in **Hong Kong** dollars or at **The Company's** option in the currency of the local country. When currency conversion is necessary when applying terms and conditions of the policy, the rates of exchange to be adopted shall be those prevailing at the date of loss as per the exchange rate at the median level quoted on [www.oanda.com](http://www.oanda.com).
17. **Geographical Limit and Operative Time:** The geographical limit and operative time shall apply twenty-four (24) hours a day anywhere in the world during the **Period of Insurance**.
18. **Cancellation by The Company:** **The Company** may cancel this policy at any time by sending written notice, stating the effective date of cancellation, to the **Insured Person's** last known address as shown in **The Company's** records. Cancellation will not affect valid claims already notified to **The Company** in accordance with General Condition 6 of this policy.
19. **Premium:** **The Company** has no liability under this policy until the premium is paid. The premium is deemed to be fully earned on the date this policy is purchased. No refund of premium shall be allowed once the policy has been issued.

20. **Mediation:** Any dispute or difference arising out of, or in connection with, this policy must first be referred to mediation at the Hong Kong International Arbitration Centre (HKIAC) and in accordance with the HKIAC's mediation rules. If the mediation is abandoned by the mediator or otherwise ends without the dispute or difference being resolved, the dispute or difference must be referred to, and resolved by, arbitration at the HKIAC and in accordance with the HKIAC's domestic arbitration rules. If the dispute or difference arising out of, or in connection with, this policy requires medical knowledge (including, but not limited to, questions relating to the **Sum Insured** for any medical service or an operation not listed in the **Schedule of Benefits**) the mediator or arbitrator may, in **The Company's** reasonable discretion, be a registered medical practitioner or a consultant specialist, surgeon, or **Physician**. If **The Company** refuses to pay any claim under this policy and a dispute or difference arising from that refusal is not referred to mediation and, if necessary, arbitration, within twelve (12) months from the date of refusal, any claim against **The Company** arising from that dispute or difference will be barred.
21. **Fraud or Mis-statement:** Any false statement made by an **Insured Person** or concerning any claim shall result in **The Company** having the right to void this policy or repudiate liability under it.
22. **Jurisdiction:** This policy shall be governed and construed in accordance with the laws of **Hong Kong**. Subject to General Condition 20, any dispute under this policy shall be settled in accordance with the laws of **Hong Kong**.
23. **Clerical Error:** Clerical errors by **The Company** shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.
24. **Breach of Conditions:** If the **Insured Person** is in breach of any of the conditions or provisions of the Policy (including a claims condition), we may decline to pay a claim, to the extent permitted by law.
25. **Sanctions Exclusions:** This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged. Chubb Insurance Hong Kong Limited is a subsidiary/branch of a US company and Chubb Limited, a NYSE listed company. Consequently, Chubb Insurance Hong Kong Limited is subject to certain US laws and regulations in addition to EU, UN and Hong Kong sanctions restrictions which may prohibit it from providing cover or paying claims to certain individuals or entities or insuring certain types of activities related to certain countries such as Cuba.
26. **Interpretation of this Policy:** Please note that the English version of this Policy is the official version. This Policy has been provided to you in both English and Chinese languages for ease of reference only. The English version of the Policy will prevail if any dispute arises regarding the interpretation of any part of the Policy.

The Claimant should submit a claim within thirty (30) days of the event taking place to **Chubb Claim Centre** ([www.Chubbclaims.com.hk](http://www.Chubbclaims.com.hk)). You can simply scan the below QR code to access the Chubb Claim Centre on your smartphone or tablet.



Alternatively, you can complete a claim form and submit together with the travel documents and the following documents as appropriate to Chubb Insurance Hong Kong Limited within thirty (30) days of the event taking place. Please call 3191 6611 for further assistance.

\* For English submission only.

#### **Personal Accident Cover**

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

#### **Accidental Death**

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

#### **Accidental Medical Expenses**

- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**
- Original **Hospital** bill/receipt with itemized list issued by a **Hospital**
- Original receipt for purchase of **Medical Equipment**, where relevant

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

## Part VIII - Personal Information Collection Statement

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

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

### (a) Purposes of Collection of Personal Data

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

### (b) Direct marketing

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

### (c) Transfer of Personal Data

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

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

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

### (d) Access and correction of Personal Data

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

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

Chubb Data Privacy Officer  
25th Floor, Shui On Centre  
No. 6-8 Harbour Road  
Wanchai, Hong Kong  
O +852 3191 6222  
F +852 2519 3233  
E [Privacy.HK@Chubb.com](mailto:Privacy.HK@Chubb.com)

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

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

## 嘉保旅遊保障計劃

### 保障之重要事項

本文件向受保人提供了有關「嘉保旅遊保障」之條款及細則，此條款將適用於所有**受保人**。**受保人**須將此文件保存於安全地方以作有關保障之證據。「嘉保旅遊保障」之保單條款解釋了其性質及相關的保障和風險。

**受保人**必須細心閱讀此「嘉保旅遊保障」之保單條款及細則。**受保人**的所有索償將按照此保單內所載的詞彙釋義，條款及細則，不保事項及索償程序。

### 第一部分 - 聲明

基於及根據由 HKT FINANCIAL SERVICES (IA) LIMITED (以下稱「保單持有人」)向安達保險香港有限公司(以下稱「本公司」)申報的**受保人**資料，本公司同意按照主保單[NACHKT10001]內所載的不保事項及所有其他限制及條款提供保障予合資格**受保人**。

### 第二部分 - 保障計劃

港幣			基本計劃 NACHKT10001B
A.	個人意外	保額	300,000
B.	意外醫療費用	保額	5,000

### 第三部分 - 詞彙釋義

在本保單內，下列詞彙應具有以下涵義：

- 意外或意外的**指偶然發生的突發、不可預見及意料之外的事件。
- 身體損傷**指純粹及完全由**意外**造成並於**旅程**持續的生理傷害。
- 子女**指**受保人**的未婚子女(包括繼子女或合法領養子女)，此等子女在**受保期間**，居於**香港**及依賴**受保人**的照顧及經濟上的支持。
- 住院或入住**指須以**住院病人**形式持續入住**醫院**，且**醫院**亦收取病房及膳食費用。
- 確認頁**指發送予**受保人**的確認，當中載有**受保人**的姓名。
- 醫院**指合法組成及按照其國家法律營運的機構，並符合以下所有要求：
  - 營運的主要目的是以**住院病人**形式接待患病，抱恙或受傷人士，並為其提供醫療護理及療程；及
  - 在一名或多名駐診**醫生**的監督下接納以**住院病人**形式入院，而其中一位**醫生**必須隨時當值診症；及
  - 維持妥善設施以為上述人士提供醫學診斷及治療，並於機構內或由機構控管之地方內提供進行各主要手術之設備（如適用）；及
  - 設有由護士人員提供及督導之全職護理服務；及

(e) 任何時候均有最少一名合法執業的駐院**醫生**及一名合資格的護士當值；及

(f) 「**醫院**」一詞之釋義不包括以下：

- 精神病院，主要提供精神科或包括弱智等心理病治療之機構，以及醫院之精神科病院；
- 老人院、療養院、戒毒中心或戒酒中心；
- 健康中心或天然治療所、療養或復康院，醫院內的特別部門主要供有毒癮的病人或酗酒者使用，或供護理、復康、復原、延續護理設施或療養院。

7. **香港**指中華人民共和國之香港特別行政區。

8. **直系家庭成員**指**受保人**的配偶、父母、配偶之父母、祖父母、**子女**、兄弟姐妹、孫子女或法定監護人。

9. **基本計劃之受保人**：

- 根據 CSL Mobile Limited 個人戶口：CSL Mobile Limited 之流動電話號碼登記人、其配偶、子女或父母。受保人年齡須為 18 至 75 歲。
- 根據 CSL Mobile Limited 商務戶口：該流動電話號碼需為商務戶口之登記公司的員工。**受保人**年齡須為 18 至 75 歲。

10. **旅程**指由已向**本公司**申報及於**確認頁**上列明之海外旅程。

11. **醫療用品**指因身體損傷或患病後，由醫生證明任何在醫學上有需要及可改善**受保人**症狀的以下各項醫療用品及儀器，包括輪椅、義肢、眼鏡、拐杖、助行架、頸托、矯形保護墊 / 護托及助聽器。

12. **醫療費用**指**受保人**因遭受**身體損傷**，於接受住院、手術、醫療或由**醫生**給予或處方的其他診斷或治療（包括聘請護士、X 光檢查或因緊急情況使用救護車）而必須引致的所有正常、合理及慣常的醫療費用。

13. **受保期間**指下列期間：

**受保人**於**香港**境外及啟動**保單**持有人的漫遊數據服務，而**保單**持有人申報該期間予**本公司**；

14. **永久**指：

- (a) 就單或雙肢而言，由**意外**發生之日期起喪失功用連續十二(12)個月，且於該期間結束時情況仍無改善希望或無法透過手術或其他治療治癒，或因於該期間內自手腕或足踝關節以上從身體分離而喪失有關肢體；或
- (b) 就任何其他類型喪失而言，由**意外**發生之日期起計連續十二(12)個月結束時，仍無改善希望或無法透過手術或其他治療治癒。

15. **永久完全傷殘**指純粹、直接及不受其他因素影響下由身體損傷導致的傷殘，其相關**身體損傷**須於**意外**後的一百八十(180)日內發生出現；而該傷殘由**意外**發生之日期起計，須連續及無間斷持續十二(12)個月；及須在所有的可能性下，將完全妨礙**受保人**於餘生從事任何類型有報酬的工作及永無改善希望。

16. **醫生**指合資格執業的醫師，在提供治療予他人時，所處司法管轄區的主管醫療當局已發出牌照予他 / 她，他 / 她於提供治療已領有合資格執業的醫師牌照並提供其接受培訓的範圍內的醫療服務，惟有關人士不包括**受保人**及**直系家庭成員**。

17. **受保前已存在之傷病**指於**受保期間**首日前連續六(6)個月內，**受保人**、**直系家庭成員**、**同行伙伴**或商業伙伴出現跡象或症狀，或於同一期間，**受保人**、**直系家庭成員**、**同行伙伴**或商業伙伴已尋求或接受（或理應經已尋求或接受）**醫生**給予醫療、會診、處方藥物、診症或診斷的任何患病或傷害。

18. **住院病人**指因**身體損傷**或**患病**必須作為住院病人住院接受醫療、診斷及治療的**受保人**（而非僅僅是任何形式的護理、療養、康復、休養或延展看護）

19. **暴亂**指任何人士單獨或與他人共同參與擾亂公共治安的行為（不論是否與**罷工**或停工有關），或任何依法成立的政府機關為鎮壓或試圖鎮壓任何上述擾亂行為或將上述擾亂行為的影響降至最低而採取的行動。

20. **保障計劃**指本保單第二部分所載的保障計劃表。
21. **患病**指於**受保期間**身體不適或罹患疾病。
22. **罷工**指任何罷工工人或停工工人為推動罷工或抵制停工而蓄意作出的行為；或任何依法成立的機關為阻止或試圖阻止任何上述行為或將任何上述行為的影響降至最低而採取的行動。
23. **保額**指就**受保人**根據本保單可享用的各項保障而言，在**保障計劃**或該保障的任何相應批註中所列最高金額。
24. **本公司**指安達保險香港有限公司。
25. **同行伙伴**指在整個**旅程**中陪伴**受保人**的人士。
26. **正常、合理及慣常的醫療費用**指在醫療方面用於治療**受保人**的病症所需的治療、物品或醫療服務的費用，且該費用不高於產生有關費用地區的類似治療、物品或醫療服務費用的正常水平。此釋義並不包括假如並無保險則不會產生的費用。

#### 第四部分—項目說明

##### 章節 A — 個人意外

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

##### 章節 A 損傷表：

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



## 章節 A 的特別條款：

1. 假若**受保人**在同一次**意外**中遭遇超過一類**章節 A**的損傷表所列的損失，**本公司**於本**章節 A**的責任僅限於支付一種損失類別，即根據所有實際遭遇的損失類別中，在本**章節 A**的損傷表列百分比為最高的一種損失類別，而**本公司**只會支付**保障計劃****章節 A**所列相關保額。
2. **本公司**根據本**章節 A**就涉及同一**受保人**於**受保期間**內發生的所有**意外**而承擔的總責任不可超逾相關保額。
3. 假若**受保人**的肢體或器官於**意外**發生前在運用上或感覺上已部分受損，則**本公司**可按其酌情決定及經考慮由**本公司**委任的醫療顧問所作的醫療評估後，按醫療顧問的意見認為純粹及單獨由該**意外**導致的任何**身體損傷**程度，支付其認為合理的相關保額百分比。**本公司**不會就**意外**發生前完全不能運用的肢體或器官支付費用。
4. 風險：假若**受保人**因遭遇**身體損傷**而面對不可避免地致命風險因素，以及因此直接及不可避免地導致於連續十二(12)個月內身故，**本公司**將按照本**章節 A**的損傷表內**意外**死亡所列百分比，支付**保障計劃****章節 A**所列相關保額。
5. 失蹤：假若**受保人**的遺體於**受保人**所使用的交通工具失蹤、沉沒、毀壞，當日起計一(1)年內未能尋回：
  - (a) 則假設**受保人**已於上述失蹤、沉沒或毀壞時因**身體損傷**而導致**意外**死亡；及
  - (b) 在收到由已故**受保人**的法定代表簽署的承諾書後（假若因**身體損傷**而導致**意外**死亡的假設其後被證實有誤，則**本公司**根據本**章節 A**支付的任何款項將即時退還**本公司**）。

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

## 章節 A 的不受保事項：

本**章節 A**並不保障：

1. 患病、疾病或細菌感染。

## 章節 B 一意外醫療費用

假若**受保人**於**受保期間**內因**身體損傷**而引致**醫療費用**，**本公司**將向**受保人**補償有關**醫療費用**，惟金額上限為第二部分**保障計劃****章節 B**所列保額。

## 章節 B 的特別條款：

1. **本公司**根據本**章節 B(a)**內引致的所有**醫療費用**的責任，不可超逾第二部分**保障計劃****章節 B**項所列保額。

## 章節 B 的不受保事項：

本**章節 B**並不保障：

1. 於支付**旅程**費用當時已包括或預期的任何費用。
2. 按照診治**受保人**的**醫生**認為，可合理地延遲至**受保人**返回**香港**後才接受的手術或醫治。
3. **受保人**未有於合理時間內遵循醫生的意見，返回**香港**繼續治療於**香港**以外遭受的**身體損傷**或**患病**，因而在其後引致的任何費用。
4. **受保人**在**旅程**出發前，經**醫生**診斷認為不適宜旅行後，他 / 她在**旅程**內引致的任何費用。
5. 在該**受保期間**結束後引致的任何覆診費用。
6. 引致首次費用之日期起七日後根據**章節 B**引致的任何費用。

7. 健康檢查或任何並非與診斷、**身體損傷**或**患病**直接有關的檢驗，或並非醫療上必需的任何治療或檢驗。
8. 義肢、隱形眼鏡、眼鏡、助聽器、假牙及其他醫療設備或眼科治療的費用，除非該項目可於章節 B 覆診醫療費用內的**醫療用品**項目上得到賠償。
9. 根據章節 B 引致的任何與患病有關之費用。

## 第五部分 — 一般不受保事項

### 適用於所有章節的一般不受保事項：

本保單並不保障因下列各項所致的損失或後繼損失或責任：

1. 任何**受保前已存在之傷病**、先天性或遺傳狀況。
2. 違反**醫生**意見而外出旅遊，或為了獲取醫治或醫療服務而外出旅遊。
3. 自殺、企圖自殺或故意引致自身的**身體損傷**。
4. 因懷孕、墮胎、分娩、流產、不育而引致的任何情況及其所致的其他併發症，整容手術或性病。
5. 牙醫護理（**意外前**為天然及健全的牙齒但因**意外身體損傷**所引致除外）。
6. 精神或神經失常、精神錯亂、精神狀況或任何行為失常。
7. 戰爭（不論宣戰與否）、侵略、外敵行動、內戰、革命、叛亂、暴動、敵對行為（不論宣戰與否）。
8. 直接參與**罷工 / 暴亂 / 內亂 / 恐怖活動**，或因**受保人**履行身為軍隊、武裝部隊或紀律部隊（包括但不限於警員、海關職員、消防員、入境處職員 / 督察及懲教處職員 / 督察等）成員或身為戰爭或滅罪行動志願者的職責。
9. 參與
  - (a) 任何極限的運動或體育活動，其性質存有高度的危險性（即涉及高度專門技術、超乎正常的體力運用、使用專門工具或特技等），包括但不只限於跳懸崖、馬術障礙賽、特技表演、衝巨浪及獨木舟激流。除非該項活動是由當地合資格的旅遊活動經營者主辦，而且是項活動是開放給一般大眾及遊客參與，而對參與者並無特殊限制的旅遊活動（除身高或一般健康狀況警告外）。在參與活動時，受保人必須跟從按照合資格的導師及 / 或旅遊經營商的指導員之指導和監督。
  - (b) 職業體育賽事或運動，而受保人可透過從事該運動而取得報酬、贊助或任何形式的財政報酬、任何特技活動、偏離滑雪道之滑雪活動，
  - (c) 競賽（除徒步的競賽外，但不包括超過十公里的跑步、冬季兩項競賽及三項全能運動），
  - (d) 第四(4)級程度之私人水域橡皮艇漂流，
  - (e) 任何一般需利用專用裝備的攀石或攀山活動，裝備包括但不限於鉤、鶴嘴鋤、錨、螺、繩索或嚮導等工具，
  - (f) 潛水活動，除非**受保人**持 PADI 證書（或同類認可的資格）、或在合資格的導師指導下陪同之下進行潛水。深度限制不能超過**受保人**的 PADI 證書（或同類認可的資格）所注明的深度，惟在任何情況下都不得超過三十(30)米深及不得單獨進行潛水。
10. 任何政府的禁令或規例，或海關或任何其他機關扣押或破壞。
11. **受保人**的非法、蓄意或惡意行為或魯莽行為或疏忽。
12. **受保人**因服用超越法定水平之酒精或藥物引起的有關損失。

13. 乘搭任何飛機，但作為飛機搭客除外。
14. 任何不誠實或犯罪活動。
15. **受保人**未有減輕損失。
16. 愛滋病或愛滋病相關綜合症、任何於人體免疫力衰減症或相關疾病的陽性測試當時或其後開始的任何**身體損傷或患病**、或任何其他經性接觸傳染之疾病。
17. **受保人**從事體力勞動或非文職或危險工作，當中包括但不限於離岸鑽探、礦物提煉、處理爆炸品、地盤作業、特技工作及空中攝影。
18. 任何與古巴有關之損失或費用。
19. 任何不是本保單某一方的人士或實體，不能根據《合約（第三者權利）條例》（香港法例第 623 章）強制執行本保單任何條款。

## 第六部分 — 一般條款

1. **保單有效性**：(a) 本保單只適用於消閒或公幹（只限行政性質、文職及非體力勞動）的旅程，而不適用於探險跋涉或類似旅程。(b) 受保人必須是適宜旅行人士。
2. **完整合約**：本保單，連同其批註、附件（如有）、經**受保人**填妥的任何申請表格連同該申請表格附帶或於申請表格提及（如有）的任何文件，組成及構成完整的保險合約。除經**本公司**授權代表簽署的書面修訂外，本保單不得修改。
3. **每一章節的保額**：**受保人**根據本保單任何章節可獲賠償的**保額**一經耗盡，**保額**將不會重置，且**本公司**毋須根據該章節對該**受保人**承擔任何進一步責任。
4. **保額支付**：根據本保單支付的各項保障將會減少**受保人**可獲賠償的相關**保額**，而相關**保額**只有剩下的結餘可用於支付該**受保人**可能會向**本公司**提出的任何餘下保障索償。**本公司**根據本保單所有章節對涉及**意外的**每名**受保人**的總責任，將不超逾相關**保額**。
5. **重複保障**：每一受保人同意，若他們同時受保多於一份由**本公司**簽發的「嘉保旅遊保障計劃」保單或其他由**本公司**簽發的旅遊保險：
  - (a) **受保人**將會被視作只受保於該份提供最高保障金額的保單；或
  - (b) 如每份保單提供的保障相同時，則會以**本公司**首次簽發的保單以提供保障。在任何情況下，任何重覆投購的保單，**本公司**將會在不付利息下全數退回已繳交的保費給**受保人**。
6. **索償通知及充份程度**：索償的書面通知必須在合理的情況下盡早送交**本公司**，且在任何情況下，須於導致根據本保單提出索償的受保事件發生之日起計三十(30)天內送交**本公司**。由**受保人**或其代表或索償人送交**本公司**且載有足以證明**受保人**身份的通知，應視為已有效送交**本公司**的通知。**本公司**於接獲索償通知後，將向**受保人**提供**本公司**為備存索償證明而通常提供的該等表格。**受保人**或索償人須根據本保單及該等表格就有關提出任何索償的規定，以自費方式就此向**本公司**提供有關證明書、資料及證據。所有索償的證明必須於導致索償的受保事件發生之日起計一百八十(180)天內送交**本公司**。
7. **索償調查**：於出現索償時，**本公司**可能作出其視為必要的任何調查，**受保人**應全面配合該調查。倘**受保人**未能配合**本公司**的調查，可能導致索償遭拒。
8. **檢查賬簿及記錄**：**本公司**可能於**受保期間**內任何時間及直至本保單屆滿後三(3)年，或直至根據本保單提出的所有索償獲得最終調整及解決前，將會檢查於本保單有關的**受保人**賬冊及記錄。
9. **體格檢查及屍體剖驗**：在索償處理期間，**本公司**有權自費於合理必要的情況下要求**受保人**接受檢查，除非法律禁止，否則亦可能要求進行屍體剖驗。

10. **其他保險（適用於章節 B）**：倘若根據本保單受保的損失屬於任何其他有效保單的保障範圍（而不論該份其他保險是屬於主要、分擔、附加、待定或其他性質的保險），本保單會根據本保單條文及條款，保障該份其他保險所支付的金額以外的實際損失金額，惟以有關損失金額為限。
11. **法律訴訟**：受保人在向本公司發出書面損失證明後六十（60）天起，方可展開法律訴訟追討本保單的賠償。受保人於損失日期起三（3）年後不得提出有關訴訟。
12. **追討權**：倘若本公司或其授權代表代受保人作出授權支付及 / 或支付，則本公司保留權利向受保人追討已支付或本公司須向接納受保人入住的醫院支付的全部金額，惟將扣除本公司根據本保單條款責任須支付的金額。
13. **代位權**：本公司有權以自費方式，以受保人的名義對導致根據本保單提出索償的事件可能負上責任的第三方提出訴訟。
14. **轉讓**：本保單的任何權益轉讓對本公司並無約束。
15. **彌償的支付對象**：身故賠償將支付予已故受保人遺產的法定代表。除上述規定外，所有其他保障款項乃支付予受保人。
16. **貨幣**：本保單所有列於保障計劃內的保額、保障及限額等均以港幣計算。儘管本保單之賠償及 / 或保障將調整至港幣計算及付款，本公司亦可選擇以當地貨幣算付。而相關之貨幣匯率則以意外當天列於網站 [www.oanda.com](http://www.oanda.com) 的匯率中位數換算。
17. **地域限制及施行時間**：地域限制及施行時間適用於受保期間中在世界各地的一日二十四（24）小時。
18. **取消保單**：本公司可以根據本公司記錄所顯示受保人最後所知地址，以書面通知方式隨時取消本保單。該通知應註明該項取消的生效日期。該項取消不會影響於取消提出前已根據本保單一般條款第 6 項已向本公司提出的任何索償。
19. **保費**：除非保費已支付，本公司在本保單內並無任何責任。保費於保險購買日期已被視為完全賺取。當保單繕發後，保費將不獲退還。
20. **調解**：凡出現因本保單產生或與本保單有關的任何爭議或歧異，均須首先提交香港國際仲裁中心，並按香港國際仲裁中心的調解規則進行調解。假若調解員放棄調解，或調解以任何方式結束但未能解決爭議或歧異，則該爭議或歧異必須提交香港國際仲裁中心，並按香港國際仲裁中心的本地仲裁規則透過仲裁解決。假若因本保單產生或與本保單有關的任何爭議或歧異需要醫療知識（包括但不限於與保障計劃並未列明的任何醫療服務或手術的保額有關的問題），則按照本公司的合理酌情權，調解員或仲裁員可以為註冊醫療人員或顧問或專科醫生、外科醫生或醫生。倘若本公司拒付根據本保單提出的任何索償，而因拒付產生的任何爭議或歧異並未於拒付日期起計十二(12)個月內提交調解及仲裁（如有必要），則因該爭議或歧異所引起而針對本公司的任何索償將不獲受理。
21. **欺詐或錯誤陳述**：由受保人作出或有關任何索償的任何虛假陳述均會導致本公司有權廢除本保單或撤銷根據本保單提出的責任。
22. **司法管轄權**：本保單受香港法律約束並據其解釋。依從一般條款第 21 項，本保單的任何爭議均須根據香港法律解決。
23. **文書錯誤**：本公司的文書錯誤不應令生效的保單因此失效，亦不應令失效的保單因此生效。
24. **違反條文**：若受保人違反任何本保單的條文（包括理賠條件），本公司可在法律容許下的範圍內，拒絕支付賠償。
25. **經貿制裁規定**：當經貿制裁規定或其他法規禁止我們提供保險（包括但不限於支付賠償金）時，本保險將不適用。保單中的所有其他條款及細則則維持不變。  
安達保險香港有限公司是一間美國公司 - Chubb Limited 的子公司/分公司，Chubb Limited 是紐約證券交易所上市公司，因此除了歐盟、聯合國和香港的貿易限制之外，安達保險香港有限公司還受某些美國法律和

法規的約束，這些限制可能禁止其向某些個人或實體提供保險或支付賠償，或者對某些類型的活動及某些國家/地區例如古巴提供保障。

26. 本保單的詮釋：本保單以中英雙語撰寫；而英文版本為正式版本。如因對本保單內任何地方的詮釋而引起任何爭議，均以英文版本為準。

## 第七部分 — 如何索償

索償人應於事發後三十 (30) 天內於安達索償中心\* ([www.chubbclaims.com.hk](http://www.chubbclaims.com.hk)) 提交索償申請。閣下亦可透過智能電話或平板電腦掃描以下的 QR 碼登入安達索償中心。



再者，閣下可將索償申請表，連同旅遊證件及下列文件 (視乎事件而定) 於事發後三十 (30) 天內送交至安達保險香港有限公司。如需協助，請致電 3191 6611。

\*只支援英文輸入。

### 個人意外保障 / 燒傷保障 / 信用卡保障

- 由醫生簽發的醫療報告或證明書，證明傷疾程度或嚴重狀況
- 警方報告 (若相關)

### 意外死亡

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

### 意外醫療費用

- 經醫生證明的診斷，包括病人姓名及診斷日期
- 由醫院簽發的醫院賬單 / 收據正本並列明詳細項目
- 購買醫療用品的收據正本 (若相關)

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

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

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

**(a) 收集個人資料的目的**

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

**(b) 直接促銷**

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

**(c) 個人資料的轉讓**

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

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

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

**(d) 查閱及更改個人資料**

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

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

安達個人資料私隱主任  
香港灣仔港灣道 6-8 號  
瑞安中心 25 樓  
電話 +852 3191 6222  
傳真 +852 2519 3233  
電郵 Privacy.HK@chubb.com

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

如閣下不希望接收我們的宣傳推廣，請於方格內劃上「✓」。

