



**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

**Blue Cross (Asia-Pacific) Insurance Limited**  
藍十字(亞太)保險有限公司

Customer Service Hotline 客戶服務熱線: 3608 2988

Fax 傳真: 3608 2989 E-mail 電郵: cs@bluecross.com.hk

# GRADE A PARENTAL CARE SERIES

## 「A 級親子」保險系列

### Grade A PaediSafe Insurance Plan and Grade A ScholarSafe Insurance Plan

「A 級小兒科」保險計劃

及

「A 級學生」保險計劃

## The Policy

### 保單



**Sun Flower Insurance Brokers Limited**

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

**Please read this policy carefully.**

**Should you have any queries, please call our Customer Service Hotline.**

請詳細閱讀此保單。

如有任何查詢，請致電客戶服務熱線。

**Grade A PaediSafe Insurance Plan and Grade A ScholarSafe Insurance Plan**  
**「A 級小兒科」保險計劃 及 「A 級學生」保險計劃**

| CONTENTS                                                           | PAGE | 目錄                    | 頁  |
|--------------------------------------------------------------------|------|-----------------------|----|
| INSURING CLAUSE.....                                               | 1    | 保險條款.....             | 8  |
| DEFINITIONS.....                                                   | 1    | 釋義.....               | 8  |
| BENEFIT PROVISIONS.....                                            | 2    | 保障條文.....             | 9  |
| SECTION 1: Accidental Death and<br>Permanent Disablement .....     | 2    | 第一部分：意外身故及永久傷殘.....   | 9  |
| SECTION 2: Accidental Medical<br>Expenses .....                    | 2    | 第二部分：意外醫療費用.....      | 9  |
| SECTION 3: Dental Treatment .....                                  | 3    | 第三部分：牙科治療.....        | 9  |
| SECTION 4: Daily Hospital Cash<br>Allowance .....                  | 3    | 第四部分：每天住院現金津貼.....    | 9  |
| SECTION 5: Chinese Bonesetter and<br>Acupuncturist Treatment ..... | 3    | 第五部分：跌打及針灸治療.....     | 9  |
| SECTION 6: Heatstroke Allowance.....                               | 3    | 第六部分：中暑津貼.....        | 9  |
| SECTION 7: Plastic and Reconstructive<br>Surgery .....             | 3    | 第七部分：矯形外科手術.....      | 9  |
| SECTION 8: Companion Bed.....                                      | 4    | 第八部分：住院陪床.....        | 10 |
| SECTION 9: Trauma Counselling .....                                | 4    | 第九部分：創傷輔導.....        | 10 |
| SECTION 10: Tutorial Allowance.....                                | 4    | 第十部分：補習津貼.....        | 10 |
| SECTION 11: 24-Hour Worldwide<br>Emergency.....                    | 4    | 第十一部分：24 小時全球緊急支援.... | 10 |
| GENERAL EXCLUSIONS.....                                            | 5    | 一般不保事項.....           | 10 |
| GENERAL CONDITIONS.....                                            | 5    | 一般條件.....             | 11 |
| CLAIMS CONDITIONS.....                                             | 7    | 索償條件.....             | 12 |
| TABLE OF BENEFITS .....                                            | 13   | 保障項目表.....            | 14 |



**Sun Flower Insurance Brokers Limited**

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

## INSURING CLAUSE

The Policyholder and the Company (as defined below) agree that:

1. This Policy, the Policy Schedule and any endorsement to this Policy shall be read together as one contract.
2. The application, proposal and declaration that have been completed and provided to the Company are the basis of this contract and are deemed to be incorporated herein.
3. The Definitions, Conditions, Exclusions contained herein and all endorsements attached hereto or endorsed hereon shall be read together with the Policy Schedule and any word or expression to which a specific meaning has been assigned shall bear such meaning throughout.
4. The Policyholder shall pay the premium specified in the Policy Schedule.
5. The Company shall provide insurance subject to the limits, terms, conditions and exclusions of this Policy.
6. The due observance of the terms, conditions and endorsements of this Policy relating to anything to be done or not to be done or to be complied with by the Insured Person or any other person claiming to be indemnified; and the truth of the contents of the application, proposal and declaration, shall be conditions precedent to any liability of the Company.

## DEFINITIONS

1. "Accident" shall mean an event occurring entirely beyond the Insured Person's control and caused by violent, external and visible means.
2. "Accidental Death" shall mean death resulting directly, solely and independently of any other cause from Injury by an Accident that occurs during the Period of Insurance within twelve (12) Calendar Months after the date of the Accident.
3. "Age" shall mean the age of last birthday on the commencement date of the Period of Insurance.
4. "Calendar Month" shall mean the period of time between any day in a month and the day immediately preceding the same day of the next succeeding month or, if there is no corresponding day in the next succeeding month, the last day of the next succeeding month.
5. "Chinese Medicine Practitioner" shall mean any Chinese bonesetter, acupuncturist or practitioner who is duly registered at the place where he or she renders medical services or a person who is legally registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong), other than the Insured Person himself or herself, an insurance agent, business partner(s) or employer/employee of the Policyholder or an Immediate Family Member of the Policyholder and/or Insured Person.
6. "Company" or "us" shall mean Blue Cross (Asia-Pacific) Insurance Limited.
7. "Fracture Leg or Patella with Established Non-Union" shall mean complete breakage into two pieces of the patella or leg bone. The fractured leg or patella does not mend properly and function normally. This condition will last for the remainder of the Insured Person's life.
8. "Heatstroke" shall mean a condition caused by prolonged exposure to intense heat and failure of the body's temperature-regulating capacity with all of the following symptoms: body temperature exceeding forty-one degrees Celsius (41°C), rapid heartbeat, red hot dry skin, difficulty in breathing, confusion, convulsions and loss of consciousness.
9. "Hong Kong" shall mean The Hong Kong Special Administrative Region of the People's Republic of China.
10. "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:
  - a) has facilities for diagnostic procedures and surgery;
  - b) provides twenty-four(24)-hour a day nursing services by registered and qualified nurses;
  - c) is under the supervision of a Medical Practitioner; and
  - d) 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.
11. "Hospital Confinement" shall mean being confined in a Hospital as an in-patient for medical treatment for a minimum continuous period of twenty-four (24) hours upon the recommendation of a Medical Practitioner for stay in the Hospital prior to his or her discharge.
12. "Immediate Family Member" shall mean a person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.
13. "Injury" shall mean any bodily injury arising from an Accident, which solely and independently of any other cause (i) results in death or (ii) necessitates medical and/or surgical treatment.
14. "Insured Person" shall mean the person(s) named as Insured Person in the Policy Schedule or by way of subsequent endorsement to this Policy.
15. "Loss of Thumb, Fingers or Toes" shall mean complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
16. "Loss of Limb" shall mean irrecoverable loss by physical severance at or above the wrist or ankle joint.
17. "Loss of Hearing" shall mean the total and irrecoverable loss of hearing for all sounds of both ears where,
  - If a db – Hearing loss at 500 Hertz
  - If b db – Hearing loss at 1,000 Hertz
  - If c db – Hearing loss at 2,000 Hertz
  - If d db – Hearing loss at 4,000 Hertz1/6 of (a+b+c+d) is above 80db.



18. "Loss of Sight" shall mean the entire and irrecoverable loss of sight.
19. "Loss of Speech" shall mean the disability in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
20. "Loss of Use" shall mean total functional disablement.
21. "Medically Necessary" means the need to have treatment or services for the purpose of treating the subject Injury or Heatstroke (as the case may be) in accordance with the generally accepted standards of medical practice and such treatment or services must:
- require the medical expertise of a Medical Practitioner or Psychologist;
  - be consistent with the diagnosis and necessary for the treatment of the condition;
  - be rendered in accordance with standards of good and prudent medical practice, and not rendered primarily for the convenience or the comfort of the Insured Person, his or her family, caretaker or his or her Medical Practitioner or Psychologist; and
  - be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
22. "Period of Insurance" shall mean the period of time specified in the Policy Schedule during which this Policy is effective.
23. "Permanent Teeth" shall mean the second (2nd) set of teeth formed in humans, consisting of eight (8) incisors, four (4) canines, eight (8) premolars and twelve (12) molars.
24. "Permanent Total Disablement" shall mean any disablement resulting from an Injury which within twelve (12) Calendar Months of the date of the Accident prevents the Insured Person from attending to his or her normal occupation for a minimum period of twelve (12) consecutive Calendar Months certified at the expiry of that period by a Medical Practitioner to be a condition that will permanently and totally disable the Insured Person from engaging in any gainful occupation and that is beyond any hope of improvement.
25. "Medical Practitioner", "Surgeon" or "Dentist" shall mean a practitioner of western medicine duly registered at the place where he or she renders medical or surgical or dental services other than the Insured Person himself or herself, an insurance agent, business partner(s) or employer/employee of the Policyholder or an Immediate Family Member of the Policyholder and/or Insured Person.
26. "Policyholder" shall mean the person named as "Policyholder" in the Policy Schedule.
27. "Psychologist" shall mean a practitioner of clinical psychology duly registered at the place where he or she renders psychotherapy or counselling services but excluding one who is the Insured Person himself or herself, an insurance agent, business partner or employer/employee

of the Policyholder or an Immediate Family Member of the Policyholder or of the Insured Person.

28. "Scar" shall mean any of the following:

- Keloid or Hypertrophic scar where located on the face or neck of the Insured Person or on any of his/her ears or limbs; or
- Contracture scar on any part of the body of the Insured Person.

## BENEFIT PROVISIONS

Note: All benefits payable under this Policy are subject to the maximum limits, sub-limits as stated under the Schedule of Benefit of the Policy Schedule for plan selected for the Insured Person.

### SECTION 1 "Accidental Death and Permanent Disablement" Benefit

If the Insured Person sustains an Injury during the Period of Insurance resulting in his or her Accidental Death or any Permanent Disablement as listed in the Table of Benefits within twelve (12) Calendar Months from the date of the Accident, the Company shall pay the "Accidental Death and Permanent Disablement" Benefit of an amount calculated in accordance with the Table of Benefits. Under all circumstances, the aggregate liability of the Company under this Section shall not exceed one hundred percent (100%) of the Sum Insured as stated in the Policy Schedule.

### SECTION 2 "Accidental Medical Expenses" Benefit

If the Insured Person sustains an Injury during the Period of Insurance and incurs reasonable and necessary medical expenses for the following services or treatment on the recommendation of a Surgeon or Medical Practitioner, the Company shall reimburse the Policyholder for such medical expenses to an extent not exceeding the usual level of fees charged for similar services or treatment in the locality where the expenses are incurred:

- hospitalisation;
- surgical treatment;
- ambulance and paramedic services;
- diagnostic test; and
- consultation and prescription of medicines and/or drugs by a Medical Practitioner.

### Exclusions Applicable to Section 2

The Company shall not be liable for:

- any expenses incurred after the expiration of a period of twelve (12) Calendar Months from the date of the Accident;
- any expenses incurred for procurement or use of special braces, appliances or equipment, general check-up,



convalescence, custodial or rest cure or special nursing care;

3. any expenses incurred for dental treatment unless such treatment is necessitated by Injury to sound natural teeth; or
4. any expenses incurred for Chinese bonesetter and acupuncturist treatment.

### SECTION 3 “Dental Treatment” Benefit

If the Insured Person sustains an Injury during the Period of Insurance causing damage to or resulting in a loss of any of his or her Permanent Teeth for which a replacement is required and incurs reasonable and necessary expenses for the dental implant or denture prosthodontic treatment performed by a Dentist solely for such replacement, the Company shall reimburse the Policyholder for such expenses.

#### Exclusions Applicable to Section 3

The Company shall not be liable for:

1. any expenses incurred after the expiration of a period of twelve (12) Calendar Months from the date of the Accident;
2. any expenses incurred for treating any pre-existing condition, whether it has manifested itself or not before the commencement date of the Period of Insurance;
3. any expenses incurred for orthodontic treatment, treatment for cosmetic purposes or correction of congenital malformation;
4. any expenses incurred for oral hygiene instructions, plaque control programs or dietary instructions; or
5. any expenses incurred which are recoverable under Section 2 above.

### SECTION 4 “Daily Hospital Cash Allowance” Benefit

If the Insured Person sustains an Injury during the Period of Insurance that results in Hospital Confinement, the Company shall pay the “Daily Hospital Cash Allowance” Benefit (the amount of which is stated in the Policy Schedule) for each complete day of such Hospital Confinement, subject to the maximum aggregate benefit period as stated in the Policy Schedule. For the purpose of this Section 4, “complete day” shall mean a continuous period of twenty-four (24) hours.

#### Exclusions Applicable to Section 4

No benefit shall be payable by the Company if the Hospital Confinement shall commence after the expiry of the Period of Insurance.

### SECTION 5 “Chinese Bonesetter and Acupuncturist Treatment” Benefit

If the Insured Person sustains an Injury during the Period of Insurance and incurs reasonable and necessary expenses for

Chinese bonesetter or acupuncturist treatment received from a Chinese Medicine Practitioner, the Company shall reimburse the Policyholder for such medical expenses.

#### Exclusions Applicable to Section 5

The Company shall not be liable for any expenses incurred after the expiration of a period of twelve (12) Calendar Months from the date of the Accident.

### SECTION 6 “Heatstroke Allowance” Benefit

If the Insured Person is diagnosed as suffering from a Heatstroke during the Period of Insurance and is prescribed Medically Necessary treatment by a Medical Practitioner for which reasonable and necessary medical expenses are incurred, the Company shall reimburse the Policyholder for such medical expenses.

### SECTION 7 “Plastic and Reconstructive Surgery” Benefit

#### 7.1 “Reconstructive Operation” Benefit

If the Insured Person sustains an Injury during the Period of Insurance that results in physical disfigurement and a reconstructive plastic surgery and/or skin transplantation is performed by a Surgeon as a Medically Necessary treatment for correcting the physical disfigurement and/or the Injury suffered by the Insured Person, the Company shall reimburse the Policyholder for any reasonable and necessary expenses incurred for such surgery.

#### Exclusions Applicable to Section 7.1

The Company shall not be liable for:

- a) any expenses incurred after the expiration of a period of twelve (12) Calendar Months from the date of the Accident;
- b) any expenses incurred for treating any pre-existing condition, whether it has manifested itself or not before the commencement date of the Period of Insurance; or
- c) any expenses incurred which are recoverable under Section 2 above.

#### 7.2 “Scar Management” Benefit

If the Insured Person sustains an Injury during the Period of Insurance that results in formation of a Scar and the diagnosis of which is first made by a Medical Practitioner within twelve (12) Calendar Months from the date of the Accident, provided that the “Accidental Medical Expenses” Benefit or the “Reconstructive Operation” Benefit is payable in respect of such Injury under this Policy, the Company shall reimburse the Policyholder for any reasonable and necessary medical expenses incurred for treating such Scar by a Medical Practitioner.



#### Exclusions Applicable to Section 7.2

The Company shall not be liable for:

- a) any expenses incurred after the expiration of a period of twelve (12) Calendar Months from the date of the first diagnosis of the Scar by the Medical Practitioner;
- b) any expenses incurred for the following treatment :
  - i) chemical peel;
  - ii) punch graft;
  - iii) interferon therapy;
  - iv) bleomycin injection;
  - v) verapamil injection;
  - vi) etanercept (Enbrel®) injection;
  - vii) onabotulinum Toxin Type A (Botox® A) injection; and
  - viii) all kinds of filler injections;
- c) any expenses incurred for treating any pre-existing condition, whether it has manifested itself or not before the commencement date of the Period of Insurance; or
- d) any expenses incurred which are recoverable under Section 2 above.

#### SECTION 8 “Companion Bed” Benefit

If the Insured Person sustains an Injury during the Period of Insurance that results in Hospital Confinement for receiving Medically Necessary treatment and incurs charges for companion bed occupied by his or her Immediate Family Member(s) during such Hospital Confinement, provided that the “Daily Hospital Cash Allowance” Benefit is payable for such Hospital Confinement under Section 4 above, the Company shall reimburse the Policyholder for such charges as levied and published by the Hospital.

#### SECTION 9 “Trauma Counselling” Benefit

If the Insured Person is diagnosed as suffering from a post-traumatic stress disorder by a Medical Practitioner as a direct result of an Accident occurred during the Period of Insurance and receives Medically Necessary counselling service from a Psychologist, the Company shall reimburse the Policyholder for any reasonable and necessary expenses incurred for such counselling service.

#### Exclusions Applicable to Section 9

The Company shall not be liable for any expenses incurred after the expiration of a period of twenty-four (24) Calendar Months from the date of the Accident.

#### SECTION 10 “Tutorial Allowance” Benefit

If the Insured Person sustains an Injury that results in his or her absence from school for a period of not less than fifteen (15) consecutive days during the Period of Insurance upon the

medical advice of a Medical Practitioner in writing and such period of convalescence is granted solely for the Injury, the Company shall pay the “Tutorial Allowance” Benefit of an amount stated in the Policy Schedule. For the purpose of calculating the aforesaid fifteen (15) days’ period, all statutory public holidays, school holidays and absence from school due to closure of school or suspension of school classes pursuant to the announcement of the Government of Hong Kong shall be excluded.

#### SECTION 11 “24-Hour Worldwide Emergency” Referral Service

Upon request of the Insured Person, referral services for legal assistance, interpreter, obtaining replacement of lost travel document or travel ticket etc. will be provided through “Blue Cross Worldwide Emergency Aid”.

Procedure: The Insured Person or his/her representative(s) shall call the following “Blue Cross Worldwide Emergency Aid” hotline for the “24-Hour Worldwide Emergency” Referral Service.

Tel : (852) 3608 6083 Fax : (852) 3608 6082

The party making such call will be required to provide the Policy Number as shown in the Policy Schedule, the name and Hong Kong Identity Card of the Insured Person, the nature and location of the emergency occurred and his/her own contact details. After validation, the referral services will be provided through “Blue Cross Worldwide Emergency Aid”.

#### Limitations to Liabilities

1. The service providers, companies or professionals referred to the Insured Person by “Blue Cross Worldwide Emergency Aid” are not employees, agents or servants of the Company. Accordingly, they shall be responsible for their own acts as independent contractors.
2. The Company shall not be liable for any act or omission on the part of the aforesaid service providers, companies and/or professionals including, but not limited to, physicians, hospitals and clinics.
3. The Company, the aforesaid service providers, the companies and/or professionals shall not be held responsible for any failure or delay in providing services or assistance caused or contributed to by any administrative, political or government impediment, industrial action, riot, civil commotion, or any form of political unrest (including but not limited to war, terrorism, insurrection), adverse weather conditions or any other circumstances beyond their control.
4. The use of the above services arranged by the Company is of the Insured Person’s own accord. The Company shall not be liable for any loss or liability arising from such use.

## GENERAL EXCLUSIONS

The following exclusions are applicable to all sections under the Benefit Provisions of this Policy. This Policy shall not cover the following Injury suffered by the Insured Person:-

1. Injury sustained whilst the Insured Person is engaging in any of the activities described herein below:
  - a) engaging in any sport in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging in such sport;
  - b) flying or other aerial activities other than flying in a multi-engine aircraft operated by the licensed airline or charter operator as a passenger but not:
    - i) airline personnel or aircrew;
    - ii) for the purpose of any trade or technical operation in or on the aircraft;
  - c) climbing or mountaineering necessitating the use of ropes or guides, hang gliding and parachuting;
  - d) racing other than:
    - i) on foot;
    - ii) swimming;
    - iii) yacht racing within territorial waters;
  - e) diving to a sea-depth greater than thirty (30) metres;
  - f) working or engaging in any kind of work or occupation other than purely administrative or clerical work (whether on a temporary or short-term basis) that would or could earn income or remuneration from engaging in such work or occupation;
2. Injury arising from or contributed to by:
  - a) intentional self-inflicted injury, attempted suicide or suicide, while sane or insane;
  - b) the taking of any drug unless it is proved that the drug was taken in accordance with the proper prescription of a Medical Practitioner and not for the treatment of drug addiction;
  - c) pregnancy or childbirth;
  - d) intoxication;
  - e) any consequence of war, (whether war be declared or not), invasion, act of foreign enemy, terrorism, civil war, rebellion, revolution or military or usurped power;
  - f) nuclear fission, nuclear fusion or radioactive contamination, whether arising directly or indirectly;
  - g) service in any armed force of a country;
  - h) involvement in any criminal activities other than as a proved victim or a bystander;
  - i) any willful, malicious, unlawful or deliberate act of the Policyholder and/or Insured Person;
  - j) insanity;
3. Injury sustained before the commencement date of the Period of Insurance or after the expiry of the Period of Insurance; or
4. Injury arising from or contributed to by any disease, physical or mental defect or infirmity or condition, for

which the Insured Person has received medical treatment or advice, or of which the Policyholder or the Insured Person was aware or would reasonably be expected to be aware prior to the inception of this Policy.

## GENERAL CONDITIONS

### 1. Eligible Insured Person

No coverage shall be provided to (i) any person who is under the Age of two (2) or over the Age of twenty-three (23) ("Maximum Age"); or (ii) any person engaging in occupation other than a full-time student on the commencement date of the Period of Insurance. For the avoidance of doubts and without prejudice to the maximum limits, sub-limits, exclusions, conditions and any other provisions of this Policy, coverage of the Insured Person shall continue and remain unaffected in the event that:

- a) the Insured Person exceeds the Maximum Age before the expiry of the Period of Insurance; or
- b) the Insured Person ceases to be a full-time student during the Period of Insurance.

### 2. Notice

All notices required to be given by the Policyholder to the Company must be in writing and addressed to the Company and no alteration to this Policy including any endorsement thereto shall be valid unless the same is duly signed by an authorised representative of the Company.

### 3. Exposure and Disappearance

Death, loss or disablement caused by exposure directly resulting from a mishap to an aircraft or vessel in which the Insured Person is travelling under such circumstances as would be covered hereunder shall be deemed to be Accidental Death or Injury (as the case may be) for the purpose of this Policy.

If the body of the Insured Person has not been found within twelve (12) Calendar Months after the date of the disappearance due to disappearance, sinking or wrecking of the aircraft or other conveyance either on land or at sea in which the Insured Person was travelling at the time of an Accident and under such circumstances as would otherwise be covered hereunder, it will be presumed that the Insured Person suffered from an Injury at the time of such disappearance, sinking or wrecking resulting in Accidental Death.

### 4. Change In Risk

During the Period of Insurance and upon the application of each renewal of this Policy, the Policyholder shall give immediate notice to the Company of any change of address, any material fact affecting this insurance including any injury, disease, physical or mental defect or infirmity affecting the Insured Person or any change thereof and also of any other insurance effected by or on behalf of the Insured Person against accident or incapacity.



5. Misrepresentation / Fraud

If the application, proposal and/or declaration of the Policyholder and/or Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated therein or omitted therefrom or if this insurance or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof, then the coverage of this Policy shall become null and void with effect from its commencement date.

6. Renewal

Subject to the agreement of the Company, this Policy may be renewed for another year on the terms as the Company may determine upon payment by the Policyholder in advance of the premium payable for the benefits elected at the time of each renewal.

7. No Claim Discount

Provided that no benefit has been paid or is payable under this Policy for the following period of insurance, the premium payable for the renewal of this Policy shall be reduced by the corresponding percentage of discount specified hereunder:

| Period of insurance immediately preceding the renewal of such renewal | Percentage of discount |
|-----------------------------------------------------------------------|------------------------|
| 1 year                                                                | 10%                    |
| 2 consecutive years                                                   | 15%                    |
| 3 consecutive years                                                   | 20%                    |
| 4 consecutive years                                                   | 25%                    |
| 5 or more consecutive years                                           | 30%                    |

8. Change in Benefits

Subject to the approval of the Company, the Policyholder may request for change of level of benefits by switching to another plan offered by the Company at the time of the renewal of this Policy.

9. Cancellation

The Company may cancel this Policy by giving no less than seven (7) days' prior notice by registered letter to the Policyholder at his or her last known address provided that the Company shall in that event return to the Policyholder a proportionate part of the premium corresponding to the unexpired period of insurance. This Policy may also be cancelled at any time by the Policyholder by giving no less than seven (7) days' prior written notice to the Company and provided no claim has been made under this Policy, the Policyholder shall be entitled to the difference (if any) between the premium paid and the premium calculated at the Company's short period rates (as shown in the following table) for the period this Policy has been in force subject to a minimum premium of Hong Kong Dollars Five Hundred (HK\$500).

Short Period Rate Table

| Policy Period not exceeding | Premium to be charged* | of annual premium |
|-----------------------------|------------------------|-------------------|
| 1 month                     | 20%                    |                   |
| 2 months                    | 30%                    |                   |
| 3 months                    | 40%                    |                   |
| 4 months                    | 50%                    |                   |
| 5 months                    | 60%                    |                   |
| 6 months                    | 70%                    |                   |
| 7 months                    | 80%                    |                   |
| 8 months                    | 90%                    |                   |
| 9 months or above           | 100%                   |                   |

\*Subject to a minimum premium per policy HKD500.

10. Arbitration

All differences arising out of this Policy shall be first determined by arbitration in accordance with Arbitration Ordinance and the laws of Hong Kong. If the parties fail to agree upon the choice of the arbitrator, then the choice shall be referred to the Chairman for the time being of the Hong Kong International Arbitration Centre. It is expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained. If any difference arising out of this Policy shall not have been referred to arbitration in accordance with this provision within twelve (12) Calendar Months from the date on which the difference first arises, then the right to arbitration in respect of such a difference between the parties shall for all purposes be deemed to have been waived and abandoned and the difference shall not thereafter be brought to arbitration.

11. Liability

The Company shall not be liable for any claim until the Policy has been issued and premium due has been fully received by the Company.

12. Abandoned Claims

If the Company shall disclaim liability for any claim under this Policy, and such claim shall not have been referred to arbitration as described above within twelve (12) Calendar Months from the date of such disclaimer, then the claim shall for all purposes be considered abandoned and not recoverable.

13. Governing Law

This Policy shall be issued in Hong Kong and shall be governed and construed in accordance with the laws of Hong Kong and subject to the exclusive jurisdiction of the Hong Kong courts.

14. Subrogation

The Company has the right to proceed at its own expense in the name of the Policyholder and/or the Insured Person against any third parties who may be responsible for any occurrence giving rise to a claim under this Policy and any amount so recovered shall belong to the Company.





## 15. Other Insurance

In the event of the Insured Person becoming entitled to a refund of all or part of such expenses from any other insurance, the Company will only be liable for such amount in excess of the amount payable under such other insurance.

## CLAIMS CONDITIONS

1. Upon the happening of any incident likely to give rise to a claim under this Policy, the Policyholder shall within fourteen (14) days thereof give written notice to the Company with full particulars of the Accident and Injury or Heatstroke (as the case may be) and shall as soon as possible arrange the Insured Person to procure and act on proper medical or surgical advice.
2. The Insured Person, or his or her representatives, shall at his or her own expenses furnish to the Company all such certificates, information and evidence in the form and language and of the nature as may from time to time reasonably be required by the Company and the Insured Person shall wherever reasonably required by the Company to do so submit to a medical examination.
3. In the event of the death of the Insured Person, the Company shall be entitled to have a post-mortem examination at its own expense and reasonable prior notice shall so far as is practicable be given by the Company before interment or cremation stating the time and place of any inquest appointed.
4. All claims must be submitted with comprehensive supporting information including, but not limited to, the following:

- a) For "Accidental Death and Permanent Disablement" Benefit:
  - i) Hospital and/or Medical Practitioner's report(s) certifying the nature of the Injury, the extent and the period of disablement;
  - ii) police report (where applicable); and
  - iii) (in the event of the death of the Insured Person) death certificate and coroner's report.
- b) For "Accidental Medical Expenses" Benefit, "Dental Treatment" Benefit, "Daily Hospital Cash Allowance" Benefit, "Chinese Bonesetter and Acupuncturist Treatment" Benefit, "Heatstroke Allowance" Benefit and "Companion Bed" Benefit:
  - i) original medical bill(s) and receipt(s) relevant to the claim;
  - ii) full medical report prepared by the attending Medical Practitioner, Surgeon or Chinese Medicine Practitioner (as the case may be) and/or official documentation issued by the relevant Hospital or clinic stating:

- diagnosis of the condition treated and nature of treatment
- date of the Injury or Heatstroke
- particulars of the Hospital Confinement (if any) including the date, time, duration and place of such Hospital Confinement; and

iii) summary of the whole course of treatment received by the Insured Person including but not limited to the following:

- date of treatment
- nature and particulars of treatment
- medicines and/or drugs prescribed.

- c) For "Reconstructive Operation" Benefit, "Scar Management" Benefit and "Trauma Counselling" Benefit:
  - i) all the supporting documentation listed in b) above; and
  - ii) medical report/certificate issued by a Medical Practitioner certifying that the treatment is Medically Necessary (not applicable to "Scar Management" Benefit).
- d) For "Tutorial Allowance" Benefit:
  - i) all the supporting documentation listed in b) above;
  - ii) medical report/certificate issued by a Medical Practitioner certifying the alleged sick leave period; and
  - iii) original official documentation from the school stating the duration of the relevant sick leave.

5. All benefits payable under this Policy shall be paid to the Policyholder or, in the event of the death of the Policyholder, to his or her legal personal representative.
6. The Company shall not accept liability for any claim if the required information is not received within sixty (60) days from the issue date of any written request from the Company requesting such further information, and the claim shall thereafter be deemed to be abandoned.
7. In the event the Company is entitled to repudiate liability or refuse indemnity under this Policy, any amounts paid to the Policyholder or his or her legal personal representative pursuant to this Policy prior to such repudiation or refusal shall be fully refunded to the Company forthwith upon its demand.



**Sun Flower Insurance Brokers Limited**  
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)  
Thank you for considering Sun Flower to be one of your selected intermediaries.  
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Remark: The English version is the official version of this Policy and the Chinese version is for reference only. Should there be any inconsistency between the English and Chinese versions, the English version of this Policy shall prevail.

## 保險條款

### 保單持有人與本公司〔界定如下〕雙方同意：

1. 本保單、保單承保表及本保單的任何批單須一併閱讀，並視為同一份合約。
2. 已填妥並交回本公司的申請表格、投保書及聲明為本合約的依據，並視為已收納於本保單內。
3. 本文所載的釋義、條件、不保事項及所有批單應與保單承保表一併閱讀，而任何已賦予特定涵義的詞具有該等涵義。
4. 保單持有人須繳付保單承保表內所列的保費。
5. 本公司在符合本保單內的賠償限額、條款、條件及不保事項規定下提供保險。
6. 受保人及有關索償人須適當遵守及履行本保單的條款、條件及批單；及其在申請表格、投保書及聲明內容的真實性，乃本公司根據本保單承擔賠償責任的先決條件。

## 釋義

1. 「意外」指因暴力、外在及可見因素引致並且完全非受保人所能控制的事務。
2. 「意外身故」指直接及完全地因受保期內發生的意外受傷，且並非因任何其他理由而引致的死亡，而其須發生於由該意外發生當日起計十二（12）個日曆月內。
3. 「年齡」指於受保期首日的上一次生日時的年齡。
4. 「日曆月」指由某一月份內某一日子至下一個緊接著的月份內相同的日子之前一天為止或下一個緊接著的月份內最後一日（如下一個緊接著的月份內沒有對應的相同日子）的期間。
5. 「中醫師」指任何在其提供醫療服務的地方正式註冊，或根據《中醫藥條例》（香港法例第 549 章）於香港中醫藥管理委員會合法註冊的跌打師、針灸師或醫師，惟受保人本身、保單持有人的保險代理、業務夥伴或僱主 / 僱員或保單持有人及 / 或受保人的直屬家庭成員則除外。
6. 「本公司」或「我們」指藍十字（亞太）保險有限公司。
7. 「折斷腿部或膝蓋而無法縫合」指膝蓋或腳骨完全分為兩截。折斷腿部或膝蓋而無法縫合及正常活動。該情況在受保人餘生將一直持續。
8. 「中暑」指因長期暴露於酷熱環境下，以及身體失去溫度調節機能而出現以下所有症狀的情況：體溫超過攝氏四十一度（41°C）、心跳加速、皮膚發紅、發熱及乾燥、呼吸困難、精神錯亂、抽搐及失去知覺。
9. 「香港」指中華人民共和國香港特別行政區。
10. 「醫院」指具備適當規模並已註冊為醫院，向患病及受傷人士提供收費留院護理及治療服務的組織，並須：
  - a. 設有診病及手術設施；
  - b. 由註冊及合資格護士提供二十四（24）小時護理服務；
  - c. 有醫生監督；及
  - d. 並非一般診所、酗酒或吸毒人士治療所、療養護理院、康復中心，或老人院或同類機構。
11. 「住院」指按醫生建議需以住院病人身分留院最少連續二十四（24）小時以接受醫學治療。

12. 「直屬家庭成員」指一名人士的配偶、子女、父母、配偶的父母、兄弟姊妹、祖父母、孫或法定監護人。
13. 「受傷」乃指完全因意外，而非涉及任何其他原因所引致的身體受傷，並（i）引致死亡或（ii）需要接受醫藥及 / 或手術治療。
14. 「受保人」指於保單承保表或本保單的批單內列為受保人的人士。
15. 「喪失姆指、手指或腳趾」指掌指關節或跖趾以上位置的關節完全切斷。
16. 「喪失肢體」指手腕或足踝關節或以上部位的肢體完全從身體分離及無法復原。
17. 「喪失聽覺能力」指雙耳完全喪失及無法復原之聽力即：  
如果 a 分貝 - 損失聽力至五百（500）赫  
如果 b 分貝 - 損失聽力至一千（1,000）赫  
如果 c 分貝 - 損失聽力至二千（2,000）赫  
如果 d 分貝 - 損失聽力至四千（4,000）赫  
（a+b+c+d）之六分之一（1/6）高於八十（80）分貝。

18. 「喪失視力」指視力完全喪失及無法復原。
19. 「喪失語言能力」指無法發出說話所需的四（4）種語言音中的三（3）種，例如唇音、齒齶音、顎音及軟顎音，或聲帶完全喪失功能，或大腦控制說話的中樞受損，導致語言失能症。
20. 「喪失功能」指完全喪失有關肢體的功能。
21. 「必需醫療」指需要就治療該受傷或中暑（視屬何情況而言）接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為必需醫療的治療或服務必須符合以下各項：
  - a) 需要醫生或心理學家的醫療專業知識；
  - b) 與診斷一致，並對傷病治療而言屬必需；
  - c) 根據良好及審慎的醫療標準提供，而主要並非為使受保人、其家庭成員、護理者或其醫生或心理學家帶來方便或感到舒適而提供；及
  - d) 在該情況下以最具有成本效益的方式和設備提供。
22. 「受保期」指保單承保表內所列的保單生效時期。
23. 「恒齒」指人類的第二副牙齒，包含八（8）隻門牙，四（4）隻犬齒、八（8）隻小白齒及十二（12）隻大白齒。
24. 「永久完全傷殘」指受保人因意外而受傷並在該意外發生當日起計十二（12）個日曆月內不能從事其正常工作持續至少十二（12）個日曆月，並其狀況在此段期間終結時經醫生證實為永久且完全不能從事任何可賺取報酬的工作，並且無好轉之跡象。
25. 「醫生」、「外科醫生」或「牙醫」指於提供醫療或外科手術服務的地方正式註冊的西醫，惟本身是受保人、保險中介人、保單持有人的業務夥伴或僱主 / 僱員或保單持有人及 / 或受保人的直屬家庭成員則除外。
26. 「保單持有人」指於保單承保表內列為保單持有人的人士。
27. 「心理學家」指在臨牀心理學專業方面經過培訓和獲得資格的人士，並於其提供精神 / 心理療法或輔導服務的地方正式註冊，惟本身是受保人、保險中介人、保單持有人的業務夥伴或僱主 / 僱員，或保單持有人或受保人的直屬家庭成員則除外。



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

28. 「疤痕」指下列任何一種：

- a) 長於受保人面部、頸部、耳朵或肢體的癩痕疥瘡或增生性疤痕；或
- b) 長於受保人身體任何部位的攣縮疤痕。

## 保障條文

注意： 在本保單下應支付的所有保障將受列於保單承保表內的賠償額上限及分項賠償額上限所規限，有關上限則按受保人已選取的計劃而釐定。

## 第一部分「意外身故及永久傷殘」保障

若受保人在受保期內受傷，而導致於有關意外後十二（12）個日曆月內意外身故或列於保障項目表內之任何永久傷殘，本公司將支付「意外身故及永久傷殘」保障，保障金額按保障項目表所載之方法計算。在所有情況下，本公司就本部分須承擔之總責任將不可超過保單承保表所述之投保額的百分之一百（100%）。

## 第二部分「意外醫療費用」保障

若受保人在受保期內受傷，並因在外科醫生或醫生的建議下接受以下服務或治療而引致合理及必需的醫療開支，本公司將向保單持有人償付該等醫療開支，但以不超過當地就類同服務或治療的慣常收費為限：

- a) 住院；
- b) 外科治療；
- c) 救護車及輔助醫療服務；
- d) 診斷測試；及
- e) 向醫生求診及經醫生處方藥物。

## 適用於第二部分的不保事項

本公司無須支付：

1. 由意外發生當日起計十二（12）個日曆月屆滿後引致的任何開支；
2. 為購買或使用特別支架、用具或器材、一般檢查、療養、醫護或休養療法或特別護理所引致的任何開支；
3. 因接受牙科治療而引致的任何開支，惟因健全的天生牙齒受傷而必須進行的治療則除外；或
4. 因接受跌打師及針灸師的治療而引致的任何開支。

## 第三部分「牙科治療」保障

若受保人在受保期內受傷，而導致損毀或失去其任何恒齒，並僅因此緣故需要接受牙醫所提供的植牙或鑲牙治療，本公司將向保單持有人償付該治療所引致之合理及必需的開支。

## 適用於第三部分的不保事項

本公司無須支付：

1. 由意外發生當日起計十二（12）個日曆月屆滿後引致的任何開支；
2. 因治療任何已存在的病情（不論於受保期首日前已呈現與否）而引致的任何開支；
3. 因齒列矯正治療、整容或矯正先天畸形情況而接受治療所引致的任何開支；
4. 因接受口腔衛生指導、清除牙垢膜計劃或指導飲食而引致的任何開支；或
5. 按照上述第二部分可獲賠償的任何開支。

## 第四部分「每天住院現金津貼」保障

若受保人在受保期內受傷而導致住院時，本公司將按受保人的每一（1）整天住院支付「每天住院現金津貼」保障（有關金額載於保單承保表內），惟須以保單承保表所列的合共最長保障期為限。就本第四部分而言，「一整天」指連續二十四（24）小時的期間。

## 適用於第四部分的不保事項

若受保人於受保期屆滿後才開始住院，本公司則無須支付任何保障。

## 第五部分「跌打及針灸治療」保障

若受保人於受保期內受傷，並因接受中醫師的跌打或針灸治療而引致合理及必需的開支，本公司將向保單持有人償付該等醫療開支。

## 適用於第五部分的不保事項

本公司無須支付由意外發生當日起計十二（12）個日曆月屆滿後引致的任何開支。

## 第六部分「中暑津貼」保障

若受保人在受保期內被診斷為中暑，並按照醫生指示接受治療，而該等治療屬必需醫療，本公司將向保單持有人償付該等治療所引致之合理及必需的醫療開支。

## 第七部分「矯形外科手術」保障

### 7.1「矯形手術」保障

若受保人在受保期內受傷而導致身體缺陷，並因此需要接受由外科醫生施行的矯形外科手術及 / 或皮膚移植手術，而該等手術屬必需醫療，本公司將向保單持有人償付該等手術所引致之任何合理及必需的開支。

## 適用於第七部分第一項的不保事項

本公司無須支付：

- a) 由意外發生當日起計十二（12）個日曆月屆滿後引致的任何開支；



® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

- b) 因治療任何已存在的病情（不論於受保期首日前已呈現與否）而引致的任何開支；或
- c) 按照上述第二部分可獲賠償的任何開支。

## 7.2 「疤痕護理」保障

若受保人在受保期內受傷而導致疤痕形成，並於意外發生當日起計十二（12）個日曆月內獲醫生首次診斷為疤痕，在本公司須就該受傷支付本保單下的「意外醫療費用」保障或「矯形手術」保障的前提下，本公司將向保單持有人償付因接受醫生治療該疤痕而引致之任何合理及必需的醫療開支。

### 適用於第七部分第二項的不保事項

本公司無須支付：

- a) 由醫生首次對有關疤痕作出診斷當日起計十二（12）個日曆月屆滿後引致的任何開支；
- b) 任何下述治療所引致的開支：
  - i) 化學換膚；
  - ii) 組織移植；
  - iii) 干擾素療法；
  - iv) 博萊黴素注射；
  - v) 維拉帕米注射；
  - vi) 作用轉肌注射；
  - vii) 甲型肉毒幹菌注射；及
  - viii) 任何透明質酸注射
- c) 因治療任何已存在的病情（不論於受保期首日前已呈現與否）而引致的任何開支；或
- d) 按照上述第二部分可獲賠償的任何開支。

## 第八部分「住院陪床」保障

若受保人在受保期內受傷，而導致住院以接受屬必需醫療之治療，及其直屬家庭成員在該住院期間因使用加床服務而引致費用，在本公司須就該住院支付上述第四部份的「每天住院現金津貼」保障的前提下，本公司將向保單持有人償付有關醫院所徵收及發佈的該等費用。

## 第九部分「創傷輔導」保障

若受保人直接因在受保期內發生意外而被醫生診斷患上創傷後遺症，並需接受心理學家所提供的輔導服務，而該等服務屬必需醫療，本公司將向保單持有人償付該等服務所引致之任何合理及必需的開支。

### 適用於第九部分的不保事項

本公司無須支付由意外發生當日起計二十四（24）個日曆月屆滿後引致的任何開支。

## 第十部分「補習津貼」保障

若受保人於受保期內因受傷而在醫生的書面建議下連續缺課不少於十五（15）天，並在醫生純粹因該受傷而給予有關病假之情況下，本公司將按保單承保表所列的金額支付「補習津貼」保障。就計算上述十

五（15）天的期間而言，所有法定公眾假期、學校假期及學校根據香港政府的公佈而關閉或停課所引致的缺課均不可包括在內。

## 第十一部分「24小時全球緊急支援」轉介服務

本公司會應受保人的要求，透過「藍十字全球緊急支援」向受保人提供法律援助、傳譯及補領遺失旅遊證件或交通票據等轉介服務。

手續：受保人或其代表可致電「藍十字全球緊急支援」熱線，以尋求「24小時全球緊急支援」轉介服務。

電話：（852）3608 6083 傳真：（852）3608 6082

致電者需提供保單承保表所列的保單號碼、受保人姓名及其香港身份證號碼、緊急事故性質及其所在地點以及致電者之聯絡資料。資料一經核實後，本公司將透過「藍十字全球緊急支援」提供相關轉介服務。

### 責任限制

1. 「藍十字全球緊急支援」為受保人所轉介的服務供應商、公司或專業人士並非本公司的僱員、代理或員工，故其須以獨立承判商身分承擔個別行為責任。
2. 本公司毋須就上述供應商、公司或專業人士，包括但不限於醫生、醫院及診所的任何行為或不作為承擔法律責任。
3. 因任何行政、政治或政府阻撓、工業行動、暴動、內亂，或任何類型的政局不安（包括但不限於戰爭、恐怖主義、起義）、反常氣候或控制範圍以外的任何其他情況，導致未能或延遲提供服務或支援，本公司、上述服務供應商、公司或專業人士概不負責。
4. 受保人使用本公司所安排的上述服務乃屬自願。本公司對使用有關服務而招致的任何損失或責任概不負責。

### 一般不保事項

以下的不保事項適用於本保單的所有保障條文。本保單不承保以下各項：-

1. 受保人因從事以下任何活動而受傷：
  - a) 受保人以專業身分參與任何體育運動，或可因參與該體育運動而賺取收入或酬勞的運動；
  - b) 飛行或其他航空活動，惟以乘客身分乘搭由持牌航空公司或包機營運商經營之多引擎飛機而不屬下列情況則除外：
    - i) 身為航空公司的工作人員或機組人員；
    - ii) 為了在飛機上進行任何商業活動或技術運作；
  - c) 需要使用繩索或牽引索的攀爬或登山活動、駕駛懸掛式滑翔機及跳傘；
  - d) 競賽（以下競賽則除外）：
    - i) 跑步；
    - ii) 游泳；
    - iii) 在領海範圍內進行帆船競賽；
  - e) 潛水水深超過三十（30）米；
  - f) 從事獲得收入或酬勞的任何類別的工作或職業而並非純屬行政或文職工作（不論是否臨時或短期性質）；



® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

2. 因下列情況引致受傷：
  - a) 蓄意自我毀傷、企圖自殺或自殺（不論神志是否清醒亦然）；
  - b) 服食任何藥物，除非證實是根據醫生的適當處方，及並非為治療毒癮而服食該等藥物；
  - c) 懷孕或分娩；
  - d) 中毒；
  - e) 任何戰爭（不論已宣戰與否）、侵略、外敵行動、恐怖活動、內戰、叛亂、革命或軍事或篡奪行動；
  - f) 核裂變、核聚變或輻射污染（不論是否直接或間接所致）；
  - g) 任職於國家的武裝部隊；
  - h) 參與任何犯罪活動，惟獲證實為受害者或旁觀者則除外；
  - i) 保單持有人及 / 或受保人的任何蓄意、惡意、非法或故意的行為；
  - j) 精神錯亂；
3. 於受保期首日前或受保期屆滿後受傷；或
4. 受傷乃是由於受保人所患之任何疾病、身體或精神之不健全或衰弱或任何其他情況所引致的，而為該疾病或狀況受保人在本保單生效前曾接受治療或醫療建議或保單持有人或受保人在本保單生效前已知悉或於合理預計下應該知悉該疾病或狀況。

## 一般條件

### 1. 合資格受保人

(i) 年齡在兩 (2) 歲以下或在二十三 (23) 歲以上 (「最高年齡」) 的任何人士；或 (ii) 於受保期首日為在職人士 (全職學生除外) 之任何人士將不獲承保。

為免存疑及在不損害本保單的賠償額上限、分項賠償額上限、不保事項、條件及任何其他條款的原則下，受保人的保障在下列情況下將仍然生效且不受影響：

- a) 受保人於受保期屆滿前已超過最高年齡；或
- b) 受保人於受保期內已非全職學生。

### 2. 通知

保單持有人向本公司提供的所有通知必須以書面發出，並傳送至本公司的地址，除非由本公司的授權代表正式簽署，否則本保單（包括其任何批單）的任何更改均屬無效。

### 3. 處身險境及失蹤

倘受保人在受本保單保障範圍內，因搭乘的飛機或船隻遇上不幸事故而處身險境並直接導致受保人死亡、損害或傷殘，就本保單而言，受保人將被視為意外身故或受傷（視屬何情況而定）。

倘受保人在受本保單保障範圍內，因乘搭的飛機或其他陸路或海路的運輸工具而失蹤、墜毀或沉沒並於其後十二 (12) 個日曆月內，仍未能尋回受保人的軀體，則受保人將被視為在上述失蹤、墜毀或沉沒事件發生之時受傷而導致意外身故。

### 4. 風險改變

在受保期內及每次申請續保時，保單持有人必須就地址更改或影響本保險的任何重要事實，包括影響受保人的任何損傷、疾病、身體或精神之不健全或衰弱或其任何變化，以及為受保人購買的任何其他意外或喪失能力之保險，即時通知本公司。

### 5. 失實陳述 / 欺詐

倘若保單持有人及 / 或受保人的申請表格、投保書及 / 或聲明之內容有任何失實之處，或就影響風險的任何重要事實作出錯誤陳述或有所遺漏，或倘若此保險或其續保涉及任何錯誤陳述、失實陳述或隱瞞，或有任何涉及欺詐成份或誇大之索償或以虛假聲明或陳述為依據之索償，則本保單內的保障將於本保單生效當日起視為無效。

### 6. 續保

在本公司同意的大前提下，保單持有人可預先繳付保費並同意接受本公司就續保施加的條款，以續保一 (1) 年，每次續保時應繳付之保費均由本公司按每次續保時所選的保障利益而釐定。

### 7. 無索償折扣

倘若本公司於下述保險期內未曾並無須支付本保單下之任何保障，保單持有人就續保本保單所應繳付之保費可按下列相應之折扣率獲得扣減：

| 緊接有關續保前之保險期 | 折扣率    |
|-------------|--------|
| 一年          | 百分之十   |
| 連續兩年        | 百分之十五  |
| 連續三年        | 百分之二十  |
| 連續四年        | 百分之二十五 |
| 連續五年或以上     | 百分之三十  |

### 8. 保障的變動

保單持有人可於提交續保申請時要求以轉換計劃之方式更改保障級別，惟須得到本公司的批准。

### 9. 取消保單

本公司可按保單持有人最後為人所知的地址，以掛號信件的方式向保單持有人發出不少於七 (7) 天通知，藉此取消本保單，惟本公司須按比例向保單持有人退還保險未屆滿期間的保費。保單持有人亦可向本公司發出不少於七 (7) 天的書面通知以取消保單，而在本保單無任何索償之情況下，保單持有人可獲得退還已付的保費與按本保單的生效期及本公司短期保費率（如下表所示）計算的保費（最低為五百 (500) 港元）兩者的差額(如有)。

#### 短期保費率表

| 保單生效期不多於 | 收取的保費 |       |
|----------|-------|-------|
| 一個月      | 全年保費的 | 百分之二十 |
| 二個月      |       | 百分之三十 |
| 三個月      |       | 百分之四十 |
| 四個月      |       | 百分之五十 |
| 五個月      |       | 百分之六十 |
| 六個月      |       | 百分之七十 |
| 七個月      |       | 百分之八十 |
| 八個月      |       | 百分之九十 |
| 九個月或以上   |       | 百分之一百 |

\*每份保單的最低保費為五百 (500) 港元



## 10. 仲裁

由本保單引致的所有糾紛，均須首先根據仲裁條例及香港法例進行仲裁。若雙方未能就仲裁員的選擇達成協議，則該選擇權將提交予香港國際仲裁中心當時的主席。本條款明確規定就本保單作出任何訴訟或起訴權利的先決條件，為首先須尋求仲裁裁決。若由本保單引起的任何爭議未能於首度產生爭議後十二（12）個日曆月內根據本條款提交仲裁，任何一方就該爭議訴諸仲裁的權力須被視作放棄，其後亦不能就該爭議提出仲裁。

## 11. 責任

在本公司發出保單及悉數收取到期之保費前，本公司無須對任何索償負責。

## 12. 放棄索償

若本公司拒絕對本保單的索償作出賠償，而該項索償並未於拒絕賠償日期起計十二（12）個日曆月內根據上文所述交付仲裁，則該項索償就各方面而言將被視作放棄論，且日後不能再提出索償。

## 13. 規管法律

本保單必須於香港簽發，並受香港法律規管並按其詮釋，且服從香港法院的專有司法管轄權。

## 14. 代位權

本公司有權以保單持有人及 / 或受保人的名義，對可能須就引致本保單索償負責的任何第三者進行追討，有關費用將由本公司承擔，而所討回的款項亦歸本公司所有。

## 15. 其他保險

若受保人可因任何其他保險獲退還全部或部分費用，則本公司僅須負責支付在扣除根據該等保險應付金額後之費用餘額。

## 索償條件

- 當任何事故發生可能引致本保單下之索償，則保單持有人必須在其發生後十四（14）天內向本公司發出載有意外及受傷或中暑（視屬何情況而定）詳情的書面通知，並應盡快安排受保人徵詢妥善的醫療或外科意見及按照該等意見而行。
- 受保人或其代表必須自費並在合理情況下按本公司要求的形式、語言及性質向本公司不時提供所有證書、資料及證據，而受保人亦必須應本公司的合理要求，進行健康檢查。
- 若受保人身故，本公司有權自費在屍體埋葬或火葬前進行驗屍檢查，但本公司必須在切實可行的情況下就驗屍時間及地點給予合理時間的通知。
- 所有索償必須連同詳細的證明文件一併提交，包括（但不限於）以下：
  - 如屬「意外身故及永久傷殘」保障：
    - 醫院及 / 或醫生報告，以證明受傷的性質、程度及傷殘時段；
    - 警方報告（如適用）；及
    - 如受保人身故，死亡證及驗屍報告。
  - 如屬「意外醫療費用」保障、「牙科治療」保障、「每天住院現金津貼」保障、「跌打及針灸治療」保障、「中暑津貼」保障及「住院陪床」保障：

- 與索償有關的醫療賬單及收據正本；
  - 由主診醫生、外科醫生或中醫師（視屬何情況而定）所撰寫的詳細醫療報告及 / 或由相關醫院或診所簽發之正式文件，並須列明：
    - 診斷及療法性質
    - 受傷或中暑日期
    - 住院詳情（如有），包括該住院日期、時間、持續期及地點；及
  - 受保人所接受整個治療過程的撮要，包括但不限於以下所述：
    - 治療日期
    - 療法性質及詳情
    - 經醫生使用處方的藥物及 / 或藥品。
- 如屬「矯形手術」保障、「疤痕護理」保障及「創傷輔導」保障：
    - 上文 b）項所列的所有證明文件；及
    - 醫生發出的醫療報告 / 證書，以證明有關治療屬必需醫療（不適用「疤痕護理」保障）
  - 如屬「補習津貼」保障：
    - 上文 b）項所列的所有證明文件；
    - 醫生發出的醫療報告 / 證書，以證明所指稱的病假期間；及
    - 學校所發的正式文件，當中須列明有關之病假期間。
- 根據本保單應付的所有賠償，必須支付予保單持有人，如保單持有人不幸身故，則支付予其合法遺產代理人。
  - 如本公司未能在提出書面要求起計六十（60）天內收妥所需索償資料，本公司將不會對有關索償承認責任，而該索償在其後將視作放棄論。
  - 倘本公司有權拒絕履行本保單的賠償責任，保單持有人或其合法遺產代理人必須應要求向本公司全數退還任何根據本保單已支付的賠償金額。



**Sun Flower Insurance Brokers Limited**  
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)  
Thank you for considering Sun Flower to be one of your selected intermediaries.  
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

註：英文版本為本保單的正式文本，中文版本僅作參考。英文版本與中文版本之間如有任何不一致，均以本保單的英文版本為準。

## Table of Benefits - Accidental Death and Permanent Disablement

| Benefits Items                                                                                                                                                                                  | Percentage of Sum Insured             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1. Accidental death                                                                                                                                                                             | 100%                                  |
| 2. Permanent disablement (2.1 to 2.18)                                                                                                                                                          |                                       |
| 2.1 Permanent total disablement                                                                                                                                                                 | 100%                                  |
| 2.2 Permanent and incurable paralysis of all limbs                                                                                                                                              | 100%                                  |
| 2.3 Permanent total loss of sight of both eyes                                                                                                                                                  | 100%                                  |
| 2.4 Permanent total loss of sight of one eye                                                                                                                                                    | 50%                                   |
| 2.5 Loss of or permanent total loss of use of two limbs                                                                                                                                         | 100%                                  |
| 2.6 Loss of or permanent total loss of use of one limb                                                                                                                                          | 50%                                   |
| 2.7 Permanent total loss of speech and hearing                                                                                                                                                  | 100%                                  |
| 2.8 Permanent total loss of hearing in<br>a) both ears<br>b) one ear                                                                                                                            | 75%<br>15%                            |
| 2.9 Permanent total loss of speech                                                                                                                                                              | 50%                                   |
| 2.10 Permanent total loss of the cornea of one eye                                                                                                                                              | 30%                                   |
| 2.11 Removal of the lower jaw by surgical operation                                                                                                                                             | 30%                                   |
| 2.12 Loss of or permanent total loss of use of thumb and four fingers of<br>a) right hand<br>b) left hand                                                                                       | 70%<br>50%                            |
| 2.13 Loss of or permanent total loss of use of four fingers of<br>a) right hand<br>b) left hand                                                                                                 | 40%<br>30%                            |
| 2.14 Loss of or permanent total loss of use of one thumb<br>a) both right joints<br>b) one right joint<br>c) both left joints<br>d) one left joint                                              | 30%<br>15%<br>20%<br>10%              |
| 2.15 Loss of or permanent total loss of use of fingers<br>a) three right joints<br>b) two right joints<br>c) one right joint<br>d) three left joints<br>e) two left joints<br>f) one left joint | 10%<br>7.5%<br>5%<br>7.5%<br>5%<br>2% |
| (In the event that the insured person is left-handed, the applicable percentages for left and right hands as shown in 2.12 to 2.15 shall be reversed.)                                          |                                       |
| 2.16 Loss of permanent total loss of use of toes<br>a) all - one foot<br>b) great - both joints<br>c) great - one joint<br>d) other toe                                                         | 15%<br>5%<br>3%<br>2%                 |
| 2.17 Fractured leg or patella with established non-union                                                                                                                                        | 10%                                   |
| 2.18 Shortening of leg by at least 5cm                                                                                                                                                          | 7.5%                                  |

Remark: The English version is the official version of this Policy and the Chinese version is for reference only. Should there be any inconsistency between the English and Chinese versions, the English version of this Policy shall prevail.



**Sun Flower Insurance Brokers Limited**

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

## 保障項目表—意外身故及永久傷殘賠償

| 保障項目                                       | 投保額賠償率 |
|--------------------------------------------|--------|
| 1. 意外身故                                    | 100%   |
| 2. 永久傷殘 (2.1 至 2.18)                       |        |
| 2.1 永久完全傷殘                                 | 100%   |
| 2.2 永久及無法治癒的四肢癱瘓                           | 100%   |
| 2.3 永久完全喪失雙目視力                             | 100%   |
| 2.4 永久完全喪失單目視力                             | 50%    |
| 2.5 喪失或永久完全喪失兩肢功能                          | 100%   |
| 2.6 喪失或永久完全喪失一肢功能                          | 50%    |
| 2.7 永久完全喪失語言及聽覺能力                          | 100%   |
| 2.8 永久完全喪失聽覺能力                             |        |
| a) 兩隻耳朵                                    | 75%    |
| b) 一隻耳朵                                    | 15%    |
| 2.9 永久完全喪失語言能力                             | 50%    |
| 2.10 永久完全喪失單目的晶狀體                          | 30%    |
| 2.11 通過外科手術切除下顎                            | 30%    |
| 2.12 喪失或永久完全喪失拇指及四隻手指功能                    |        |
| a) 右手                                      | 70%    |
| b) 左手                                      | 50%    |
| 2.13 喪失或永久完全喪失四隻手指功能                       |        |
| a) 右手                                      | 40%    |
| b) 左手                                      | 30%    |
| 2.14 喪失或永久完全喪失一隻拇指功能                       |        |
| a) 兩個右指骨                                   | 30%    |
| b) 一個右指骨                                   | 15%    |
| c) 兩個左指骨                                   | 20%    |
| d) 一個左指骨                                   | 10%    |
| 2.15 喪失或永久完全喪失手指功能                         |        |
| a) 三個右指骨                                   | 10%    |
| b) 兩個右指骨                                   | 7.5%   |
| c) 一個右指骨                                   | 5%     |
| d) 三個左指骨                                   | 7.5%   |
| e) 兩個左指骨                                   | 5%     |
| f) 一個左指骨                                   | 2%     |
| (左撇子可獲得的保額百分比將根據 2.12 至 2.15 按左右手對調的基準計算。) |        |
| 2.16 喪失或永久完全喪失腳趾功能                         |        |
| a) 全部腳趾 - 一隻腳掌                             | 15%    |
| b) 大腳趾 - 兩個趾骨                              | 5%     |
| c) 大腳趾 - 一個趾骨                              | 3%     |
| d) 其他 - 腳趾                                 | 2%     |
| 2.17 折斷腿部或膝蓋而無法縫合                          | 10%    |
| 2.18 腿部縮短至少 5 厘米                           | 7.5%   |

註：英文版本為本保單的正式文本，中文版本僅作參考。英文版本與中文版本之間如有任何不一致，均以本保單的英文版本為準。





## 個人資料（私隱）條例 - 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

### (2) 個人資料收集目的

閣下的個人資料可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定保險索償及就索償抗辯，包括進行任何附帶調查；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
  - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；
  - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或
  - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

### (3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承包商或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應商（如公證行、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或

適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
  - (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
  - (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；及
  - (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）。
- 該等資料可能被轉移至香港境外。

### (4) 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。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
  - (a) 保險、財務、銀行及相關服務及產品；
  - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
  - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供的服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
  - (a) 東亞銀行集團任何成員公司；
  - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
  - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

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。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

### (5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓  
藍十字（亞太）保險有限公司  
個人資料保障主任  
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

2013年4月

由東亞銀行集團成員-藍十字（亞太）保險有限公司發出



## The Personal Data (Privacy) Ordinance - Personal Information Collection Statement (the "Statement")

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

(1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

### (2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company's service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
  - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;
  - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
  - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xii) any other purposes relating to the purposes listed above.

### (3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be); and
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement.

Such information may be transferred to a place outside Hong Kong.

### (4) 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). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
  - (a) insurance, financial, banking and related services and products;
  - (b) reward, loyalty or privileges programs and related services and products; and
  - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
  - (a) any member of the BEA Group;
  - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
  - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

**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 Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).**

### (5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer  
Blue Cross (Asia-Pacific) Insurance Limited  
29<sup>th</sup> Floor, BEA Tower, Millennium City 5,  
418 Kwun Tong Road,  
Kwun Tong, Kowloon  
Hong Kong  
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

April 2013

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group