

中國太平洋人 意 保 PA Insurance



 **中國太平洋保險**
China Pacific Insurance

中國太平洋保險(香港)有限公司
China Pacific Insurance Co.,(H.K.) Ltd.

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中國太平洋人 意 保

CPIC - 中國太平洋人 意 保是特定為您及您的家人而設的個人意外保險計劃，無論您身處世界上任何角落，此計劃都會提供24小時周全的保障，令您及您家人安枕無憂。

保障範圍

1. 意外死亡及永久傷殘

如受保人因遭遇意外，導致於十二個月內死亡或永久傷損殘廢，本保險將根據列於保險單內之保險賠償表所載之百分率作出賠償。

雙倍賠償

如受保人因乘搭私家車或以自費乘客身份乘搭公共交通工具而遇上意外引致死亡或永久傷殘，將獲雙倍賠償。

2. 意外醫療費用

如受保人因意外損傷而須接受註冊醫生治療，將根據實際支付之必須及合理費用作出賠償，費用包括治療、留院或手術費。

註冊中醫或跌打醫療費用

如受保人因意外損傷而須接受註冊中醫師或跌打治療，將以實際支付之費用作出賠償。

每次診治最高可獲港幣\$150，每年最高可獲港幣\$1,000

嚴重燒傷保障

如受保人因意外導致身體二級或三級燒傷程度，經註冊醫生証實而需往醫院接受診治，將可獲得賠償。

3. 入息保障

受保人如因意外受傷，導致完全不能處理業務或工作超過七天，由第八天起將可獲賠償，賠償期高達兩年。如受保人因身體受傷而須入院接受治療超過兩天，賠償則由首天起計算。

自僱人士可獲50%折扣優惠，保障以住院期不可少於連續12小時，賠償將由第一天開始計算。

*受保人在申請索償時必須提交最近之入息證明

4. 住院現金津貼

如受保人因意外而導致需入住醫院及接受治療，每日均可獲現金津貼。賠償期高達90天，本保險將根據列於保險單內之保險賠償表作出賠償。

5. 免費24小時全球緊急援助服務

不管身在何處，受保人如遇上緊急事故，只須致電由“國際救援(亞洲)公司”即可獲得24小時之全球支援服務，包括：

- 免費緊急醫療護送
- 免費醫生電話醫療諮詢
- 免息入院按金保證高達港幣\$65,000
- 免費遺體運送回港
- 免費法律及翻譯員諮詢，旅遊及防疫注射資料查詢
- 如連續住院7天，可免費安排一位親友探訪及護送子女回港

行業種類

第一類

主要為室內及非危險性職務。如會計師、行政人員、文員、美容師、收銀員、電腦程式員、秘書、牙醫、室內推銷員、律師、醫生、葯劑師、股票經紀、學生、教師、家庭主婦、診所護士等。

第二類

須經常外出或須作輕度體力勞動或操作輕型機械之非危險性工作。如外勤員、私家車司機、髮型師、室外推銷員、電子工人、製衣工人、工廠管工、測量師、裁縫、醫院護士、餐廳侍應等。

第三類

技術性或半技術性職務，但毋須操作重型及危險機械。如麵飽師傅、機械工程師、汽車修理及維修人員、屠夫、油站工人、職業司機、印刷工人、廚房工人、遊艇水手等。

不包括上述分類之職業者，須申報由本公司按個別情況決定。

申請條件

受保人年齡需為16-65歲

受保人必須為香港居民

不保事項

戰爭及有關風險、恐怖主義活動、自殺、分娩、懷孕、駕駛或騎策比賽、飛行員職務工作、職業體育運動、用供氧設備輔助呼吸之水中活動、酗酒、服用非經醫生處方指定之麻醉品或藥物、愛滋病或與相關病徵。

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期。
- 任何索償或索償分析及可能轉移予現存或不時成立之任何有關的公司或任何其他從事與保險或再保險業務有關的公司或與保險業務有關的中介人或索償或調查或其他服務提供者或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。若閣下對此項保險計劃有任何查詢或閣下希望了解更多有本公司之服務，歡迎隨時與本公司之客戶代表聯絡。

This brochure is intended only as a general summary. Please refer to China Pacific Insurance Co., (H.K.) Ltd. the actual policy for exact terms and conditions. 此投保書只供參考之用，詳細說明及保險條款均以中國太平洋保險(香港)有限公司所發出之正式保單條款及細則為準。

PA INSURANCE

CPIC – PA Insurance is designed to provide a wide range of cover to protect both you and your family in case of an accident happening anywhere in the world 24 hours a day.

BENEFITS

1. Accidental Death & Permanent Disablement

In the event of accidental death or permanent disablement occurring within 12 months from the date of bodily injury, a lump sum compensation in accordance with the percentage specified in the Schedule of Benefits, is payable.

Double Indemnity

Compensation for accidental death or total permanent disablement will be doubled if the accident happens when the Insured person travelling in any private car or as a fare-paying passenger in a common carrier.

2. Accidental Medical Expenses

In the event of the Insured person requires medical treatment for injuries resulting from an accident, the policy pays the actual necessary and reasonable medical, hospital or surgical expenses incurred, provided that such treatment is received from a registered medical practitioner.

Accidental Bonesetter & Registered Chinese Medicine Practitioner Medical Expenses

Cover medical expenses for treatment by bonesetter or a registered Chinese medicine practitioner due to accidental injury.

HK\$ 150 per consultation. Max.HK\$1,000 per year

Major Burn Injury

If the Insured person suffer bodily injury caused by or as a result of an accident and diagnosed by a registered medical practitioner to have suffered from a Second or Third Degree Burn, the Insured person shall have compensation in accordance with the percentage specified in the Schedule of Benefits specified in the policy will be payable.

3. Income Protection

In the event of the Insured totally disabled as a result of an injury, and is unable to engage in and attend to all duties pertaining to his/her occupation, profession or business for more than 7 days, the benefit at the amount specified is payable commencing from the 8th day of such period of temporary total disablement. The maximum period payable for this benefit is 2 calendar years.

However, this Benefit will be payable from the first day of the Insured disablement if the Insured have been confined in a hospital as a registered in-patient receiving treatment for bodily injury covered by the policy for exceeding 2 consecutive days.

If the Insured person is self-employed, 50% discount on premium is applied. Cover only available for income loss while the Insured is in hospital, Hospitalization shall not be less than 12 consecutive hours and the Benefit is payable from the first day of disablement.

*In the event of claim, the Insured has to provide the latest income tax demand note as proof of income

4. Hospital Cash Allowances

If the Insured person is being confined in a hospital for medical treatment resulting from bodily injury, a daily cash allowance will be paid up to maximum indemnity period of 90 days per accident.

5. Free 24-hour Worldwide Emergency Assistance Service

Anytime the Insured needs emergency assistance while traveling overseas, just call the International IPA hotline and get the following services free of charge:

- Free emergency medical repatriation and evacuation
- Free medical advice from a doctor over the phone
- Interest-free hospital admission guarantee up to HK\$65,000
- Free return of mortal remains in case of death
- Free hotline to provide referral services on legal advice, interpreter, pre-trip information, visa and inoculation requirements
- Free compassionate visit arrangement for a friend or relative, or children's escort in case you are hospitalized for 7 consecutive days

CLASSIFICATION OF OCCUPATION

Class 1

Professions or occupations involving indoor duties without manual work such as: accountant, administrator, beautician, cashier, clerk, clinic nurse, dentist, doctor, executive, housewife, lawyer, pharmacist, programmer, secretary, shop assistant, stockbroker, teacher and student

Class 2

Professions or occupations involving outdoor duties frequently and/or light manual work such as: chauffeur, commercial traveller, electronic engineer, hairdressers, garment factory workers, factory foremen or supervisors, Surveyors, hospital nurse, messenger, office assistant, sales representative, tailor, waiter or waitress

Class 3

Professions or skilled occupations or semi-skilful nature but not using heavy and hazardous machines, such as: bakers mechanical engineers, motor vehicle repair & maintenance, butchers, gas station workers, taxi drivers, hired private car, commercial vehicle drivers, printing workers, kitchen workers (restaurant) and boat boy/coxswain (pleasure craft).

All other professions and occupation not mentioned above must be referred to the company for decision

ELIGIBILITY

Person who are 16 – 65 years old
The Insured Person must be a Hong Kong resident

MAJOR EXCLUSION

War and allied perils, acts of terrorism, asbestos, internet operation, suicide, pregnancy or childbirth, driving or riding in any kind of race, flying as a crew member, professional sports, underwater activities involving the use of breathing apparatus, intoxication by alcohol, narcotics or drugs not prescribed by a registered medical practitioner, any kind of sickness or disease, venereal disease or AIDS.

PERSONAL DATA COLLECTION STATEMENT

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- Any insurance or financial related product or service or any alternation variation, cancellation or renewal of them.
- Any claim or analysis of it

And may be transferred to any related business partner, company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by CPIC. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.

Should you have any further inquiry regarding for the The PA Insurance or you want to know more above us or our services, please do not hesitate to contact our customer representatives.



® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 262 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.

中國太平洋人壽保險保書
CPIC PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

Premium Table (HK\$) 保費計算表 (港元)

保障利益 Benefits	行業種類 Classification of Occupation		
	第一類 Class 1	第二類 Class 2	第三類 Class 3
1. 意外死亡及永久性傷殘 Accidental Death & Permanent Disablement	0.09%	0.125%	0.18%
最高投保額 Maximum Sum Insured	-	-	-
2. 意外醫療費用 Accidental Medical Expenses 每宗意外 Per Accident			
HK\$ 5,000	138	160	206
HK\$10,000	205	239	308
HK\$15,000	259	317	408
HK\$20,000	320	391	500
HK\$30,000	438	536	686
超過HK\$30,000 Additional Amount in excess of HK\$30,000	1%	1.16%	1.49%
投保額之10%，最高限額為 10% of Capital sum up to	100,000	100,000	50,000
3. 入息保障 Income Protection	0.35%	0.525%	0.7%
最高投保額 Maximum Sum Insured	1,000,000	1,000,000	500,000
每年確實收入之100%及不能超過意外死亡及永久傷殘投保額之50% 100% of actual annual earnings but not exceeding 50% of Accidental Death & Permanent Disablement up to			
白僱人士只可在因意外入院期間享有此項保障，保費可減低50% Self-employed Cover only applies to the period of the Insured Person is hospitalized resulting from accidental bodily injury and the premium rate is reduced by 50%			
4. 住院現金津貼 Hospital Cash Allowances 每天HK\$100賠償計 HK\$100 per day	65	82	99
最高投保額不能超過意外死亡及永久傷殘投保額之0.1%或 所列上限(每天計) Maximum Sum Insured not exceeding 0.1% of Accidental Death & Permanent Disablement or up to the list amount (per day)	1,000	1,000	750

請用英文正楷填寫 Please complete in English using capital letters

投保人姓名 Name of Proposer _____
(投保人必須年滿18歲或以上 Proposer must be over the age of 18 years old)

通訊地址 Correspondence Address _____

聯絡電話 Tel. No. _____ 流動電話 Mobile Phone _____

與被保人關係 Relationship with person to be Insured _____

被保人姓名 Name of Person to be Insured _____

出生日期 Date of Birth _____ 香港身份證 HKID _____
(日dd/月mm/年yy)

職業 Occupation _____ 工作性質 Nature of Works _____

保單生效日期 Period of Insurance 由 From _____ 至 to _____
(日dd/月mm/年yy) (日dd/月mm/年yy)

受益人 Beneficiary _____ 關係 Relationship _____

保障選擇 Type of Cover Required	保額 Amount of Coverage	保費 (HK\$) Premium
意外死亡及永久性傷殘 Accidental Death & Permanent Disablement		
意外醫療費用 (每宗意外) Accidental Medical Expenses (per accident)		
入息保障 (每年) Income Protection (per year)		
住院現金津貼 (每日) Hospital Cash Allowances (per day)		
每年最低保費為港幣\$500 Minimun Annual Permium is HK\$500		合計 Total

付款方式 PAYMENT METHOD

- 支票繳付 抬頭請寫「中國太平洋保險(香港)有限公司」
By cheque Payable to "China Pacific Insurance Co., (H.K.) Ltd"
- 信用卡 MASTER CARD VISA

持卡人姓名 Name of Cardholder: _____

信用卡號碼 Card No. _____

到期日 Expiry Date (月 mm / 年 yyyy) _____

本人謹此授權中國太平洋保險(香港)有限公司，在本人的VISA/MASTER*信用卡戶口中，扣除港幣_____元，作為此投保書內的投保人購買人壽保險之費用。
I hereby authorize China Pacific Insurance Co., (H.K.) Ltd. to debit my VISA/MASTER* CREDIT CARD account in the amount of HK\$_____ for the purpose of effecting PA Insurance for the propose stated in this proposal form.

持卡人簽署
Signature of Cardholder: _____

保險記錄 INSURANCE HISTORY

1. 您的職務是否需要體力勞動或往室外工作? Are you involved in any manual or outdoor duties at work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 您是否現正接受醫藥治療、接受觀察、接受手術護理，或服用任何藥物? Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 您曾否染上嚴重疾病或嚴重身體受傷? 若“是”請詳述之 Have you ever suffered from any serious injury or illness? If “Yes” Please give details	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 您現時有否購買其他意外或醫療保險? 若“是”請詳述之 Are you holding any insurance against accident or illness? If “Yes” Please give details	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5. 您曾否被其他保險公司拒絕受保、取消保單、不允續保、要求增加保費或註明特別條件? 若“是”請詳述之 Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew your policy, required an increased rate or imposed special terms? If “Yes” Please give details	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

聲明 Declaration

本人/吾等謹此聲明，根據本人所知及所信，上述所有資料均屬實無訛且為事實之全部，而所有能影響該項申請評估的事實因素均呈報。

I/We declare that the information given above is true and complete to the best of my/our knowledge and believe that all the material facts affecting the assessment of this application has been disclosed.

本人/吾等明白本投保書在中國太平洋保險(香港)有限公司接納後，保單始正式生效。本人/吾等亦同意此投保書及聲明將會作為本人/吾等與中國太平洋保險(香港)有限公司之間的合約基礎。


I/We understand that proposal will not become effective until it has been accepted by China Pacific Insurance Co.,(H.K.) Ltd. and agree that this proposal and declaration should be the basis of the contract between me/us and China Pacific Insurance Co.,(H.K.) Ltd.

本人/吾等明白中國太平洋保險(香港)有限公司收集的所有有關本人/吾等資料是用作投保、索償調查或數據研究或轉交其他人士或機構作核證數據或再保險之用。本人/吾等有權查核及要求更改有關本人/吾等的資料。

I/We understand that all the information collected by China Pacific Insurance Co.,(H.K.) Ltd for the purpose of underwriting, claim investigation or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification of reinsurance. I/We have the right to obtain access to and to request correction of my/our information.

授權簽署 Authorized Signature	日期 Date
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特許保險代理/經紀
Authorized Agent / Broker

 **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.

中國太平洋人壽保* PA Insurance



 **中國太平洋保險**
China Pacific Insurance

中國太平洋保險(香港)有限公司
China Pacific Insurance Co., (H.K.) Ltd.

香港灣仔港灣道18號中環廣場4301室
Suite 4301, 43/F, Central Plaza
18 Harbour Rd., Wanchai, H.K.
Tel:(852)2541 4338 Fax:(852)2541 4332

意外死亡/永久完全殘廢賠償表 Accidental Death/Permanent Total Disablement Benefits Schedule

事故 Insured Events	投保額賠償率 Percentage of Sum Insured
意外死亡 Accidental Death	100%
永久完全殘廢 Permanent Total Disablement	100%
四肢永久癱瘓及無法痊癒 Permanent and Incurable Paralysis of all Limbs	100%
永久完全喪失雙眼視力 Permanent Total Loss of Sight of both Eyes	100%
喪失雙肢或雙肢完全失去功能 Loss of or Permanent Total Loss of use of two Limbs	100%
永久完全不能言語及失聽 Permanent Total Loss of Speech and Hearing	100%
永久完全及無法治療之精神錯亂 Permanent and incurable insanity	100%
永久完全喪失一眼視力 Permanent Total Loss of Sight of one Eye	50%
喪失任何一肢或任何一肢完全失去功能 Loss of or Permanent Total Loss of use of one Limb	50%
永久完全失聰 Permanent Total Loss of Hearing in a. 雙耳 both ears b. 單耳 one ear	75% 15%
永久完全喪失言語能力 Permanent Total Loss of Speech	50%
永久完全喪失一眼角膜 Permanent Total Loss of the Lens of one Eye	50%
喪失或永久完全失去四隻手指及拇指功能 Loss of or Permanent Total Loss of use of Thumb and four Fingers of a. 右手 Right Hand b. 左手 Left Hand	70% 50%
喪失或永久完全失去四隻手指功能 Loss of or Permanent Total Loss of use of four Fingers of a. 右手 Right Hand b. 左手 Left Hand	40% 30%
喪失或永久完全喪失一隻拇指功能 Loss of or Permanent Total Loss of use of one thumb a. 兩個右手拇指關節 Both Right Joints b. 一個右手拇指關節 One Right Joint c. 兩個左手拇指關節 Both Left Joints d. 一個左手拇指關節 One Left Joint	30% 15% 20% 10%
喪失或永久完全喪失一隻手指功能 Loss of or Permanent Total Loss of use of Fingers a. 三個右手手指關節 Three Right Joints b. 兩個右手手指關節 Two Right Joints c. 一個右手手指關節 One Right Joint d. 三個左手手指關節 Three Left Joints e. 兩個左手手指關節 Two Left Joints f. 一個左手手指關節 One Left Joint	10% 7.5% 5% 7.5% 5% 2%
** (以左手為慣用手者，賠償額將會左右互調。) (Left hand users can have the coverage percentage left and right hand reversed.)	
喪失或永久完全喪失腳趾功能 Loss of or Permanent Total Loss of use of Toes a. 一隻腳所有腳趾 All - one foot b. 大腳趾 ~ 兩個關節 Great - both Joints c. 大腳趾 ~ 一個關節 Great - Joint d. 其他腳趾 Other toe	15% 5% 3% 1%
折斷腿部或膝蓋而無法癒合 Fractured Leg or Patella with established non-union	10%
腳部縮短5厘米 Shortening of Leg by at least 5cm	7.5%
燒傷導致二級或三級程度 Major Burns caused only by the agent of heat resulting in Second Degree or Third Degree Burns on either 身體總面積燒傷達百分之30% On 30% or more of other body surface 面部總面積燒傷達百分之50% On 50% or more of other facial surface	30% 15%