POLICY

ALLIANZ TRAVEL PROTECT

POLICY WORDING
TRAVEL INSURANCE TERMS AND CONDITIONS
In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, Allianz Global Corporate & Specialty SE Hong Kong Branch (hereinafter called “The Company”) agrees to provide insurance to the Insured Persons named in the Certificate of Insurance issued in relation to a Journey that commenced and occurred within the Period of Insurance subject to terms and conditions of this Policy and promises to pay indemnity for loss to the extent provided herein. Please refer to the Schedule of Benefits in the Certificate of Insurance for the details of your coverage and the limits thereof.

The Company has appointed Allianz Global Assistance as its Authorised Assistance Service Provider, to provide you with claim and assistance services, and for the administration of your Policy.

The Certificate of Insurance, Travel Insurance Terms and Conditions and endorsements (if any), shall constitute the entire contract of insurance (hereinafter called the “Policy”). Please be sure to read and print a copy of your Certificate of Insurance and Travel Insurance Terms and Conditions, and pay attention to the General Exclusions and General Provisions which apply in all instances.

DEFINITION OF WORDS
The following defined terms shall have the meaning set out as follows in this Policy:

Accident or Accidental means a sudden, unforeseen and unexpected event happening by chance.

Allianz Global Assistance (AGA) means the trading name of Allianz Worldwide Partners (Hong Kong) Limited, a legal entity duly registered under HK laws.

Annual Cover means that the period specified in the Certificate of Insurance and any subsequent period for which you shall have paid and we shall have accepted a renewal premium. Insurance is only effective for any Journey not exceeding ninety (90) days, which commences from and returns to Hong Kong within Period of Insurance.

Authorised Assistance Service Provider means the independent service provider appointed by The Company to provide overseas assistance services to Insured Persons.

Black Travel Alert means the black travel alert issued by the Hong Kong Security Bureau under the Outbound Travel Alert (OTA) System. This definition may be changed by The Company from time to time based on changes to the OTA System communicated by the Hong Kong Security Bureau.

Bodily Injury means physical injury caused solely and independently by an Accident and sustained during the Period of Insurance.

Business Partner means one or more persons engaged in, and sharing the profits and risks of the same business enterprise as an Insured Person.

Certificate of Insurance means the document issued to the Insured Person showing details of cover, including the Schedule of Benefits.

Chinese Medicine Practitioner means a person other than an Insured Person or an Extended Family Member who is a Chinese bonesetter, acupuncturist or person duly registered as a Chinese medicine practitioner according to the Chinese Medicine Ordinance (Cap. 549).

Company means Allianz Global Corporate & Specialty SE Hong Kong Branch.

Confinement or Confined means the period the Insured Person is registered as Resident Inpatient in a Hospital because of a medical necessity under the professional care of a Qualified Medical Practitioner and which the Hospital levies a charge for room and board for the treatment of Bodily Injury or Sickness for such Confinement.

Departure Date means the date where Insured Person departs from Hong Kong to their destination.

Effective Date means the date the Period of Insurance starts as stated in the Certificate of Insurance.

Expire Date means the date the Period of Insurance ends as stated in the Certificate of Insurance.
Family means the policyholder, his/her spouse and dependent children aged (regardless of number) between 60 days and 17 years of age travelling together during the insured Journey.

Hong Kong means the Hong Kong Special Administrative Region.

Hospital means a Hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home or a place for alcoholics or drug addicts, or for any similar purpose) operated pursuant to law for the care and treatment of sick or injured person with organized facilities for diagnosis and surgery and having 24 hours nursing service and medical supervision.

Household Contents means property owned by an Insured Person and located at their Principal Home at the time of burglary but does not include diamonds, gems, antiques, valuable paintings or art, jewelry and accessories (including but not limited to, for example crystals, earrings, necklaces, rings or brooches etc.) or cash.

Extended Family Member means an Insured Person’s spouse, parents, parents-in-law, grandparents, children, siblings, grandchildren or legal guardians.

Insured Person means the person or persons named in the Certificate of Insurance or subsequent endorsement(s) (if any).

Journey wherever used in this Policy shall mean the Journey with the period of travel commencing from the Insured Person leaves the Hong Kong immigration counter on the Departure Date for the purpose of commencement of his/her insured Journey, and until either: (i) the Expiry Date as described in the Certificate of Insurance; or (ii) the Insured Person’s arrival at any immigration counter for returning to Hong Kong after the insured Journey, whichever first occurs.

Loss of hearing shall mean Permanent total and irrecoverable loss of complete hearing in an ear in that the ear is beyond remedy by surgical or other treatment.

Loss of limb shall mean Permanent total and irrecoverable loss of use or loss by physical separation at or above the wrist or ankle joint of a limb.

Loss of sight shall mean Permanent total and irreversible loss of complete sight of an eye in that the eye is beyond remedy by surgical or other treatment.

Loss of speech shall mean Permanent total and irreversible loss of speech beyond remedy by surgical or other treatment.

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 Qualified Medical Practitioner as being medically necessary to improve an Insured Person’s condition resulting from a Bodily Injury or Sickness.

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 Qualified Medical Practitioner, including employment of a nurse, x-ray examination or the use of an ambulance as the result of an emergency.

Mobile Device means a portable computing device such as smartphone, laptop or tablet computer.

Pandemics means a form of an epidemic that extends throughout an entire continent, even the entire human race.

Period of Insurance means: (for Single Trip)

a) In respect of Section E - Trip Cancellation, the Period of Insurance starts from the Policy Issue Date shown on the Certificate of Insurance or thirty (30) days prior to the Departure Date, whichever is later. The cover expires on the Departure Date at the moment of the Journey’s commencement.

b) In respect of sections other than Section E – Trip Cancellation, the Period of Insurance starts on the Departure Date, at the moment of the Journey’s commencement. The cover expires upon any of the following (whichever comes first):

   i. The Expiry Date as stated in the Certificate of Insurance

   ii. Your return back to Hong Kong

   iii. When the insurer determines that you should return to Hong Kong for the treatment.

For items a) and b) above, cover will automatically be extended for a maximum of fourteen (14) calendar days in the event of the Journey being unavoidably delayed by any event covered under this Policy. The Period of Insurance, exclusive of the extension, shall not be longer than one hundred and eighty-two (182) days.

Period of Insurance means (for Annual Cover):
a) For Section E - Trip cancellation, Period of Insurance shall be effective from the time you arrange the **Journey** until the **Departure Date** at the moment of the **Journey**’s commencement.

b) For sections other than Section E – Trip Cancellation, the Period Of Insurance starts on the **Departure Date** at the moment of the **Journey**’s commencement.

The cover expires upon any of the following (whichever comes first):

i. The **_EXPIRY DATE** as stated in the Certificate of Insurance

ii. Your return back to **Hong Kong** within ninety (90) days of the **DEPARTURE DATE** of the **Journey**

iii. When the insurer determines that you should return to **Hong Kong** for treatment

**Permanent** shall mean lasting twelve (12) consecutive months from the date of an **Accident** and at the expiry of the twelve (12) months period being beyond any hope of improvement.

**Permanent Total Disability** shall mean disablement which commences ninety (90) days from the date of the **Accident** and which is **Permanent** and which entirely prevents an **Insured Person** from attending to any business or gainful occupation of any and every kind or, if he/she has no business or occupation, from attending to any duties, which would normally be carried out by him/her in his/her daily life.

**Personal Baggage** means your suitcases, trunks and similar containers including their contents and articles worn or carried by you including your valuables. It does not include any camera and accessories, mobile phone, smart watch, bicycle, business samples or items that you intend to trade, passport or travel documents, cash, bank notes, currency notes, cheques, negotiable instruments, watercraft of any type (other than surfboards), furniture, furnishings, household appliances, hired items or any other item listed as excluded on your Certificate of Insurance.

**Pre-Existing Condition** means any condition for which the **Insured Person, Extended Family Member, Travel Companion** or **Business Partner** received from or were recommended by a **Qualified Medical Practitioner** prior to the **Effective Date** of this Policy for: a) any medical treatment; b) any diagnosis; c) any consultation; or d) any prescribed drugs leading to a claim under this Policy; or any **Symptom** which existed prior to the **Effective Date** leading to a claim under this Policy.

**Principal Home** means an **Insured Person**’s primary place of residence in **Hong Kong**.

**Public Conveyance** means any mechanically propelled carrier operated by a company or an individual licensed to carry passengers for hire.

**Qualified Medical Practitioner** shall mean any person legally authorized by the Government with jurisdiction in the geographical area of his or her practice to render medical or surgical service, but excluding a **Qualified Medical Practitioner** who is the **Insured Person** or an **Extended Family Member** of the **Insured Person**.

**Red Travel Alert** means the red travel alert issued by the Hong Kong Security Bureau under the Outbound Travel Alert (OTA) System. This definition may be changed by **The Company** from time to time based on changes to the OTA System communicated by the Hong Kong Security Bureau.

**Rental Vehicle** means a campervan/motorhome that does not exceed 4.5 tonnes, a sedan, coupe, hatchback, station wagon, SUV, four-wheel-drive or mini bus/people mover rented from a licensed motor vehicle rental company.

**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.

**Schedule of Benefits** means the table of benefits presented in the **Certificate of Insurance** that sets out the coverage that is provided under each Policy and the maximum limits we will pay in total for all claims under each section.

**Sickness** means illness or disease commencing during the **Period of Insurance**.

**Single Trip** means insurance coverage effective for a single **Journey**, details of which is provided in the Certificate of Insurance.

**Specially Designated List** means names of a person, entities, groups, corporate specified on a list that are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union, Hong Kong or United Kingdom.

**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.
Symptom means a sign or an indication of disorder or disease experienced by an individual.

Travel Companion means a person who accompanies an Insured Person for the entire Journey.

“Usual, Reasonable And Customary” means an expense which:
(1) is charged for treatment, supplies or medical services medically necessary for caring of Insured Person(s) under the care, supervision, or order of a Qualified Medical Practitioner; (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

DESCRIPTION OF COVER

The Company’s maximum limit of liability under each section of benefits hereunder involving the Insured Person occurring within the Period of Insurance shall not exceed the relevant amount of Sum Insured, as specified under the Schedule of Benefit in the Certificate of Insurance.

SECTION A – PERSONAL ACCIDENT

1. Accident whilst travelling on a Public Conveyance (17 up to and including 75 years of age):
   If an Insured Person of seventeen (17) up to and including seventy-five (75) years of age on the first day of the Period of Insurance sustains Bodily Injury while travelling as a fare-paying passenger on board a Public Conveyance or a carrier arranged by a travel agent 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(a) of the Schedule of Benefits.

2. Other Accident (17 up to and including 75 years of age):
   If an Insured Person of seventeen (17) up to and including seventy-five (75) years of age on the first day of the Period of Insurance sustains Bodily Injury other than as set out at Section A(a) above, 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(b) of the Schedule of Benefits.

3. Accident (under 17 or above 75 years of age):
   If an Insured Person under seventeen (17) or over seventy-five (75) years of age on the first day of the Period of Insurance 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(c) of the Schedule of Benefits.
SECTION A: LOSS TABLE

<table>
<thead>
<tr>
<th>Type of Loss</th>
<th>Percentage of Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Death</td>
<td>100%</td>
</tr>
<tr>
<td>2 Permanent total disablement</td>
<td>100%</td>
</tr>
<tr>
<td>3 Permanent and Incurable paralysis of all limbs</td>
<td>100%</td>
</tr>
<tr>
<td>4 Permanent total loss of sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5 Permanent total loss of or the of use of two limbs</td>
<td>100%</td>
</tr>
<tr>
<td>6 Permanent total loss of speech</td>
<td>100%</td>
</tr>
<tr>
<td>7 Permanent total Loss of Hearing in:</td>
<td></td>
</tr>
<tr>
<td>a) Both ears</td>
<td>75%</td>
</tr>
<tr>
<td>b) One ear</td>
<td>15%</td>
</tr>
<tr>
<td>8 Permanent total loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>9 Loss of or the Permanent total Loss of Use of one limb</td>
<td>50%</td>
</tr>
</tbody>
</table>

SPECIAL CONDITIONS TO SECTION A:

1. 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.

2. 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.

3. 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.

4. Disappearance: If the Insured Person disappears as a result of the disappearance, sinking or wrecking of the Public Conveyance caused by an Accident in which the Insured Person was traveling at the time of the Accident during the course of the insured Journey and remains missing after twelve (12) months from the date of the Accident, and The Company has reason to believe that the Insured Person has died in the Accident, The Company will pay the Personal Accident benefit, subject to receipt of a signed undertaking by the personal representative of the Insured Person’s estate that any such payment shall be refunded to The Company if it is later discovered that the Insured Person did not die as a result of the Accident.

EXCLUSIONS TO SECTION A:

This Section A does not cover loss caused by an injury or otherwise which is a consequence of any kind of Sickness, disease or bacterial infection.

SECTION B – MEDICAL EXPENSES

1. Medical Expenses:
   If an Insured Person incurs Medical Expenses during the Period of Insurance arising from Bodily Injury or Sickness, The Company will reimburse the Insured Person for those Medical Expenses up to the Sum Insured stated in Section B of the Schedule of Benefits.

2. Follow-up Medical Expenses:
   If an Insured Person incurs Medical Expenses overseas arising from Bodily Injury or Sickness and, after returning to Hong Kong, that Insured Person still requires ongoing treatment in Hong Kong for the same Bodily Injury or Sickness as given or prescribed by a Qualified Medical Practitioner and/or Chinese Medicine Practitioner, The Company will continue to reimburse the Insured Person for the Medical Expenses incurred in Hong Kong, up to ninety (90) days after the Insured Person’s return to Hong Kong, including the Medical Expenses up to the Sum Insured stated in Section B(a) “Follow-up Medical Expenses” of the Schedule of Benefits per visit per day. Specifically, for treatment by Chinese Medicine Practitioner, The Company will continue to reimburse the Insured Person for the Medical Expenses incurred in Hong Kong up to the Sum Insured stated in Section B(b) “Maximum Amount for Chinese Medical Practitioner” of the Schedule of Benefits in total, provided they are supported by receipts from a Chinese Medicine Practitioner or until the Sum Insured stated in Section B(b) has been exhausted, whichever comes first.
SPECIAL CONDITIONS TO SECTION B:

1. The Company or the Authorised Assistance Service Provider must be notified of any Medical Expenses incurred overseas as a Resident Inpatient during the Period of Insurance within thirty (30) days of their being incurred. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Policy for those Medical Expenses.

2. The maximum daily amount incurred by Chinese Medical Practitioners shall be the amount stated in Section B(b) of the Schedule of Benefits.

EXCLUSIONS TO SECTION B:

This Section B does not cover:

1. Any expense 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 Qualified Medical Practitioner attending the Insured Person, can reasonably be delayed until the Insured Person returns to Hong Kong.
3. Any expense incurred after an Insured Person has failed, within a reasonable period, to follow a Qualified Medical Practitioner’s advice to return to Hong Kong to continue treatment for Bodily Injury suffered or Sickness contracted whilst overseas.
4. Any expense incurred during a Journey after an Insured Person has been advised by a Qualified Medical Practitioner prior to the departure of the Journey that he or she is unfit to travel.
5. Any follow-up expense incurred more than ninety (90) days after the end of the Period of Insurance during which the Bodily Injury or Sickness occurred.
6. Any expenses incurred under Section B after twelve (12) months 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, unless it is a valid claim under Section B(a).

SECTION C – HOSPITAL CASH

Upon the overseas Confinement of an Insured Person as a direct and unavoidable result of Bodily Injury or Sickness, The Company will pay an Insured Person a daily benefit of the amount stated in Section C of the Schedule of Benefits for each complete and consecutive 24 hours period of Confinement, up to the Sum Insured stated in Section C of the Schedule of Benefits.

SPECIAL CONDITIONS TO SECTION C:

Payment of benefits under this Section C shall only be made after the Confinement ends.

EXCLUSIONS TO SECTION C:

This Section C does not cover:

1. Any Confinement which occurs after the Insured Person’s return to Hong Kong.
2. Any Confinement which occurs under Section C other than those caused by Bodily Injury or Sickness set out at Section B above

SECTION D – 24 HOUR WORLDWIDE ASSISTANCE SERVICES

1. Medical Evacuation and Repatriation:
   i. Where a Qualified Medical Practitioner, designated by an Authorised Assistance Service Provider, certifies that Bodily Injury or Sickness renders an Insured Person unfit to travel or continue with their Journey or is a danger to their life or health; and the necessary medical treatment is not available, either at the nearest Hospital where the Insured Person was transported to or in the immediate vicinity thereof, after suffering the Bodily Injury or Sickness, The Company may, based on the advice of a Qualified Medical Practitioner that the Insured Person is medically fit to be evacuated, determine in its sole discretion, that the Insured Person should be evacuated to another location for the necessary medical treatment.
   ii. The Authorised Assistance Service Provider shall arrange for the evacuation within a reasonable timeframe and utilize the best suited means, based on the medical severity of the Insured Person’s condition for the transportation of the Insured Person, including but not limited to air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means.
   iii. All decisions as to the means of transportation and the final destination will be made by Authorised Assistance Service Provider, and will be based solely upon medical necessity. The Insured Person may, in appropriate circumstances, be returned to Hong Kong.
   iv. The Company will pay the actual cost of the Insured Person’s emergency medical evacuation and/or repatriation and associated medical services and medical supplies directly to Authorised Assistance Service Provider.
2. **Return of Remains:**
Upon the death of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, The Company will pay the cost for transporting the **Insured Person**’s mortal remains from the place of death to **Hong Kong** as approved by the Authorised Assistance Service Provider, up to the **Sum Insured** stated in Section D(b) of the Schedule of Benefits.

3. **Overseas Funeral Expenses:**
Upon the death of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, The Company will pay, up to the **Sum Insured** stated in Section D(c) of the Schedule of Benefits, the reasonable cost of local burial at the place of death as approved by the Authorised Assistance Service Provider.

4. **Relative Visit:**
If a **Qualified Medical Practitioner** certifies that **Bodily Injury** or **Sickness** renders an **Insured Person** unfit to travel or continue with their **Journey** and is expected to be **Confined** in a **Hospital** for medical treatment in excess of seven (7) days, The Company will pay up to the **Sum Insured** stated in Section D(d) of the Schedule of Benefits: (i) the cost of one (1) economy class round-trip ticket for one (1) **Extended Family Member** to visit the **Insured Person** overseas, and (ii) the cost of one (1) ordinary room accommodation in a reasonable hotel overseas, excluding the cost of drinks, meals and other room services.

5. **Relative Return:**
If the **Insured Person**’s **Extended Family Member** sustains an **Bodily Injury** or **Sickness** in **Hong Kong** and as a result dies during the insured **Journey** in **Hong Kong**, The Company shall reimburse the reasonable and necessary expenses of one economy class round-trip ticket for the **Insured Person** to travel back to **Hong Kong**, up to the **Sum Insured** stated in Section D(e) of the Schedule of Benefits.

6. **Return of Minor:**
Where:
   i. An **Insured Person** is **Confined** as a direct and unavoidable result of **Bodily Injury** or **Sickness** which a **Qualified Medical Practitioner** certifies as either rendering that **Insured Person** unfit to travel or continue with their **Journey** or as being a danger to their life or health; and
   ii. That **Insured Person** is accompanied by a child who is an **Insured Person** and was under seventeen (17) years old on the first day of the **Period of Insurance**; and
   iii. That child is at risk of being left unattended as a result of the **Insured Person**’s **Confined**.

The Company will arrange and pay up to the **Sum Insured** stated in Section D(f) of the Schedule of Benefits, for an economy class one-way ticket, together with escort services, for that child to be escorted back to **Hong Kong**.

**SPECIAL CONDITIONS TO SECTION D:**
1. Services under Section D are provided by the **Authorised Assistance Service Provider**. The Company or the **Authorised Assistance Service Provider** must be promptly notified of the occurrence of any event which may give rise to a potential claim under Section D(a)–(f). Failure to give the notice required by this condition could result in The Company having no liability under this Section of the Policy.
2. The arrangements for, means and final destination of medical evacuation and repatriation will be decided by the **Authorised Assistance Service Provider** and will be based entirely upon medical necessity.
3. Upon payment being made under this Section D, The Company shall be entitled to any monies refundable from an original return airfare.

**EXCLUSIONS TO SECTION D:**
This Section D does not cover any:
1. Expense included or contemplated in the cost of a **Journey** at the time it was paid for.
2. Expense incurred during a **Journey** after an **Insured Person** has been advised by a **Qualified Medical Practitioner** prior to the departure of the **Journey** that he or she is unfit to travel.
3. Expense incurred for services provided by another party for which the **Insured Person** is not liable to pay.
4. Expense for a service not approved and arranged by an **Authorised Assistance Service Provider**.
5. Treatment performed or ordered by a person who is not a Qualified Medical Practitioner.

6. Expenses incurred in relation to treatment that can be reasonably delayed until the Insured Person returns to Hong Kong.

SECTION E – TRIP CANCELLATION

The Company shall reimburse the Insured Person up to the Sum Insured as stated in the Schedule of Benefits for loss of travel cost paid in advance by the Insured Person and for which the Insured Person is legally liable and which is not recoverable from any other source consequent upon the cancellation of the insured Journey necessitated by the occurrence of any of the following, within thirty (30) days before the Departure Date of the insured Journey (except for sub-paragraphs 3 to 6 below):

1. Death or Bodily Injury or Sickness of the Insured Person, Extended Family Member, Traveling Companion and/or Business Partner;

2. Witness summons, jury service or compulsory quarantine of the Insured Person;

3. Sudden occurrence of strike by the employees of the Public Conveyance, unanticipated outbreak of riot or civil commotion at the destination within the period of one (1) week before the Departure Date of the planned insured Journey;

4. Serious damage to the Principal Home of the Insured Person or Traveling Companion in Hong Kong from fire, flood, earthquake or similar natural disasters within the period of one (1) week before the Departure Date of the planned insured Journey which requires the Insured Person’s presence in the premises on the Departure Date of the insured Journey.

5. The unexpected issuance of a Black Travel Alert for a destination scheduled in the Journey at least one (1) day after this Policy becomes effective and which is in force at any time within one (1) week of the Departure Date of the planned insured Journey, resulting in cancellation of the Journey.

6. The unexpected issuance of a Red Travel Alert for a destination scheduled in the Journey at least one (1) day after this Policy becomes effective and which is in force at any time within one (1) week of the Departure Date of the planned insured Journey, resulting in cancellation of the Journey.

SPECIAL CONDITION TO SECTION E:

1. Where a Journey is cancelled as a result of Bodily Injury or Sickness of an Insured Person, Extended Family Member, Travel Companion or Business Partner, that Bodily Injury or Sickness must be certified by a Qualified Medical Practitioner as rendering that Insured Person, Extended Family Member, Travel Companion or Business Partner unfit to travel or as being a danger to their life or health.

2. Failure to obtain the certifications required by this condition precedent will result in The Company having no liability under this Section E for the Insured Person’s loss of travel and/or accommodation expenses paid in advance or forfeited.

EXCLUSIONS TO SECTION E:

This Section E does not cover the whole or any part of travel and/or accommodation expenses which are:

1. Refundable to, or recoverable by, an Insured Person from any other source of indemnity or reimbursement.

2. Any amount which an Insured Person is not legally obligated to pay.

3. Cancelled as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.

4. Cancelled due to the negligence, misconduct or insolvency of the travel agent through whom the Journey was booked.

5. Cancelled due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.

6. Cancelled as a direct or indirect result of financial hardship experienced by an Insured Person, changes in an Insured Person’s circumstances or contractual obligations or an Insured Person’s general disinclination to proceed with the Journey.

7. Arising from a circumstance which, at the time of booking a Journey, existed or might reasonably have been anticipated as being likely to result in the Journey being cancelled.

8. Any travel when Black Travel Alert or Red Travel Alert were hosted or announced by Hong Kong Security Bureau prior to the Effective Date of the Policy.
SECTION F – TRIP INTERRUPTION

A) Trip Curtailment:

The Company shall reimburse the Insured Person up to the Sum Insured as stated under Section F(a) in the Schedule of Benefits for the unused and forfeited travel cost where the Insured Person has to terminate and cut short the insured Journey and return to Hong Kong as a result of the following reasons:

1. Death, Bodily Injury or Sickness of the Insured Person, Insured Person’s Extended Family Members, Traveling Companion or Business Partner;

2. Sudden occurrence of strike by the employees of a Public Conveyance, unanticipated outbreak of riot or civil commotion or natural disasters which prevents the Insured Person from continuing with his/her scheduled insured Journey.

3. The unexpected issuance of a Black Travel Alert for a destination scheduled in the Journey after this Policy’s Effective Date and which is in force at any time during the Journey, resulting in curtailment of the Journey.

4. The unexpected issuance of a Red Travel Alert for a destination scheduled in the Journey after this Policy’s Effective Date and which is in force at any time during the Journey.

B) Trip Re-route:

In the event that a Journey has to be re-routed because of the unanticipated occurrence during the Period of Insurance of a strike by the employees of a Public Conveyance, riot or civil commotion, adverse weather, natural disaster or epidemic at the scheduled destination, which prevents the Insured Person from continuing his/her scheduled Journey, The Company will pay the reasonable and necessary additional travel fare and/or accommodation incurred by an Insured Person to enable him or her to arrive at their scheduled destination, up to the Sum Insured stated in Section F(b) of the Schedule of Benefits.

SPECIAL CONDITIONS TO SECTION F:

1. Where a Journey is curtailed as a result of Bodily Injury or Sickness of an Insured Person, Extended Family Member, Travel Companion or Business Partner, that Bodily Injury or Sickness must be certified by a Qualified Medical Practitioner as rendering that Insured Person, Extended Family Member, Travel Companion or Business Partner unfit to travel or as being a danger to their life or health.

2. Failure to obtain the certifications required by this condition precedent will result in The Company having no liability for the Insured Person’s loss which may otherwise have been covered by this Section F.

EXCLUSIONS TO SECTION F:

This Section F does not cover the whole or any part of the cost of the unused part of a Journey or additional travel fare and/or accommodation incurred by an Insured Person to enable him or her to arrive at their scheduled destination, which is:

1. Refundable to, or recoverable by, an Insured Person from any other source of indemnity or reimbursement.

2. Incurred as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.

3. Incurred due to the negligence, misconduct or insolvency of the travel agent through whom the Journey was booked.

4. Incurred due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.

5. Incurred as a direct or indirect result of financial hardship experienced by an Insured Person, changes in an Insured Person’s circumstances or contractual obligations or an Insured Person’s general disinclination to proceed with the Journey.

6. Arising from a circumstance which, at the time of booking a Journey or on the date the Journey first begins, existed or might reasonably have been anticipated, as being likely to result in the Journey being interrupted.

7. Any travel when Black Travel Alert or Red Travel Alert were hosted or announced by Hong Kong Security Bureau prior to Departure Date.

8. Claimed under Section G – Travel Delay arising from the same cause or event.

SECTION G – TRAVEL DELAY

In the event that the Public Conveyance is delayed due to adverse weather, natural disaster, strike involving the employees of the operator of a Public Conveyance or mechanical fault of a Public Conveyance during the Period of Insurance, The
Company will pay the amount stated in Section G of the Schedule of Benefits up to the Sum Insured stated in Section G.

SPECIAL CONDITIONS TO SECTION G:
1. Each period of delay will be calculated by reference to the difference between the scheduled local arrival time stated in the Insured Person’s original itinerary for the Journey and the Insured Person’s actual local arrival time at the same destination.
2. Where a Journey involves a sequence of connecting flights, the total period of delay will be calculated by reference to the difference between the original scheduled and actual local arrival times of the last flight in the sequence.
3. An Insured Person must take reasonable steps to mitigate any period of delay. Failure to take reasonable steps to mitigate any period of delay as required by this condition precedent will result in The Company having no liability under this Section G.
4. Any claim under this Section G must be accompanied by written confirmation from the carrier of the Public Conveyance associated with the delay stating the actual local arrival time at the stated destination and the reason for the delay in reaching that destination. Failure to provide the written confirmation required by this condition precedent will result in The Company having no liability under this Section G.

EXCLUSIONS TO SECTION G:
This Section G does not cover loss:
1. Arising from the late arrival of an Insured Person at any point of departure stated in the Insured Person’s original itinerary for the Journey, other than late arrival due to strike of the employees of a Public Conveyance during the Period of Insurance.
2. Arising from an event or occurrence announced before the Policy is purchased which might reasonably have been anticipated, at that time, would be likely to result in the Journey being delayed.
3. Claimed under Section F – Trip Interruption.
4. Any amount which an Insured Person is not legally obliged to pay.

SECTION H – LOSS OF TRAVEL DOCUMENTS
The Company will reimburse an Insured Person up to the Sum Insured stated in Section H of the Schedule of Benefits for:
1. the replacement cost of travel documents necessary for immigration clearance and/or travel tickets which are lost or stolen during the Period of Insurance, the absence of which would otherwise lead to delay of the Journey; and/or
2. the reasonable additional cost of travel expenses and/or accommodation necessarily incurred by an Insured Person for the sole purpose of arranging the replacement travel documents and/or travel tickets referred to in point 1 above.

SPECIAL CONDITION TO SECTION H:
1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section H. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section H.
2. Any claim under this Section H must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in The Company having no liability under this Section H.

EXCLUSIONS TO SECTION H:
This Section H does not cover loss arising from an Insured Person’s negligence including, but not limited to, leaving travel documents necessary for immigration clearance and/or travel tickets unattended.

SECTION I – BAGGAGE LOSS OR DAMAGE
Subject to a reduction or allowance for physical deterioration, depreciation or obsolescence, The Company will, at its absolute discretion, reinstate, repair or replace a piece of Personal Baggage lost, stolen or damaged during the Period of Insurance, up to the Sum Insured stated in Section I(a) of the Schedule of Benefits.

SPECIAL CONDITIONS TO SECTION I:
1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence...
of any **Personal Baggage** lost, stolen or damaged by the willful act of a third party and which may give rise to a claim under this Section I. The claim must be accompanied by written proof of loss having been reported to the local police or equivalent local law enforcement officials, along with receipt(s) or other relevant document(s) which stipulates the **Insured Person**’s ownership and purchase value of the lost, stolen or damaged **Personal Baggage**. Failure to give the notice and written proof required by this condition precedent will result in **The Company** having no liability under this Section I.

2. **If loss, theft or damage occurs in transit, the Public Conveyance** carrier must be promptly notified of the loss or damage within twenty-four (24) hours of the discovery of the loss or damage. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section I of the Policy.

3. **The Company**’s maximum liability for loss or theft of, or damage to, each item of **Personal Baggage** during the **Period of Insurance** will be restricted to the amount stated in Section I(a) of the **Schedule of Benefits**.

4. Where any item of lost, stolen or damaged **Personal Baggage** forms part of a pair or set, **The Company**’s maximum liability for that item and that pair or set will be restricted to the amount stated in Section I(a) of the **Schedule of Benefits**.

5. **Upon any payment being made under this Section I, The Company** shall be entitled to take and retain the benefit and value of any recovered or damaged **Personal Baggage** from any other source of indemnity or reimbursement and to deal with salvage at its absolute discretion.

**EXCLUSIONS TO SECTION I:**

This Section I does not cover:

1. Loss, theft or damage arising from an **Insured Person**’s negligence including, but not limited to, leaving **Personal Baggage** unattended.

2. Any unexplained loss, theft or damage to **Personal Baggage** which was left unattended in a vehicle (except locked in the trunk) or **Public Conveyance** or in other public places.

3. **The following classes of property:** business goods or sample, foodstuffs, animals, motor vehicles (including accessories), motorcycles, bicycles, boats, motors, any other conveyances, household furniture, antiques, jewelry or accessories, cellphone (including PDA phone and other accessories), **Mobile Device**, smart watch, money (including checks, traveler’s checks, etc.), plastic money (including the credit value of credit card, Octopus cards, etc.), securities, tickets or documents.

4. Loss of, or damage to, any **Personal Baggage** due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, mechanical or electrical failure, any process of cleaning, restoring, repairing, alteration, confiscation or detention or destruction by customs or any other authority.

5. **Any hired or leased equipment**;

6. Loss or theft of, or damage to, or any **Personal Baggage** forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.

7. Loss claimed under Section J – Baggage Delay for the same incident.

**SECTION J – BAGGAGE DELAY**

In the event that, during the **Period of Insurance**, **Personal Baggage** is delayed, misdirected or temporarily misplaced by a **Public Conveyance** for the period of time as specified in the **Schedule of Benefits** after an **Insured Person**’s arrival at the airport of the destination stated in the **Insured Person**’s original itinerary for the **Journey**, **The Company** will reimburse the **Insured Person** for the cost of purchasing essential toiletries and clothing (hereafter referred to as “**Essential Items**”), up to the **Sum Insured** stated in Section J of the **Schedule of Benefits**.

**SPECIAL CONDITION TO SECTION J:**

1. Any claim under this Section J must be accompanied by written confirmation from the carrier associated with the delay, misdirection or temporary misplacement of the **Personal Baggage** for the period of time as specified in the **Schedule of Benefits** after an **Insured Person**’s arrival at the airport of the destination stated in the **Insured Person**’s original itinerary for the **Journey**, along with receipt(s) which specifies the cost of purchasing the **Essential Items**. Failure to provide the written confirmation required by this
condition precedent will result in the Company having no liability under this Section J.

EXCLUSIONS TO SECTION J:
This Section J does not cover the cost of purchasing of the Essential Items:

1. For which an Insured Person has received or is due compensation from the carrier or operator responsible for the delay, misdirection or temporary misplacement of the Personal Baggage.

2. Where the delay, misdirection or temporary misplacement of the Personal Baggage by the Public Conveyance occurs during or after the Insured Person’s trip to return to Hong Kong.

3. Where the delay, misdirection or temporary misplacement of the Personal Baggage is unexplained or is due to confiscation or detention by customs or any other authority.

4. For Personal Baggage forwarded in advance of a Journey or separately mailed or shipped in a Public Conveyance other than a Public Conveyance carrying the Insured Person at the same time.

5. Claimed under Section I – Baggage Loss or Damage and arising from the same cause or event.

SECTION K – LOSS OF PERSONAL MONEY
The Company will pay loss of an Insured Person’s cash, banknotes or traveler cheques due to burglary, theft or robbery occurring during the Period of Insurance, up to the Sum Insured stated in Section K of the Schedule of Benefits.

SPECIAL CONDITIONS TO SECTION K:
The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section K. The claim must be accompanied by written proof of loss having been reported to the local police or equivalent local law enforcement officials. Failure to give the notice and written proof required by this condition precedent will result in the Company having no liability under this Section K.

EXCLUSIONS TO SECTION K:
This Section K does not cover:

1. Loss arising from an Insured Person’s negligence including, but not limited to, leaving cash, banknotes or travelers cheques unattended.

2. Any unexplained loss or loss due to confiscation or detention by customs or any other authority, devaluation of currency or shortages due to errors or omissions during money exchange transactions.

3. Loss arising from the use or misuse of any form of plastic money including, but not limited to, the credit value held on any card, electronic purse or equivalent store of credit.

SECTION L – RENTAL VEHICLE EXCESS
If the Insured Person is on a Journey, the Company will reimburse the Insured Person for any excess or deductible which an Insured Person becomes legally liable to pay in respect of loss or damage to the Rental Vehicle caused by an Accident whilst the Rental Vehicle is under the control of the Insured Person during the rental period on the Journey, up to the Sum Insured as specified in Section L of the Schedule of Benefits subject to the terms and conditions of this Policy.

SPECIAL CONDITIONS TO SECTION L:

1. The Rental Vehicle must be rented from a licensed rental agency.

2. As part of the hiring arrangement the Insured Person must take up all comprehensive motor insurance against loss or damage to Rental Vehicle during the rental period.

3. Insured Person must comply with all requirements of the rental organization under the hiring agreement of the Rental Vehicle and of the insurer under such insurance, as well as the laws, rules and regulations of the jurisdiction where the Rental Vehicle is rented or operated in.

4. In no event shall this benefit be paid more than once per insured Journey.

EXCLUSIONS TO SECTION L:
The Section L does not cover the Insured Person in respect of any claim which is, directly or indirectly, caused by, a consequence of, arises in connection with, or is contributed to by any the following:

1. Loss or damage arising from operation of the Rental Vehicle in violation of the terms of the rental agreement, or loss or damage which occurs beyond the limits of any public roads.
or in the violation of laws, rules and regulations of the jurisdiction where the Rental Vehicle is rented or operated in.
2. Loss or damage arising from wear and tear, gradual deterioration, damage from insects or vermin, inherent vice, latent defect or damage.
3. Any non-operation charge (NOC) or loss of use charge.

SECTION M – HOME GUARD
In the event of loss of or damage to Household Contents as a result of burglary during the Period of Insurance involving the use of forcible and violent entry to or exit from the Principal Home whilst the Principal Home is uninhabited, The Company will pay an Insured Person the replacement cost of the Household Contents up to the Sum Insured stated in Section M of the Schedule of Benefits.

SPECIAL CONDITIONS TO SECTION M:
1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the discovery of the occurrence of any event which may give rise to a claim under this Section M. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section M.
2. Any claim under this Section M must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in The Company having no liability under this Section M.

EXCLUSIONS TO SECTION M:
This Section M does not cover:
1. Any special or unique value possessed by any item of lost or damaged Household Contents forming part of a pair or set.
2. Replacement costs which are covered for the same risk by any other insurance policy

SECTION N – PERSONAL LIABILITY
In the event that an Insured Person becomes legally liable to pay compensation for an Accident occurring during the Period of Insurance which causes Bodily Injury to any other person or destruction of the property of others, The Company will pay that compensation on behalf of the Insured Person up to the Sum Insured stated in Section N of the Schedule of Benefits.

EXCLUSIONS TO SECTION N:
This Section N does not cover any liability:
1. Arising from Bodily Injury sustained by an Extended Family Member or by a person in the Insured Person’s custody or control.
2. Arising from damage to property which belongs to the Insured Person or an Extended Family Member or which is in the Insured Person’s custody or control.
3. Assumed under a contract.
4. Relating to the willful, malicious, unlawful or criminal act on the part of the Insured Person.
5. For liability arising from the ownership, possession, lease or rental of any vehicle, aircraft, firearm or animal.
6. For liability arising from the undertaking of any trade or profession.

SECTION O – LOSS OF MOBILE DEVICE
Subject to a reduction or allowance for physical deterioration, depreciation, deductibles or obsolescence, The Company will, at its absolute discretion, reinstate, repair or replace Mobile Device damaged or lost as a result of theft or robbery during the Period of Insurance, up to the Sum Insured stated in Section O of the Schedule of Benefits with a deductible stated in Section O(a) for the Mobile Device.

SPECIAL CONDITIONS TO SECTION O:
1. The local police, local customs or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of theft or robbery of the Mobile Device by the willful act of a third party and which may give rise to a claim under this Section O. The claim must be accompanied by written proof of loss having been reported to the local police or equivalent local law enforcement officials. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section O.
2. Upon any payment being made under this Section O, The Company shall be entitled to take and retain the benefit and value of any recovered or damaged Mobile Device and to deal with salvage at its absolute discretion.
EXCLUSIONS TO SECTION O:
This Section O does not cover:

1. Loss, theft or damage arising from an Insured Person’s negligence including, but not limited to, leaving the Mobile Device unattended.

2. Any unexplained loss, theft or damage to the Mobile Device which was left unattended in a vehicle (except locked in the trunk) or Public Conveyance or in other public places.

3. Loss or theft of, or damage to, or any Mobile Device forwarded in advance of a Journey or separately mailed or shipped in a Public Conveyance other than a Public Conveyance carrying the Insured Person at the same time.

4. Any costs relating to telecommunication charges, loss / recover of data, or any other direct, indirect or consequential loss arising from the usage of the Mobile Device after its lost, theft or damage.

SECTION P – MISSED EVENT
The Company will reimburse the actual cost of purchasing of ticket which has been paid in advance and forfeited by the Insured Person, up to the Sum Insured stated in Section P of the Schedule of Benefits; if during the Period of Insurance the Insured Person is unable to participate in a planned visit of theme parks, concerts, artistic performance or any additional activities (save and except any event arranged as part of the group tour’s original itinerary) due to the following reasons:

1. The sudden and unexpected death of an Insured Person, an Extended Family Member or Travel Companion, or the Bodily Injury or Sickness of an Insured Person, occurring after this Policy has been purchased and within thirty (30) days of the date of the Journey is scheduled to begin; or

2. The event being missed due to mechanical fault and/or electrical failure of a Public Conveyance which directly prevents the Insured Person from participating in the missed event

EXCLUSIONS TO SECTION P:
This Section P does not cover any amount which:

1. an Insured Person is not legally obliged to pay; or

2. Is refundable to, or recoverable by, an Insured Person from any other source of indemnity or reimbursement.

SECTION Q – CREDIT CARD PROTECTION
The Company will pay the Insured Person for the money for purchase made by any person (other than the Insured Person) using the Insured Person’s credit card by fraudulent means, at shops or website during the Period of Insurance within (15) minutes of the purchase, up to the Sum Insured stated in Section Q of the Schedule of Benefits. Any claim must be accompanied by written documentation from the police having jurisdiction at the place of robbery or fraudulent purchase event occurs and is reported within twenty-four (24) hours of the loss.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS:
This Policy does not cover loss, consequential loss or liability arising from any of the following:

1. Any Pre-Existing Condition, congenital or heredity condition.
2. Travelling abroad contrary to the advice of a Qualified Medical Practitioner, 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.

6. Mental or nervous disorders, insanity, psychiatric condition or any behavioral disorder.

7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, hostilities (whether war is declared or not).

8. Direct participation in a strike/riot/civil commotion 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) professional sports events where an Insured Person would or could earn income or remuneration from engaging in such sport; (b) any stunt activity; (c) racing (except on foot); or (d) any kind of climbing or mountaineering necessitating the use of rope or guides.

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 hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.

18. Any loss and expenses that can be reimbursed or recovered from any other source.

19. Pandemics or epidemics.

20. This Policy does not cover any loss or expenses with respect to Iran, North Korea, Syria, Sudan, Cuba or a specially designated person, entity, group or company on the Specially Designated List or which if reimbursed or paid by The Company would result in The Company being in breach of trade or economic sanctions or other such similar laws or regulations.

For the avoidance of doubt, no (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America, Australia, the United Kingdom and/or any other applicable national economic or trade sanction law or regulations.

GENERAL PROVISIONS

1. ENTIRE CONTRACT

The Certificate of Insurance, Travel Insurance Terms and Conditions, and endorsements (if any) shall constitute the entire contract of insurance. No statement made by the applicant for insurance not included herein shall avoid the Policy or be used in any legal proceedings hereunder unless such statement is fraudulent. No agent has authority to change this insurance or to waive any of its provisions. No change in this insurance shall be valid unless approved by The Company and such approval is endorsed hereon.

ALLIANZ GLOBAL CORPORATE AND SPECIALTY SE HONG KONG BRANCH is the underwriter (insurer) of the insurance covers described in this booklet.

2. TIME OF NOTICE OF CLAIM

Written notice of loss on which a claim may be based must be given to The Company within thirty (30) days after the date of the incident.
causing such loss and in the event of Accidental death, immediate notice thereof must be given to The Company.

3. FORMS FOR PROOF OF LOSS
The Company, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which a claim is made. All certificates, information and evidence required by The Company shall be furnished at the expense of the Insured Person/claimant or his legal personal representatives and shall be in such form and of such nature as The Company may prescribe.

4. TIME FOR FILING PROOF OF LOSS
Affirmative proof of loss must be furnished to The Company at its said office in case of a claim for such loss within sixty (60) days after the termination of the period for which The Company is liable. If it shall be shown not to have been reasonable possible to give such notice within such time, such proof is furnished as soon as reasonable possible and within one (1) year after the date of such loss.

5. SUFFICIENCY OF NOTICE
Such notice by or on behalf of the Insured Person given to The Company, with particulars sufficient to identify the Insured Person shall be deemed to be notice to The Company. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

6. IMMEDIATE PAYMENT OF INDEMNITIES
All indemnities provided in this Policy for loss other than that of time on account of disability will be paid immediately after receipt of due proof.

7. TO WHOM INDEMNITIES PAYABLE
Any indemnity paid for loss of life shall be payable to the Insured Person’s estate. All other indemnities shall be payable to the Insured Person except for Emergency Medical Evacuation and Repatriation of Mortal Remains where relevant amounts will be paid directly to the provider of service in accordance with the terms of this Policy.

8. FRAUDULENT CLAIMS
If the claim be in any respect fraudulent or if any fraudulent means or devices be used by the Insured Person or anyone acting on the behalf to obtain any benefit under this Policy, all benefit in respect of such claims shall be forfeited.

9. RIGHT OF RECOVERY
In the event that authorization of payment and/or payment is made by The Company and/or its Authorised Assistance Service Provider for a claim which is not covered under this Policy or when the limit of liability of this insurance exceeds, The Company reserves the right to recover the said sum or excess from the Insured Person.

10. RIGHTS OF THIRD PARTIES
Nothing in this Policy is intended to confer a direct enforceable benefit on any party other than the Insured Person(s) and The Company, whether pursuant to the Contracts (Rights of Third Parties) Ordinance or otherwise. It is hereby noted and agreed, however, that The Company and the Insured Person(s) named in the Certificate of Insurance alone have the right to amend this Policy by agreement or (if any such rights exist in the Policy) to cancel or terminate the Policy, without giving notice, or requiring the consent of any other person.

11. MEDICAL EXAMINATION AND TREATMENT
The Company at its own expense shall have the right and opportunity to conduct medical examination on the Insured Person when and as often as it may reasonably require during a pending claim under this Policy and to make an autopsy in the case of death where it is not forbidden by law. The Insured Person shall as soon as possible after the occurrence of any Bodily Injury or Sickness obtain and follow the advice of a duly Qualified Medical Practitioner and The Company shall not be liable for any consequences arising by reason of the Insured Person’s failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.
12. SUBROGATION
In the event of any payment under this Policy, The Company shall be subrogated to all the Insured Person’s rights of recovery therefore against any person or organization and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall take no action after the loss to prejudice such rights.

13. LEGAL ACTIONS
No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

14. LIMITATIONS CONTROLLED BY STATUTE
If any time limitation of this insurance, with respect to giving notice of claim or furnishing proof of loss, is less than that permitted by the law of Hong Kong, such limitation is hereby extended to agree with the minimum period permitted by such law.

15. COMPLIANCE WITH POLICY PROVISIONS
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

16. POLICY INTERPRETATION
This Policy is subject to the laws of Hong Kong and the parties hereto agree to submit to the exclusive jurisdiction of the courts of Hong Kong.

17. ASSIGNMENT
No notice of assignment of interest under this Policy shall be binding upon The Company unless and until the original or a duplicate thereof is filed at the Home Office of Allianz Worldwide Partners (Hong Kong) Limited, Suite 304-306, 3/F, Cityplaza Four, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong and The Company’s consent to such assignment is endorsed. The Company does not assume any responsibility for the validity of an assignment. No provision of the charter, constitution or by-laws of The Company shall be used in defense of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

18. DATA PRIVACY
The Insured Person/Policyholder/Applicant agrees that:

a) the personal data collected during the application process or administration of this Policy may be used by Authorised Assistance Service Provider the Company or by The Company for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation).

b) Allianz Worldwide Partners (Hong Kong) Limited may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purpose identified. Such persons may be located in other countries such as Mainland China, France and Switzerland. You agree that while those parties will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of Hong Kong’s privacy laws. This transfer of personal data may apply to:

i. third parties providing services related to the administration of this Policy, including reinsurers (per (a) above);

ii. financial institutions for the purpose of processing this Policy and obtaining policy payments (per (a) above);

iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers,

iv. medical providers and travel carriers (per (a) above); or

v. another member of the Allianz Worldwide Partners (for all of the purposes stated in (a) and (b)) in any country.

c) The Insured Person/Policyholder/Applicant may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of Allianz Worldwide Partners (Hong Kong) Limited at Suite 304-306, 3/F, Cityplaza Four, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong. The same addresses may be used to contact Allianz.
19. CLERICAL ERROR
Clerical errors by The Company shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

20. AGE RESTRICTION
The age of Insured Person should be between 60 days and 85 years old (both dates inclusive), unless otherwise stipulated in any specific sections under these terms and conditions.

21. CANCELLATION
For Single Trip
No refund of premium will be allowed once the Policy is issued unless the trip is cancelled by the travel agent before the Departure Date.

For Annual Cover
The Policy may be cancelled by giving The Company written notification, in which case the prorated portion of the premium paid shall be refunded as per the refund premium table below, provided no claim has occurred and made in respect of the Annual Cover.

<table>
<thead>
<tr>
<th>Calendar Months since Effective Date</th>
<th>Refund Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to one (1) month</td>
<td>60% of premium paid</td>
</tr>
<tr>
<td>Up to two (2) months</td>
<td>50% of premium paid</td>
</tr>
<tr>
<td>Up to three (3) months</td>
<td>30% of premium paid</td>
</tr>
<tr>
<td>Up to four (4) months</td>
<td>10% of premium paid</td>
</tr>
<tr>
<td>Over four (4) months</td>
<td>No refund</td>
</tr>
</tbody>
</table>

The Company may cancel the Policy by giving seven (7) days’ notice by registered letter to the Insured Person’s last known address. A proportionate part of the premium may be refunded.

22. POLICY LANGUAGE
The terms and conditions in the Chinese policy wording is translated from this English version only for your reference. Should there be any inconsistency between Chinese and English versions in policy wording, the English version shall prevail.
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一般條款 31

旅遊保險條款及條件
當Allianz Global Corporate & Specialty SE Hong Kong Branch(以下稱為“本公司”)收妥保費後，即依據本保單或批註內或附件所載的定義、不受保事項、限制、規定和條款，同意承保名字列於保險證明書內之受保人及根據本保單的條款和條件於受保期間內所出發和發生的旅程之損失作出賠償。有關您的保障的詳情，請參考保險證明書內的保障表。

本公司委任安聯全球救援為其授權救援服務提供者，為您提供索償和支援服務，與及管理您的保單。

保險證明書、旅遊保險的條款及條件和批註(如有者)將構成完整的保險契約(以下稱為「保單」)。請您務必細讀及列印一份保險證明書及旅遊保險的條款及條件，並留意適用於所有章節的一般不受保事項及一般條款。

詞彙釋義:

在本保單內，下列詞彙應具有以下涵義:

「意外」指突然、不可預見及預料之突發事件。

「安聯全球支援(AGA)」指Allianz Worldwide Partners (Hong Kong) Limited的營商品牌，為一間根據香港法律正式註冊的法律實體。

「全年保障」指保險證明書中指定的期間，及您已支付而我們已接受續保保費的任何後續期間。保險只於在保單期限內從香港出發並返回香港的不超過九十(90)天的任何單次來回旅程。

「授權救援服務提供者」指由本公司任命的獨立服務提供者向受保人提供海外援助服務。

「黑色外遊警示」指由香港保安局於「外遊警示制度」下就旅遊目的地發出的黑色外遊警示。就此定義，本公司會配合香港保安局就「外遊警示制度」的修訂不時作出修改。

「商業夥伴」指一名或多名與受保人從事同一商業企業並共享利潤及分擔風險的人仕。

「保單」指發給受保人的列明保障詳情(包括保障表)的文件。

「中醫」是指一位跌打、針灸或中醫師根據中醫藥條例(香港法例第549章)合法註冊成為中醫，但若果中醫為受保人本人或其親屬則除外。

「本公司」指Allianz Global Corporate & Specialty SE Hong Kong Branch。

「住院」是指受保人因醫療需要被醫院接收為住院病人以接受專業護理的期間，並就相關住院的受傷或疾病須治療向醫院支付病房及膳食費用。

「出發日期」指受保人從香港出發前往目的地的日期。

「生效日期」指保險證明書上保險期開始之日。

「屆滿日期」指保險證明書上保險期完結之日。

「家庭」是指保單持有人、其受保旅程同行之合法配偶及年齡由60天至17歲的子女(子女人數不限)。

「香港」指香港特別行政區。

「醫護」指依法運作的醫院(不包括用作照顧老人或長期病患者的機構或療養、休養或護理機構、或酗酒或吸毒治療所，或類似目的機構)，用以照顧及治療患病或受傷人，設有診斷及施行手術的設施，並提供24小時護理服務及醫療監察。

「家居財物」指在由受保人擁有且位於其主要住所的財物，惟包括鑽石、寶石、古董、名畫、藝術品、珠寶和配飾(包括但不只限於例如水晶、耳環、項鍊、戒指或領針等)或現金。

「親屬」是指受保人的配偶、父母、配偶之父母、祖父母、子女、兄弟姊妹、孫兒或合法監護人。

「受保人」指名字列於保險證明書內或隨後批註內之受保人士(如有)。

「旅程」指受保人於受保期內於香港出發並返回香港的不超過九十(90)天的任何單次來回旅程。
為準）的旅遊期間。

「失聰」是指永久完全及無法恢復失去的全部聽力，耳部無法透過手術或其他治療治癒。

「喪失肢體」是指永久完全及無法恢復失去功能或因損傷引致其自手腕或足踝關節以上從身體分離而不能使用有關肢體。

「失明」是指永久完全及無法恢復失去的全部視力，眼睛無法透過手術或其他治療治癒。

「喪失語言能力」是指永久完全及無法恢復失去的全部語言能力，無法透過手術或其他治療治癒。

「醫療設備」是指以下醫療設備或醫療器具：輪椅，義肢，眼鏡，拐杖，步行架，矯形支架和支架，頸環和助聽器，經執業醫生證明為醫療上必需的，以改善受保人身體因受傷或疾病造成的病情。

「醫療費用」是指受保人因遭受身體損傷或患病，於接受住院、手術、醫療或由執業醫生給予的其他診斷或治療，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。

「流動設備」指便攜式電腦設備，如智能手機，筆記本電腦或平板電腦。

「大流行病」是指有關流感流行病毒擴散規模遍及世界各地，並導致大部份人類感染的一種流行病。

「保險期」(就全年保障而言)是指：

a) 就章節E 取消旅程而言，保險期由保險證明書所示的保單發出日期或出發日期前三十(30)日開始（以較遲者為準），保障於出發日期時旅程開始的時候屆滿。

b) 就章節E 取消旅程以外的各章節而言，保險期由出發日期旅程開始的時候開始。保障於以下任何一項發生時屆滿（以較早者為準）：

i. 保險證明書所示的屆滿日期；
ii. 您返抵香港；
iii. 當保險人認為您應返回香港接受治療。

對於上述(a)和(b)項，如果本保險範圍內的任何事件不可避免地延遲了受保旅程，則保險將自動延長最多十四(14)個日曆日，且保單延長日數之和不得超過一百八十二(182)日。
出租汽车」是指從授權汽車租賃公司或機構租用的不超過4.5噸的露營車/房車、轎車、轎跑車、兩廂車、旅行車、越野車、四輪驅動或小巴/捷運。

住院病人」指因身體損傷或患病必須住院接受治療的。受保人(而並非僅是接受任何形式的護理、療養、康復、休養或延長看護)。

保障表」指本保單的保障計劃表。

病徵」指一名人士出現失調或染病的跡象或症狀。

同行夥伴」是指在整個旅程中與受保人同行的人士。

正常、合理及慣常的醫療費用」指以下的費用是：
1. 在執業醫生照料、監督或命令下為照料受保人和醫療所需而使用的治療、藥物或醫療服務；
2. 在局部地區引出的治療、藥物或醫療服務，其收費不超出類似項目的正常水平；及
3. 不包括當沒有保險時將不會收取的費用。

保障項目說明
本公司根據就涉及受保人於受保期內發生的事故而於保單下各個保障章節承擔的最高責任限額不可超過相關投保額（列明於保險證明書的保障表）。

章節 A 損傷表
<table>
<thead>
<tr>
<th>損害事項</th>
<th>投保額百分比</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 死亡</td>
<td>100%</td>
</tr>
<tr>
<td>2. 永久完全傷殘</td>
<td>100%</td>
</tr>
<tr>
<td>3. 永久及無法痊癒之四肢癱瘓</td>
<td>100%</td>
</tr>
<tr>
<td>4. 雙眼永久完全失明</td>
<td>100%</td>
</tr>
<tr>
<td>5. 喪失任何雙肢或任何雙肢永久完全殘廢</td>
<td>100%</td>
</tr>
<tr>
<td>6. 永久喪失說話能力</td>
<td>100%</td>
</tr>
<tr>
<td>7. 永久完全失聰</td>
<td></td>
</tr>
<tr>
<td>a) 雙耳</td>
<td>75%</td>
</tr>
<tr>
<td>b) 單耳</td>
<td>15%</td>
</tr>
<tr>
<td>8. 一眼永久完全失明</td>
<td>50%</td>
</tr>
<tr>
<td>9. 喪失任何一肢或任何一肢永久完全殘廢</td>
<td>50%</td>
</tr>
</tbody>
</table>

章節 A 的特別條款：
1. 假若受保人在同一旅程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，在本章節A的損傷表所列百分比回最高的損失類別，而支付保障表章節A所列相關投保額。
2. 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，則本公司可按其絕對酌情權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於該意外導致的任何身體損傷程度，支付其認為合理的相關投保額。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。

3. 風險：假若受保人因遭遇身體損傷而不可避免地暴露於致命風險因素，以及因此直接及不可避免地導致於連續十二（12）個月內死亡，本公司將按照本章節A的損傷表內意外死亡所列百分比，支付保障表章節A所列相關投保額。

4. 失蹤：倘若受保人在受保旅程期間遇上意外，導致其乘坐的公共交通工具失蹤、沉沒或失事及受保人失蹤，而在意外當日起計十二（12）個月後受保人仍然失蹤時，並本公司有理由相信受保人在意外中死亡，本公司將支付個人意外保障，惟必須先收到由受保人的遺產代理人簽署的承諾書，承諾如果日後發現受保人沒有因該意外死亡，本公司將獲所支付金額的退還。

章節A的不受保事項：本章節A並不保障因患病、疾病或細菌感染造成的身體受傷或任何種類病症原而招致的損失。

章節B - 醫療費用

1. 醫療費用：若受保人於受保期間內因身體損傷或患病而引致醫療費用，本公司將向受保人賠償有關醫療費用，惟金額上限為保障表章節B所列投保額。

2. 覆診醫療費用：若受保人因身體損傷或患病而在海外引致醫療費用，返回香港後，受保人須就同一身體損傷或患病在香港接受診治而引致的醫療費用，直至受保人返回香港後九十（90）日內，包括醫療費用直至用盡保障表章節B(a)「覆診醫療費用」所載按求診次數及日數所列之投保額，特別是就中醫師給予治療，本公司將繼續向受保人賠償在香港接受診治而引致的醫療費用，直至用盡保障表章節B(b)「中醫師最高賠償額」所列之投保額（惟此等醫療費用須提供中醫師發出的收據），或直至用盡保障表章節B(b)所列投保額，以較早者為準。

章節B的特別條款：

1. 於受保期間於海外作為住院病人並引致的任何醫療費用，須在引致費用時起計三十（30）天內通知本公司或授權救援服務提供者。如未能按照此項先決條件及規定而發出通知，本公司恕不承擔本保單項下有關醫療費用的任何責任。

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. 按照診治受保人的執業醫生認為，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照執業醫生的意見，返回香港繼續治療於海外遭受的身體損傷或患病，因而在其後引致的任何費用。

4. 受保人在旅程出發前，經執業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. 在該遭受的身體損傷或患病的受保期間結束後九十（90）天以外引致的任何覆診費用。

6. 引致首次費用之日期起計十二（12）個月後根據章節B引致的任何費用。

7. 健康檢查或任何並非與入院診斷、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查。

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，除非為根據章節B(a)的有效索償。

章節C - 醫院現金津貼

受保人於海外因身體損傷或患病而直接和不可避免需要住院時，本公司將向受保人按保障表第C（1）項所列支付津貼，最多為保障表章節C所列的投保額。

章節C的特別條款：根據章節C項支付津貼的款項只能在住院結束之後方能發放。

Allianz Travel Protect Policy Wording
Effective Date: 9th August 2017
章節 C 的不受保事項：
本章節 C 並不保障：
1. 受保人返回香港後的任何住院。
2. 因章節 C 節所載及發生的任何住院，由章節 B 項所列的 身體損傷或患病 與成除外。

章節 D — 24 小時環球支援服務

i. 當 授權救援服務提供者 指定的 執業醫生 證實受保人的 身體損傷或患病 令其不適宜旅行或繼續其旅程或危及其生命或健康，以及在 受保人受身體損傷或患病 後受保人已經被送往最近的醫院或近處接受治療，而該處並無提供所須之治療，本公司可在 執業醫生 認為在醫療上適宜運送受保人的情況下，全權決定將受保人運送往其他地點接受所需治療。

ii. 授權救援服務提供者 將於合理時間內安排運送，以及按照受保人狀況的醫療嚴重性，以最合適方式運送受保人，包括但不限於空中救護車、陸上救護車、定期航班、鐵路或其他合適交通工具。

iii. 運送的工具及最終目的地將由 授權救援服務提供者 決定，並完全以醫療必要性作決定。在適當情況下，受保人可能被送返香港。

iv. 本公司將直接向 授權支援服務提供者 支付受保人的 緊急醫療運送及／或運返，相關醫療服務及醫療物品的實際費用。

2. 遺體運返香港:
於受保人因 身體損傷或患病 令其不適宜旅行及避免地點運返香港 的費用，其為不得超過 保障表 章節 D (b) 所述的 投保額。

3. 外海殯葬服務:
於受保人因 身體損傷或患病 令其不適宜旅行及避免地點殯葬的費用，其為不得超過 保障表 章節 D (c) 所述的 投保額。

4. 親友探望:
若 受保人 因 身體損傷或患病 令其不適宜旅行或繼續其旅程，因而需於當地醫院治療而預計會住院 超過七天，本公司將支付：(i) 受保人所支付的經合理計算的合理住院費用；及(ii) 本合同所列的合理住宿費用，惟金額上限為 保障表 章節 D(e) 所列投保額。

5. 親友回程:
若 受保人的親屬 遭受 身體損傷或患病 而令其不適宜旅行及避免地點運返香港，本公司將賠償合理安排的 1 張來回經濟客位機票的費用予 受保人 以返回香港，惟金額上限為 保障表 章節 D(e) 所列投保額。

6. 青少年回程:
i. 當 受保人 因 身體損傷或患病 令其不適宜旅行及避免地點運返香港，執業醫生 證實其不適宜旅行及避免地點或危及其生命或健康；及
ii. 而該 受保人 伴隨的兒童亦為 受保人 及年齡以 受保期 間之首日起計少於十七 (17) 歲；及
iii. 該兒童由於 受保人 須住院時，本公司將根據 章節 D (f) 所述的投保額，安排並支付購買一張經濟艙單程機票，及以備護送服務，讓該兒童被護送回香港。

章節 D 的特別條款：

1. 本章節 D 的服務由 授權救援服務提供者 提供。若發生根據章節 D (a) 至(f) 可能導致潛在索償的任何事件，須立即通知 本公司 或 授權支援服務提供者。如未能發出本特別條款規定的通知，本公司恕不承擔於保單本章節下的任何責任。

2. 緊急醫療撤離及返國運送的安排、方式及最終目的地將由 授權救援服務提供者 決定，並完全以醫療必要性作決定。

3. 本公司根據本章節 D 支付款項後，本公司有權收取來自原有回程機票的任何應退還款項。

章節 D 的不受保事項：
本章節 D 並不保障任何：
1. 於支付 旅程 費用時已包括或預期的費用。

2. 受保人在 旅程 出發前，經 執業醫生 診斷認為不適宜旅行後，他／她在 旅程 內引致的費用。

3. 由其他人士提供服務而產生的費用，該等費用受保人並不須負責的。

4. 並非由 授權救援服務提供者 批准及安排的服務而產生的費用。
5. 非由執業醫生給予或處方的治療。

6. 可合理地延遲至受保人返回香港後才接受治療而產生的費用。

章節 E - 取消旅程
倘若受保旅程出發日期前三十（30）天內發生下列任何事件（第3至6項除外），而受保旅程必須取消，及受保人已預先支付旅遊開支並對其承擔法律責任，而該責任不能經任何其他來源來彌補，本公司將賠償有關損失給受保人，賠償金額不超過保障表所載的相應投保額：

1. 受保人、親屬、擬定同行夥伴或商業夥伴死亡、身體損傷或患病；

2. 受保人被傳召擔任證人、出任陪審員或強制隔離；

3. 在原定受保旅程出發日期前一（1）星期，公共交通工具的僱員突然罷工、香港主要住所因火災、水浸、地震或類似天災被嚴重損壞，因此需要受保人在出發日前出現在其住所。

4. 於保單生效不少於一（1）天後，在未能預計的情況下旅程的計劃目的地被發出黑色外遊警示，而此黑色外遊警示在旅程計劃開始日期前一（1）週內的任何時間內生效，導致旅程必須取消。

5. 於保單生效不少於一（1）天後，在未能預計的情況下旅程的計劃目的地被發出红色外遊警示，而此红色外遊警示在旅程計劃開始日期前一（1）週內的任何時間內生效，導致旅程必須取消。

6. 受保人、親屬、同行夥伴或商業夥伴死亡、身體損傷或患病。

章節 E 的特別條款：

1. 若旅程取消是由於受保人、親屬、擬定同行夥伴或商業夥伴的身體損傷或患病，該身體損傷或患病須得到執業醫生證明該身體損傷或患病令受保人、親屬、擬定同行夥伴或商業夥伴不適宜旅行或危及其生命或健康。

章節 E 的不受保事項：

本章節E並不保障因下列原因引致的交通及／或住宿費用的全部或任何部分：

1. 受保人可從任何其他途徑獲得彌償或賠償退款或收回款項。

2. 受保人並無法律責任需支付的任何款項。

3. 由於任何國家、地區或地方政府頒發禁令或規例而直接或間接取消。

4. 由於已接受旅程預訂的旅行代理的疏忽、行為失當或無力償債而取消。

5. 由於人數不足導致旅遊經營商或批發商無法令旅行團成行而取消。

6. 由於受保人出現財務困難；或受保人的情況或所承擔的契約責任改變；或受保人不願繼續旅程而直接或間接取消。

7. 因在預訂旅程時，已存在或於當時可合理地預期可能導致旅程取消的情況所致的損失。

8. 香港保安局在受保人旅遊保險生效日期之前就針對旅行目的地發出黑色外遊警示或紅色外遊警示的任何旅遊。

章節 F - 旅程中斷

A) 提早結束旅程

因下列原因使受保人必須終止及縮短受保旅程並返回香港時，對於未被使用或未獲發還的旅遊支出，本公司將賠償受保人，賠償金額不超過保障表章節 F(a)所載的相應投保額：

1. 受保人、親屬、同行夥伴或商業夥伴死亡、身體損傷或患病。

2. 公共交通工具的僱員突然罷工、爆發不能預料的暴亂或內亂、天災或大規模流行性疾病，使受保人無法繼續原定受保旅程。

3. 於保單生效日期後，在未能預計的情況下旅程的計劃目的地被發出黑色外遊警示，而此黑色外遊警示在旅程計劃開始日期後及旅程計劃結束日期前的任何時間內生效，使受保人旅程中斷。

4. 於保單生效日期後，在未能預計的情況下旅程的計劃目的地被發出红色外遊警示，而此紅色外遊警示在旅程計劃開始日期後及旅程計劃結束日期前的任何時間內生效，使受保人旅程中斷。
B) 更改行程：
假若旅程必須更改行程，事由在受保期間目的地方未能預期發生公共交通工具職員罷工、暴亂、內亂，惡劣天氣、天然災難或傳染病，致使阻礙受保人繼續其旅程，本公司將按照保障表章節F(b)所列的投保額賠償受保人因要繼續前往原本目的地而引致額外合理和必要的的交通費及/或住宿費。

章節F的特別條款：
1. 若旅程提早結束是由於受保人、親屬、擬定同行夥伴或商業夥伴的身體損傷或患病，須得到執業醫生證明該身體損傷或患病令受保人、親屬、擬定同行夥伴或商業夥伴不適宜旅行或危及其生命或健康。
2. 如未能提供此項先決條件規定的證明，本公司恕不承擔根據保障表章節F的賠償責任。

章節F的不受保事項：
本章程F並不保障因下列原因致使未享用旅程部份或受保人在繼續前往原本目的地引致額外的交通費及/或住宿費的全部或任何部分的費用：
1. 受保人可從任何其他途徑獲得彌償或賠償退款或收回款項。
2. 由於任何國家、地區或地方政府頒發禁令或規例而直接或間接作成。
3. 由於已接受旅程預訂的旅行代理的疏忽、行為失當或無力償債而作成。
4. 由於人數不足導致旅遊經辦商或批發商無法令旅行團成行而作成。
5. 由於受保人出現財務困難；或受保人的情況或所承擔的契約責任改變；或受保人不願繼續旅程而直接或間接作成。
6. 因在預訂旅程時，已存在或於當時可合理地預期可能導致旅程受阻的事件或情況所致的損失。
7. 香港保安局在受保人旅遊出發日期之前就針對旅行目的地發出黑色外遊警示或紅色外遊警示的任何旅遊。
8. 根據同一原因或事件引致章節G - 旅程延誤下的索償。

章節G - 旅程延誤
假若在受保期間因出現惡劣天氣、自然災難、涉及公共交通工具營運商的僱員罷工、公共交通工具機件故障或遭到劫持造成公共交通工具延誤行程，本公司將按保障表章節G所列金額賠償，惟以G(a)項所列投保額為上限。

章節G的特別條款：
1. 各段延誤期間將参照受保人旅程的原定旅程表計劃抵達同一目的地的當地時間，與受保人實際抵達同一目的地的當地時間之間的差異計算。
2. 若行程涉及轉乘飛機，則總延誤時間將参照受保人行程的原定旅程表中最後轉乘航班的原定計劃抵達最終目的地的當地時間與實際抵達最終目的地當地時間之間的差異計算。
3. 受保人須採取合理措施減少任何延誤時間。如未能按照此項先決條款的規定採取合理措施減少任何延誤時間，本公司恕不承擔本章節G的任何責任。
4. 任何根據本章節G提出的索償，須附上來自發生延誤的相關公共交通工具的運載乘客公司的確認書，當中須列明實際抵達所列目的地的當地時間及發生延誤抵達該目的地的原因。如未能提供此項先決條款規定的確認書，本公司恕不承擔本章節G的任何責任。

章節G的不受保事項：
本章程G並不保障下列損失：
1. 受保人因延遲抵達其旅程的原定旅程表所列任何出發地點所引致的損失，但由於在保本期內公共交通工具營運商的僱員罷工造成延遲抵達所致的損失除外。
2. 因在購買本保單前已宣佈且於當時可合理地預計可能導致旅程延誤的事件或情況所致的損失。
3. 已根據章節F - 旅程中斷的損失索償。
4. 受保人並無法律責任需支付的任何款項。

章節H - 遺失旅遊證件
本公司將向受保人補償：
1. 受保人於受保期間內補領因遺失或被盜及如不補領則會導致旅程延誤的出入境檢查所需旅遊證件及/或車船機票的費用；及/或
2. 受保人僅為安排補領上述第1點所提及的旅遊證件

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及／或車船機票而引致的合理額外旅遊費用及／或必須的住宿費用，惟金額上限為保障表章節H所列投保額。

章節H的特別條款：
1. 假若發生任何可能導致本章節H的索償事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，本公司恕不承擔本章節H的任何責任。
2. 根據本章節H提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，本公司恕不承擔本章節H的任何責任。

章節H的不受保事項：
本章節H並不保障因受保人疏忽所致的損失，當中包括但不限於將出入境檢查所需的旅遊證件及／或車船機票置於無人看管狀態。

章節I－行李遺失或損毀
就實際損耗、折舊或報廢進行扣減或撥備後，本公司將按其絕對酌情權對在受保期間內遺失或被盜或損毀的每件個人行李進行修復、修理或更換，惟上限為保障表I(a)章節所列投保額。

章節I的特別條款：
1. 假若發生任何個人行李遺失、被盜或因第三方的蓄意行為而損毀的情況而可能導致本章節I的索償的事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員及證明受保人擁有遺失、被盜或損毀的個人行李及其購買價值的收據或其他相關文件。如未能發出此項先決條款規定的通知及書面證明，本公司恕不承擔本章節I的任何責任。
2. 假若遺失、盜竊或損毀在運送時發生，須於發現遺失或損毀起計二十四(24)小時內，立即將有關遺失或損毀通知公共交通工具的承運人。如未能發出此項先決條款規定的通知，本公司恕不承擔本章節I的任何責任。
3. 本公司對於在受保期間內遺失、盜竊或損毀的每件個人行李的最大責任，將以保障表I(a)項所列金額為限。
4. 假若任何一件遺失、被盜或損毀的個人行李為一套物品的一部分，本公司對該件及該對或該套物品的最大責任，將以保障表I(a)項所列金額為限。
5. 於根據本章節I支付任何款項後，本公司有權取得及保留從任何其他途徑獲得彌償或賠償有關任何尋回或損毀的個人行李的利益及價值，並按其絕對酌情權處理剩餘價值。

章節I的不受保事項：
本章節I並不保障：
1. 因受保人疏忽所致的遺失、被盜或損毀，當中包括但不限於將個人行李置於無人看管的狀態。
2. 個人行李因被置於汽車（鎖於車尾箱除外）或公共交通工具內或其他公共地方且無人看管而導致任何原因不明的遺失、被盜或損毀。
3. 屬於以下類別的財產：商業貨品或樣本、食品、動物、機動車輛（包括配件）、電單車、單車、船隻、摩托打、任何其他運輸工具、家用傢俱、古董、珠寶首飾或飾物、手提電話（包括個人數碼助理電話及其他配件）、流動設備、智能手錶、金錢（包括支票、旅行支票等）、塑料貨幣（包括具信貸價值的信用卡、八達通卡等）、證券、門票或文件。
4. 任何個人行李因蟲蛀、蟲蝕、磨損、大氣或氣候狀況、逐漸損耗、機件或電力故障、任何清潔、修復、修理、改造的程序、海關或任何其他機關的充公、扣押或銷燬而導致的遺失或損毀。
5. 租借或租賃設備。
6. 在旅程前託運或單獨郵寄或以公共交通工具（而非同時運載受保人的公共交通工具）運載的任何個人行李的遺失、被盜或損毀。
7. 已根據章節J－行李延誤就同一事件提出索償的損失。

章節J－行李延誤
於受保期間內，假若個人行李在受保人抵達受保人旅程原定旅程表所列目的地的機場後，因公共交通工具延誤、誤送或暫時丟失保障表所列明的時間，本公司將向受保人補償購買必需盥洗用品及衣物的費用(下稱「必需品」)，惟上限為保障表章節J所列投保額。

章節J的特別條款：
1. 根據章節J提出的任何索償，須附上承運人就有關個

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人行李在受保人抵达受保人有关旅程的原定旅程表所列目的地的机场后延误、误送或暂时丢失保障表所列的行李在受保人有关旅程的原定旅程表所列目的地的机场后延误、误送或暂时丢失而发出的确认书，及证明购买必需品的价值的收据。如未能提供此先决条款规定的确认书，本公司恕不承担本章节目任何责任。

章节目J的不受保事项：
本章节目J并不保障因下列原因购买必需品的费用：
1. 受保人已收取或准备收取承运人或营运商对个人行李的延误、误送或暂时丢失所作出的赔偿。
2. 个人行李的延误、误送或暂时丢失发生在受保人返回香港中时或之后。
3. 个人行李的延误、误送或暂时丢失属于原因不明或因海关或任何其他机关充公或扣押而导致。
4. 有关旅程前托运或单独邮寄或以公共交通工具（而非同时运载受保人的公共交通工具）运送的个人行李。
5. 未根据章节目J-个人行李提出索偿且因同一原因或事件所致。

章节目K-个人金錢遺失
本公司将对在受保期间内所发生受保人的现金、银行钞票或旅行支票因爆竊、被盜或被劫引致的损失作出赔偿，惟上限为保障表章节目K项所列投保額。

章节目K的特别条款：
假若发生任何情况可能导致本章节目K的索偿的事件，须在发生有关事件的二十四(24)小时内通知当地警方或相应的当地执法员。提出的索偿须附上显示已向警方或相应的当地执法员报告损失的书面证明。如未能发出此项先决条款规定的通知及书面证明，本公司恕不承担本章节目K的任何责任。

章节目K的不受保事项：
本章节目K并不保障：
1. 因受保人疏忽所致的遗失，当中包括但不限于将个人的现金，银行钞票或旅行支票等置于无人看管的状况。
2. 任何不明原因的损失，由于海關或任何其他機構没收或扣押的损失，或任何由於貨幣兌換交易中的錯誤或遺漏而導致的貨幣貶值或短缺的損失。
3. 使用或滥用任何形式的塑胶貨幣造成的损失，包括但不限于任何信用卡、電子錢包或同等的儲值信用额度。

章节目L-租賃車輛自負額
若在受保人在旅程中，受保人在租賃車輛因意外造成事故致使租賃車輛损失或损坏并须有法律責任作出支付，而租賃期間受保人在控制該租賃車輛，本公司將向受保人赔偿任何自負額或墊底費，惟不可超逾保障表章节目L所列的投保額為限，並受本保單的條文和條款規限。

章节目L的特別条款：
1. 租賃車輛必須從持牌租賃公司租用。
2. 作為租賃安排的一部分，受保人在出租期間必須購買對針對租賃車輛的損失或損壞的所有綜合性車輛保險。
3. 受保人必須遵守租賃機構根據租賃車輛的租賃協議、承保人的該份保險、及租賃車輛的司法管轄區的法律、法規和規定的所有要求。
4. 此保障每次受保旅程賠償次數不得超過一次。

章节目L的不受保事项：
本章节目L并不会就以下任何一種情況直接或間接引起，或由此引致，或所產生的後果，或與之有關而產生，或所促成的任何索償，對受保人作出賠償：
1. 因操控該租賃車輛違反租賃協議的條款；或違反公共道路限制；或違反租賃車輛的司法管轄區的法律、法規，規定而引致的損失或損壞。
2. 磨損、逐漸惡化、昆蟲或害蟲、固有缺陷、潛在缺陷或損害所引致的損失或損壞。
3. 任何非操作費用（NOC）或使用費用的损失。

章节目M-家居財物
若在受保期間主要居所無人居住而發生爆竊、涉及強行及暴力闖入或離開主要居所並導致的家居財物损失或損壞，本公司将向受保人赔偿不超过保障表章节目M项所述的投保額作为家居財物重置費用。

章节目M的特別条款：
1. 假若發生任何可能導致本章节目M的索償事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款
規定的通知，本公司恕不承擔本章節M的任何責任。

2. 根據本章節M提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明，如未能提供此項先決條件規定的報告書面證明，本公司恕不承擔本章節M的任何責任。

章節 M 的不受保事項：
本章節M並不保障；
1. 任何過失或損壞的的家居財物(構成一對或一組)的任何特殊或獨特的價值。
2. 任何其他保險保單就相同風險已承保的重置費用。

章節 N - 個人責任
假若受保人於受保期間內發生對任何其他人造成身體損傷或損毀他人財物的意外，因而須承擔作出賠償的法律責任，本公司將代表受保人支付該賠償，惟上限為保障表章節N項所列投保額。

章節 N 的不受保事項：
本章節N並不保障符合下列各項責任的賠償：
1. 親屬或受到受保人監護或控制的人士遭受身體損傷引起。
2. 屬於受保人或親屬或受到受保人監護或控制的人士的財物損毁引起。
3. 屬於根據契約須承擔的任何責任的賠償。
4. 因受保人蓄意、惡意或進行不法活動產生的責任。
5. 因擁有、管有、租賃或租用任何運輸工具、飛機、火器或動物而產生責任。
6. 因進行任何交易或專業所產生的責任。

章節 O - 遺失流動設備
就實際損耗，折舊，抵扣或報廢進行扣減或撥備後，本公司將按其絕對酌情權對於在受保期間內因被盜或搶劫而損壞或損失的流動設備進行修復、修理或更換，惟上限為保障表章節O項所列投保額，及按章節O項所列的折扣減。

章節 O 的不受保事項：
本章節O並不保障；
1. 因受保人疏忽所致的遺失、被盜或損毀，當中包括但不限於將流動設備置於無人看管的狀態。
2. 流動設備因被置於汽車（除於車尾箱除外）或公共交通工具內或其他公共地方且無人看管而導致任何原因不明的遺失、被盜或損毁。
3. 在旅程前託運或單獨郵寄或以公共交通工具（同時運載受保人的公共交通工具除外）運載的任何流動設備的遺失、被盜或損毁。
4. 任何有關電訊通話或流量收費，資料損失/復原的相關費用，或任何其他因流動設備遺失、被盜或損毀後被使用而直接、間接或相應而生的損失。

章節 P - 錯過事件
假若受保人於受保期間內因以下原因不能參與已計劃遊覽的主題公園、音樂會或藝術表演或其他已安排的附加活動（團體原有序行程的部份除外），本公司將補償受保人所預付及被沒收的實際購票費用（惟金額上限為保障表章節P所列投保額）。

假若：
1. 受保人、親屬或同行夥伴在購買本保單後及在旅程計劃開始日期前三十（30）天內突然及未能預期地受身體損傷或患病；或
2. 事因出現公共交通工具機件及/或電子故障引致錯過行程而直接至使受保人不能參與已計劃遊覽的活動。

章節 P 的特別條款：
1. 任何與章節P項有關的索償須附上發生錯過事件的相關文件及原有的購票收據，以顯示受保人錯失已計劃遊覽的活動。
2. 當受保人因身體損傷或患病而引致取消事件，該身體損傷或患病須由執業醫生證實受保人不適宜參與相應的當地執法人員。提出的索償須附上顯示已向當地警方或相應的當地執法人員報告損失的書面證明。
已計劃旅行或繼續其遊覽活動將危及其生命或健康。

3. 當若以上章節 P(3)項所述發生機件及/或電子故障而引致取消事件，須附上來自實際抵達所列目的地的當地時間的相關公共交通工具承運人的確認書；當中須列明發生延誤抵達該目的地的原因。

4. 如未能提供此項先決條件規定的確認書，本公司恕不承擔本章節 P 的任何責任；按章節 P 項賠償所述受保人所預付或被沒收的實際損失。

章節 P 的不受保事項：
本章節 P 並不保障下列損失：
1. 受保人並無法律責任需支付的任何款項；或
2. 受保人可從任何其他途徑獲得彌償或賠償退款或收回款項。

章節 Q — 信用卡保障
本公司將向受保人支付在保單期被其他人使用受保人的信用卡以欺詐性地於商店或在網站上作出購買後的十五（15）分鐘內的款項，惟不得超過章節 Q 所述的投保額。任何索償必須附有來自遇劫地點或欺詐性購買事件發生的管轄區內的警方所發出的書面文件，並在遇到損失的二十四（24）小時內報案。

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任何一項所致的損失或後續損失或責任：
1. 任何受保人已存在之傷病，先天性或遺傳狀況。
2. 違反執業醫生意見而外出旅遊，或為了獲取醫療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。
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，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)職業體育賽事，而受保人可透過從事該運動而賺取收入或報酬，(b)任何特技活動，(c)競賽（除長跑賽除外）或(d)任何利他或善舉的任何攀登活動。
10. 任何政府的禁令或規例，或海關或任何其他機關扣押或銷毀。
11. 受保人的非法、蓄意、惡意或魯莽的行為或疏忽。
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. 任何損失或開支可從任何其他途徑獲得退款或收回款項。
19. 流行病或疫症。
20. 任何若由本公司補償或支付而涉及伊朗、北韓、敘利亞、蘇丹、古巴；或特別指定名單所列人士、實體、團體或公司有關之損失或費用，將導致本公司違反經貿制裁規定或相關法律或條例，本保單並不提供任何保障。為免生疑問，就會令（再）保險人因於提供保險、於保單項下支付任何索償或提供任何保障而蒙受聯合國決議的任何制裁、禁制或限制，或歐盟、美國、澳洲、英國的任何貿易或經濟制裁、法律或規例，及/或任何其他適用的國家級別的貿易或經濟制裁、法律或規例，（再）保險人不得被視為有責任提供該等保險及（再）保險人並無責任支付該等索償或提供該等保障。
一般條款

1. 完整契約:

保險證明書，連同旅遊保險的條款及條件並其他批註（如有）構成完整的保險契約。受保人未有在投保書上作出的任何陳述，除欺詐外，均不得作為廢除本契約或利用於合法的訴訟程序。任何營業員均無權更改或刪除本保單的任何條款，任何保單的更改需由本公司簽署並同意並簽發批註後，方為有效。

2. 申請賠償通知的期限

任何賠償申請需於事故發生後三十(30)日內以書面通知本公司，倘若受保人因意外引致死亡，應立即以書面通知本公司。

3. 損失證明文件

本公司於接獲該書面通知後，會將申請賠償表格送交索償人，以作填寫損害證明之用。倘索償人於書面通知書發出後十五(15)日內仍未收到該申請賠償表格，索償人可將事故的發生、性質與損害程度於本保單內損害證明文件遞交之期限前提交本公司。本公司所需之任何證明文件，須依據本公司所定之形式及性質提交，而所需費用概由受保人或其合法代理人負責。

4. 提交損失證明的期限

受保人如要申索損失賠償時，則必須於本公司負責的投保期完結後六十(60)天內把損失證明提交本公司前文所述辦事處。倘若受保人在合理情況下未能於該限期内提交相關通知，則須於合理可行的情況下儘快在相關損失發生之日後(1)年內提交。

5. 充足的通知期

申請賠償通知書可由受保人或其代表人送交本公司，並提供足夠資料以證明受保人之身份，視為是為發送本公司的通知。倘有合理之緣由不可能於本保單指定之期限內將通知書送交本公司，而已盡可能將通知書於期限後即送出去，不會被視為申請賠償無效。

6. 賠償金支付時間

除有關殘疾的損失索償外，當本公司接獲所需的證明文件後，將根據本保單立即作出合理賠償。

7. 賠償金之支付

如受保人死亡，賠償金將賠償予受保人的遺產，其他賠償則賠償予受保人本人，而緊急醫療運送及遣體運返費用之賠償則根據本保單的條款直接支付有關之服務提供商。

8. 欺詐索償

倘若索賠存有任何欺詐成份，或受保人或其代理人以任何欺詐手段或方法獲取本保單任何保障，相關索賠的所有賠償均會作廢。

9. 追討權利

若本公司及或其授權代表授權支付及或支付了不包括在此保單保障範圍內的索賠，或超過此保單的責任上限時，本公司會保留追討受保人上述款項或超額部份之權利。

10. 第三方權利

除受保人及本公司以外，此保單未有賦予其它人士享有按《合約(第三者權利)條例》或以其它方式直接強制執行此保單條款之權益。惟特此說明及同意，只有本公司及於保險證明書上列明的受保人方享有在無須給予其它人士通知或無須獲其它人士同意的情況下，可藉協議修改本保單或取消終止此保單（如此保單載有任何此權利）之權利。

11. 身體檢查及治療

於處理本保單的賠償申請時，在合理需要時本公司有權利及有機會隨時要求受保人作合理需要次數的身體檢查，有關費用由本公司負責。倘若受保人死亡，除法律所規定外，本公司有權利要求解剖驗屍，而費用則由本公司負擔。受保人於遭遇身體損傷或患病後須盡快獲取聽從合資格執業醫生的建議，若受保人沒有獲取及依從相關建議及未有使用可能處方的相關用具或補救方法引致的任何後果，本公司無須負上任何責任。

12. 代位權

若本公司已向受保人作出本保單的賠償，便可取代其向有關人士或機構追討賠償的一切權利，而受保人必須簽署及遞交文件，或利用任何方法去保護此項本公司取得相關的權利。受保人不可採取任何對相關權利造成損害的行動。

13. 法律行動

依據本保單所規定將書面損害證明文件送交本公司後，六十(60)日內届滿前不得進行法律或衡平法上的行動以求賠償。任何倘須訴訟不得於損害證明提交時限後三十(30)天內提出。

14. 國家之法律限制

倘本保險有關呈交賠償通知書或損害證明文件的期
15. 保單條款之遵循
倘若受保人有違反本保單內所載的任何條文，所有賠償申請均屬無效。

16. 保單詮釋
本保單受香港法例之約束。本保單訂約各方謹此同意接受香港特別行政區法院之的專屬司法管轄權管轄。

17. 轉讓
本保單的權益轉讓通知不會對本公司構成法律的約束力，除非及直至此轉讓權益的正本或副本已提交至Allianz Worldwide Partners (Hong Kong) Limited位於香港港島太古城太古灣道12號太古城中心第4期3樓304-306室的辦事處，並獲得本公司的確認相關轉讓方為有效。此外本公司不會對轉讓的有效性承擔責任。任何的憲章、條款或法規均不得用以妨礙本保單的任何索償，除非有關條款已完整納入本保單內。

18. 資料私隱
受保人/保單持有人/申請人謹此同意：

a) 在本保單申請程序或管理本保單期間收集的個人資料可被授權救援服務提供者或本公司用作其私隱政策訂明的用途，包括核保及管理所申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索償、調查、付款及行使代位權)。

b) Allianz Worldwide Partners (Hong Kong) Limited亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料，用作訂明的用途。該等人士或可於其他國家，如中國大陸，法國或瑞士。您同意，雖然該等人士一般會受到保密或隱私責任的約束，但可能不具備符合香港隱私法例的要求。個人資料的轉移可能適用於：

i. 保單管理服務的第三方(包括再保險公司)(如上(a)項所述)；

ii. 財務機構，作處理此保單及收取保單款項(如上(a)項所述)；

iii. 若處理索償事宜，公證人，調查員，第三方管理人，緊急支援服務提供者，法律服務提供者；

iv. 醫療服務提供者及旅遊承運商(如上(a)項所述)；或

v. 其它在任何國家之Allianz Worldwide Partners之成員公司，作上述(а)及(b)項所列明之用途；

c) 受保人/保單持有人/申請人可隨時致函予Allianz Worldwide Partners (Hong Kong) Limited私隱合規專員(地址為香港港島太古城太古灣道12號太古城中心第4期3樓304-306室)，以查閱或要求修訂其個人資料(兩者均收取合理費用)，或更改有關其個人資料被使用作直接促銷用途的選擇。如對所提供的服務有任何意見，可按上述地址聯絡Allianz Worldwide Partners (Hong Kong) Limited。

19. 文書錯誤
本公司就文書上的錯誤不會令生效的保單因而失效，或令無效的保單因而生效。

20. 年齡限制
受保人的年齡必須在出生60日和85歲(首尾兩日亦包括在內)之間，除非在保障的任何特定部分另有規定。

21. 取消保單
單次來回行程
一經發出保單，將不允許退回保費，除非旅行代理商在旅程出發日期前取消旅程。

全年保障
您可藉與本合同書面通知以取消保單，在此情況下，您將有權獲得退還保費，惟此舉僅限於本保單未有就全年保障作出任何索償。

由保單生效日期起計已過日期

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<th>退還保費</th>
</tr>
</thead>
<tbody>
<tr>
<td>直至一（1）個月</td>
<td>您已支付保費的 60%</td>
</tr>
<tr>
<td>直至兩（2）個月</td>
<td>您已支付保費的 50%</td>
</tr>
<tr>
<td>直至三（3）個月</td>
<td>您已支付保費的 30%</td>
</tr>
<tr>
<td>直至四（4）個月</td>
<td>您已支付保費的 10%</td>
</tr>
<tr>
<td>超過四（4）個月</td>
<td>沒有退款</td>
</tr>
</tbody>
</table>

本公司可寄掛號信到受保人的最後已知地址，以給予七（7）天通知期取消本保單。保費的按比例計算部分可能會退還。

22. 保單語言
本繁體中文版的保單條款和條件乃根據英文版翻譯而成，以供參考，如發現與英文版本的條款有差別，條款將以英文版本作準。