

Allianz Global Corporate & Specialty AG (incorporated in Federal Republic of Germany with limited liabilities) Hong Kong Branch.

Travel Personal Accidental Insurance Clauses

GENERAL PROVISIONS

Article 1 The Constitution of the Contract

This Insurance Contract is composed of the Insurance Causes, Application Form, Insurance Policy, Insurance Certificates and Endorsements. All the terms and agreements relating to this Insurance Contract shall be in written form.

Article 2 Insured Person

The Insured person should be natural person who is within the eligible age stated in the Policy (see Definition 1), who is healthy and competent for normal work or life, whose legal residence or usual residence is in Hong Kong (see Definition 2), who travels outside of Hong Kong (see Definition 3), and whose journey begins and ends in Hong Kong.

Article 3 Policy holder/Applicant

1. The Policy holder/Applicant shall be the Insured person his/herself, who has full capacity for civil conduct, or other persons who have insurance interests in the Insured person.
2. The agency, enterprise, social organizations or social groups that have insurance interests in the Insured person.

Article 4 Beneficiary

1. Death Beneficiary

With the consent of the Insured person, the Insured person may, at the time of signing the Contract, designate one or more persons as the death beneficiary/beneficiaries. In the case of more than one death beneficiaries, the Insured person may determine the priority of the death beneficiaries and benefit proportions for the death benefits. If the benefit proportions are not specified, all death beneficiaries shall be entitled to an equal share of the death benefits. The designation of beneficiaries by the Policy holder/Applicant shall have the consent of the Insured person.

When the Insured person is deceased, the Insurance benefits shall be regarded as the legacy of the Insured person in the following cases, and be paid by the Company in accordance with the Law of Hong Kong.

(1) In case there is no designated beneficiary/beneficiaries, or the designation of beneficiary/beneficiaries is ambiguous and the designation cannot be confirmed;

(2) In case the beneficiary dies before the insured and there is no other eligible beneficiaries;

(3) In case the beneficiary is bereft of his/her right to the benefits by relevant law/laws, or gives up his/her right to the benefits voluntarily, and there is no other beneficiaries.

In case the beneficiary/beneficiaries decease during the same incident with the Insured person, and sequence of their decease cannot be determined, the presumption shall be that the beneficiary/beneficiaries have deceased before the Insured person.

The Insured person or Policy holder may change the beneficiary/ beneficiaries of the death benefits with a written notice to the Company (see Definition 5), and the Insured person shall make notes to the Contract. The Company shall not be liable for any legal disputes resulting from any change(s) in the death beneficiary/beneficiaries.

In case the change(s) of death beneficiary/beneficiaries is designated by the Policy holder, the change(s) shall have the written consent of the Insured person. If the Insured person is of no capacity or limited capacity for civil conduct, the designation or change of death beneficiary/beneficiaries shall be determined by the guardian of the Insured person.

2. Beneficiary of disabilities or burns

Unless otherwise provided, the beneficiary of the disabilities or burns is the Insured person his/herself.

Insurance Coverage

Article 5 Insurance responsibility

Within the insurance duration of the Contract, if the Insured person, when traveling with effective credentials domestically or oversea, sustains accidental injury (see Definition 6) incident(s) (including accidents happened during elementary outdoor sports, see Definition 7) and the incident(s) shall lead to the death, disability or burns of the Insured person, the Company shall pay out the Insurance benefits in accordance with the following terms:

1. Responsibility for death benefits

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury which results in his/her death within 180 days since the date of the accident, the Company shall pay out the insured amount of death benefit, and Company's responsibility to the Insured terminates.

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or oversea, sustains an accidental injury, disappears since the date of the accident, and later declared deceased by the People's Court, the Company shall pay out the insured amount of death benefit. However, if the Insured is later found to be alive, the recipient of death benefits shall return the paid amount of death benefit to the Company within 30 day as of the Insured Person being found alive.

If the Insured person has received disability or burn benefits payable under Article 2 and 3 (see Definition 8) before his/her death, the benefit payable for death benefit shall be the balance after deduction of any paid benefits.

2. Responsibility for disability benefit

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or overseas, sustains an accidental injury which results in any disability listed in the "Schedule of Benefits for Disability" ("Table 1") within 180 days since the date of the accident, the Company shall pay the Insured person the disability benefit equal to an amount derived by applying the percentage specified in the said Table. If the treatment of such disability for the Insured is not completed on the 180th day since the date of the accident, physical conditions of the Insured person shall be appraised to determine the degree of disability on said day, and disability benefit shall be paid out accordingly.

- (1) If multiple disabilities occur to the body of the Insured person as a result of one Accident, the Company shall pay the percentage of sum insured for each such disability provided that total payments shall not exceed the highest percentage of the sum insured stated in the Table. If the disability only occurs to one part of the body, only one of the accidental disability benefits shall be paid, and that will be the higher or highest percentage of sum insured for that part of the body.
- (2) If the Insured person already has certain disability before the accident injury, the Company shall pay out the disability benefits of combined disability degree according to the amount stated in the Table 1, but the disability benefits of the original disability of the Insured person shall be deducted from the paid amount.

3. Responsibility for burns benefit

If, within the insurance duration of the Contract, the Insured person, while traveling with effective credentials domestically or overseas, sustains an accidental injury which results in Third Degree Burns listed in the "Schedule of Benefits for Third Degree Burns" ("Table 2") within one hundred and eighty (180) days from the date of Accident, the Company shall pay the Insured Person the burns benefit equal to an amount derived by applying the percentage specified in the said Table. If the treatment of such disability for the Insured is not completed on the 180th day after the date of Accident, physical conditions of the Insured person shall be appraised to determine the degree of disability on the said day, and burns benefit shall be paid out accordingly.

If multiple burns occur to the body of the Insured person as a result of one Accident, the Company shall pay the percentage of sum insured for each such disability provided that total payments shall not exceed the highest percentage of the sum insured stated in the said Table.

If the Insured Person suffers Burns to the body as a result of one Accident, and the combined burns of the said accident and previous accident(s) is eligible for higher percentage of sum insured in the said Table, the higher percentage of burns benefits shall be paid, but the benefits derived from previous burns shall be deducted from the paid amount.

Disclaimer of Liabilities

Article 6 Exclusions

Due to the following circumstances where the insured dies, gets disabled or burnt, the Company shall not shoulder responsibility for paying insurance benefits:

1. Policy holder intentionally murders or injures the Insured;
2. The Insured person commits suicide or intentionally inflicts injury on himself or herself, Those who do not have civil capacity when committing suicide or intentional inflicting injuries are excluded.
3. The Insured person engages or intends to engage in law-breaching, criminal activities or resists arrest;
4. Fighting, being attacked or being murdered resulting from the provocative or intentional actions of the Insured Person;
5. Mental or nervous disorder of the Insured person, including but not limited to insanity;
6. Any form of terrorist attacks or attempted terrorist attacks;
7. Any explosion, burns, pollution or radiation resulted from any biological, chemical, atomic weapons, or any nuclear or atomic devices;
8. Direct or indirect results of the outbreak of epidemic (see Definition 10) or pandemic disease (see Definition 11).
9. Pregnancy, miscarriage, childbirth, medicine allergy, etc.
10. Cosmetic or plastic surgery, or other medical incidents or any Injuries caused by such events;
11. The Insured takes or injects medical drugs without doctor's permission;
12. Any bacterial or virus infection (except for infections caused by an Accident), or food poisoning;
13. Injuries or complications existed before the Insured enters into this Contract;
14. The Insured participates in high-risk sports such as robe-assisted mountain or rock climbing, scuba diving, hunting, parachuting, glider-riding, expedition (see Definition 12), marshal art (see Definition 13), wrestling, stunting performance (see Definition 14), speed race (except on foot), horse-racing, polo, horsemanship performance, car-racing, water-boarding, winter sports, etc.
15. The Insured participates in any outdoor sports that are not authorized by the local government or without legal business license;
16. The Insured person participates in any occupational sports with payment or bonus;
17. The Insured person carries out duties as police officer or law-enforcement staff;
18. The Insured person is employed by commercial ship(s), or serve in the Navy or Air-force, or engage in occupational operation or testing of any transportation vehicle; or carries out occupational activities in petroleum or chemical industry, logging industry, transportation, excavation, mining, mid-air photographing, bomb-disarming, water-borne operation, high-altitude operation, etc.
19. The Insured person boards on illegal transportation vehicle or transportation vehicle that has not registered with the local authorities where the accident occurs.
20. The Insured person is a pilot or flight attendant carrying out flying duties,

but it shall be excluded when the Insured takes on a passenger flight as a paid passenger.

21. The Insured is traveling for the purpose of receiving medical treatment or rehabilitation (see Definition 5); or the Insured person is traveling against medical advice or when the physical condition of the insured is not suitable for travel.

22. The Insured person is suitable for travel for the time-being but does not return to China as recommended by doctors, or further treatment at the resident place of the Insured person leads to the worsening of the illness.

Article 7 Excluded Period

The Company is not liable for paying insurance benefits when the insured person dies or sustains disability or burns during the following periods:

1. **Any wars, military actions, riots, strikes or armed insurrection;**
2. **The Insured person is under the influence of alcohol, drugs, or controlled drugs (see Definition 16);**
3. **The Insured person drives after drinking, drives without legal license (see Definition 17), or drives a motor vehicle without legal registration number (see Definition 18);**
4. **The Insured person is under arrest by the local law-enforcement or sentenced into prison.**

Article 8 Excluded Countries and Regions

The Company is not liable for the insured events happened in the following countries or regions:

Afghanistan, Burundi, Republic of Central Africa, Republic of Chad, Democratic Republic of Congo, East Timor, Eritrea, Guinea, Haiti, Iraq, Republic of Cote D'ivoire, Liberia, Solomon Islands, Sudan, Antarctica, Bouvet Island, Heard Island, McDonald Islands, South Georgia and South Sandwich Islands

If any of the above-mentioned disclaimed liabilities leads to the death of the Insured person, the Company shall return the cash value of the unearned net premium to the policy holder (see Definition 19).

Overseas Travel Assistance

Article 8 When the Insured person encounters emergency or necessity while travels domestically or overseas, the Insured person may dial the assistance hot-line number listed in the insurance policy or certificate. The following information will be provided for free by the assistance agency entrusted by the Company or its authorized representatives (hereafter as "assistant agency"). However, the expenses incurred by the use of assistance services shall be borne by the Insured person. The assistance agency cannot guarantee the service quality of the third party service provider, and the ultimate choice for the service lies with the Insured person.

I Medical assistance

1、 Call-in medical consultancy

24 hours call service to provide medical advice to the user.

2、 Recommendation of medical service institutions

To Recommend doctors, hospitals, clinics, dentists, and the name, address, phone-number, office time of clinics, as requested by the Insured person. However, the assistance agency does not provide medical diagnosis or treatment.

3、 Appointment with doctors

To arrange appointment with local doctors for the Insured, but any resulting fee shall be shouldered by the Insured person.

4、 Arrangement for hospitalization permits

When the Insured person is seriously ill and requires hospitalized treatment, the assistant agency may help the Insured person to fulfill hospitalization procedures, but any resulting fee shall be shouldered by the Insured person.

5、 Monitoring of physical conditions during and after the Insured person's hospitalization

The assistant agency is responsible for the monitoring of physical conditions during and after the Insured person's hospitalization before the Insured returns to Hong Kong, in accordance with confidentiality requirements and authorized responsibilities.

II Overseas travel services

1、 Inoculation and visa related information

To provide inoculation and visa related information in relevant countries.

2、 Recommendation of translation services

To provide the address, phone-number, office hour and other relevant information of translation services in the travel destination.

3、 Assistance in finding lost luggage

To assist the Insured person who has lost luggage during overseas travel to contact relevant agencies to find the lost luggage.

4、 Assistance in finding lost passport

To assist the Insured person who has lost passport during overseas travel to contact relevant agencies to find the lost passport or get a new passport.

5、 Information of the Embassy or Consulate

To provide information such as the address, phone-number and office hour of the nearest Chinese Embassy or Consulate to the Insured person.

6、 Emergency messenger service

To help the Insured person to pass on his/her emergent message to his/her family, friends or company, at the request of the Insure person who has been hospitalized during the overseas travel.

Insured Amount and Insurance Premium

Article 9 The Insured Amount is the maximum amount covered by the Company to each Insured person with the Insurance Policy for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the Contract. The Insured person and the

Company may agree on restrictive terms such as deductibles.

Duration of the Contract

Article 10 The Duration of the Contract shall be negotiated and agreed on by the Insured person and the Company. The beginning and termination period of the Contract shall be specified in the Insurance Policy, based on Beijing Time, 24 hours as one day.

If the Insured person enters into the annual multiple journey insurance program, the insurance liability begins each time when the Insured person leaves his/her normal residence or work place and heads directly to the journey destination, and ends at the following dates whichever occurs the earliest: (1) The Insured person finishes the journey and returns to his/her normal residence or work place; (2) The expiration date of the insurance period stated in the Insurance Policy or Certificate; (3) The maximum days covered for each journey as agreed by the Insured person and the Company.

If the Insured person enters the single journey insurance program, the insurance liability begins at the following date whichever occurs latest: (1) The starting date of the insurance period stated in the Insurance Policy or Certificate; (2) when the Insured person leaves his/her normal residence or work place and heads directly to the journey destination. The insurance liability ends at the following dates whichever occurs the earliest: (1) The expiration date of the insurance period stated in the Insurance Policy or Certificate; (2) the Insured person finishes the journey and returns to his/her normal residence or work place.

Article 11 Extension of Insurance Period

If, during the duration of the Contract, the Insured person shall encounter accidents due to Force Majeure, which includes but not limited to severe weather, natural disaster and illness, and sustains severe physical injury and is hospitalized into the local hospital, leading to the extension of the journey while the Contract is expired, the Company shall automatically extend the Contract based on reasonable and necessary considerations, with the maximum extension to the end of journey by the Insured person.

Obligations of the Company

Article 12 Obligation to issue the Insurance Policy

When the Contract is signed, the Company shall issue the Insurance Policy and Certificate to the Insured person promptly.

Article 12 Notice for Additional Claim Certificate and Materials

If the Company regards the claimant evidence and information provided by the Insured person as insufficient, the Company shall give a one-off notification to the Policy Holder or Insured person for additional information.

Article 14 Timely Verification and Compensation

After receiving the Insured person's claimant request, the Company shall make timely

verification regarding whether the claim is covered by the Insurance liability. If the situation is complex, the verification shall be made within 30 days nonetheless, unless otherwise stated by the Contract.

The Company shall notify the verification results to the Insured person. If the claim is covered by the Insurance liability, the compensation shall be paid within 10 days after the compensation agreement is made. If the time of compensation payment is specified in the Contract, the Company shall make compensation according to the Contract. If the claim is determined not to be covered by the Insurance liability, the Company shall issue a declining letter to the Insured person within 3 days after the verification is made, and corresponding rationale for declining shall be stated.

Article 15 Compensation First Obligation

After receiving the claimant for compensation and relevant evidence and information, if the Company cannot determine the amount of compensation within 60 days, the Company shall effect payment of the minimum amount which can be determined by the evidence and information obtained. The Company shall pay the balance after the final amount of indemnity or payment of the insurance benefits is determined.

Obligation of the Policy Holder and Insured Person

Article 16 Obligation to Pay Insurance Premium

Unless otherwise stipulated, the Policy holder shall pay up the full amount of premium when signing the Contract.

Article 17 Truthful Informing Obligation

When signing the Contract, if the Company inquires after the Insurance Subject or relevant information about the Insured person, the Policy holder/ applicant shall provide truthful information.

If the Policy holder or applicant fails to fulfill the above clause intentionally or due to gross negligence, to such an extent that the outcome may affect the Company's decision to whether underwrite the Contract or raise the premium, the Company may choose to terminate the Contract.

When the Company is aware of cause(s) to terminate the Contract for over 30 days but choose not to exercise the termination right as specified above, the right shall be abolished. When an insured accident occurs, the Company shall shoulder the compensation responsibility.

If the applicant intentionally withholds information, the Company shall not be liable for any insured accident occurred before the contract is terminated, and shall not return the paid premium.

If the applicant fails to provide truthful information due to gross negligence, and the outcome have evident impact on the insured accident, the Company shall not be liable for any insured accident occurred before the contract is terminated, but shall return the paid premium.

If the Company is aware that the information provided by the applicant is insufficient

at the time of signing the contract but chooses not to terminate the Contract, when any insured accident occurs, the Company shall shoulder the responsibility of compensation.

Article 18 Notice of Change of Residence or Correspondence Address

In case of any change of the Policyholder's residence or correspondence address, a written notice shall be given promptly to the Company, failing which all notices sent by the Company to the last known residence or correspondence address as shown in this Policy shall be deemed to have been duly served.

Article 19 Notice of Insured Accident

When the Policy holder, insured person or beneficiary knows about any occurrence of any insured accidents, prompt notification shall be given to the Company. **If failure to give prompt notice intentionally or due to gross negligence leads to difficulties in determining the nature, cause or damage of the insured accident, the Company shall not shoulder the compensation duty for the undetermined part of the liability,** unless the Company knows or should have know about the occurrence of the insured accidents from other channel(s).

The above clauses do not include delays caused by force majeure (see Definition 20).

Application and Payment of Insurance Benefits

Article 20 Application of Insurance Benefits

When applying to the Company for the benefits, the Applicant(s) for Insurance Benefits (see Definition 21) shall submit the following certification and documents. If the Applicant cannot provide the following documents due to specially reasons, other legally effective evidence shall be provided. **If the failure to provide relevant documents by the Applicant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

I Application for Death Benefit

- (1) Original copy of the Insurance Policy;
- (2) Legal identification of the Applicant;
- (3) Certificate of Cancelling the Registered Residence of the Insured person issued by Public Security authorities, and the Death Certificate of the Insured person presented by medical institutions with Level II and above qualification or by medical institutions recognized by the Company. If the Insured is declared dead, the Applicant shall present the Death Declaration Certificate issued by the People's Court. If the Insured person dies outside China, the Death Certificate or Autopsy Report issued by Chinese embassy or consulate or by local government of the accident place shall be presented.
- (5) Relevant certification and documents required by the Company and to be provided by the Insured to confirm the nature and cause of the accidents;
- (6) If the benefit is applied for by an agent, the original authorization letter, the legal

identity certification of the agent and applicant shall also be provided.

(7) If the Insured person does not designate his/her death beneficiary when enters into the Contract, the Applicant shall provide the legal document of notarization of succession;

(8) If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.

II Application for Disability or Burns Benefits

(1) Original copy of the Insurance Policy;

(2) Legal identification of the Applicant;

(3) Documents or certification to prove the disability, or burns, or degrees of burns of the Insured by medical agencies or judicial organizations with Level II and above qualification or approved by the Company;

(4) Other relevant document presented by the Applicant;

(5) If the benefit is applied for by an agent, the original authorization letter, the legal identity certification of the agent and applicant shall also be provided.

(6) If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided..

Article 21 Verification of the Physical Injury and Disability

If the Insured sustains physical disability due to accidental injury, the disability shall, after the completion of the injury treatment, be verified through the evaluation agency with Judicial License for Verification approved by Judicial and Administrative authorities and recognized by the Company.

If the Insured person fails to complete the injury treatment 180 days after the accident, the verification shall be made according to his/her physical conditions on the 180th day.

Article 22 Physical Check and Verification of Death

During the duration of claim period, the Company shall have the right to require the Insured person to undergo physical check or provide relevant report. If the Insured person is deceased, the Company shall have the right to request the evaluation of the insured accident.

Article 23 Compensation for Each Accident

The compensation for each Insured person shall not exceed the maximum amount for each accident stipulated in the Insurance Policy or Certificate. If the maximum amount for each accident cannot cover each Insured person in a Policy or Certificate, the compensation shall be made at a same lower proportion to each Insured person.

Article 24 Limits on Special Compensation

Each Insured person shall be entitled to one Insurance Contract for the same Insured risk. If an Insured person has multiple Contracts for one same Insured risk, the Company shall only shoulder the liability for the Contract with the highest insured amount. If the multiple contracts have the same maximum insured amount, the Company shall only

make compensation for one contract, and return the premium of the rest contracts.

Time Limit for Action

Article 25 The time limit for action by the Applicant to seek compensation from the Company is 2 years, starting from the date of accident.

Termination of the Contract

Article 26 After conclusion of the Contract, the Policy holder may terminate the Contract through written document to the Company, unless the Company has already paid out the Insured benefit according to the Contract.

When terminates the Contract, the Policy holder shall provide the following documents and materials:

- (1) Application Letter for termination of Contract;
- (2) Original copy of the Insurance Policy;
- (3) Certificate of paid premium;
- (4) Legal identification of the Policy holder/Applicant.

When the Policy holder applies to terminate the Contract, the Contract ceases its effect on the day when the Company receives the Application Letter for termination of Contract. The Company shall pay back the outstanding net unearned premium within 30 days after receiving the above mentioned documents and materials.

Disputes Settlement and Applicable Laws

Article 27 Disputes Settlement

If any dispute occurs in the execution of the Contract, the Parties shall seek to settle the dispute through consultation. If consultation fails to settle the dispute, the dispute shall be submitted to the Arbitration authority stated in the Contract. If there is no Arbitration authority specified in the Contract or the Arbitration authority fails to settle the dispute, a lawsuit shall be filled to the court of Hong Kong.

Article 28 Governing Laws

This Contract and any dispute arising out of or in connection with this contract shall be governed and construed in accordance with laws of Hong Kong.

Article 29 Definitions

1、Age shall mean the age of the Insured person at the last birthday before the Contract takes into effect.

2、Domestic shall mean China's Hong Kong Special Administrative Region.

3、Oversea shall mean Countries and regions outside of China's Hong Kong Special Administrative Region.

4、Travel /journey shall mean the Insured person goes to place(s) outside of his/her legal or usual residential city on leisure, business or other purposes, and stays longer than 24 hours but not exceed one year.

5、 The Company shall mean Hong Kong branch of Allianz Global Corporate & Specialty AG . that enters into Insurance Contract with a Policy holder/ Applicant.

6、 Accidental injury shall mean physical injury caused directly by external, unexpected, unintentional and non-disease objective events.

7、 Elementary outdoor sports shall Including outdoor travel, hiking, mountain climbing for leisure, camping, mountain or non-mountain orienteering, artificial rock-climbing and descending, boating, swimming, teambuilding, bicycling, roll-skidding, and skin dive.

8、 Burns shall mean that the entire skin layer of an Insured Person was damaged by Accidental Burns, defined as 3rd degree burns, while the Policy is in force. Third degree burns damage the skin (epidermis and dermis), to muscle tissue, bone and subcutaneous fat, and result in scarring. The degree of burns and damaged area are determined by the evaluation of the authorized institution by the Company.

9、 Limbs shall the four limbs of a human body, i.e. left up limb, right up limb, left lower limb, and right lower limb.

10、 Epidemic shall mean sudden outbreak and rapid spread of certain contagious disease in a country or region.

11、 Pandemic: Pandemic shall mean certain contagious disease spreading across a whole continent or in the whole human race.

12、 Expedition shall mean voluntary engagement in certain knowingly dangerous natural environment that may leads to loss of life or body injury, e.g. river drifting, walking across a desert, or traveling in sparsely-populated primary forest.

13、 Marsh art competition shall mean two people or above engage in confrontational race such as confrontational judo, karate, taekwondo, Sanda, boxing, or other tool-assisted competition.

14、 Stunt shall mean special skills such as horsemanship, acrobatics, animal-training, etc.

15、 Doctor shall mean any medical practitioner that is accredited and registered according to the laws in the country where he/she practice medicine, unless the doctor is the Insured person himself/herself, or a family member of the Insured person, or has direct interest relations with the Insured person.

16、 Controlled drugs shall mean the medicine listed as special administrated type by the Drug Administration Law of Hong Kong and other relevant laws, includes but not limits to narcotic drugs, psychotropic drugs, toxic drugs and radioactive drugs.

17、 Drive without legitimate driving license

In case the Insured person

(1) shall have no driving license or the license is expired;

(2) shall drive a vehicle other than the vehicle type specified in his/her driving license;

(3) shall drive a bus or passenger coach with a learner's license, or drive a vehicle loaded with explosives, explosive and flammable chemicals, highly toxic or radioactive substance, or drives a motor trailer with a learner's license.

(4) shall driver with unauthorized license, or drive a motor vehicle when the driving license is detained, seized, suspended, or de-registered.

(5) shall have no state authorized permit when operation special purpose vehicles, or drive commercial passenger coach without state accredited qualification.

(6) shall drive when relevant laws or the transportation authorizes forbids the driving of motor vehicles.

18. Vehicle without legitimate registration, including:

- (1) The vehicle has been de-registered according to law;
- (2) The vehicle has no registration, or vehicle number, or provisional registration number issued by the transportation authority,
- (3) The vehicle does not pass the mechanical security check or did not pass the check in the required period.

19. Outstanding net unearned premium

Outstanding net unearned premium=premium * [1-(already covered days by the Policy/Policy Period)]*(1-25%)

Outstanding time less than one day shall be calculated as one day.

25% is the rate of procedure fee.

20. Force Majeure shall mean any external event which is unforeseen, unavoidable and cannot be overcome.

21. Benefit applicant shall mean successor(s) of the beneficiary or the Insured person, or other natural person(s) that have legal entitlement to the Insurance benefit.

22. Business travel/ trip shall mean the trip assigned by the Insured person's employer to the Insured person for business purposes. The trip does not include the travel between the Insured person's daily residence and work place, or the private travel undertaken by the Insured person.

Table 1:
Schedule of Life Insurance Disability Degree and Benefit Payment

| Degree | Item | Degree of Disability | Percentage of Sum Insured |
|---------|------|--|---------------------------|
| Level 1 | 1 | Permanent total loss of sight of both eyes (note1) | 100% |
| | 2 | Loss of both upper limbs at or above the wrist or both limbs at or above the ankle | |
| | 3 | Loss of one upper limb at or above the wrist and of one lower limb at or above ankle | |
| | 4 | Permanent total loss of sight of one eye and one upper limb at or above wrist | |
| | 5 | Permanent total loss of sight of one eye and one upper limb at or above ankle | |
| | 6 | Permanent total loss of function of joints of all the limbs (note 2) | |
| | 7 | Permanent total loss of function of chew and swallow (note 3) | |
| | 8 | Severe damage to the function of the central nervous system or the internal organs such as the abdomen and thorax resulting in the permanent loss of the ability to engage in any job occupation and independently perform daily activities that are essential to the maintenance of life (note 4) | |
| Level 2 | 9 | Permanent total loss of function of two or more of the three | 75% |

| | | | |
|---------|--|---|-----|
| | 10 | great-joints of both upper limbs or of both lower limbs or of both an upper limb and a lower limb (note 5) Total loss of all fingers (note 6) | |
| Level 3 | 11 12 13 14 15 | Permanent total loss of one upper limb at or above the wrist or of function of the three great-joints of an upper limb Permanent total loss of one lower limb at or above the ankle or of function of the three great-joints of a lower limb Permanent total loss of hearing in both ears (note 7) Permanent total loss of function of joints of all fingers (note 8) Loss of all toes (note 9) | 50% |
| Level 4 | 16 17 18 19 20 21 22 | Permanent total loss of sight of one eye Permanent total loss of function of two great-joints of the three great-joints of an upper limb Permanent total loss of function of two great-joints of the three great-joints of a lower limb Loss of four or more fingers (including a thumb and a forefinger) of one hand Permanent shortening of a leg by at least 5cm Permanent total loss of speech (note 10) Permanent total loss of function of all toes | 30% |
| Level 5 | 23 24 25 26 27 28 29 | Permanent total loss of function of one great-joint of the three great-joints of an upper limb Permanent total loss of function of one great-joint of the three great-joints of a lower limb Loss of both thumbs of both hands Loss of all toes of one foot Obvious defect of two eyelids (note 11) Permanent total loss of hearing in one ear Defect of nasal part and severe dysosmia (note 12) | 20% |
| Level 6 | 30 31 32 | Loss of forefinger and thumb of one hand, or of more than three fingers including thumb or forefinger Permanent total loss of function of three or more fingers of one hand including thumb or forefinger Permanent loss of function of five toes of one foot | 15% |
| Level 7 | 33 34 | Loss of a thumb or a forefinger of one hand, or two or more fingers of middle-finger, ring-finger or little finger Permanent total loss of function of a thumb and a forefinger of one hand (note 13) | 10% |

Notes:

(1) Loss of sight of eye(s) shall include removal or loss of eyeball(s), or anopia, or only the ability for light sensation, or visual acuity after correction of lower than 0.02 of the international standard eyesight chart, or a visual field narrower than 5 degrees. Medical evidence must be provided by a qualified ophthalmologist appointed by the Company.

- (2) Loss of function of joint(s) shall mean permanent total stiffness, or paralysis of the joints, or that the joints may not be able to move willfully.
- (3) Loss of function to chew and swallow shall mean the organic or functional disturbance of such functions as chewing and swallowing by any means other than dental causes, and which renders the Insured Person incapable of eating or swallowing anything other than fluid diet.
- (4) Inability to perform independently the daily activities that are essential to life shall mean complete and continuous inability of the Insured Person to perform such activities independently as eating, going to the toilet, dressing, walking, bathing, etc., and must rely on the assistance of others.
- (5) The three great-joints of upper limb include shoulder joint, elbow joint, and wrist joint; three great-joints of lower limb include hip joint, knee joint, and ankle joint.
- (6) Total loss of finger shall mean complete severance through or above the proximal phalangeal joints (interphalangeal joints of thumb).
- (7) Total loss of hearing shall mean the average frequency hearing loss is above 90 dB where speech frequencies are at 500, 1,000, 2,000 Hz.
- (8) Total loss of function of joints of fingers shall mean complete severance through the distal phalangeal joints, or stiffness of proximal phalangeal joints or moving disturbance of the phalangeal joints.
- (9) Total loss of toes shall mean complete severance through or above the metatarsophalangeal joints.
- (10) Total loss of speech shall mean the loss of articulating ability of any three of the four sounds which contribute to the speech (from the labial sounds, alveolar sounds, palatal sounds, and the velar sounds) or total loss of vocal cord or damage of speech center in brain resulting in aphasia. However, all psychiatric related causes are excluded. Medical evidence must be supplied by a qualified otorhinolaryngology specialist.
- (11) Obvious defect of two eyelids shall mean eyelids incapable of covering corneas completely when the Insured Person closes his/her eyes.
- (12) Defect of nasal part and severe dysosmia shall mean the irrecoverable defect of total or one half nasal cartilage and nasal atresia, nasal dyspnea or anosmia of both sides.
- (13) Permanent total loss shall mean bodily injury beyond hope of improvement at the expiry of at least one hundred eighty (180) days medical treatment from the date of Accident, but exclude the irrecoverable status such as removing the eyeball.

TABLE 2 Schedule of Benefits for Third Degree Burns

| Body Part | No. | Percentage of Damaged Area to Total Body Surface | Maximum Percentage of Sum Insured |
|---------------|-----|--|-----------------------------------|
| Head and Hand | 1 | Less than 8% | 100% |
| | 2 | 5% or more but less than 8% | 75% |

| | | | |
|--|---|-------------------------------|------|
| | 3 | 2% or more but less than 5% | 50% |
| Body (excluded head and hand surface) | 4 | 20% or more | 100% |
| | 5 | 15% or more but less than 20% | 75% |
| | 6 | 10% or more but less than 15% | 50% |

Note: Third degree burns means the burnt damage in all level of the skin, the under skin tissue, or even deeper.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Medical Expense Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liability

I. During the Insured period, if the Insured person sustains accidental injury or acute disease (see definition 1) when traveling overseas with effective documents, and goes to hospitals (see definition 2) or medical institutions approved by the Company for treatment within 5 days after the occurrence of the accident or the onset of the acute disease, the Company shall be liable for the following expenses as stipulated by the supplementary clauses:

If the accidental injury or acute disease occurs overseas, the expenses incurred within 90 days after the injury or disease occurs for the treatment of the said injury or disease in the oversea hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses, reasonable, conventional and necessary, including diagnosis cost, operational cost, hospitalization cost, medical cost (the prescript medicine only), X ray examination cost, medical appliances cost, ambulance cost, etc..

If the Insured person sustains accidental injury or acute disease when traveling overseas, receives diagnosis and treatment by qualified oversea doctor, and the injury or disease covered by the Contract directly leads to further treatment after the Insured person returns to China, then the expenses incurred within 30 days (but no more than 90 days since the date of sustaining accidental injury or acute disease) after the Insured person returns to China for the treatment of the said injury or disease in the domestic hospital shall be covered by the Company, provided the expenses are consistent with the supplementary clauses and the medical insurance regulation of the local authorities, reasonable, conventional and necessary.

The medical expense incurred during the further domestic treatment and covered by the Company shall not exceed 10% of the total insured amount stipulated in the Insurance Policy or certificate.

The dental treatment cost covered by the supplementary clauses shall only limits to treatment of dental injury caused by the accident. After the diagnosis by doctors in hospital or medical institutions approved by the Company, the cost of necessary emergency dental treatment to relieve severe pain, including diagnosis cost, operation cost and medicine cost (only limits to the prescript medicine for pain alleviation), shall be

covered by the Company.

Article 3 Disclaimer of Liabilities

The company shall not be liable for the following expenses incurred by the Insured person:

1. Any compensation the Insured person already received from the state-covered medical service, basic social medical insurance, supplementary commercial medical insurance, and compensation from other government agencies or social welfare institutions.

2. The expense incurred by the Insured person for rehabilitation treatment, physiotherapy, vaccination, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor).

3. The treatment or operation expense for prolapse or dislocation of lumbar intervertebral disc, contraception or sterilization, tonsil, adenoid, hernia, female genital disease, and drug allergy. However, if emergency treatment or operation is performed to avoid life risk or permanent physical damage of the Insured person, the expenses shall not be disclaimed by the Company.

4. The expense for nursing, heating, boarding, charge of loss of work time, hiring private nurse, or the insured person installs artificial eyes, false teeth, artificial limbs or buys instrumentalities for the disabled;

5. The expenses of psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.

6. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.

7. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.

8. The treatment and rehabilitation costs for congenital malformations, hereditary diseases, deformations or chromosomal abnormalities of the Insured.

9. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.

10. The expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.

11. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.

12. The expense incurred due to performing or choosing unauthorized assistance by the Insured person before arriving at the hospital.

13. Expenses that without original invoice, receipt or treatment certificate issued by the local hospital.

14. If the Insured sustains accidental injury or acute disease when traveling

oversea but does not get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for the Insured person when he/she return to the original place shall not be covered by the Company.

15. If the Insured sustains accidental injury or acute disease when traveling oversea and get diagnosis from local doctors, any expense resulted from emergency clinic or hospitalized treatment for any irrelevant injury or disease for the Insured person when he/she returns to the original place shall not be covered by the Company.

16. Expenses resulted from medicine, examination, treatment or materials other than those covered in the domestic basic medical insurance.

17. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Assistance of medical guarantee deposit

When the Insured sustains accidental injury or acute disease when traveling oversea, the Insured person or his/her travel companion shall inform the assistance agency designated by the Company or its representative (hereafter as "assistance agency") to seek medical consultancy service or arrange hospitalization procedure. As for the medical guarantee deposit for the hospitalized period, under the authorization of the Company, the assistance agency shall provide medical guarantee deposit for the Insured person during the hospitalization period within the total insured amount. If the assistance agency fails to provide medical guarantee deposit for the hospitalization expenses, the Company shall pay the compensation to the Insured person after verifying and recognizing the expenses.

Article 5 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 6 Insured Period

Unless otherwise stipulated, the insured period of the supplementary clauses is the same as that of the Principal Contract.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 Legal identification or household registration of the Insured;
- 3、 The medical diagnosis (including pathological examination, analysis certificate and other examination reports), medical records, original medical expense receipts, original hospital discharge papers and relevant other documents presented by the hospital.

- 4、 Proof document of the accident recognized by the Company.
- 5、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.
- 6、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the Insured has already been compensated by other insurance companies or from other channels, the Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

V. If the compensated amount is less than the actual paid hospitalization expenses, the Claimant may send a written request to the Company for the return of original documents. The Company shall return the original documents after stamping seals and notes that the compensation has been paid.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Definitions

- 1、 **Acute disease** shall mean the sudden onset of certain disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the inclusion of this Contract or any chronic diseases of the Insured person.
- 2、 **Hospital** shall mean public hospitals with level II or above qualifications as determined by the health authorities of PRC in China (not including Hong Kong, Macao, and Tai Wan), or hospitals or institutions jointly designated by the Company and the Insured person.

Hospital outside China (including Hong Kong, Macao, and Tai Wan) shall mean medical institutions that are recognized by the Company, established and operated according to local laws and meet the following requirements:

- 1) The main operation purpose is to provide medical care and treatment to hospitalized patients.
- 2) The patient is treated by one or several doctors, and at least one of the doctors is

a qualified resident doctor.

3) The hospital has sufficient and appropriate equipment for the diagnosis and treatment of the patient, and relevant medical equipment and devices for various operations.

4) There are qualified nurses providing 24-hour care service and guidance.

The hospital in the supplementary clauses shall not include the following or similar medical institutions:

(1) mental hospital;

(2) nursing house for the senior, rehabilitation institutions, detoxification center, or alcoholic centre;

(3) health center, natural resort, or recreation and recover center.

3、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

4、 Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Medical Evacuation and Repatriation Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers serious accidental injury (see definition 1) or serious acute disease (see definition 2) when traveling overseas with effective documents, and requires the following assistance service as recognized by the assistance agency entrusted by the Company or its representative (hereafter as the “assistance agency”), the Company shall pay the following transfer and repatriation expenses to the assistance agency as stipulated by the supplementary clauses.

I. Emergency medical transfer

1、 To transfer the Insured person to the nearest and properly equipped local hospital in the accident-occurred place.

2、 If the assistance agency considers the local hospital to which the Insured person is sent after the accident is not well equipped to ensure sufficient and timely treatment to the Insured person, the Insured person shall be transferred to other proper local hospitals or hospitals in the neighboring countries. The insurance obligation of the supplementary clauses shall terminate after the transfer.

3、 During the transfer, the assistance agency shall send medical staff to escort the Insured person if necessary.

4、 The emergency transportation means for the Insured person shall be the best means available in the accident-occurred place. If air service is required for the transfer, conventional flight shall be used in normal cases. In cases as deemed necessary by the assistance agency and approved by the Company, the Insured person may be transferred by chartered flight or chartered medical flight.

II. Emergency medical repatriation

1、 If the assistance agency considers the injury or condition of the Insured person to be stabilized, the assistance agency shall arrange conventional flight for the Insured person to return to the original place (see definition 3). In cases as deemed necessary by the assistance agency, medical escort may be provided for the Insured person during the repatriation to the original place.

2、 If the injury or condition of the Insured person permits as deemed by the assistance agency, arrangements will be made to send the Insured person to the airport of the original place as designated by the Insured person. If the airport is not or cannot be

designated by the Insured person, the Insured person shall be sent to the nearest airport to the original place. If the assistance agency considers it is necessary for the Insured person to have hospitalized treatment when he/she arrives at the original place, the Insured person shall be sent to any hospital in the said airport location as designated by the Insured person. If the airport is not or cannot be designated by the Insured person, the Insured person shall be sent to the nearest and properly equipped hospital in the original place, and the liability of medical repatriation terminates.

3、 As recognized by the assistance agency, if the physical condition of the Insured person permits the Insured person to take conventional flight to return to the original place, the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought by the Insured person is expired due to the rescue, the assistance agency shall cover the return ticket for the Insured person, provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evidence thereof, the return ticket to the original place shall be shouldered by the Insured person.

4、 As recognized by the local doctor of the accident-occurred place, if the Insured person is unable to return to the original place on himself/herself alone, the assistance agency may send an escort to accompany the Insured person to return to the original place. The escort to the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought is expired due to the rescue, the assistance agency shall cover the return ticket for the escort, provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evidence thereof, the flight ticket of the escort from the said place to the original place shall be shouldered by the Insured person.

III. The assistance agency may determine the means and destination of the transfer or repatriation based on the physical condition or treatment needs of the Insured person. The means and destination of the transfer or repatriation include arrangement of qualified doctor(s), nurse(s) and necessary transportation vehicle. The insurance liability for the Company is only limited to the expenses of the above stated medical transfer and repatriation, including the transfer, medical service during the transfer and necessary medical equipment and appliances arranged by the assistance agency.

The Company shall not be liable for any expenses that is not designated or approved by the assistance agency. If the Policy holder, the Insured person and his/her travel companion fails to notify the assistance agency in time under emergent medical circumstances, the Company may make compensation based on the Insurance Plan selected by the Insured person, and on the necessary and reasonable expense standards for the assistance agency to provide or arrange relevant services under such circumstances.

Article 3 Disclaimer of Liabilities

The company shall not be liable for the expenses incurred if the Insured person requires medical transfer or repatriation due directly or indirectly to any of the following causes:

1. **The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
2. **The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.**
3. **Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.**
4. **Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.**
5. **The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured.**
6. **The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.**
7. **Expenses that without treatment certificate issued by the doctor or local hospital.**
8. **Expenses incurred due to medical transfer or repatriation that deemed unnecessary by the assistance agency but insisted by the Insured person.**
9. **Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.**
10. **Any expenses incurred due to medical transfer or repatriation that is not arranged or approved by the assistance agency.**
11. **Rescue and assistance caused directly or indirectly by the outbreak of any epidemic or pandemic disease.**
12. **Other matters of disclaimed liabilities as set forth in the Principal Contract.**
13. **The Insured person shall strictly follow the rescue and assistance protocol set by the Company and the assistance agency. Otherwise, the Company may disclaim all liabilities set forth in the supplementary clauses, suspend all assistance service, and refuse to pay any expenses resulted from disobedience or ignorance of the assistance agency's advice by the Insured person. If the Insured person refuse to follow the assistance protocol suggested by the assistance agency, the Company shall not be liable for any consequences thereof.**

Article 4 Insured Amount and Insurance Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the

Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the Contract. The Insured person and the Company may agree on restrictive terms such as deductibles.

Article 5 Insured Period

The insured period of the supplementary clauses is the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

I. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

II. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the assistance agency according to Article 6 of the supplementary clauses. The Company shall provide the obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Miscellaneous

I. The Company shall not be liable for any failure of providing the emergency assistance service due directly or indirectly to the causes which are out of the control of the Company or the assistance agency. The causes out of the control of the Company or the assistance agency include (but not limit to) any natural disaster, strike, flight condition, war, the government or international action at the accident-occurred place, or other force majeure.

II. The Company shall make emergency assistance arrangements based on the assistance agency's advice, and may reject any request by the Insured person that may harm his/her physical well-being or safety. If the Company or assistance agency shall consider the expenses to be unreasonable, the Company shall limit the expenses to a conventionally reasonable amount.

III. Any assistance or services to the Insured person shall abide by relevant international agreements, and laws and regulations of relevant countries and regions.

Article 10 Definitions

1、 Serious injury shall mean any injury that is sustained by the Insured person and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey.

2、 Acute serious disease shall mean any acute disease or symptom that is sustained or displayed by the Insured person during a Insured journey, and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey, but NOT including any disease, symptom or chronic illness that the Insured person already sustained before entering into the supplementary clauses.

3、 Original Place: shall mean the regular residence of the Insured person in Hong Kong.

4、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

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Supplementary Compassionate Visit Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury (see definition 1) or acute disease (see definition 2) when traveling overseas, and requires in-hospital treatment as recognized by the local doctor of the accident-occurred place, and if the in-hospital treatment exceeds 7 days for the overseas travel, and the Insured person is unable to take care of him/herself and there is no other adult to take care of him/her, the Company shall cover the following reasonable and necessary expenses for one immediate family member of the Insured person to visit and take care of the Insured, and shoulder the following one of or both liabilities as stipulated by the supplementary clauses below:

- 1、 The direct economic flight, ship or boat ticket for the visitor to travel from his/her regular residence to the place of the Insured person; and/or
- 2、 The reasonable boarding expenses (as limited to the standard room of a three star hotel) and public transportation expenses.

Article 3 Disclaimer of Liabilities

The company shall not be liable if the insured accident is due directly or indirectly to any of the following causes:

- 1. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 2. Treatment for chronic or pre-existed diseases;**
- 3. Medical prevention or treatment for any epidemic or pandemic disease;**
- 4. The treatment for prolapse or dislocation of lumbar intervertebral disc;**
- 5. The treatment or operation for contraception or sterilization;**
- 6. The treatment for drug allergy;**
- 7. The treatment for tonsil, adenoid, hernia, female genital disease, and drug allergy. However, if emergency treatment or operation is performed to avoid life risk or permanent physical damage to the Insured person, the expenses shall not be disclaimed by the Company.**

8. The Insured person is diagnosed before the travel by qualified professional doctors as suffering from any terminal disease;
9. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.
10. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.
11. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.
12. The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured.
13. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.
14. he expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.
15. Expenses that without original invoice or treatment certificate presented by the local hospital.
16. The Insured person refuses to heed the suggestion by the assistance agency;
17. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided through the Policy holder to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 Legal identification or household registration of the Insured;
- 3、 The original copy or duplicated copy of the written document certifying the

relationship between the Insured person and the visitor;

4、 The original list and invoice of the visitor's boarding and public transportation expenses;

5、 The original invoice, receipt or boarding pass of the flight, ship or train ticket for the round trip of the visitor;

6、 The medical diagnosis (including pathological examination, analysis certificate and other examination reports), medical records, original medical expense receipts, original hospital discharge papers and relevant other documents presented by the hospital.

7、 Written proof document of the accident recognized by the Company;

8、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided;

9、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

IV. If the Insured has already been compensated by other insurance companies or from other channels, the Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

Article 7 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 8 Definitions

1、 Acute disease shall mean the sudden onset of any disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the conclusion of this Contract or any chronic diseases of the Insured person.

2、 Hospitalization shall mean the Insured person is committed to hospitalized treatment based on doctor's clinic diagnosis. The hospitalized treatment requires formal hospitalization procedure and stay in hospital for over 24 hours, but shall exclude clinic observation, family sickbed or other types of unqualified in-patient treatment. If the Insured person shall leave the in-patient ward for over 12 hours on other than medical purposes, the case shall be determined as automatic discharge of hospitalization.

3、 Days of hospitalization shall mean the days during which the Insured person stays in the in-patient section of the hospital for treatment, 24 hours as one day, excluding the days during which the Insured person leaves the hospital without authorization.

4、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If the definition of the supplementary clauses conflicts with that in the Principal Clauses, the definitions in the Principal Clauses shall prevail.

Article 9 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

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Supplementary Return of Minors Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury or acute disease (see definition 1) when traveling overseas with effective documents, which leads to un-attendance of his/her accompany minor child(ren) (see definition 2), the Insured person may request the assistance agency entrusted by the Company or its representative (hereafter as the “assistance agency”) to repatriate his/her accompany minor child(ren) to the regular residence in Hong Kong. The Company shall cover the assistance agency’s expense for the repatriation as stipulated in the supplementary clauses.

The accompanying minor child(ren) of the Insured person shall use the original return ticket or electronic ticket bought in the beginning of the journey. If the original return ticket or electronic ticket bought by the Insured person is expired due to the rescue, the assistance agency shall cover the return ticket for the accompanying minor child(ren), provided that the Insured person shall hand over the original return ticket or electronic ticket to the assistance agency, or provide the evidence of his/her purchase of return ticket. If the Insured person has no original return ticket or electronic ticket, or cannot provide relevant evident thereof, the return ticket of the accompanying minor child(ren) to the original place shall be shouldered by the Insured person.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for the expenses incurred if the repatriation of the accompanying minor child(ren) of the Insured person is due directly or indirectly to the following causes:

- 1. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 2. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required.**
- 3. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses.**

4. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries.

5. The treatment and rehabilitation costs for congenital malformations (see definition 3), hereditary diseases, deformations or chromosomal abnormalities of the Insured.

6. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc.

7. The expense resulted from treatment or operation that the attending doctor or medical institution suggests may be reasonably postponed to the return of the Insured to his/her original place (see definition 4), but insisted by the Insured person to be performed in the overseas local hospital.

8. Any contagious disease, epidemic or pandemic disease.

9. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees.

10. Any repatriation expenses that are not authorized or arranged by the assistance agency.

11. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

III. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

IV. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the

assistance agency according to Article 6 of the supplementary clauses. The Company shall provide the obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Definitions

1、 Acute disease shall mean the sudden onset of any disease or symptom by the Insured person during the insured period of the supplementary clauses, not including any disease or symptom sustained before the conclusion of the supplementary clauses or any chronic diseases of the Insured person.

2、 Minor child(ren) shall mean any son/daughter, or grandson/daughter that is under 18 years of age, legally related to and travels together with the Insured person, and is specified in the Policy.

3、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
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Kong Branch.**

Supplementary Return of Remains Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

During the Insured period, if the Insured person suffers accidental injury or acute disease when traveling overseas with effective documents, which directly and alone causes the decease of the Insured person within 30 days of the occurrence of the accident or onset of the disease, the assistance agency entrusted by the Company shall, according to the behest of the Insured or the wishes of his/her family, arrange the body reservation or cremation within the permit of the local laws and regulations, and repatriate the body or ashes to the original place of the Insured, or arrange local burial.

1、 If the body is to be repatriated to the original place, the assistance agency shall transport the body of the Insured person from the deceased place to the nearest airport of the original place, the coffin expense shall be subject to the conventional local coffin standards of the deceased place;

2、 If the body is to be cremated, the assistance agency shall cremate the body of the Insured person in the deceased place, and repatriate the ashes to the original place (the repatriation fare is subject to conventional flight fare), the cremation expense shall be subject to the conventional local cremation standards of the deceased place.

3、 If the body is to be buried locally, the assistance agency shall arrange local burial for the deceased Insured person, the burial expense shall be subject to the conventional local burial standards of the deceased place.

4、 If the assistance agency has not been informed of the behest of the Insured or the wishes of his/her family in time, or the behest of the Insured violates local laws and the wishes of Insured person’s family member has not been informed to the assistance agency in time, the assistance agency shall, within the permit of the local laws and regulations, cremate the body locally and repatriate the ashes to the original place (the cremation expense shall be subject to the conventional local cremation standards of the deceased place), and the repatriation fare is subject to conventional flight fare.

5、 If the behest of the Insured or the wishes of his/her family violate local laws and regulation, and remains unchanged despite of the advice of the assistance agency, the Contract and the Insurance liabilities shall terminate, and the Company shall repay the

unearned premium to the Policy holder.

The Company shall not be liable for any expenses that is not designated or approved by the assistance agency. If the Policy holder, Insured person and his/her travel companion fails to notify the assistance agency in time under emergent medical circumstances, the Company may make compensation based on the Insurance Plan selected by the Insured person, and on the necessary and reasonable expense standards for the assistance agency to provide or arrange relevant services under such circumstances.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for the expenses if the body repatriation of the Insured person is due directly or indirectly to any of the following causes:

- 14. The Insured undertakes recovery treatment, physiotherapy, miscarriage prevention and child-delivery (including caesarean birth, miscarriage or induced labor);**
- 15. The Insured person receives psychological counseling, plastic surgery, orthopedic surgery or other operations that are NOT urgently required;**
- 16. Expenses of general physical check, health check, rehabilitation or recovery treatment, or organ donation related medical expenses;**
- 17. Teeth cleaning, Teeth whitening, orthodontics, porcelain veneer, dental implanting or dental crown fitting done by the insured but not caused by the accidental injuries;**
- 18. The treatment and rehabilitation costs for congenital malformations (see definition4), hereditary diseases, deformations or chromosomal abnormalities of the Insured;**
- 19. The treatment and rehabilitation costs for pre-existing conditions or symptoms of the Insured, including mental diseases, schizophrenia, congenital disease, sexually transmitted diseases, etc;**
- 20. Without relevant certificate presented by the hospital or doctor;**
- 21. Expenses that covered by local assistance agency or the third party service provider that are not required of the Insured person, or the expenses that already covered in travel fees;**
- 22. Any expenses incurred for body repatriation that is not authorized or arranged by the assistance agency;**
- 23. The rescue operation directly or indirectly caused by outbreak of epidemic disease or pandemic disease;**
- 24. Other matters of disclaimed liabilities as set forth in the Principal Contract;**
- 25. The Insured person shall strictly follow the rescue and assistance protocol set by the Company and the assistance agency. Otherwise, the Company may disclaim all liabilities set forth in the supplementary clauses, suspend all assistance service, and refuse to pay any expenses resulted from disobedience or ignorance of the assistance agency's advice by the Insured person. If the Insured person refuse to follow the assistance protocol suggested by the assistance agency, the Company shall not be liable for any consequences**

thereof.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of the Insured person

V. During the Insured period, if the Insured person requires emergent medical transfer and repatriation service due to any Insured accident, the Insured person shall contact the assistance agency immediately by dialing the designated assistance telephone number.

VI. The Insured person shall pay back to the assistance agency any expenses pre-paid by the assistance agency but not included in the liability of the supplementary clauses.

Article 7 Claim of Insurance Benefits

If the Insured person encounters any Insured accident covered in the supplementary clauses, the Insured person shall make timely notification to the assistance agency according to Article 6 of the supplementary clauses. The Company shall provide obligated service and shoulder the obligated expenses stipulated in the supplementary clauses through the assistance agency. The Company shall not accept any claim of benefits unless the claim is raised through the assistance agency.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 9 Miscellaneous

IV. The Company shall not be liable for any failure of providing the emergency assistance service directly or indirectly due to the causes which are out of the control of the Company or the assistance agency. The causes out of the control of the Company or the assistance agency include (but not limit to) any natural disaster, strike, flight condition, war, the government or international action at the accident-occurred place, or other force majeure.

V. The Company shall make emergency assistance arrangements based on the

assistance agency's advice, and may reject any request by the Insured person that may harm his/her physical well-being or safety. If the Company or assistance agency shall consider the expenses to be unreasonable, the Company shall limit the expenses within a conventionally reasonable range.

VI. Any assistance or services to the Insured person shall abide by relevant international agreements, and laws and regulations of relevant countries and regions.

Article 10 Definitions

1、 Serious injury shall mean any injury that is sustained by the Insured person and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey.

2、 Acute serious disease shall mean any acute disease or symptom that is sustained or displayed by the Insured person during a Insured journey, and determined by the doctor as life-threatening and it is inappropriate for the Insured person to continue the pre-arrange journey, but NOT including any disease, symptom or chronic illness that the Insured person already sustained before entering into the supplementary clauses.

3、 Original Place: shall mean the regular residence of the Insured person in Hong Kong.

4、 Congenital Disease shall mean the disease or symptom the Insured person displaces since his/her birth. Such disease is caused by congenital malformations, deformations or chromosomal abnormalities, which may be resulted from harmful physical, chemical or biological factors to the fetus.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Baggage Loss or Damage Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch

Article 2 Insurance Liabilities

During the Insured period, in case of loss of or damage to the personal effects of an Insured person including baggage (see definition 1), personal belongings in the baggage and articles legally owned by the Insured Person as a result of theft, robbery, attempted theft by any third party or caused by common carriers or any third parties, occurring during travel period, and report the incident to local customs, police or relevant authorities with 24 hour after the accident occurs, the Company shall pay, after deduction of any deductible (if any), the costs for the replacement or repair whereof up to the lesser of following:

- 1) the cost of repair at the time of loss or damage;
- 2) the cost of replacement at the time of loss or damage;
- 3) the limit mount stated in the Schedule applicable to the Insured person.

In the event of damage to personal effects of the Insured person due to any causes above-mentioned which is proven to be beyond reasonable and economical repair, the articles shall be deemed as have been lost and the Company shall pay the Insured person for the Replacement Costs for the said personal effects, up to the limit as stated in the Schedule.

During the repair or replacement of the Insured article, the Company shall not be liable to compensate the extra expense due to any changes to, or functional improvement or enhancement of the Insured article.

When calculating the payable amount of the compensation, the Company shall consider depreciation of the Insured object according to the time of use and normal wear and tear. The depreciated amount shall be determined by the Company or agreed on by both parties. The depreciation shall be calculated based on the total year limits of use for the property. The Schedule for calculating depreciation is as follows:

Table for Calculation of Property Depreciation

| Item | Percentage of deduction |
|---------|-------------------------|
| Clothes | 20% per year |

| | |
|---|---|
| Shoes | 30% per year |
| Cosmics | 50% per year |
| sports appliances | 30% per year |
| travel cases, boxes or bags | 10% per year |
| audio device, video device, computer, laptop and other electronic devices and accessories | 30% per year, or the price of the product of same model at that time (whichever with the lower price) |

If the loss of personal effects by the Insured person can be compensated from the common carrier or any other third part, the Company shall only shoulder the remaining outstanding amount of the loss.

Article 3 Disclaimer of Liabilities

I. The Company shall not be liable for any loss of or damage to the personal effects of the Insured person directly or indirectly as a result of:

- 1. loss or damaged caused by intentional fabrication of any accident, conceit, fraud, or law-breaching activities by the Insured person;**
- 2. loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
- 3. loss or damage caused by normal wear and tear, depreciation, vermin, mould, erosion, gradual deterioration, light, or undergoing any process involving the application of heat, dehumidifying, cleaning, dyeing, replacement or maintenance, or scratch, dent, mechanical or electrical breakdowns, misuse, faulty craftsmanship or design, or use of defective materials;**
- 4. loss or damage caused by the inherent defect of the article, lack of proper packaging, care or safekeeping, improper use, or the provocation by the Insured person;**
- 5. loss or damage caused by scratch, tear or stain;**
- 6. loss due to the theft by any business partner, relative, or travel companion of the Insured person;**
- 7. loss by lack of due care of the Insured person, or left unattended in public place, or lost by the Insured person;**
- 8. any loss due to unknown causes or any mysterious disappearance;**
- 9. Other matters of disclaimed liabilities as set forth in the Principal Contract.**

II. The Company shall not be liable for the loss of the following articles:

- 1. gold, silver, jewelry or accessories, mounted or un-mounted precious stone or semi-precious stone ;**
- 2. Lap-Top computer (only for non-business travel);**
- 3. Portable digital devices (only for business travel);**
- 4. mobile phones, or Personal Digital Assistant (PDA);**
- 5. glass articles, porcelain, pottery, furniture, antique, art work, and other**

- fragile articles;
6. audio-video products, computer software, seal/stamp, documents;
 7. breakage or damage to fragile articles, such as glass or crystal;
 8. inflammable, explosive or dangerous objects;
 9. any daily consumables, animals or plants or foods;
 10. business goods, samples or mails;
 11. loss of cash, bonds, instruments, stamps, coupons, title deeds, stocks, plastic money (including credit cards) or other payment tools, or travel documents;
 12. loss of data recorded on tapes, cards, CDs, DVDs, memory disc or otherwise;
 13. loss of or damage to baggage sent or souvenirs and articles those are not mailed or shipped at the same time of traveling
 14. bicycles, motor vehicles (including accessories), motorcycles, boats, motors or other conveyances
 15. hired or leased equipment;
 16. the loss, theft or damage to valuables that are not in the custody of the Insured person, unless the said valuables is kept in the residence, safe box or other safe keeping places, and there is evidence that someone has violently intruded and got the said valuables.
 17. loss, theft or damage of personal effects or valuables that are left in the hotel or motel by the Insured person when he/she checks out of the hotel or motel; or loss, theft or damage of any articles left by the Insured person in any air transportation, boat, train, taxi or bus;
 18. smuggling or illegal transportation or trade;
 19. articles which operate normally or recover normal functions after repair by a carrier, hotel, or any other parties liable.
 20. the Insured Person does not report to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the insured accident;
 21. loss that can be compensated from the common transportation carrier, travel agency, hotel, or other insurance policy;
 22. loss due to depreciation;
 23. loss, theft or damage occurred in the original place of the Insured person (see definition 2);
 24. baggage sent or souvenirs and articles those are not mailed or shipped at the same time of traveling
 25. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in

accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

I. The Insured Person must take due care of his/her baggage and other personal belongings during the travel period.

II. In the event of loss of or damage to the baggage or personal belongings covered by the supplementary clauses, the Insured person must take immediate actions to search, protect or recover the said baggage or belongs to mitigate the loss.

III. Once any loss or damage is realized, the Insured Person shall report immediately to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the incident;

IV. If the baggage and other personal belongings of the Insured person are lost or damaged in a public transportation vehicle, hotel or travel agency, the Insured person shall provide a written proof of the insured accident presented thereof.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

- 1、 Original copy of the Insurance Policy or Certificate;
- 2、 the list and the invoices for articles lost;
- 3、 Legal identification or household registration of the Insured;
- 4、 the written accident proof issued by relevant local authorities and the police thereto the Insured person reported the insured accident;
- 5、 If the baggage and other personal belongings of the Insured person are lost or damaged in a public transportation vehicle, hotel or transportation vehicle arranged by a travel agency, the Insured person shall provide a written proof of the insured accident presented thereof, including the date and situation of the accident.

- 6、 Original invoice of repair or recover of the said articles;
- 7、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.
- 8、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary

clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person. In the event of discovery or return of the lost, stolen, or robbed articles, the Insured person shall notify the Company immediately and refund the said payment to the Company.

V. The ultimate compensation amount shall deduct the already paid baggage delay compensation to the Insured person in the said Insured incident.

Article 8 Indemnity by Subrogation

When a third party is liable for any Insured loss under the Policy, the Company may be subrogated into the insured person's right of indemnity against the third party up to the amount of indemnity from the date when the amount of indemnity is made. When the insurer exercises the right of indemnity by subrogation against a third party, the insured shall provide the insurer with all relevant and pertinent documents and information known to him/her.

The Company may, at the time of making indemnity, deduct therefrom a corresponding amount which the Insured person has received as indemnity from the third party.

If the Insured waives the right of indemnity against the third party after the occurrence of the insured event and before the Company making the indemnity, the Company shall bear no obligation for indemnity. If the Insured person, without the Company's consent, waives the right of indemnity against the third party after indemnity is made by the Company, the waiver of the Insured person shall be regarded as invalid. The Company may deduct a corresponding sum from the amount of indemnity or demand the repay of a corresponding amount of indemnity paid if it is not able to exercise the right of indemnity by subrogation due to the fault of the insured.

Article 9 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 10 Definition

1、Luggage/Baggage shall mean the necessary and proper articles that carried by the Insured person during the travel for dressing, using or convenience purposes and other personal belongings.

2、Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Baggage Delay Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insured Liabilities

When the Insured person travels overseas with effective documents during the Insured period, if the consigned luggage (see definition 1) of the trip does not arrive within the stated time in the Contract after the arrival of the Insured person at the destination by means of any common carrier (see definition2), the Company shall be liable for compensation in accordance with the agreement.

For the delay of consigned luggage, the duration of delayed based on the real time of arrival compared with the stated time of arrival.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for any of the following luggage delay or loss by the Insured person directly or indirectly as a result of:

1. **circumstances which has been known to the Insured person when he/she starts the travel which may lead to the luggage delay;**
2. **loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
3. **the consigned personal luggage of the Insured person is left with the common carrier or its agency;**
4. **the failure of the Insured person to notify the common carrier of the destination of the luggage delay in time, and to obtain the written proof of the luggage delay;**
5. **personal luggage that is not consigned with the said trip;**
6. **prohibited article in the consigned luggage;**
7. **luggage delay occurred during the return trip to the original place (see definition 3);**
8. **luggage delay due to the announced or occurred strike or labor protest that existed before the start of the Insured person’s travel which may disrupt normal operation of the common carrier, but no other reasonable alternative arrangement has been made;**
9. **luggage delay due to the failure of Insured person to get on-board after the**

- check-in procedures;
- 10. the failure of the Insured person to fulfill the scheduled travel registration procedure, or t to obtain the written proof of the delayed hours and causes from the common carrier;
- 11. delay as a direct or indirect consequence of the outbreak of any epidemic or pandemic disease;
- 12. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

1. Original copy of the Insurance Policy or Certificate;
2. Legal identification or household registration of the Insured
3. Original written proof the accident presented by the common carrier, including the date and cause of the accident, and the time of luggage claim.
4. Original and copy of the ticket or receipt of the common carrier;
5. Original and copy of the consignment ticket of the luggage;
6. If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.
7. Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

Article 7 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 8 Definitions

1. **Consigned luggage** shall mean the luggage that has been entrusted to the

common carrier by the Insured person when taking a public transportation service, with a properly filled luggage ticket, but NOT including any consigned commercial goods. Luggage/baggage shall mean the necessary and proper articles that carried by the Insured person during the travel for dressing, using or convenience purposes and other personal belongings.

2. Common Carrier shall mean any public transportation carrier that is duly licensed for the regular transportation of fare-paying passengers, including:

1) any bus, long-distance coach, ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of subway, light train and maglev train),

2) any fixed-wing aircraft provided and operated by an airline or an air charter company;

3) any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports;

4) any regularly scheduled airport limousine operating on fixed routes and schedules.

Common Carrier shall NOT include taxi.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the supplementary clauses. Nor shall the carted flight by any governmental agency, business or individual shall be included in the definition of Common Carrier.

3. Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 9 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Loss of Personal Money Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liability

During the Insured period, when the Insured person travels overseas with effective documents, the Company shall shoulder the following Insurance liabilities:

1、 If the Insured person deposits his/her personal cash in the safe box of the stay-in hotel and the cash is stolen, after the Insured person obtains the written loss proof from the management of the said hotel, the Company shall make compensation to the Insured person as stipulated by the supplementary clauses.

2、 If the carry-on personal cash by the Insured person is lost due to theft or robbery, the Insured person shall report immediately to the local customs, police or relevant authorities, and obtain a written accident report and personal cash loss therefrom within twenty-four (24) hours as of such incident. The Company shall perform the agreed obligation as stated in the supplementary clauses.

Article 3 Disclaimer of Liabilities

The Company shall not be liable for compensating the lost cash of the Insured person directly or indirectly arising as a result of the following:

- 1. Any cash due to the carelessness or negligence of the Insured person;**
- 2. the loss is due to currency exchange or currency devaluation;**
- 3. any loss of plastic money, credit cards or traveler’s check;**
- 4. any cash loss that does not cause the Insured person to take immediate actions to search or recover;**
- 5. any loss may be compensated by the hotel, any other channels or any other insurance agency;**
- 6. any cash loss due to lack of due care of the Insured person, or left unattended in public place;**
- 7. the cash is not carried-on or locked-up by the Insured person;**
- 8. any loss of personal carry-on cash due to unknown causes or any mysterious disappearance**
- 9. personal cash loss occurred in the original place (see definition 2);**
- 10. for the Insured person who is studying or working overseas, any personal**

cash loss that occurred in his/her regular residence where he/she have been staying for over 6 months;

11. smuggling or illegal transportation or trade;

12. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

1、 The Insured Person must take due care of his/her cash.

2、 In the event of loss of cash covered by the supplementary clauses, the Insured person must take immediate actions to search the said cash to mitigate the loss.

3、 Once any loss is realized, the Insured Person shall report immediately to the local police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of such incident;

4、 If the personal cash of the Insured person is lost in any hotel, a written proof for the Insured accident shall be presented by the said hotel.

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

9、 Original copy of the Insurance Policy or Certificate;

10、 Legal identification or household registration of the Insured;

11、 the written accident proof issued by relevant local authorities and the police thereto the Insured person reported the insured accident, and the list of lost amount;

12、 If cash of the Insured person is lost in a hotel, the Insured person shall provide a written proof of the insured accident presented thereof, including the date and situation of the accident;

13、 If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided.

14、 Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant**

causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person. In the event of discovery or return of the lost, stolen, or robbed articles, the Insured person shall notify the Company immediately and refund the said payment to the Company.

Article 8 Indemnity by Subrogation

When a third party is liable for any Insured loss under the Policy, the Company may be subrogated into the insured person's right of indemnity against the third party up to the amount of indemnity from the date when the amount of indemnity is made. When the insurer exercises the right of indemnity by subrogation against a third party, the insured shall provide the insurer with all relevant and pertinent documents and information known to him/her.

The Company may, at the time of making indemnity, deduct therefrom a corresponding amount which the Insured person has received as indemnity from the third party.

If the Insured waives the right of indemnity against the third party after the occurrence of the insured event and before the Company making the indemnity, the Company shall bear no obligation for indemnity. If the Insured person, without the Company's consent, waives the right of indemnity against the third party after indemnity is made by the Company, the waiver of the Insured person shall be regarded as invalid. The Company may deduct a corresponding sum from the amount of indemnity or demand the repay of a corresponding amount of indemnity paid if it is not able to exercise the right of indemnity by subrogation due to the fault of the insured.

Article 9 Termination of Supplementary Clauses

When the Principal Clauses terminates, the supplementary clauses shall also terminate. If the Principal Clauses are invalid, the supplementary clauses are also invalid.

Article 10 Definition

1、Personal cash shall mean the private cash belonged to the Insured person

personally at the occurrence of the accident, NOT including the properties or cash of the Policy holder or others temporarily under the custody of the Insured person, or the cash, traveler's check or bill of exchange for business purposes carried by the Insured person.

2、Original Place: shall mean the regular residence of the Insured person in Hong Kong.

If certain definition is not provided in the supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 11 Application of other Clauses

If the supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Loss of Travel Document Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insured Liabilities

During the Insured period, when the Insured person travels overseas with effective documents, if the travel document(s) (see definition 1) of the Insured person is lost, stolen or robbed and the following loss is incurred, the Company shall shoulder the reasonable and necessary expenses in accordance the Contract:

- 1、 the cost of replacement of the lost travel document;
- 2、 The cost of boarding (as limited to standard room of a three star hotel) and extra common carrier service (see definition 2) due to the prolonged overseas stay of the Insured person caused by the loss of travel document;

Article 3 Disclaimer of Liabilities

The Company shall not be liable for any cost or replacement of the lost travel document of the Insured person directly or indirectly as result of the following:

- 1. loss or damaged caused by intentional fabrication of any accident, conceit, fraud, or law-breaching activities by the Insured person;**
- 2. loss as a consequence of confiscation, detention, quarantine, inspection, capture or destroy by the Customs or other administrative authorities;**
- 3. The Insured Person does not report to the local customs, police or relevant authorities, and obtain a written report therefrom within twenty-four (24) hours as of the insured accident;**
- 4. The travel document is lost when the document is placed under the custody of the travel agency or travel guide by the Insured person;**
- 5. Loss due to the use of traveler’s check;**
- 6. Failure of the Insured person to provide the original evidence or proof for the replacement cost of the lost travel document and relevant transportation and boarding cost.**
- 7. The Insured person does not actively investigate or search for the lost or missing travel document;**
- 8. The loss, theft or damage occurred in the original place of the Insured person (see definition 3);**

9. Loss by lack of due care of the Insured person, or left unattended in public place, or lost by the Insured person; any loss due to unknown causes or any mysterious disappearance;

10. Replacement cost of any travel document which is not necessary for the said trip;

11. Any fines or arrears;

12. Inherent defects or expiration of the travel document of the Insured person;

13. Other matters of disclaimed liabilities as set forth in the Principal Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5 Insured Period

The insured period of the supplementary clauses shall be the same as that of the Principal Contract.

Article 6 Obligations of Insured person

1. The Insured person must take due care of his/her travel documents during the travel period.
2. In the event of loss of travel documents during the travel, the Insured person must take immediate actions to search the said document to mitigate the loss.
3. Once any loss realized, the Insured Person shall report immediately to the local customs, police or the local Chinese embassy or consulate, and obtain a written report therefrom within twenty-four (24) hours as of such incident;

Article 7 Claim of Insurance Benefits

I. If the Insured person files Claimant Paper for Insurance Benefits as the Claimant, the following document and information shall be provided to the Company:

1. Original copy of the Insurance Policy or Certificate;
2. Legal identification or household registration of the Insured;
3. Insured Person shall report immediately to the local customs, police or the local Chinese embassy or consulate, and obtain a written report therefrom within twenty-four (24) hours as of such incident;
4. The list, invoice or original receipt of the replacement costs of the lost travel document;
5. The list, invoice or original receipt of the boarding cost and extra common carrier costs of the prolonged overseas stay of the Insured person;
6. If the journey is a business trip, the certificate of business travel with official seal presented by the Insured person's employer shall be provided;

7. Other evidence or documents which are relevant in determining the nature, cause or losses of the accident.

II. The above stated evidence and documents are important basis for claiming Insurance Benefits. **If the failure to provide relevant documents by the Claimant causes the Company cannot determine the authenticity of the Application, the Company shall not shoulder the liability to pay for the loss or expenses that cannot be verified.**

III. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the occurrence date of the insured accident.

IV. If the loss of the Insured person can be compensated from the common carrier, hotel, travel agency, other channels, or any other insurance company, the Insured shall first seek compensation from those other parties. The Company shall, based on the evidence or payment certificates presented by other insurance companies or channel, deduct the already paid amount by other insurance companies or other channels from the stipulated compensation amount in the supplementary clauses when making compensation to the Insured person.

Article 8 Termination of Supplementary Clauses

When the Principal Clauses terminates, the Supplementary clauses shall also terminate. If the Principal Clauses are invalid, the Supplementary clauses are also invalid.

Article 9 Definitions

1、Travel documents shall mean necessary cross-board travel documents such as visa, passport, etc, and domestic travel document such identification card, but NOT including any check, negotiable securities, or cash.

2、Common Carrier shall mean any public transportation carrier that is duly licensed for the regular transportation of fare-paying passengers, including:

5) any bus, long-distance coach, ferry, hovercraft, hydrofoil, ship, train, tram or rail train (inclusive of subway, light train and maglev train),

6) any fixed-wing aircraft provided and operated by an airline or an air charter company;

7) any helicopter provided and operated by an airline and operating only between established commercial airports or licensed commercial heliports;

8) any regularly scheduled airport limousine operating on fixed routes and schedules .

Common Carrier shall NOT include taxi.

The aforesaid vehicles not used for public transportation purpose shall not be included in the definition of Common Carrier herein the Supplementary clauses. Nor shall the carted flight by any governmental agency, business or individual shall be included in the definition of Common Carrier.

3、Original Place: shall mean the regular residence of the Insured person in Hong

Kong.

If certain definition is not provided in the Supplementary clauses, please refer to the definitions of the Principal Clauses.

Article 10 Application of other Clauses

If the Supplementary clauses shall be inconsistent with the Principal Clauses, the supplementary clauses shall prevail. In case certain issues cannot be settled by the supplementary clauses, the Principal Clauses shall be applied.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Travel Delay Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2. Insurance Liabilities

During the insured period, when the Insured person travels overseas with effective documents, in the event if the insured person encounters natural disaster, tempest, mechanical breakdown, air traffic control, strikes, protests, hijack, lazy strikes and air transport, or provisional protests of the workers that lead to a delay in the public vehicles (see definition 1) of the original transportation plans and a delay in the original time of arrival, the Company is obliged to pay the benefits in accordance to the agreement.

In the event the insured person encounters terrorist activities during the duration of the insurance coverage that leads to a delay in the public vehicles of the original transportation plans and a delay in the original time of arrival, the Company is obliged to pay the benefits in accordance to the agreement if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.
3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

For overseas travel, the duration of delay begins from the time of scheduled arrival to the final arrival time of the original destination after the boarding of the most cost-effective public vehicle.

Article 3. Exemptions of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured person’s scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a delay before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions.

2. If the insured person does not board the mode of transportation at its scheduled time of departure after the necessary check-in (unless it involves the liabilities contracted in the Additional Contract).
3. If the insured person does not check-in according to the original plan or fails to obtain the necessary certifications for the duration of time delays and reasons from the travel carrier.
4. If the insured person fails to board the first replacement mode of transportation scheduled by the travel carrier.
5. If the insured person fails to make other alternative travel arrangements prior to the scheduled departure after the announcements of strikes or protests that will impede the normal traffic.
6. The expenses obligated, or have been compensated, by the travel carrier but are not part of the respective travel delay benefits clauses stipulated in the agreement.
7. Delays caused by direct or indirect diseases or epidemics.
8. Other disclaimed liabilities as set forth in the Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. To file an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy
 - 2) Applicant's valid proof of identity
 - 3) Documentation of the occurrence by the travel carrier or its agent that explains the cause of the delay, including the dates of the occurrence, reason and duration of delay and the earliest replacement available to the insured person.
 - 4) Original copies of the mode of transportation's receipts.
 - 5) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 6) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.

2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:
 - 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
 - 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
 - 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
 - 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of “public vehicle.” The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of “public vehicle.”

For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Trip Curtailment Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2. Insurance Liabilities

During the policy term, in the event if the insured person encounters any of the following circumstances that lead to an early return to the original place of departure, in which travel and accommodation fees are deemed nonrefundable, the Company is obliged to pay the benefits in accordance with the agreement:

1. If the insured person encounters an accident leading to a severe injury (refer to Definition 1) or a sudden onset of acute diseases (refer to Definition 2) and is determined by an authorized doctor to be unsuitable for further travels, and in need of immediate medical treatment or medical transport by the hospital;
2. If the spouse (refer to Definition 3), parent(s), son or daughter, business partner (refer to Definition 4) or travel partner (refer to Definition 5) of the insured person encounters an accident leading to a severe injury or a sudden onset of acute diseases;
3. Sudden strikes or protests by the workers of the travel carrier;
4. If the planned destination has a sudden outbreak of political unrest or natural disaster that forbids travel.
5. If the aircraft or motor vehicle in which the insured person has boarded is hijacked.
6. The travel destination announced official warnings for travelers (refer to Definition 7).

In the event the insured person is traveling overseas during the policy term and must return to original place of departure due to terrorist activities, the Company is obligated to compensate for any nonrefundable travel and accommodation expenses if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.

3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

At the time when the insurance policy becomes effective, the insured person's personal health shall be deemed suitable for travel and not have any prior knowledge of any other health conditions that might potentially shorten or cease travels.

Article 3. Exemptions of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured's scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a shortening of the travel plans before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions;
2. Prior to purchasing this policy, the local government of the intended destination has announced official warnings pertaining to travel;
3. Compensation or refunds from other insurance policies, government programs, hotels, travel carriers or travel companies and agents;
4. Losses arising from governmental or legal requirements;
5. Losses arising from the negligence or breach of contracts by hotels, travel carriers, travel agency or other travel companies;
6. Losses arising from the insured person or his/her family's desire to discontinue the trip;
7. Losses arising from the insured person's personal economic problems to continue the trip;
8. If the insured person or his/her family members or accompanied travel partners engage in unlawful acts;
9. If the insured person fails to notify the travel agency, tour guides, hotel and travel carriers of a cancellation or a shortening of the trip.
10. If the travel destination has a sudden outbreak of diseases and epidemics that cause a shortening of the trip.
11. If the insured person engages in medical recovery, physical therapy, miscarriage prevention therapy, delivery (Cesarean section, abortion and induction of childbirth);
12. If the insured person engages in plastic surgery, orthopedic surgery, surgical procedures deemed unnecessary, psychological consultation and corneal transplant and surgery;
13. General health examinations (including body checks, health exams, special recovery treatments) that are not therapeutic and are unable to verify ailing health and treatments for organ transplants;
14. Organ transplants, teeth cleaning, teeth whitening, orthodontics, X-rays, dental implants or dental crown procedures, with the exception of oral surgery in the aftermath of an accident;

15. If the insured person engages in therapy and recovery from congenital diseases and symptoms (refer to Definition 8), hereditary disease, congenital abnormalities or congenital malformation;
16. If the insured person is suffering from a disease and symptoms, mental diseases, schizophrenia or sexually transmitted diseases prior to the purchase of this insurance policy;
17. The insured person insistence to engage in medical treatment and medical surgery overseas despite the recommendations of authorized medical assistance groups to operate in China;
18. Any services provided by a third party in which the insured person does not have to pay a fee or is included in travel expenses;
19. Disclaimers on liabilities stipulated in Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy
 - 2) Applicant's valid proof of identity
 - 3) Autopsy report or death certificate and a copy of the cancellation of the deceased's household registry, or written proof provided by an authorized doctor of the accidental injuries acquired by the insured person's spouse, parent(s) or children.
 - 4) A copy of written proof detailing the relationship of the insured person and the deceased.
 - 5) An original doctor's report detailing the insured's inability for travel.
 - 6) Original receipts of travel, accommodation and relevant travel product expenses.
 - 7) Original copies showing paid expenses by travel agencies, travel carriers and hotels that have not been fully used.
 - 8) Airplane tickets, train tickets, ferry tickets that have been paid but not used due to unexpected shortening of travels.

- 9) Written proof provided by the governments of travel destination showing the sudden strikes or protests by employees of travel carriers.
 - 10) Written proof of the accident approved by the insured person;
 - 11) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 12) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
 3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to this insurance company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Severe injury: The insured person is confirmed by an authorized hospital or doctor to be unsuitable for the continuation of original plans for travel.
2. Sudden acute disease: The insured person is confirmed by an authorized hospital or doctor to suffer a sudden onset of acute disease and symptoms during the effective period of this Supplementary Contract and is verified to be unsuitable for the resumption of the original travel plan. This is not applicable for any acute diseases or symptoms prior to the effective date of the Supplementary Contract.
3. Spouse: A legal marriage partner under law prior to the insurance accident.
4. Close business partner:
 - 1) A business partner that has a share in the insured person's source of income.
 - 2) Participate in the insurance covered trip and have decision-making privileges.

5. Travel partner: A person that has made 75% of the travel arrangements with the insured person prior to the signing of the insurance agreement.
6. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:
 - 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
 - 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
 - 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
 - 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of "public vehicle." The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of "public vehicle."

7. Warnings related to the travel destination: Departures within Mainland China must adhere to the advice and the country and regional warnings from the State Tourism Office and the Chinese Foreign Ministry. Departures from Hong Kong (SAR) must adhere to the red and black warnings of countries and regions from the Hong Kong Safety Bureau.
8. Congenital diseases: The insured is born with a disease (or symptoms) caused by genetics (including chromosomes and the genes within) that is lethal for the human body, or the exposure of chemicals and other environmental elements during a mother's pregnancy that affects the fetus's development and leads to an abnormality in organ structure. For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Trip Cancellation Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2. Insurance Liabilities During the policy term, in the event if the insured person encounters any of the following circumstances that lead to a cancellation of the trip, in which travel and accommodation fees and deposits are deemed nonrefundable, the Company is obliged to pay the benefits in accordance with the agreement:

1. If the insured person encounters an accident leading to a severe injury (refer to Definition 1) or a sudden onset of acute diseases (refer to Definition 2) and is determined by an authorized doctor to be unsuitable for further travels, and in need of immediate medical treatment or medical transport by the hospital;
2. If the spouse (refer to Definition 3), parent(s), son or daughter, business partner (refer to Definition 4) or travel partner (refer to Definition 5) of the insured person encounters an accident leading to a severe injury or a sudden onset of acute diseases;
3. The following circumstances that leads to the cancellation of the trip fifteen days prior to the departure date:
 - 1) Sudden strikes or protests by the workers and employees of the public vehicle/travel carrier (refer to Definition 6);
 - 2) If the planned destination has a sudden outbreak of political unrest unforeseen by the insured person.
 - 3) The travel destination announced official warnings for travelers (refer to Definition 7).

In the event the insured person is traveling overseas during the policy term and must cancel the trip due to terrorist activities, the Company is obligated to compensate for any nonrefundable travel and accommodation expenses if the following conditions are met:

1. The terrorist attack has to take place within 150km of the travel destination.
2. The terrorist attack has to take place within 30 days prior to the departure.

3. The local government has issued the official travel warning.
4. All the three conditions listed above must be satisfied after the purchase of the insurance.

At the policy's effective date, the insured person's personal health shall be deemed suitable for travel where there shall be no prior knowledge of any other health conditions that induce trip cancellation.

Article 3. Disclaimer of Liabilities

The Company assumes no responsibilities in the occurrence of the following circumstances that may lead to delays or losses to the insured's scheduled travel plan:

1. If the insured person is aware of any circumstances that might cause a shortening of the travel plans before the purchase of the travel insurance, including but not limited to ongoing or publicized strikes or protests, and natural disasters or undesirable weather conditions;
2. Prior to purchasing this policy, the local government of the intended destination has announced official warnings pertaining to travel;
3. Compensation or refunds from other insurance policies, government programs, hotels, travel carriers or travel companies and agents;
4. Losses arising from governmental or legal requirements;
5. Losses arising from the negligence or a breach of contracts by hotels, travel carriers, travel agency or other travel companies;
6. Losses arising from the insured person or his/her family's desire to discontinue the trip;
7. Losses arising from the insured person's personal economic problems to continue the trip;
8. If the insured person or his/her family members or accompanied travel partners engage in unlawful acts;
9. If the insured person fails to notify the travel agency, tour guides, hotel and travel carriers of a cancellation or a shortening of the trip;
10. If the insured person or his/her spouse, parent(s), son or daughter deceases due to congenital diseases (refer to Definition 8), congenital malformations and its complications;
11. If the insured person or his/her spouse, parent(s), son or daughter suffers from preexisting congenital diseases (refer to Definition 8), congenital malformations and abnormalities at the effective date of this Supplementary Contract;
12. Any services provided by a third party in which the insured person does not have to pay a fee or is included in travel expenses;
13. If the insured person fails to provide documentation by a doctor verifying injury or illness;
14. If the insured person and travel partner(s) make changes to original travel plan;
15. Governmental ban or regulation on the insured;

16. Transmittable diseases or a spreading disease that directly or indirectly prevent travel or to make changes to the travel itinerary;
17. If the insured person or travel partners are quarantined causing the travel plans to be directly or indirectly cancelled;
18. If the tour agency has insufficient amount of people to form a tour group;
19. Losses arising directly or indirectly from terrorist attacks or terrorist hijacking;
20. If the deceased, injured, or the ill person(s) resides outside of Hong Kong;
21. If the insured person fails to provide original proof of nonrefundable deposits and expenses from travel agencies, travel carriers or hotels;
22. If the insured person fails to provide original receipts proving penalties or deposits;
23. Disclaimers on liabilities stipulated in Principal Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

The Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Claims

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy
 - 2) Applicant's valid proof of identity
 - 3) Autopsy report or death certificate and a copy of the cancellation of the deceased's household registry, or written proof provided by an authorized doctor of the accidental injuries acquired by the insured person's spouse, parent(s) or children.
 - 4) A copy of written proof detailing the relationship of the insured person and the deceased.
 - 5) An original doctor's report detailing the insured's inability for travel.
 - 6) Original receipts of travel, accommodation and relevant travel product expenses.
 - 7) Original copies showing paid expenses by travel agencies, travel carriers and hotels that have not been fully used.

- 8) Airplane tickets, train tickets, ferry tickets that have been paid but not used due to unexpected shortening of travels.
 - 9) Written proof of the accident approved by the insured person;
 - 10) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 11) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
 3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to the Company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

1. Severe injury: The insured person is confirmed by an authorized hospital or doctor to be unsuitable for the continuation of original plans for travel.
2. Sudden acute disease: The insured person is confirmed by an authorized hospital or doctor to suffer a sudden onset of acute disease and symptoms during the effective period of this Supplementary Contract and is verified to be unsuitable for the resumption of the original travel plan. This is not applicable for any acute diseases or symptoms prior to the effective date of the Supplementary Contract.
3. Spouse: A legal marriage partner under law prior to the insurance accident.
4. Close business partner:
 - 1) A business partner that has a share in the insured person's source of income.
 - 2) Participate in the insurance covered trip and have decision-making privileges.
5. Travel partner: A person that has made 75% of the travel arrangements with the insured person prior to the signing of the insurance agreement.

6. Public vehicles: Motor vehicles that are fully registered with a permit issued under the authority of a local government, and are authorized to carry passengers for a fee:

- 1) Public buses, long-distance coach buses, ferries, hydrofoils, hovercrafts, steamships, trains, trams, railway trains (including subway trains, soft rail and magnetic suspension trains)
- 2) Authorized airplanes for commercial usage by airline carriers with regular scheduled flights;
- 3) Helicopters owned by airline carriers for commercial airports or that carry a commercial permit authorized to fly between helicopter stations.
- 4)
- 4) Airport shuttles with designated routes and timetables.

If the public vehicles listed above are not used for the purposes listed in the above provision, it does not satisfy the meaning of "public vehicle." The renting of public vehicles by governments, enterprises and for personal use does not meet the definition of "public vehicle."

7. Warnings related to the travel destination: Departures within Mainland China must adhere to the advice and the country and regional warnings from the State Tourism Office and the Chinese Foreign Ministry.

Departures from Hong Kong (SAR) must adhere to the red and black warnings of countries and regions from the Hong Kong Safety Bureau.

8. Congenital diseases: The insured is born with a disease (or symptoms) caused by genetics (including chromosomes and the genes within) that is lethal for the human body, or the exposure of chemicals and other environmental elements during a mother's pregnancy that affects the fetus's development and leads to an abnormality in organ structure. For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract fall short on certain Clauses, the Principal Contract shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Personal Liability Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2. Insurance Liabilities

During the duration of policy coverage, if the insured person is traveling overseas with valid documentation, causes the death, physical injury, property loss or damage of a third party and is subject to compensation under the local law, the Company is obliged to pay the benefits in accordance to the contract.

After the insurance incident, if the insured person initiates arbitration or is sued in a lawsuit, the policyholder shall pay for the corresponding expenses of these procedures in accordance with the prior written agreement and other necessary and reasonable charges (hereinafter known as “legal charges”).

The policyholder shall not bear responsibility for the sum of compensation necessitated by the alleged incident if it exceeds the maximum amount of benefits listed in the Principal Contact.

Article 3. Disclaimer on Liabilities

1. The Company shall not be obligated to pay the insurance compensation if any of the following circumstances occur:
 - 1) Any marine, naval, or land vehicle that is used, owned, or rented by the insured person regardless if there is a commercial license.
 - 2) If the insured person uses arms or weapons.
 - 3) If the insured person’s occupation involves extreme sports such as parachuting, skiing, expedition, gliding, martial arts, wrestling, stunt performance, horse racing, equestrian performances, car racing, boxing, etc.
 - 4) Liability arising from storage or suspended items in housing units owned or used by the insured person.
 - 5) Liability arising from the insured person’s overseas stay (over six months) due to work or study.
 - 6) Liability arising from direct or indirect sexual harassment, assault and rape.

2. The Company is not obligated to pay the compensation for the any of the following reasons that lead to losses, fees and liability:
 - 1) Any deliberate, unlawful or illegal act committed by the policyholder, the insured person or his/her agent.
 - 2) The insured person incites, or prompts other person(s) to adhere and agree to cause physical harm; property loss and negligent actions that lead to negative consequences on a third party.
 - 3) Administrative misconduct or judicial misconduct.
3. The Company is not obligated to compensate the following losses, fees and liabilities:
 - 1) Losses arising from animals or property that is under the ownership, care, authorization, or control of the insured person.
 - 2) Losses arising from the insured person's spouse, parent(s), children, siblings, maternal grandparent(s), maternal grandchildren or foster, adopted, and supported children.
 - 3) Harm and property loss from the employer or employee of the insured person.
 - 4) Losses, fees and liabilities caused by the insured person's inability to fulfill the obligations of the employee contract or by commercial trade, business and professional misconduct.
 - 5) Fines, penalties or heavy, punitive and disciplinary compensation.
 - 6) Losses arising from mental harm.
 - 7) Any non-monetary related emergency relief or compensation.
 - 8) Losses arising from the spread of an infectious disease by the insured person.
4. The Company shall not pay the benefits for any disclaimers set forth in the Principal Contract as well as liabilities not listed within the Supplementary Contract.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

Except agreed otherwise, the Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Insurance Benefits Claim

1. The insured person must notify the insurance company immediately after the third party files a request for compensation. Without the written authorization of the insurance company, any promise, refusal,

monetary bid, or compensation made by the insured person or his/her agent to the third party is not legally binding for the insurance company. The insurance company has the authority for reappraisal of any promises or compensation amounts made privately by the insured person. If the any of the aforementioned exceeds the boundaries and benefit amount of the Supplementary Contract, the Company is not obliged to shoulder any responsibility. In the process of lodging a claim, the Company has the authority to handle all claims in which it is obligated to pay benefits to. At this time, the insured person is obligated to provide all relevant documentation and assistance.

2. The insured person must contact the insurance company in writing after receiving notice of expecting lawsuits or arbitration. A copy of court notices or legal documents shall be provided to the Company in a timely manner after receipt. The insurance company is thus authorized to handle the lawsuit or arbitration in the name of the insured. The insured is obligated to provide all relevant documentation and assistance.

The Company shall not be responsible for any further losses arising from the late submission of documentation or assistance.

3. Except otherwise agreed, if the insured risk has notably increased, the insured person must contact the insurance company in writing or phone within five days. The Company can increase the premium or cancel the agreement according to the circumstances surrounding the increased insured risk.

If the insured person does not fulfill the obligations specified in the aforementioned Clauses, the Company shall not be liable for the insurance incident that leads to an increase in the insured risk.

4. After becoming aware of the insurance incident, the policyholder or the insured person should:
 - 1) Carry out the necessary and mandatory measures to prevent or lessen loss, otherwise, the Company is not responsible for any losses resulting from this negligence.
 - 2) Immediately notify the insurance company and specify the cause, course of events and the amount of loss in writing; the Company is not liable if the insured person deliberately or negligently fails to notify the Company in a timely manner leading to the difficulty of confirming the incident's circumstances and losses. An exception is made if the insured person notifies the insurance company through other channels at a timely manner.
 - 3) Protect the incident scene and authorize and assist the insurance company to conduct an investigation.
5. The insured person's compensation responsibility is determined by the insurance company through one of the following:

- 1) The insured person reaches an agreement on the compensation amount with third party with an approval from insurance company;
 - 2) Resolution through arbitration;
 - 3) Judgment from People's Court
 - 4) Other resolutions approved by the insurance company
6. The insurance company can directly compensate the third party's losses according to legal regulations or Clauses as stated in the Supplementary Contract.
- Losses accorded to the third party shall be compensated by the insured person. According to the request of the insurance company, the insurance company shall directly compensate the third party with the relevant benefits. If the insured person neglects the request, the third party has the authority to directly obtain the compensation from the insurance company.
- The insurance company shall not pay insurance benefits if the insured person does not provide compensation to the third person.
7. Losses within the boundaries of the insurance is calculated by the insurance company as follows:
- 1) For losses arising from each incident, the insurance company shall be responsible for benefits within the limit;
 - 2) Building upon Provision One of Calculations, the insurance company shall pay the benefits after subtracting the deductibles accorded for each incident as stated in the Clauses in the Supplementary Contract. This does not apply to death benefits.
8. Besides the Clauses stated in the Supplementary Contract, according to Provision 18 of Calculations, the insurance company should calculate the compensation for legal fees relating to the insurance incident separately. The legal fees paid by the insurance company shall not exceed 10% of the aggregate sum of benefits of the incident coverage.
9. At the time of the insurance incident, if the insured person has other insurance coverage plans insuring the same liability, the insurance company shall pay the benefits proportionately after a review of the maximum benefits allowed in the Supplementary Contract and the other insurance policies.
- The Company shall not pay benefits that are responsibilities accorded to other insurance policies. The Company has the authority to recover the extra monetary compensation if the insured person does not honestly notify the insurance company of other compensation paid by other insurance policies.
10. Losses arising within the boundaries of the insurance coverage shall be compensated by the respective party. Beginning on the date when the insurance company seeks compensation from the insured person, the insured person has the authority to seek compensation from each

responsible party. The insured person must provide the necessary documentation and other relevant information to insurance company. The insurance company can deduct the amount of compensation obtained from the responsible parties by the insured person when paying the coverage benefits.

The Company is not liable for any losses if the insured person fails to seek compensation from responsible parties at the time of the incident. The payment of benefits is deemed invalid if the insured person declines the compensation **after** the compensation is made by the insurance company. The Company reserves the right to recover the amount of benefits for the incident if the insured person deliberately or negligently hinders the insurance company's ability to obtain compensation from responsible parties.

11. Prior to lodging an insurance claim, the following documentation and information must be provided to the insurance company:

- 1) The original copy of the insurance policy
- 2) Applicant's valid proof of identity
- 3) Proof from the judicial branch confirming the incident
- 4) Proof of final judgment, resolution, or agreement if resolved through arbitration;
- 5) Compensation agreement if applicable;
- 6) Proof of compensation;
- 7) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
- 8) Other relevant documentation that confirms the nature, circumstances and the extent of losses during the trip.

The Company is not liable for losses resulting from the insured person's failure to provide the aforementioned documentation leaving the Company unable to review the nature of the alleged incident.

When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

Article 7. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 8. Definitions

For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 9. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract fall short on certain Clauses, the Principal Contract shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
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Supplementary Home Guard Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2. Insurance Liabilities

In the event if the insured person is traveling overseas with valid documentation during the insured period, and damage is caused to the interior of the property of the permanent residence he/she is currently residing in due to the following reasons, the Company shall pay the compensation for the losses:

1. Fire;
2. Lightning, typhoons, tornadoes, storms, floods;
3. Sudden rupture of the running water pipeline, drainpipe, central heating pipeline (including radiator);
4. Burglary or robbery and any cases not closed for over third months; After deducting the deductible, the insurance company shall pay for the new purchases (see Definition 3) or the renovation fees, the amount of compensation shall not exceed the lesser of the fees listed below:
 1. Renovation fees from the time of damage;
 2. Repurchase prices from the time of damage;
 3. Total amount of insurance benefits borne by the Company as stipulated in the insurance contract.

If any of the reasons listed above leads to the damage of the insured person’s household property and unreasonable renovation prices, the damage items is considered to be lost and will be repurchased under the compensation benefits according to the limits of the insured amount as stipulated in the policy.

The Company will not shoulder any responsibility if the insured person carries out any alterations, additions in functions or improvements in the insured item that leads to an increase in the restoration or exchange fees.

After calculating the compensation amount, the insurance company shall conduct a depreciation assessment of the damaged item according to the amount of the time used and its wear and tear condition. The amount for depreciation shall be determined by the insurance company or with agreement between the two parties. The amount will be assessed with respect to the number of years of usage for all of the property. The list is as follows:

| Type | Deducted Proportion |
|--|---|
| Clothes | 20% annual |
| Shoes | 30% annual |
| Cosmetics | 50% annual |
| Sportswear | 30% annual |
| Purses, backpacks or travel bags | 10% annual |
| Audio and visual equipment, computers or other digital devices and peripherals | 30% annual, or the current price of the same type of product (the lesser of the two prices shall be the standard determinant) |

If compensation can be obtained from a third party for the damaged household items, the Company shall only be responsible for the remaining portion of the compensation.

Article 3. Disclaimer on Liabilities

1. The Company is not responsible for the following circumstances that directly or indirectly causes loss or damage to the household property of the insured person:
 - 1) Damage associated with the overuse, over-voltage, short circuit, open circuit, arc welding, electric leakage, emitting of heat, and burning of electric machinery, electronics or electric equipment.
 - 2) Any damage or loss caused by malicious intention or the conniving of the insured person and his/her family members.
 - 3) Losses arising from the confiscation, expropriation, seizure, legal or illegal occupation of all or part of the insured property by authorities.
 - 4) Damages resulting from negligence or defects of insured property; wear and tear, depreciation, infestation, molding, decomposition, erosion, gradual degeneration, effects of lighting, or scratches, dents, malfunctions of machinery or electricity during the process of reheating, drying, cleaning, dying, replacement; damages and losses from misuse, subpar handwork and design and the use of problematic materials.
 - 5) Construction that causes the rupture of the pipeline (including the radiator).
 - 6) Testing of the water and pressure that leaves ruptures in the pipeline (with the radiator).
 - 7) If the vacation home is vacated for thirty days or over prior to the insured person's arrival to the travel destination.
 - 8) Losses arising from the failure to lock and close doors and windows leading to robbery.

- 9) Losses and damages arising from stealing and robbery by relatives, service personnel, tenants, or any person(s) rightfully residing in the residence.
 - 10) Liabilities as set forth in the Principle Contract.
2. The Company shall not bear responsibility for the following property losses:
- 1) Gold and silver products, jewelry, pearls and its goods, and other property without appraised values.
 - 2) Cash, stocks and bonds, stamps, receipts, coupons, property contracts, travel documents, bank cards (including credit cards).
 - 3) Antiques, accessories, cameras, cellular phones, laptops or PDAs.
 - 4) Seals, documents, balance books, technology information, charts and diagrams.
 - 5) Recorded compact discs, memory cards, cassettes or other similar devices.
 - 6) Animals, plants and food.
 - 7) Motor vehicles (and its parts), motorcycles, boats, motor or means of transportation.
 - 8) Products and samples used for commercial or professional activities.
 - 9) Any direct loss or damage and depreciating loss.

Article 4. Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses.

Article 5. Duration of Insurance Coverage

Except agreed otherwise, the Supplementary Contract is valid for the same duration of insurance coverage as the Principal Contract.

Article 6. Responsibilities of the Insured Person

1. The insured person shall protect the safety of the insured property in accordance with prevention guidance and guidelines issued by relevant departments.
2. At the time of alleged insurance incident, the insured person and his/her family members must take immediate action when becoming aware and notified of the situation to alleviate or preserve the scene of the incident. The insured person must notify the insurance company within 24 hours and contact the local police or relevant departments and authorities to obtain the certification documenting the alleged incident.

Article 7. Insurance Benefits Claim

1. When filing an insurance claim, the applicant must provide the following valid documentation:
 - 1) The original copy of the insurance policy;
 - 2) Applicant's documentation of registered residence or identification;
 - 3) Reports from local police and authorities documenting the alleged incident along with a list of losses;
 - 4) Original receipts of the repair and restoration;
 - 5) For business travels, the applicant must provide documentation with the employer's official seal showing validity of the business trip.
 - 6) Other relevant documentation that confirms the nature, circumstances and the extent of losses.
2. The above documentation and receipts are important proof for insurance claims. If the insured person does not provide the relevant documents on a timely manner, leaving the company unable to verify the validity of the claim, the company is not obliged to provide any compensation.
3. If the insured is able to seek compensation by other insurance companies or other means, he/she shall first obtain compensation from these sources. The insured can subsequently provide the necessary documentation showing the amount of compensation from these sources to the Company. As stipulated by the policy agreement, the company is only responsible for covering the remaining portion of the compensation after the initial amount paid by other policies. If the stolen objects are found or recovered, the insured person must notify the Company immediately and refund all the respective compensation.

Article 8. Subrogation

Losses arising within the boundaries of the insurance coverage shall be compensated by the respective party. Beginning on the date when the insurance company seeks compensation from the insured person, the insured person has the authority to seek compensation from each responsible party. The insured person must provide the necessary documentation and other relevant information to insurance company.

The insurance company can deduct the amount of compensation obtained from the responsible parties by the insured person when paying the coverage benefits.

The Company is not liable for any losses if the insured person fails to seek compensation from responsible parties at the time of the incident. The payment of benefits is deemed invalid if the insured person declines the compensation **after** the compensation is made by the insurance company. The Company reserves the right to recover the amount of benefits for the incident if the insured person deliberately or negligently hinders the insurance company's ability to obtain compensation from

responsible parties.

Article 9. Termination of Supplementary Contract

The Supplementary Contract is effective for the same period as the Principal Contract. When the Principal Contract expires, the Supplementary Contract will also expire.

Article 10. Definitions

1. Frequent residence: a residence during travel occupied by the insured person for three months or more after leaving his/her permanent residence.
2. Household property are as follows:
 - 1) Housing and its accompanying facilities, interior design materials
 - 2) Clothing products, bedding products, furniture, home electrical appliances, cultural and entertainment products and other consumer goods.
3. Repurchasing price: The market price of the household property at the time of damage or loss with the deduction of the preexisting damage and depreciation costs.

For terms not stipulated in the Supplementary Contract, the terms defined in the Principal Contract shall prevail.

Article 11. Supplementary Clauses

If the clauses of the Supplementary Contract are in conflict with the Principal Contract, the Principal Contract shall prevail. If the Supplementary Contract falls short on certain Clauses, the Principal Contract shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
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Kong Branch.**

Supplementary Credit Card Protection Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

Within the insurance duration of the Contract, while the Insured is traveling overseas, if the Insured suffers from unexpected death, the Insurer will provide credit card protection insurance coverage within the limits of the stipulated insurance amounts, taking into account both the insurance contract agreement as well as the Insured’s outstanding credit card travel expenses accumulated while the Insured was still alive. The credit card protection insurance coverage will serve as the Insured’s personal estate.

Article 3 Exemptions of Liabilities

In any of the following situations, whether directly or indirectly resulting in insurance accidents, the Insurer shall not be liable for compensation:

1. (Accidents resulting from) the Insured’s intentional behavior;
2. In the absence of formal receipt of any purchase;
3. If the Insured already receives alternative insurance protection
4. If it falls under Exemptions of Responsibility Items listed in the Primary Insurance Contract.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Duration of Insurance

The duration of insurance for the Supplementary Clause must be consistent with the Contract.

Article 6 Applying for Insurance

1. The statutory (or designated) beneficiaries of Insured seeking to file for claims must fill out an Insurance Claim Application Form, as well as provide the following documents and materials to the Insurer:
 - (1).Insurance policy or original insurance documents;
 - (2).The Insured's proof of residence or proof of identification;
 - (3).Certification Documents (original or copies) proving the relationship between the Insured and the beneficiary;
 - (4).Insured's death certificate issued by the police station.
2. The above qualifications and proof are important references for insurance claims. If those applying for claims are unable to provide the related documents in a timely fashion, the Insurer will be unable to verify authenticity of documents and records contained therein, as such, for any portions the Insurer is unable to verify, the Insurer shall not be liable for compensation.
3. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.
4. If the Insured's losses can be compensated through any other methods or alternative insurance, the Insured should first request compensation through said alternatives. The Insurer may provide related documents or proof of insurance coverage, based on relevant workplaces or insurance policy companies; (the Insurer) is only liable for the Insured's remaining claims not first covered by the aforementioned alternative means, and only within the stipulated insurance coverage limits set forth in this insurance contract.

Article 7 Supplementary Clause Termination

In the event the Main Contract expires, the Supplementary Clause will also expire. Once the Main Contract becomes invalid, the Supplementary Clause also becomes invalid.

Article 8 Definition of Terms

Terms in the Supplementary Clause are based off the explanation of terms in the Main Contract.

Article 9 Other Applications of the Contract Provision

For all matters not covered by these supplemental provisions, the primary contract shall prevail. Where the supplemental provisions depart from the primary contract, these supplemental provisions shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

Supplementary Compassionate Return Insurance Clauses

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

Within the insurance duration of the Contract, if the Insured traveling overseas must return to China to participate in a direct family member’s (refer to Article 1) funeral, the Company will arrange via its Assistance Company to allow for the Insured to return to their original place of residence in Hong Kong, and will provide for reasonable one-way transportation costs.

Article 3 Exemptions of Liabilities

In any of the following situations, whether directly or indirectly resulting in insurance accidents, the Insurer shall not be liable for compensation:

1. If the Insured’s travel itinerary is coming to a close, the Insured may adhere to his/her original return flight in order to return to his/her original place of residence in Hong Kong (the Company will assist in making other travel arrangements);
2. The Insured, due to other reasons, returns to Hong Kong in advance of the scheduled date;
3. The Insured refuses to comply with the Assistance Company’s advice;
4. If it falls under any of the Exemptions of Responsibility Items detailed in the Insurance Contract Regulations.

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Duration of Insurance

The duration of insurance for the Supplementary Clause must be consistent with the Primary Contract.

Article 6 Applying for Insurance

5. The Insured seeking to file for claims must fill out an Insurance Claim Application Form, as well as provide the following documents and materials to the Insurer:
 - (1).Insurance policy or original insurance documents;
 - (2).The Insured's proof of residence or proof of identification;
 - (3).Documents (original or copies) proving the relationship between the Insured and the deceased person;
 - (4).The Insured's return flight ticket receipt or a copy of the receipt and original boarding pass;
 - (5).Deceased person's death certificate issued by the police station.
6. The above qualifications and proof are important references for insurance claims. If those applying for claims are unable to provide the related documents in a timely fashion, the Insurer will be unable to verify authenticity of documents and records contained therein, as such, for any portions the Insurer is unable to verify, the Insurer shall not be liable for compensation.
7. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.
8. If the Insured's losses can be compensated through any other methods or alternative insurance, the Insured should first request compensation through said alternatives. The Insurer may provide related documents or proof of insurance coverage, based on relevant workplaces or insurance policy companies; (the Insurer) is only liable for the Insured's remaining claims not first covered by the aforementioned alternative means, and only within the stipulated insurance coverage limits set forth in this insurance contract.

Article 7 Supplementary Clause Termination

In the event the Primary Contract expires, the Supplementary Clause will also expire. Once the Primary Contract becomes ineffective, the Supplementary Clause also becomes ineffective.

Article 8 Definition of Terms

1. Direct Family Members: refers to the Insured's spouse, parents (parents- in-law), children and grandparents, grandchildren.
2. Terms in the Supplementary Clause are based off the explanation of terms in the Primary Contract.

Article 10 Other Applications of the Contract Provision

For all matters not covered by these supplemental provisions, the primary contract shall prevail. Where the supplemental provisions depart from the primary contract, these supplemental provisions shall prevail.

**Allianz Global Corporate & Specialty AG(incorporated in
Federal Republic of Germany with limited liabilities) Hong
Kong Branch.**

**Supplementary Traditional Medical Treatment Insurance
Clauses**

Article 1 Establishment of the Supplementary Insurance Clauses

This Supplementary Insurance Clauses (hereafter as “supplementary clauses”) shall be attached to and executed with the Principal Clauses of the Allianz Global Corporate & Specialty AG Hong Kong Branch.

Article 2 Insurance Liabilities

1. Within the insurance period, if the insured (only including persons with Hong Kong household registration or persons living in Hong Kong) travels abroad with effective certificates and suffers accidental injury or acute diseases (see article 8 definition 1) with valid certificates and returns to Hong Kong and received Traditional Chinese Medical Treatment (TCMT) in medical institutions recognized by the insurer, the insured shall be responsible for paying the following items within the insured amount:

TCMT: acupuncture; backbone cure; bone-setting, etc.

Article 3 Liability Disclaimer

The insurer shall not be liable for the following medical expenses of the insured:

- 1. Any pre-existing diseases and symptoms;**
- 2. not necessary TCMT by the insured for health purposes;**
- 3. receipt of treatment without consent of the insurer;**
- 4. Other liability disclaimer events agreed to in the main risks insurance and other additional medical treatment provisions.**

Article 4 Insured Amount and Premium

The Insured Amount is the maximum amount covered by the Company to the Insured person for his/her travel during the duration of the Contract. The Insured Amount shall be agreed upon by both the Insured person and the Company, and be specified in the Insurance Policy. The Insured shall pay Insurance Premium to the Company in accordance with the supplementary clauses. The Insured person and the Company may agree on restrictive terms such as deductibles in the supplementary clauses.

Article 5 Period of insurance

Unless otherwise agreed, the period of the Additional Provisions shall be consistent with that of the main risks insurance.

Article 6 Application for Insurance Benefit

1. The insured as the applicant shall complete the claim form and provide the following certificate documents and materials for the claim:

- (1). insurance policy or the original insurance certificate;
- (2).the insured person's certificate of household registration and identification;
- (3). the diagnostic report to which some materials attached such as pathology report; instrument examination report etc.; medical record; the original bill for medical treatment or medicine expenses; the original Hospital discharge summary;
- (4).The certification of the Accidental recognized by the insurer;
- (5).Certification of business trip with the official seal by employer (if business trip);
- (6).Other related certifications or materials in relation to confirming the cause or loss of the Accident.

2. The above materials and evidence are importance basis for making insurance claim. **If the insurance claimant fails to provide relevant bills and certificates in time and leads to the insurer's failure to verify the authenticity of the bills and certificates and the contents on such documents, the insurer shall not be liable for compensating the part which it cannot verify.**

3. When the calculation and payment of the Insurance benefits of the supplementary clauses involves foreign currency, the amount shall be converted to Hong Kong Dollar, and any compensation shall be made in Hong Kong Dollar. The conversion shall be based on the mid-day price pronounced by the Bank of China on the date of the insured accident.

4. Should the loss of the insured person has been compensated though other manners by other insurance companies, the insurer shall deduct the corresponding part of pay-outs from the whole compensation under the Additional Provisions in accordance with the documentary evidences or certification of pay-outs from other manners or insurance companies.

5. Should the compensation pay-outs is lower than the actual expense of medical treatments, the claimant shall be entitled to apply for the return of the original documentary evidences in writing. The insurer should return the documents indicating the sum of claim and affixed with official seal.

Article 7 Termination of the Additional Provisions

Once the effectiveness of the main risks insurance which the Additional Provisions is attached to expires, the effectiveness of the Additional Provisions shall terminate. If the main risks insurance becomes invalid, the Additional Provisions shall also become invalid.

Article 8 Definition of Terms

1. Acute Diseases

Acute diseases refers to the insured person's first suffering of acute disease or symptoms when travelling in the period of insurance stipulated by the Additional Provisions, excluding any symptoms or chronic diseases happened before the Additional Provisions comes into force.

2. Hospital

Hospital in the territory of PRC (excluding Hong Kong, Macau and Taiwan) shall mean an public hospital which is Level II or above by the Ministry of Health of the People's Republic of China or the hospital or medical establishments that agreed by the insured and the insurer.

Hospital outside China (including Hong Kong, Macao and Taiwan) shall mean medical institutions that are authorized by the insurer, established and operating in accordance with law and confirms to the following standards:

1) The primary operation purpose of such hospital is to receive patients and injured persons and provide nursing and medical treatment for in-patients;

2) Provide medical treatment for patients under the guidance of one or more doctors and there is at least one eligible medical practitioner acting as the resident doctor;

3) Maintains sufficient and proper facilities to provide medical diagnosis and treatment for the patient and provide within such institution or the place managed by it various kind of equipment for surgery.

4) 24-hour full time nursing services provided and guided by eligible practicing nurses.

Hospitals referred to herein shall not include the following establishments or those similar ones:

a). insane asylum;

b). a home for aged; sanitarium; a place for alcoholics or drug addicts;

c). health center; natural health center; nursing or recovery center.

Terms that are not explained in the Additional Provisions will be subject to the explanation set forth in the provisions of main risks insurance.

Article 9 Application of Other Provisions

In case of any inconsistencies between this Additional Provisions and the main risks insurance, the Additional Provisions shall prevail; for contents that are not covered by the Additional Provisions, the main risks insurance shall prevail.

安聯環球企業及專項保險 – 香港分公司
旅行人身意外傷害保險條款
總則

第一條 合同構成

本保險合同由保險條款、投保單、保險單、保險憑證以及批單等組成。凡涉及本保險合同的約定，均應採用書面形式。

第二條 被保險人

應為符合保單規定的年齡（見第 1 條釋義）範圍、身體健康、能正常工作或正常生活，法定住所地或經常居住地位於香港境內（見第 2 條釋義），到香港境外（見第 3 條釋義）旅行（見第 4 條釋義），其旅行行程開始和終止於香港境內的自然人。

第三條 投保人

- 一、應為具有完全民事行為能力的被保險人本人、對被保險人有保險利益的其他人。
或
二、應為對被保險人有保險利益的機關、企業、事業單位和社會團體。

第四條 受益人

（一）身故保險金受益人

訂立本保險合同時，被保險人或投保人可指定一人或數人為身故保險金受益人。身故保險金受益人為數人時，應確定其受益順序和受益份額；未確定受益份額的，各身故保險金受益人按照相等份額享有受益權。投保人指定受益人時須經被保險人同意。

被保險人死亡後，有下列情形之一的，保險金作為被保險人的遺產，由保險人依照香港法律的規定履行給付保險金的義務：

- （1）沒有指定受益人，或者受益人指定不明無法確定的；
- （2）受益人先於被保險人死亡，沒有其他受益人的；
- （3）受益人依法喪失受益權或者放棄受益權，沒有其他受益人的。

受益人與被保險人在同一事件中死亡，且不能確定死亡先後順序的，推定受益人死亡在先。

被保險人或投保人可以變更身故保險金受益人，但需書面通知保險人（見第 5 條釋義），由保險人在本保險合同上批註。對因身故保險金受益人變更發生的法律糾紛，保險人不承擔任何責任。

投保人指定或變更身故保險金受益人的，應經被保險人書面同意。被保險人為無民事行為能力人或限制民事行為能力人的，應由其監護人指定或變更身故保險金受益人。

（二）殘疾或燒燙傷保險金受益人

除另有約定外，本保險合同的殘疾或燒燙傷保險金的受益人為被保險人本人。

保障內容

第五條 保險責任

在保險期間內，被保險人持有有效證件在境外或境內旅行時，因遭受意外傷害（見第 6 條釋義）事故（包含進行初級戶外運動（見第 7 條釋義）時遭受的意外傷害事故）導致身故、殘疾或燒燙傷的，保險人依照下列約定給付保險金。

（一）身故保險責任

在保險期間內，被保險人持有有效證件在境外或境內旅行時遭受意外傷害事故，並自事故發生之日起 180 日內因該事故身故的，保險人按保險金額給付身故保險金，對該被保險人的保險責任終止。

在保險期間內，被保險人持有有效證件在境外或境內旅行時遭受意外傷害事故，且自該事故發生日起下落不明，後經人民法院宣告死亡的，保險人按保險金額給付身故保險金。但若被保險人被宣告死亡後生還的，保險金受領人應於知道或應當知道被保險人生還後 30 日內退還保險人給付的身故保險金。

被保險人身故前保險人已給付[本條第二款和第三款]約定的殘疾、燒燙傷（見第 8 條釋義）保險金的，身故保險金應扣除已給付的保險金。

（二）殘疾保險責任

在保險期間內，被保險人持有有效證件在境外或境內旅行時遭受意外傷害事故，並自該事故發生之日起 180 日內因該事故造成本保險合同所附《人身保險殘疾程度與保險金給付比例表》（簡稱《給付表一》）所列殘疾之一的，保險人按該表所列給付比例乘以保險金額給付殘疾保險金。如第 180 日治療仍未結束的，按當日的身體情況進行殘疾鑒定，並據此給付殘疾保險金。

1、被保險人因同一意外傷害事故導致一項以上殘疾時，保險人給付各項殘疾保險金之和，但給付總額不超過保險金額。不同殘疾項目屬於同一肢（見第 9 條釋義）時，僅給付其中給付比例最高一項的殘疾保險金。

2、被保險人如在本次意外傷害事故之前已有殘疾，保險人按合併後的殘疾程度在《給付表一》中所對應的給付比例給付殘疾保險金，但應扣除原有殘疾程度在《給付表一》所對應的殘疾保險金。

（三）燒燙傷保險責任

在保險期間內，被保險人持有有效證件在境外或境內旅行時遭受意外傷害事故，並自事故發生之日起一百八十日內以該次意外傷害事故為直接原因造成本合同所附《三度燒燙傷與給付比例表》所列殘疾程度之一者，保險人按表中所列給付比例乘以保險單或保險憑證中列明的保險金額給付燒燙傷保險金。如治療仍未結束的，按事故發生之日起第一百八十日的身體情況進行傷殘鑒定，並據此給付燒燙傷保險金。

被保險人因同一意外傷害事故造成《三度燒燙傷與給付比例表》所列殘疾程度兩項以上者，保險人給付各該項燒燙傷保險金之和。

該次意外傷害事故導致的殘疾合併以往因意外傷害事故所致殘疾，可領較嚴重專案燒燙傷保險金者，按較嚴重殘疾項目標準給付保險金，但以往燒燙傷保險金（被保險人投保前遭受意外事故所至或因責任免除事項所致《三度燒燙傷與給付比例表》所列的殘疾所對應的燒燙傷保險金或保險人已給付的燒燙傷保險金均視為以往意外燒燙傷保險金）應予以扣除。

責任免除

第六條 原因除外

因下列原因造成被保險人身故、殘疾或燒燙傷的，保險人不承擔給付保險金責任：

- （一） **投保人的故意行為；**
- （二） **被保險人自致傷害或自殺，但被保險人自殺時為無民事行為能力人的除外；**
- （三） **被保險人實施或企圖實施違法行為、犯罪行為或拒捕；**
- （四） **因被保險人挑釁或故意行為而導致的打鬥、毆鬥、被襲擊或被謀殺；**
- （五） **被保險人因精神錯亂或失常而導致的意外；**

- (六) 任何形式的恐怖行動或企圖發生的恐怖行動；
- (七) 任何生物、化學、原子能武器，原子能或核能裝置所造成的爆炸、灼傷、污染或輻射；
- (八) 直接或間接由流行疫病（見第 10 條釋義）或大規模流行疫病（見第 11 條釋義）爆發引起；
- (九) 被保險人妊娠、流產、分娩、疾病、藥物過敏；
- (十) 被保險人接受醫療檢查、麻醉、整容手術及其他內、外科手術；
- (十一) 被保險人未遵醫囑，私自服用、塗用、注射藥物；
- (十二) 被保險人受細菌、病毒或寄生蟲感染（但因受傷以致傷口膿腫者除外）；或被保險人食物中毒；
- (十三) 受保前已存在的受傷及其併發症；
- (十四) 被保險人從事使用繩索或攀登設備的登山或攀岩（徒步攀登除外）、使用人工空氣呼吸器潛水、狩獵、跳傘、速降、滑翔、探險活動（見第 12 條釋義）、武術比賽（見第 13 條釋義）、摔跤比賽、特技（見第 14 條釋義）表演、速度競賽（使用雙足的除外）、賽馬、馬球、馬術表演、賽車、拳擊、開放水域帆船運動、冬季體育運動等高風險運動或活動；
- (十五) 任何非當地政府認可的、無正式經營執照的機構組織的戶外運動；
- (十六) 被保險人參與任何職業、半職業或設有獎金、報酬的體育活動；
- (十七) 被保險人參與執行軍警任務或以執法身份執行任務；
- (十八) 被保險人受雇于商業船舶並執行職務；于海軍、空軍服軍役；職業性操作或測試任何種類交通工具；從事石油或化工業、森林砍伐業、建築工程業、運輸業、採掘業、採礦業、空中攝影、處理爆炸物、水上作業、高空作業等職業活動（任何體力勞動或與操作機器有關的工作）；
- (十九) 非法搭乘交通工具或搭乘未經保險事故發生地相關政府部門登記許可的交通工具；
- (二十) 航空或飛行活動，包括身為飛行駕駛員或空勤人員，但以繳費乘客身份乘坐客運民航班機的除外；
- (二十一) 被保險人以接受醫生（見第 15 條釋義）治療或療養為目的而進行旅行；被保險人違反醫生的囑咐而旅行或當被保險人在其身體條件不適宜於旅行時進行旅行；
- (二十二) 被保險人身體狀況尚適宜旅行情況下未遵循主治醫生建議立即返回中國境內或被保險人日常居住地或日常工作地做進一步治療而導致病情惡化所引致的損失。

第七條 期間除外

被保險人在下列期間遭受傷害導致身故、殘疾或燒燙傷的，保險人也不承擔給付保險金責任：

- (一) 戰爭（無論宣戰與否）、軍事行動、暴動或武裝叛亂期間；
- (二) 被保險人醉酒或受毒品、管制藥物（見第 16 條釋義）的影響期間；
- (三) 被保險人酒後駕車、無有效駕駛證駕駛（見第 17 條釋義）或駕駛無有效行駛證（見第 18 條釋義）的機動車期間；
- (四) 被保險人因受當地司法當局拘禁或被判入獄期間。

第八條 除外地區

對於在下列國家和地區發生的保險事故，保險人不承擔保險責任：

阿富汗，布隆迪，中非共和國，乍得共和國，剛果（民主共和國），東帝汶（民主共和

國), 厄立特里亞, 幾內亞, 海地, 伊拉克, 象牙海岸共和國, 利比里亞, 所羅門群島, 索馬里, 蘇丹、南極洲、布韋島、赫德島和麥克唐納群島、南喬治亞島和南桑威奇群島。

若由於本保險合同中責任免除的情形導致的被保險人死亡, 保險人將退還未滿期淨保費(見第19條釋義)。

境內外旅行救援服務

第八條 被保險人在境外或境內旅行期間若遇緊急情況或需要, 可以通過撥打保險單或保險憑證所載的救援熱線電話, 在保險人委託的救援機構或其授權代表(以下簡稱“救援機構”)提供的下列協助範圍內, 獲得免費的資訊提供, 但被保險人使用以下協助服務所需支付給任何服務提供者的費用都由被保險人自行承擔。救援機構無法保證該第三方服務提供者的服務品質, 最終的服務選擇權在於被保險人。

(一) 醫療援助

6、 電話醫療諮詢

二十四小時電話服務為使用者提供醫療建議。

7、 推薦醫療服務機構

應被保險人要求, 為其提供醫生、醫院、門診部、牙醫以及牙科門診部的名字、地址、電話號碼、辦公時間等資訊。但救援機構不負責提供醫療診斷或治療。

8、 安排預約醫生看診

協助被保險人代為預約當地醫生看診。但不負擔因之產生的任何費用。

9、 安排住院許可

若被保險人病情嚴重至需要入院治療, 救援機構可協助辦理入院手續, 但不負擔因之產生的任何費用。

10、 住院期間及其後的健康狀況的監控

在符合有關保密和相關授權義務的條件下, 救援機構負責在被保險人住院期間及返回香港境內前對被保險人的健康狀況進行監控。

(二) 境外旅行服務

1、 接種及簽證相關資訊

提供關於各國的簽證、疫苗接種要求的資訊。

7、 翻譯推薦服務

提供旅行目的地翻譯服務的位址、電話、及開放時間等資訊。

8、 行李遺失協尋

協助在境外旅行期間遺失行李的被保險人, 聯絡相關負責單位幫助尋找。

9、 護照遺失協尋

協助在境外旅行期間遺失護照的被保險人, 聯絡相關負責單位幫助尋找或補辦。

10、 使領館信息

提供距被保險人最近的適宜的大使館或領事館的位址、電話及開放時間等資訊。

11、 緊急訊息傳遞服務

被保險人在境外旅行期間住院且提出要求時, 協助被保險人將其緊急口訊轉告家人、朋友或公司。

保險金額和保險費

第九條 保險金額是保險人對保單載明的每一位被保險人在保險期間內的旅行承擔給付

保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

保險期間

第十條 本合同保險期間以保險人和投保人協商確定，以保險單載明的起訖時間為準。二十四小時為一日，以北京時間為準。

如投保全年多次往返保障計畫，保險責任的開始時間為在保險期間內，被保險人每次離開其日常居住地或日常工作地直接前往旅行目的地，終止於以下最先發生的時間：(1) 該被保險人完成該次旅行後返回其日常居住地或日常工作地；(2) 保險單或保險憑證所載保險期間屆滿。(3) 保險人和投保人在本保險合同項下約定的保險人對被保險人每次旅行承擔保險責任的最多天數。

如投保單次保障計畫，保險責任的開始時間以下列情況中最遲發生的時間為準：(1) 保險單所載的保險期間起始日；(2) 被保險人在保險期間內離開其日常居住地或日常工作地直接前往旅行目的地。該保險責任的終止時間以下列情況中最先發生的時間為準：(1) 保險單或保險憑證所載保險期間屆滿；(2) 該被保險人完成旅行後直接返回其日常居住地或日常工作地。

第十一條 保險期間的延長

如任何被保險人于本合同有效期內因不可抗力的原因，包括但不限於惡劣的天氣情況、自然災害、因罹患疾病或遭受意外事故而致嚴重身體傷害入住當地醫院並因此而導致其旅程延長，而本合同的保險期間已屆滿並逾期，保險人將按合理情況及需要免費自動延長本合同的保險期間，最長可至該被保險人旅程結束。

保險人義務

第十二條 簽發保單義務

本保險合同成立後，保險人應當及時向投保人簽發保險單或其他保險憑證。

第十三條 補充索賠證明和資料的通知

保險人認為被保險人提供的有關索賠的證明和資料不完整的，應當及時一次性通知投保人、被保險人補充提供。

第十四條 及時核定、賠付義務

保險人收到被保險人的給付保險金的請求後，應當及時作出是否屬於保險責任的核定；情形複雜的，應當在三十日內作出核定，但保險合同另有約定的除外。

保險人應當將核定結果通知被保險人；對屬於保險責任的，在與被保險人達成給付保險金的協定後十日內，履行賠償保險金義務。保險合同對給付保險金的期限有約定的，保險人應當按照約定履行給付保險金的義務。保險人依照前款約定作出核定後，對不屬於保險責任的，應當自作出核定之日起三日內向被保險人發出拒絕給付保險金通知書，並說明理由。

第十五條 先行賠付義務

保險人自收到給付保險金的請求和有關證明、資料之日起六十日內，對其給付的數額不能確定的，應當根據已有證明和資料可以確定的數額先予支付；保險人最終確定給付的數額

後，應當支付相應的差額。

投保人、被保險人義務

第十六條 交費義務

除另有約定外，投保人應當在保險合同成立時交清保險費。

第十七條 如實告知義務

訂立保險合同，保險人就保險標的或者被保險人的有關情況提出詢問的，投保人應當如實告知。

投保人故意或者因重大過失未履行前款規定的義務，足以影響保險人決定是否同意承保或者提高保險費率的，保險人有權解除本合同。

前款規定的合同解除權，自保險人知道有解除事由之日起，超過三十日不行使而消滅。自合同成立之日起超過二年的，保險人不得解除合同；發生保險事故的，保險人應當承擔給付保險金責任。

投保人故意不履行如實告知義務的，保險人對於合同解除前發生的保險事故，不承擔給付保險金責任，並不退還保險費。

投保人因重大過失未履行如實告知義務，對保險事故的發生有嚴重影響的，保險人對於合同解除前發生的保險事故，不承擔給付保險金責任，但應當退還保險費。

保險人在合同訂立時已經知道投保人未如實告知的情況的，保險人不得解除合同；發生保險事故的，保險人應當承擔給付保險金責任。

第十八條 住址或通訊位址變更通知義務

投保人住所或通訊位址變更時，應及時以書面形式通知保險人。投保人未通知的，保險人按本保險合同所載的最後住所或通訊位址發送的有關通知，均視為已發送給投保人。

第十九條 保險事故通知義務

投保人、被保險人或者保險金受益人知道保險事故發生後，應當在及時通知保險人。**故意或者因重大過失未及時通知，致使保險事故的性質、原因、損失程度等難以確定的，保險人對無法確定的部分，不承擔給付保險金責任，但保險人通過其他途徑已經及時知道或者應當及時知道保險事故發生的除外。**

上述約定，不包括因不可抗力（見第 20 條釋義）而導致的遲延。

保險金申請與給付

第二十條 保險金申請

保險金申請人（見第 21 條釋義）向保險人申請給付保險金時，應提交以下材料。保險金申請人因特殊原因不能提供以下材料的，應提供其他合法有效的材料。**保險金申請人未能提供有關材料，導致保險人無法核實該申請的真實性的，保險人對無法核實部分不承擔給付保險金的責任。**

（一）身故保險金申請

- （1）保險單原件；
- （2）保險金申請人的身份證明；
- （3）公安部門出具的被保險人戶籍註銷證明、二級以上（含二級）和保險人認可的醫

療機構出具的被保險人身故證明書。若被保險人為宣告死亡，保險金申請人應提供人民法院出具的宣告死亡證明文件。如被保險人在境外身故的，需要提供中華人民共和國駐所在國使、領館或保險事故發生地政府有關機構出具的被保險人死亡證明或驗屍報告；

(4) 保險金申請人所能提供的與確認保險事故的性質、原因、損失程度等有關的其他證明和資料；

(5) 若保險金申請人委託他人申請的，還應提供授權委託書原件、委託人和受託人的身份證明等相關證明文件。

(6) 若被保險人投保時未指定身故受益人，保險金申請人應提供法定繼承人公證書。

(7) 若是商務旅行（見第 22 條釋義），需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明。

（二）殘疾或燒燙傷保險金申請

(1) 保險單原件；

(2) 被保險人身份證明；

(3) 二級以上（含二級）或保險人認可的醫療機構或司法鑒定機構出具的殘疾或燒燙傷鑒定診斷書；

(4) 保險金申請人所能提供的其他與本項申請相關的材料；

(5) 若保險金申請人委託他人申請的，還應提供授權委託書原件、委託人和受託人的身份證明等相關證明文件。

(6) 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明。

第二十一條 身體傷殘鑒定

被保險人因遭受意外傷害造成身體殘疾，應在治療結束後，由保險人認可的通過司法行政機關審批取得《司法鑒定許可證》的鑒定機構進行鑒定。

如果被保險人自遭受意外傷害之日起一百八十日治療仍未結束，按第一百八十日的身體情況進行鑒定。

第二十二條 身體檢查及身故鑒定

在申請索賠期內，保險人有權要求被保險人作身體檢查或提供有關檢驗報告。如被保險人身故，保險人有權要求對保險事故進行鑒定。

第二十三條 每次事故賠償

保險人每次事故的保險金給付不超過保險單或保險憑證中所約定的每次事故賠償限額。如果按本合同規定一次事故應給付的保險金總額不足以按保險單或保險憑證中約定的每人保險金額支付每一出險的被保險人的，則將按同一比例降低對每位被保險人的保險金給付。

第二十四條 特別賠償限定

被保險人在同一旅程中就同一保險人的同一險別的保險責任只能享受一份保險合同保障，出現同一保險人同一險別多份保險合同的，保險人僅按該險別保險金額最高的一份保險合同承擔該險別項下的賠償責任。若各保險合同的保險金額相同，即只對其中一份做賠償。對於其餘保險合同給與退還保險費。

訴訟時效期間

第二十五條 保險金申請人向保險人請求給付保險金的訴訟時效期間為二年，自其知道或者應當知道保險事故發生之日起計算。

合同的解除

第二十六條 在本保險合同成立後，投保人可以書面形式通知保險人解除合同，但保險人已根據本保險合同約定給付保險金的除外。

投保人解除本保險合同時，應提供下列證明檔和資料：

- (1) 保險合同解除申請書；
- (2) 保險單原件；
- (3) 保險費交付憑證；
- (4) 投保人身份證明。

投保人要求解除本保險合同，自保險人接到保險合同解除申請書之時起，本保險合同的效力終止。保險人收到上述證明檔和資料之日起 30 日內退還保險單的未滿期淨保費。

合同的爭議處理和法律適用

第二十七條 合同的爭議處理

因履行本保險合同發生的爭議，由當事人協商解決。協商不成的，提交保險單載明的仲裁機構仲裁；保險單未載明仲裁機構或者爭議發生後未達成仲裁協定的，依法向香港法院起訴。

第二十八條 法律適用

與本保險合同有關的以及履行本保險合同產生的一切爭議處理適用香港法律。

第二十九條 釋義

1、年齡：指被保險人在保單生效日期的上一個生日時的年齡。

2、境內：指香港特別行政區。

3、境外：指香港特別行政區以外的國家和地區。

4、旅行：指被保險人出於休閒、商務或其他目的，到法定住所地或經常居住地市級區域以外的地方連續大於 24 小時，且不超過一年的遊覽和逗留活動。

5、保險人：指與投保人簽訂本保險合同的安聯環球企業及專項保險 - 香港分公司。

6、意外傷害：指以外來的、突發的、非本意的和非疾病的客觀事件為直接且單獨的原因致使身體受到的傷害。

7、初級戶外運動：包括戶外旅遊、遠足徒步、健身娛樂登山、露營、山地和非山地定向運動、人工場地攀岩和下降、山地穿越、划船、游泳、拓展運動、自行車觀景、人工場地輪滑、浮潛。

8、燒燙傷：指被保險人在保險期間內因意外事故導致的機體軟組織的燒燙傷，燒燙傷程度達到III度，III度燒燙傷的標準為皮膚（表皮、皮下組織）全層的損傷，涉及肌肉、骨骼，軟組織壞死、結痂、最後脫落。燒燙傷的程度及燒燙傷面積的計算均以保險人認可的鑒定機構的鑒定結果為準。

9、肢：指人體的四肢，即左上肢、右上肢、左下肢和右下肢。

10、流行疫病：是指在某國家、地區或區域突然爆發並快速傳播的傳染性疾病。

11、大規模流行疫病：是指在整個洲際大陸或整個人類中流行的傳染性疾病。

12、探險活動：指明知在某種特定的自然條件下有失去生命或使身體受到傷害的危險，而故意使自己置身其中的行為。如江河漂流、徒步穿越沙漠或人跡罕見的原始森林等活動。

13、武術比賽：指兩人或兩人以上對抗性柔道、空手道、跆拳道、散打、拳擊等各種拳術及各種使用器械的對抗性比賽。

14、特技：指馬術、雜技、訓獸等特殊技能。

15、醫生：指除被保險人本人、其家庭成員或與被保險人有直接利益關係的人員以外的任何持有被認可並依據其執業國家之法律，正式註冊及提供其認可執業醫療範圍內之醫生。

16、管制藥品：指根據香港有關法規被列為特殊管理的藥品，包括但不限於麻醉藥品，精神藥品，毒性藥品及放射性藥品。

17、無有效駕駛證：

指被保險人存在下列情形之一者：

- (1) 無駕駛證或駕駛證有效期已屆滿；
- (2) 駕駛的機動車與駕駛證載明的准駕車型不符；
- (3) 實習期內駕駛公共汽車、營運客車或者載有爆炸物品、易燃易爆化學物品、劇毒或者放射性等危險物品的機動車，實習期內駕駛的機動車牽引掛車；
- (4) 持未按規定審驗的駕駛證，以及在暫扣、扣留、吊銷、註銷駕駛證期間駕駛機動車；
- (5) 使用各種專用機械車、特種車的人員無國家有關部門核發的有效操作證，駕駛營業性客車的駕駛人無國家有關部門核發的有效資格證書；
- (6) 依照法律法規或公安機關交通管理部門有關規定不允許駕駛機動車的其他情況下駕車。

18、無有效行駛證

指下列情形之一：

- (1) 機動車被依法註銷登記的；
- (2) 無公安機關交通管理部門核發的行駛證、號牌，或臨時號牌或臨時移動證的機動交通工具
- (3) 未在規定檢驗期限內進行機動車安全技術檢驗或檢驗未通過的機動交通工具。未依法按時進行或通過機動車安全技術檢驗。

19、未滿期淨保費

未滿期淨保費=保險費×[1-(保險單已經過天數/保險期間天數)]×(1-25%)。

經過天數不足一天的按一天計算。

25%為手續費率。

20、不可抗力：指不能預見、不能避免並不能克服的客觀情況。

21、保險金申請人：指受益人或被保險人的繼承人或依法享有保險金請求權的其他自然人。

22、商務旅行：指被保險人經其雇主委派，從事以商務為目的的旅行。該旅行並不包括被保險人往來其日常居住地與日常工作地或被保險人的個人旅遊或旅行。

人身保險殘疾程度與保險金給付比例表
(保監發[1999]237號)

| 等級 | 項目 | 殘 疾 程 度 | 給付比例 |
|-----|-----------------------|---|------|
| 第一級 | 一 | 雙目永久完全失明的(注1) | 100% |
| | 二 | 兩上肢腕關節以上或兩下肢踝關節以上缺失的 | |
| | 三 | 一上肢腕關節以上及一下肢踝關節以上缺失的 | |
| | 四 | 一目永久完全失明及一上肢腕關節以上缺失的 | |
| | 五 | 一目永久完全失明及一下肢踝關節以上缺失的 | |
| | 六 | 四肢關節機能永久完全喪失的(注2) | |
| | 七 | 咀嚼、吞咽機能永久完全喪失的(注3) | |
| | 八 | 中樞神經系統機能或胸、腹部臟器機能極度障礙,終身不能從事任何工作,為維持生命必要的日常生活活動,全需他人扶助的(注4) | |
| 第二級 | 九 | 兩上肢、或兩下肢、或一上肢及一下肢,各有三大關節中的兩個關節以上機能永久完全喪失的(注5) | 75% |
| | 十 | 十手指缺失的(注6) | |
| 第三級 | 十一 | 一上肢腕關節以上缺失或一上肢的三大關節全部機能永久完全喪失的 | 50% |
| | 十二 | 一下肢踝關節以上缺失或一下肢的三大關節全部機能永久完全喪失的 | |
| | 十三 | 雙耳聽覺機能永久完全喪失的(注7) | |
| | 十四 | 十手指機能永久完全喪失的(注8) | |
| | 十五 | 十足趾缺失的(注9) | |
| 第四級 | 十六 | 一目永久完全失明的 | 30% |
| | 十七 | 一上肢三大關節中,有二關節之機能永久完全喪失的 | |
| | 十八 | 一下肢三大關節中,有二關節之機能永久完全喪失的 | |
| | 十九 | 一手含拇指及食指,有四手指以上缺失的 | |
| | 二十 | 一下肢永久縮短5公分以上的 | |
| | 二十一 | 語言機能永久完全喪失的(注10) | |
| 二十二 | 十足趾機能永久完全喪失的 | | |
| 第五級 | 二十三 | 一上肢三大關節中,有一關節之機能永久完全喪失的 | 20% |
| | 二十四 | 一下肢三大關節中,有一關節之機能永久完全喪失的 | |
| | 二十五 | 兩手拇指缺失的 | |
| | 二十六 | 一足五趾缺失的 | |
| | 二十七 | 兩眼眼瞼顯著缺失的(注11) | |
| | 二十八 | 一耳聽覺機能永久完全喪失的 | |
| 二十九 | 鼻部缺損且嗅覺機能遺存顯著障礙的(注12) | | |
| 第六級 | 三十 | 一手拇指及食指缺失,或含拇指或食指有三個或三個以上手指缺失的 | 15% |
| | 三十一 | 一手含拇指或食指有三個或三個以上手指機能永久完全喪失的 | |
| | 三十二 | 一足五趾機能永久完全喪失的 | |
| 第七級 | 三十三 | 一手拇指或食指缺失,或中指、無名指和小指中有二個或二個以上手指缺失的 | 10% |
| | 三十四 | 一手拇指及食指機能永久完全喪失的 | |

注:

(1) 失明包括眼球缺失或摘除、或不能辨別明暗、或僅能辨別眼前手動者,最佳矯正

視力低於國際標準視力表0.02，或視野半徑小於5度，並由有資格的眼科醫師出具醫療診斷證明。

(2) 關節機能的喪失系指關節永久完全僵硬、或麻痹、或關節不能隨意活動。

(3) 咀嚼、吞咽機能的喪失系指由於牙齒以外的原因引起器質障礙或機能障礙，以致不能作咀嚼、吞咽運動，除流質食物外不能攝取或吞咽的狀態。

(4) 為維持生命必要之日常生活活動，全需他人扶助系指食物攝取、大小便始末、穿脫衣服、起居、步行、入浴等皆不能自己為之，需要他人幫助。

(5) 上肢三大關節系指肩關節、肘關節和腕關節；下肢三大關節系指髖關節、膝關節和踝關節。

(6) 手指缺失系指近位指節間關節（拇指則為指節間關節）以上完全切斷。

(7) 聽覺機能的喪失系指語言頻率平均聽力損失大於 90 分貝，語言頻率為 500、1000、2000 赫茲。

(8) 手指機能的喪失系指遠位指節間關節切斷，或自近位指節間關節僵硬或關節不能隨意活動。

(9) 足趾缺失系指自趾關節以上完全切斷。

(10) 語言機能的喪失系指構成語言的口唇音、齒舌音、口蓋音和喉頭音的四種語言機能中，有三種以上不能構聲、或聲帶全部切除，或因大腦語言中樞受傷害而患失語症，並須有資格的五官科（耳、鼻、喉）醫師出具醫療診斷證明，但不包括任何心理障礙引致的失語。

(11) 兩眼眼瞼顯著缺損系指閉眼時眼瞼不能完全覆蓋角膜。

(12) 鼻部缺損且嗅覺機能遺存顯著障礙系指鼻軟骨全部或二分之一缺損及兩側鼻孔閉塞，鼻呼吸困難，不能矯治或兩側嗅覺喪失。

上述所謂永久完全系指自事故發生之日起經過一百八十天后，機能仍然完全喪失，但眼球摘除等明顯無法復原之情況，不在此限。

安聯環球企業及專項保險 - 香港分公司 三度燒燙傷與給付比例表

| 身體部位 | 項目 | 燒燙傷等級 (三度燒燙傷面積占全身皮膚面積百分比) | 給付比例 |
|-----------------|----|------------------------------|------|
| 頭頸、手部 | 一 | 不少於 8% | 100% |
| | 二 | 不少於 5%但少於 8% | 75% |
| | 三 | 不少於 2%但少於 5% | 50% |
| 身體 (不含頭頸、手部) | 四 | 不少於 20% | 100% |
| | 五 | 不少於 15%但少於 20% | 75% |
| | 六 | 不少於 10%但少於 15% | 50% |

注：三度燒燙傷指傷及皮膚全層或皮下組織，甚至更深。

安聯環球企業及專項保險 – 香港分公司
附加旅行醫療費用保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加於安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

一、在保險期間內，被保險人持有有效證件在境外旅行期間，遭受意外傷害事故或罹患突發性疾病（見第1條釋義），且自意外傷害事故或突發性疾病發生之日起五日內到醫院（見第2條釋義）或保險人認可的醫療機構進行治療的，保險人按照本附加條款約定負責賠償下列事項：

1、如意外傷害事故或罹患突發性疾病發生在境外的，自意外傷害事故或罹患突發性疾病發生之日起九十日內，被保險人在事故發生地所在國家或地區的醫院進行治療所發生的，符合本附加條款的，實際支出的合理、慣常且必須的醫療費用，包括醫生診斷費、手術費、住院費、藥費（僅限於醫生處方所指定的藥品）、X光檢查、醫療用品、救護車等費用。

2、被保險人在境外旅行中遭受意外傷害或罹患突發性疾病，並因此在境外接受了合格的專業醫師診治，該意外傷害或罹患突發性疾病屬於本保險保障範圍內，直接導致被保險人回國後需在境內繼續治療，保險人對被保險人返回境內後三十日內（但最長不超過意外傷害事故或罹患突發性疾病發生之日起九十日）在境內醫院進行治療所發生的，符合本附加條款的，實際支出的合理、慣常且必須的、符合當地社會醫療保險主管部門規定的醫療費用承擔保險責任。

境內繼續治療期間所發生的醫療費用，以保險單或保險憑證中所載保險金額的10%為限，

3、本附加條款承擔的牙科治療費用僅限於因遭受意外傷害事故導致的牙齒傷害，在醫院或保險人認可的醫療機構經醫生診斷，必須進行的為減輕劇痛而支付的合理緊急牙科治療費用，包括醫生診斷費、手術費、藥費（僅限醫生處方中用於減輕疼痛的藥品）。

第三條 責任免除

對被保險人發生的下列醫藥費用支出，保險人不承擔賠償責任：

1. 任何被保險人已從公費醫療、社會基本醫療保險、所有商業性費用補償型醫療保險、其他政府機構或社會福利機構等所取得的醫藥費用補償；

18. 被保險人康復性治療、物理治療、接種疫苗、安胎及分娩（包括剖腹產、流產及引產）等所產生的費用；

19. 因脊椎間盤突出症或錯位、避孕或絕育手術、扁桃腺、腺樣體、疝氣、女性生殖器官疾病、藥物過敏的治療費用或上述疾病導致的手術所產生的醫療費用；但若為避免生命危險或健康永久性損傷而導致被保險人需立即接受的緊急治療或手術，不適用本項責任免除規定。

20. 被保險人護理（陪住）費、取暖費、伙食費、誤工費及裝配假眼、假牙、假肢、用於矯形、整容、安裝殘疾用具、聘用特別看護或私家看護等需要自付的費用；

21. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及驗光、角膜屈光成形手術所產生的費用；

22. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官為目的的醫療行為所產生的費用；

23. 被保險人移植人工器官、洗牙、潔齒、牙齒治療或手術及鑲補所產生的費用，但因意外傷害引起的一般牙齒治療或手術除外；

24. 被保險人先天性疾病（見第3條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復所產生的費用；

25. 被保險人投保前已患上的疾病和症狀。精神病、精神分裂症、心理疾病、性病的治療和康復所產生的費用；

26. 根據被保險人的主治醫生或救援機構的意見，可以被合理延遲至被保險人返回其原出發地（見第4條釋義）後進行，而被保險人堅持在當地進行治療或手術所產生的費用；

27. 任何因當地急救組織或第三方提供服務而被保險人不需負責給付的費用或任何已包含在旅行收費中的費用；

28. 到達醫院前，任何被保險人未經保險人同意擅自使用或自助選擇救助服務所發生的費用；

29. 無當地醫院出具原始發票或收據及醫療證明的費用；

30. 被保險人在境外遭受意外傷害事故或罹患突發性疾病，但未在當地經過醫生診斷，而在回原出發地後進行的任何門急診及住院治療所發生的費用；

31. 被保險人遭受意外傷害事故或罹患突發性疾病，經過當地醫生診斷，但在回原出發地後進行的與本次意外傷害事故或突發性疾病沒有直接關係的門急診及住院治療所發生的費用；

32. 中國境內治療地基本醫療保險支付範圍之外的藥品、檢查、治療、材料等費用；

33. 主險條款約定的責任免除事項。

第四條 醫療押金救援服務

當被保險人在境外旅行中遭受意外傷害事故或罹患突發性疾病時，被保險人或其旅行同伴通知保險人委託的救援機構或其授權代表（以下簡稱“救援機構”）提供醫療服務諮詢或安排住院時，對於擔保住院期間發生的醫療押金，在保險人授權的條件下，救援機構在保險金額內負責為被保險人住院期間醫療費用進行擔保。如果救援機構無法安排住院醫療費用的擔保事宜，當被保險人回到境內或原出發地後，經保險人批准確認，保險人將向被保險人支付相應的保險賠償金。

第五條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照本附加條款約定向保險人交納保險費。保險人和投保人可以在本附加條款項下約定免賠額及賠付比例等限制條件。

第六條 保險期間

除非另有約定，本附加條款的保險期間同主險合同一致。

第七條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

7、保險單或保險憑證正本；

8、被保險人戶籍證明或身份證明；

9、醫院出具的附有病理檢查、代驗檢查及其他醫療儀器檢查報告的醫療診斷證明、病

歷及醫療、醫藥費原始單據、出院小結原件；

10、 保險人認可的意外事故證明文件；

11、 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；

12、 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，**如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。**

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯中間價為準。

四、若被保險人的損失已從其他途徑或其他保險公司獲得賠償的，保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在按照本附加條款賠償保險金時，相應扣減被保險人已從其他途徑或其他保險公司獲得的賠償金。

五、當賠付金額未達實際支出住院醫療費用的金額時，索賠申請人可以書面形式向保險人申請發還原始單據，保險人在加蓋印章並注明已賠付金額後發還原始單據。

第八條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第九條 釋義

4、突發性疾病：

指被保險人在本附加條款規定的保險期間內，在旅行時首次罹患的突發性疾病或出現的症狀，但不包括本保險合同生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

5、醫院：

在中國境內（不包括香港、澳門、臺灣地區）的醫院是指經中華人民共和國衛生部門評審確定的二級或以上的公立醫院或投保人與保險人協商共同指定的醫院或醫療機構。

在中國境外（包括香港、澳門、臺灣地區）的醫院是指保險人認可的，根據所在國家法律合法成立、運營並符合以下標準的醫療機構：

5) 主要運營目的是以住院病人形式提供接待患病、傷者並為其提供醫療護理和治療，

6) 在一名或若干醫生的指導下為病人治療，其中最少有一名合法執業資格的駐院醫生駐診，

7) 維持足夠妥善的設備為病人提供醫學診斷和治療，並於機構內或由其管理的地方提供進行各種手術的設備，

8) 有合法執業的護士提供和指導二十四小時的全職護理服務。

本附加條款中所指醫院不包括以下或類似的醫療機構：

(4) 精神病院；

(5) 老人院、療養院、戒毒中心和戒酒中心；

(6) 健康中心或天然治療所、療養或康復院。

6、先天性疾病：

指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

4、原出發地：

指被保險人在香港境內的日常居住地。

本附加條款的未釋義名詞，以本附加條款所附屬的主險合同條款中的釋義為準。

第十條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司 附加醫療運送和送返保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，遭受意外事故導致嚴重受傷（見第1條釋義）或罹患突發性重病（見第2條釋義）時，經保險人委託的救援機構或其授權代表（以下簡稱“救援機構”）確認被保險人需要以下救援服務時，保險人按照本保險合同約定向救援機構支付如下運送和送返費用：

（二）緊急醫療運送

- 1、將被保險人運送到距離事故發生地最近的且具備適當醫療護理條件的所在地醫院；
- 2、救援機構首次認為事故發生地醫院的醫療條件不能保證被保險人得到及時充分的醫療救助時，被保險人將被轉運到其他醫療條件合適的所在地醫院或者鄰近國家的醫院。該次醫療運送後本附加條款保險責任終止。
- 3、在運送過程中，因病情需要，救援機構將派遣醫護人員護送被保險人。
- 4、對被保險人的緊急醫療運送手段，以在事故發生地能夠提供的最合適的手段為限。若以空運為轉運方式，一般使用正常航班。若救援機構認為必要並經保險人認可，可以包機或者使用醫療救護專用機運送被保險人。

（三）緊急醫療送返

- 1、救援機構認為被保險人的傷勢或病情已穩定，救援機構將安排被保險人乘坐正常航班返回其原出發地（見第3條釋義）。如救援機構認為必要，可以在轉運被保險人回原出發地過程中提供醫療護送。
- 2、救援機構認為被保險人傷勢或病情允許，將根據被保險人的指定安排其回原出發地的機場。若未指定或者不能指定有關地點，被保險人將被送至離其原出發地最近的機場。如救援機構認為被保險人在抵達原出發地時需入院治療，被保險人將被送到上述機場所在地被保險人指定的任意一家醫院。若被保險人未指定或者不能指定有關醫院，被保險人將被送至離其原出發地最近的具備適當醫療、護理條件的醫院，該次醫療送返責任終止。
- 3、如救援機構認為被保險人的健康狀況允許其乘坐正常航班返回原出發地，被保險人應使用其開始旅行時購買的原始回程機票或電子機票憑證。若被保險人所購買的原始回程機票或電子機票憑證，由於救援過程而過期失效，救援機構將承擔被保險人的回程機票費，但被保險人需把原始回程機票或電子機票憑證交給救援機構或向救援機構提供先前購買回程機票的證明。若被保險人無原始回程機票或電子機票憑證或無法提供任何證明，則被保險人從所在地返回原出發地的單程機票費由被保險人自負。
- 4、被保險人經事故發生地的醫生認定無法獨自返回原出發地，救援機構可安排其一名隨行旅伴陪同返回其原出發地。被保險人的隨行旅伴送返時應使用其開始旅行時購買的原始回程機票或電子機票憑證。若原始回程機票或電子憑證由於救援過程而過期失效，救援機構將承擔隨行旅伴的經濟艙回程機票費，但被保險人需把原始回程機票或電子機票憑證交給救援機構或向救援機構提供先前購買回程機票的證明。若無原始回程機票或電子機票憑證或無法提供任何證明，則隨行旅伴從所在地返回香港境內的單程機票費由被保險人自負。

（三）救援機構根據被保險人身體狀況或治療需要，有權決定運送或送返的手段和目的地。運送和送返手段包括配備專業醫生、護士和必要的運輸工具。保險人的保險責任僅限於

以上醫療運送和送返費用，包括救援機構安排的運輸、運輸途中醫療護理及醫療設備和用品之費用。

(四) 任何未經救援機構批准並安排所發生的費用，保險人不負責支付。若在緊急醫療情況下，投保人、被保險人及其旅伴無法及時通知救援機構，保險人將有權根據投保人所選擇的保險計畫，以及在相同情況下由救援機構提供或安排服務所需要的合理的費用標準就被保險人實際支出的相關費用進行賠償。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人需要醫療運送及送返的，保險人不承擔賠償責任：

26. 保險人康復性治療、物理治療、安胎及分娩（包括剖腹產、流產及引產）；
27. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及和角膜屈光成形手術；
28. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官或接受器官移植為目的的醫療行為；
29. 被保險人移植人工器官、洗牙、潔齒、驗光、牙齒治療或手術及鑲補，但因意外傷害引起的一般牙齒治療或手術除外；
30. 被保險人先天性疾病（見第 4 條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復；
31. 被保險人投保前已患上的疾病和症狀、精神病、精神分裂症、心理疾病、性病；
32. 未能取得醫院或醫生證明；
33. 根據救援機構的意見，可以不須醫療運送或送返而被保險人堅持進行的醫療運送或送返；
34. 任何因第三者提供服務而被保險人不需負責給付的費用或任何已包含在旅行收費中的費用；
35. 任何未經救援機構批准並安排的運送和送返費用；
36. 直接或間接因流行疫病或大規模流行疫病爆發導致的救援；
37. 主險條款規定的責任免除事項。
38. 被保險人應當嚴格遵守保險人和救援機構所決定的救援程式，否則保險人可以不承擔本附加條款所規定的保險責任，立即停止所有的救援服務，不支付任何由於不遵守救援機構的意見和沒有征得救援機構同意而產生的費用。若被保險人拒絕救援機構所建議的救援程式，保險人將不承擔因此而帶來的任何後果。

第四條 保險金額和保險費

保險金額是對被保險人在保險期間內旅行保險人承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

一、在保險期間內，被保險人發生保險責任範圍內的保險事故需要緊急醫療運送和送返時，應立即撥打指定的救援電話與救援機構聯繫。

二、被保險人需償付救援機構代被保險人先行墊付的不屬於本附加條款責任範圍內的任何費用。

第七條 保險金申請

被保險人發生所有符合本附加條款規定的保險事故，均應按照本附加條款第六條的規定及時通知救援機構，保險人通過救援機構按照本保險合同的約定提供服務並承擔相應費用，保險人不接受任何非通過救援機構的索賠。

第八條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第九條 其他事項

一、由於保險人及救援機構無法控制的原因，直接或間接造成無法履行或延誤履行緊急救援責任的，保險人不承擔相應責任。保險人無法控制的原因包括（但不限於）自然災害、罷工、航班條件、戰爭、保險事故發生地或運送所在地的政府或國際組織行為以及其他不可抗力。

二、保險人根據救援機構意見對緊急救援做出安排，有權拒絕任何不利於被保險人健康狀況和安全的請求。如保險人或救援機構認為費用有不合理之處，保險人有權將費用限制在合理正常的範圍之內。

三、對被保險人所進行的任何救助和服務都要遵守有關國際公約，以及相關國家和地區的法律規定。

第十條 釋義

1、**嚴重受傷**：指經醫院醫生診斷及證實被保險人所受的傷危及被保險人生命及不適宜繼續原定行程。

2、**突發性重病**：指被保險人在保險期間內，在旅行時首次罹患的突發性疾病或出現的症狀，並經醫院醫生診斷及證實被保險人罹患的疾病危及被保險人生命及不適宜繼續原定行程，但不包括本附加條款生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

3、**原出發地**：指被保險人在香港境內的日常居住地。

4、**先天性疾病**：指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的未釋義名詞，以本附加條款所附屬的主險條款中的釋義為準。

第十一條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加親屬慰問探望保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人在境外旅行時，遭受意外傷害事故或罹患突發性疾病（見第1條釋義），導致被保險人身故或經被保險人所在地的醫生診斷必須住院（見第2條釋義），且如在境外旅行，住院日數（見第3條釋義）超過七日；生活不能自理且無其他成人照料的，保險人對其一位成年直系親屬前往探望並照料所發生的下列合理且必要的費用，按照本保險合同約定對以下一項或兩項負賠償責任：

- 1、探望人從其日常居住地直接前往被保險人所在地的往返經濟艙機票、船票或火車票；和/或
- 2、照料被保險人期間的限於住院所在地的合理住宿費用（限三星級酒店標準間）及公共交通費用。

第三條 責任免除

因下列情形之一，直接或間接導致保險事故發生的，保險人不承擔賠償責任：

18. 被保險人康復性治療、物理治療、安胎及分娩（包括剖腹產、流產及引產）等；
19. 因慢性病、或旅行前已罹患疾病的治療；
20. 因流行疫病或大規模流行疫病導致的治療或預防發生的醫療；
21. 因脊椎間盤突出症或錯位的治療；
22. 因避孕或絕育手術發生的治療；
23. 因藥物過敏發生的治療；
24. 因扁桃腺、腺樣體、疝氣、女性生殖器官疾病的治療或上述疾病導致的手術產生的治療，但若為避免生命危險或健康永久性損傷而導致被保險人需立即接受的緊急治療或手術，不適用本項責任免除規定。
25. 此次旅行之前已被有資質的職業醫師診斷身患絕症；
26. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及和角膜屈光成形手術；
27. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官為目的的醫療行為；
28. 被保險人移植人工器官、洗牙、潔齒、驗光、牙齒治療或手術及鑲補，但因意外傷害引起的一般牙齒治療或手術除外；
29. 被保險人先天性疾病（見第4條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復；
30. 被保險人投保前已患上的疾病和症狀、精神病、精神分裂症、心理疾病、性病；
31. 根據被保險人的主治醫生或救援機構授權醫生的意見，可以被合理延遲至被保險人返回原出發地後進行而被保險人堅持在當地進行的治療或手術；
32. 無當地醫院出具原始收據的費用或醫療證明；
33. 被保險人拒絕聽從救援機構提出的建議；

34. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間必須同主合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫保險金索賠申請書，並提供下列證明檔、資料通過投保人向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、被保險人與探望人的關係證明檔原件或影本；
- 4、探望人的住宿費用及公共交通費用的清單及發票原件；
- 5、探望人往返機票或船票或火車票的發票或收據原件及登機牌原件；
- 6、醫院出具的附有病理檢查、代驗檢查及其他醫療儀器檢查報告的醫療診斷證明、病歷及醫療、醫藥費原始單據、出院小結原件；
- 7、保險人認可的意外事故證明文件；
- 8、若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 9、其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以探望人從居住地出發日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從其他途徑或其他保險單給付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險單承保公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第七條 附加條款效力終止

本附加條款所附屬的主合同效力終止，本附加條款效力即行終止。主合同無效，本附加條款亦無效。

第八條 名詞解釋

1、突發性疾病：指被保險人保險期間內，在旅行時首次罹患的突發性疾病或出現的症狀，但不包括本保險合同生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

2、住院：指被保險人入住醫院之正式病房進行治療，經醫生根據臨床診斷，必須正式辦理入院手續且連續住院二十四小時以上，但不包括入住門診觀察室、家庭病床、掛床住院（指被保險人住院過程中一日內未接受與入院診斷相關的檢查和治療，或一日內住院不滿二十四小時，遵醫囑到外院接受臨時診療的除外）及不合理的住院。如被保險人因非醫療目的自行離開病房十二小時（含）以上，視為自動出院。

4、住院日數：指被保險人在醫院住院部病房內的住院治療日數。住院滿二十四小時為

一日，但不含被保險人在住院治療期間擅自離院期間的日數。

4、先天性疾病：指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的釋義名詞，以本附加條款所附屬的主合同條款中的釋義為準。

第十條 其他條款的適用

本附加條款的未約定事項，均以主合同為準。主合同與本附加條款相抵觸之處，以本附加條款為準。

安聯環球企業及專項保險 – 香港分公司
附加未成年子女送返保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，因遭受意外傷害事故或罹患突發性疾病（見第1條釋義）導致其隨行的未成年子女（見第2條釋義）無人照料，被保險人要求保險人授權的救援機構或其授權代表（以下簡稱“救援機構”）安排其隨行未成年子女返回香港境內的日常居住地的，保險人按照本保險合同約定向救援機構支付送返費用。

被保險人的隨行未成年子女送返時應使用其開始旅行時購買的原始回程機票或電子機票憑證。若原始回程機票或電子憑證由於救援過程而過期失效，救援機構將承擔未成年子女的經濟艙回程機票費，但被保險人需把原始回程機票或電子機票憑證交給救援機構或向救援機構提供先前購買回程機票的證明。若無原始回程機票或電子機票憑證或無法提供任何證明，則未成年子女從返回香港境內的單程機票費由被保險人自負。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人隨行未成年子女需要安排送返的，保險人不承擔賠償責任：

12. 被保險人康復性治療、物理治療、安胎及分娩（包括剖腹產、流產及引產）；
13. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及角膜屈光成形手術；
14. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官為目的的醫療行為；
15. 被保險人移植人工器官、洗牙、潔齒、驗光、牙齒治療或手術及鑲補，但因意外傷害引起的一般牙齒治療或手術除外；
16. 被保險人先天性疾病（見第3條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復；
17. 被保險人投保前已患上的疾病和症狀、精神病、精神分裂症、心理疾病、性病；
18. 根據被保險人的主治醫生或救援機構的意見，可以被合理延遲至被保險人返回原出發地後進行而被保險人堅持在當地進行的治療或手術；
19. 任何傳染病、流行性疫病及大規模流行性疫病；
20. 任何因第三者提供服務而被保險人不需負責給付的費用或任何已包含在旅行收費中的費用；
21. 任何未經救援機構批准並安排的送返費用；
22. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

一、在保險期間內，被保險人發生保險責任範圍內的保險事故需要將其未成年子女送返時，應立即撥打指定的救援電話與救援機構聯繫。

二、被保險人需償付救援機構代被保險人先行墊付的不屬於本附加條款責任範圍內的任何費用。

第七條 保險金申請

被保險人發生所有符合本附加條款規定的保險事故，均應按照本附加條款第六條的規定及時通知救援機構並由保險人通過救援機構按照本附加條款規定提供服務並承擔相應費用，保險人不接受任何非通過救援機構的索賠。

第八條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第九條 名詞解釋

1、突發性疾病：

指被保險人在保險期間，在旅行時首次罹患的突發性疾病或出現的症狀，但不包括本附加條款生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

2、未成年子女：

是指與被保險人存在合法關係、未滿 18 周歲、與被保險人同行並且保險單上列明的子女、孫子女和/或外孫子女。

3、先天性疾病：

指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的未釋義名詞，以本附加條款所附屬的主險條款中的釋義為準。

第十條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加身故遺體送返保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，遭受意外傷害事故或罹患突發性疾病，並以此為直接且單獨原因導致被保險人于三十天內身故，保險人委託的救援機構依被保險人遺願或其家屬的願望，在保險人身故地法律法規允許的範圍內按下列情況安排遺體保存或火化，且將被保險人之遺體或骨灰送返被保險人的原出發地或者安排就地喪葬：

5、如選擇遺體運送回其原出發地的，救援機構負責用正常航班將被保險人的遺體從事故發生地運至離其原出發地最近的機場，所承擔的靈柩費以身故地普通靈柩標準為準；

6、如選擇火葬的，救援機構負責將被保險人遺體在身故地火葬並將骨灰運回被保險人的原出發地（運送費用以正常航班為準），火葬費用以身故地普通喪葬標準為準；

7、如選擇就地安葬遺體的，救援機構負責安排被保險人遺體就地安葬，安葬費用以身故地普通安葬標準為準。

8、如被保險人遺願及其家屬的願望無法及時查知的，或被保險人遺願違反身故地法律法規規定且其家屬願望無法及時查知的，救援機構將負責在身故地法律、法規允許的範圍內將被保險人遺體在身故地火葬並將骨灰運回被保險人的原出發地（運送費用以正常航班為準），火葬費用以身故地普通喪葬標準為準；

5、如被保險人遺願及其家屬的願望違反身故地法律、法規規定的，經救援機構告知後仍不願更改的，本保險合同于救援機構得知被保險人家屬不願更改的決定之時終止，保險責任同時終止，保險人將退還投保人未滿期保費。

任何未經救援機構批准並安排所發生的費用，保險人不負責支付。若在緊急醫療情況下，投保人、被保險人及其旅伴無法及時通知救援機構，保險人將有權根據投保人所選擇的保險計畫，以及在相同情況下由救援機構提供或安排服務所需要的合理的費用標準就被保險人實際支出的相關費用進行賠償。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人需要身故遺體送返的，保險人不承擔賠償責任：

39. 保險人康復性治療、物理治療、安胎及分娩（包括剖腹產、流產及引產）；
40. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及和角膜屈光成形手術；
41. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官或接受器官移植為目的的醫療行為；
42. 被保險人移植人工器官、洗牙、潔齒、驗光、牙齒治療或手術及鑲補，但因意外傷害引起的一般牙齒治療或手術除外；
43. 被保險人先天性疾病（見第 4 條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復；
44. 被保險人投保前已患上的疾病和症狀、精神病、精神分裂症、心理疾病、性病；
45. 未能取得醫院或醫生證明；

- 46. 任何因第三者提供服務而被保險人不需負責給付的費用或任何已包含在旅行收費中的費用；
- 47. 任何未經救援機構批准並安排的遺體送返費用；
- 48. 直接或間接因流行疫病或大規模流行疫病爆發導致的救援；
- 49. 主險條款規定的責任免除事項。
- 50. 被保險人應當嚴格遵守保險人和救援機構所決定的救援程式，否則保險人可以不承擔本附加條款所規定的保險責任，立即停止所有的救援服務，不支付任何由於不遵守救援機構的意見和沒有征得救援機構同意而產生的費用。若被保險人拒絕救援機構所建議的救援程式，保險人將不承擔因此而帶來的任何後果。

第四條 保險金額和保險費

保險金額是對被保險人在保險期間內旅行保險人承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

- 1、在保險期間內，被保險人發生保險責任範圍內的保險事故需要緊急救援時，應立即撥打指定的救援電話與救援機構聯繫。
- 2、被保險人需償付救援機構代被保險人先行墊付的不屬於本附加條款責任範圍內的任何費用。

第七條 保險金申請

被保險人發生所有符合本附加條款規定的保險事故，均應按照本附加條款第六條的規定及時通知救援機構，保險人通過救援機構按照本保險合同的約定提供服務並承擔相應費用，保險人不接受任何非通過救援機構的索賠。

第八條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第九條 其他事項

- 1、由於保險人及救援機構無法控制的原因，直接或間接造成無法履行或延誤履行緊急救援責任的，保險人不承擔相應責任。保險人無法控制的原因包括（但不限於）自然災害、罷工、航班條件、戰爭、保險事故發生地或運送所在地的政府或國際組織行為以及其他不可抗力。
- 2、保險人根據救援機構意見對緊急救援做出安排，有權拒絕任何不利於被保險人健康狀況和安全的請求。如保險人或救援機構認為費用有不合理之處，保險人有權將費用限制在合理正常的範圍之內。
- 3、對被保險人所進行的任何救助和服務都要遵守有關國際公約，以及相關國家和地區的法律規定。

第十条 釋義

1、嚴重受傷：

指經醫院醫生診斷及證實被保險人所受的傷危及被保險人生命及不適宜繼續原定行程。

2、突發性重病：

指被保險人在保險期間內，在旅行時首次罹患的突發性疾病或出現的症狀，並經醫院醫生診斷及證實被保險人罹患的疾病危及被保險人生命及不適宜繼續原定行程，但不包括本附加條款生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

3、原出發地：

指被保險人在香港境內的日常居住地。

4、先天性疾病：

指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的未釋義名詞，以本附加條款所附屬的主險條款中的釋義為準。

第十一条 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加個人行李及隨身物品保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，因任何第三方盜竊、搶劫、企圖盜竊行為、公共交通承運人或任何其他第三方的責任而遺失或意外損壞被保險人合法擁有的個人行李（見第1條釋義）、行李中的個人物品及隨身攜帶的物品，並於自知道或應當知道本附加條款保險事故發生之時起的二十四小時內向保險事故發生地海關、警方或其他有關部門報案並領取其出具的保險事故證明。保險人將在扣除免賠額後，支付重新購置價或修補費用，支付的費用將不超過以下金額中的較少者：

- 1) 損失發生當時的全部修補費用；
- 2) 損失發生當時的重新購置價；
- 3) 保險單所載的本保障責任項下該被保險人相應的保險金額。

如因上述原因導致被保險人的個人行李及隨身物品被損壞且無法合理經濟地修復，則視為該物品遺失，賠償金額的計算為該物品的重新購置價，但以保險單所載本保障責任項下該被保險人相應的保險金額為限。

對受損保險標的在替換或修復過程中，被保險人進行的任何變更、性能增加或改進所產生的額外費用，保險人不負責賠償。

當計算應付的賠償數額時，保險人將根據損壞物品的使用時間和磨損情況進行折舊處理。折舊的數額由保險人決定或雙方約定，折舊數額將以財產的全部使用年限為基礎。折舊計算表如下。

財產折舊計算表

| 項目 | 扣除比例 |
|------------------------------|---------------------------------|
| 衣物 | 每年20% |
| 鞋類 | 每年30% |
| 化妝品 | 每年50% |
| 體育用品 | 每年30% |
| 箱包、背包和旅行包 | 每年10% |
| 音頻設備、視頻設備、電腦、筆記本電腦及其它電子設備和配件 | 每年30%，或者同一型號產品當時的實際價格（以價格較低者為準） |

如果被保險人的個人行李及隨身物品損失可以從公共承運人或其他任何第三方獲得賠償，保險人僅負責補償剩餘部分。

第三條 責任免除

一、因下列情形之一，直接或間接導致被保險人個人行李及隨身物品遺失或損壞的，保險人不承擔賠償責任：

10. 被保險人的故意製造本附加條款的保險事故行為或隱瞞、欺詐行為，違反保險事故發生地法律的非法行為；
11. 海關或其他政府機關的沒收、扣留、隔離、檢疫、徵收或銷毀行為；
12. 被保險人行李物品正常的磨損、折舊、發黴、蟲蛀、腐爛、侵蝕、老化、光照、加熱處理、乾燥、染色、更換或因被保險人企圖維修、清洗或翻新過程中或空氣轉變引致的損壞、或因刮損、出現凹痕、機械性或電氣性損壞、使用不當、工藝或設計缺陷、使用有缺陷材料引起的損失和損壞；
13. 被保險人行李物品自身缺陷、包裝不善、保管不善、缺乏看管、使用不當造成的損失以及被保險人挑釁造成的損失；
14. 由於抓刮、撕裂或污漬等原因造成的損失；
15. 被保險人的商業合作夥伴、親屬或旅行同伴行竊導致物品損失；
16. 在公共場所無人照看或被保險人沒有盡到看管義務或被保險人自行遺失的行李及物品的損失。
17. 行李或物品的神秘失蹤；
18. 主險條款規定的責任免除事項。

二、以下財產損失保險人也不承擔賠償責任：

26. 金銀、珠寶首飾或飾物、已鑲嵌或未經鑲嵌的寶石或半寶石；
27. 手提電腦（只適用於非商務旅行）；
28. 可攜式數碼產品（只適用於商務旅行）；
29. 移動電話、個人商務助理設備（以上均包括附件）；
30. 玻璃製品、瓷器、陶具及其他易碎品、傢俱、古董、藝術品；
31. 音像製品、電腦軟體、圖章、檔；
32. 易碎物品或眼鏡的損壞；
33. 易燃、易爆、危險品；
34. 日用消耗品、動物、植物、食品；
35. 用於商業活動的物品、樣品、郵件；
36. 現金（含鈔票），旅行支票、支票、債券或證券、票據、郵票、印花、息票、地契、股票等有價證券，代幣卡（包括信用卡）及其他付款工具，旅行證件；
37. 錄製於磁帶、存儲卡、磁片 CD、DVD 光碟、軟體、記憶棒或其他類似設備上的資料的遺失；
38. 事先托運的行李；另行郵寄或船運的紀念品或物品的遺失或損壞；
39. 各種自行車、機動車輛（及其附件）、摩托車、船、發動機或其他運輸工具；
40. 租賃的設備；
41. 非被保險人保管的貴重物品發生失竊、丟失或損壞，除非貴重物品保存于被保險人的住處、保險箱或其他安全保存箱內，並且有證據證明他人通過暴力手段進入竊取或劫取貴重物品；
42. 被保險人在任何賓館或汽車旅館結帳離開時，遺忘於該酒店或汽車旅館的隨身行李或貴重物品丟失、失竊或損壞；或者遺忘於任何空中交通工具、船隻、列車、計程車或公共汽車中的物品丟失、失竊或損壞；
43. 走私、非法的運輸或貿易；
44. 經承運人、酒店或任何其他責任方修理後能正常運行或恢復其正常功能的物品；
45. 自被保險人知道或應當知道保險事故發生之時起二十四小時內被保險人未向保險事故發生地海關、警方或其他有關部門報案並領取其出具的保險事故證明；

46. 可以從公共交通工具承運人、旅行社、酒店或其他保險單獲得賠償的損失；
47. 因貶值導致的損失；
48. 被保險人原出發地（第2條釋義）發生的物品丟失，失竊或損壞；
49. 非于該次旅行時托運的行李、郵寄或船運的紀念品或物品；
50. 主險條款規定的其他責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

一、被保險人應妥善照管其行李物品。

二、如本附加條款項下承保的行李及隨身物品發生丟失或損壞，被保險人必須立即採取措施查尋、保護或挽救該行李或物品。

三、被保險人需于知道或應當知道保險事故發生之日起二十四小時內向保險事故發生地海關、警方或其他有關部門報案並領取其出具的保險事故證明。

四、如被保險人的行李及物品在公共交通工具、酒店或旅行社丟失或損壞的，被保險人需提供對方為其出具的保險事故證明。

第七條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

- 15、 保險單或保險憑證正本；
- 16、 被保險人行李及隨身物品損失清單及其發票原件；
- 17、 被保險人戶籍證明或身份證明；
- 18、 被保險人向保險事故發生地海關或警方報案並出具的保險事故證明文件正本；
- 19、 如被保險人的個人行李及隨身物品在酒店、公共交通工具或旅行社安排的交通工具內損失的，該酒店、公共交通工具承運人或旅行社出具的保險事故證明檔正本，包括保險事故日期及經過；
- 20、 修理、修復的發票原件；
- 21、 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 22、 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從公共交通工具承運人、酒店、旅行社、其他途徑或其他保險公司獲得付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或

保險公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。如果遺失、被盜竊或被搶劫的物件被發現或歸還，被保險人應立即通知保險人並向保險人退回已領取的保險金。

五、最終賠付金額應扣除保險人在同一保險事故下已賠償的行李延誤保險金，

第八條 代位求償

發生保險責任範圍內的損失，應由有關責任方負責賠償的，保險人自向被保險人賠償保險金之日起，在賠償金額範圍內代位行使被保險人對有關責任方請求賠償的權利，被保險人應當向保險人提供必要的文件和所知道的有關情況。

被保險人已經從有關責任方取得賠償的，保險人賠償保險金時，可以相應扣減被保險人已從有關責任方取得的賠償金額。

保險事故發生後，在保險人未賠償保險金之前，被保險人放棄對有關責任方請求賠償權利的，保險人不承擔賠償責任；保險人向被保險人賠償保險金後，被保險人未經保險人同意放棄對有關責任方請求賠償權利的，該行為無效；由於被保險人故意或者因重大過失致使保險人不能行使代位請求賠償的權利的，保險人可以扣減或者要求返還相應的保險金。

第九條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第十條 釋義

1、行李：指被保險人在旅行中為了穿著、使用或者便利而攜帶的必要及適量的物品和其他個人財物。

2、原出發地：指被保險人在香港境內的日常居住地。

本附加條款的未釋義名詞，以本附加條款所附屬的主險合同條款中的釋義為準。

第十一條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加行李延誤保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，隨行托運行李（第 1 條釋義）在被保險人所搭乘的公共交通工具（見第 2 條釋義）抵達目的地後，未在保險合同約定的時間內到達，保險人按照約定負賠償責任。

對於行李延誤時間的計算，延誤的時間自被保險人的行李原計劃應到達托運目的地的時間開始計算，直至被保險人的行李實際到達托運目的地的時間為止。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人行李延誤或造成任何下列損失，保險人不承擔賠償責任：

13. 被保險人旅行出發前已意識到任何將可能導致行李延誤的情況；
14. 海關或其他政府機關的沒收、扣留、檢疫、隔離、徵收或銷毀行為；
15. 被保險人托運的個人行李置留在公共交通工具承運人或其代理人處；
16. 被保險人未及時通知目的地的公共交通工具承運人托運行李延誤情況並取得有關行李延誤的證明文件；
17. 非該次旅行時托運的個人行李；
18. 被保險人的行李中含有禁止托運物品；
19. 被保險人返回原出發地（見第 3 條釋義）時發生的行李延誤；
20. 被保險人旅行出發前已經發生或宣佈的罷工或工人抗議性活動，從而導致公共交通不能正常運營，未能採取其他合理可行的旅行安排方案，導致的行李延誤；
21. 被保險人辦理完登記手續後，未能準時登乘公共交通工具，導致的行李延誤；
22. 被保險人未能按預定行程辦理登記手續或被保險人未能從公共交通工具承運人處取得旅程延誤時數及原因的書面證明；
23. 直接或間接由流行疫病或大規模流行疫病爆發引起的延誤；
24. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請給付保險金：

8. 保險單或保險憑證正本；
9. 被保險人戶籍證明或身份證明；
10. 公共交通工具承運人出具的保險事故證明檔正本，包括事故發生日期、行李延誤的原因以及領回托運行李的時間等資訊；
11. 公共交通工具票據的原件及影本；
12. 托運行李的憑證原件及影本；
13. 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
14. 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

第七條 本附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

1、托運行李：指被保險人搭乘公共交通工具時交由承運人負責照管和運輸、並已經填妥行李票的行李，但不包括托運的商業貨物。行李指旅客在旅行中為了穿著、使用或者便利而攜帶的必要及適量的物品和其他個人財物。

2、公共交通工具：指領有當地政府主管部分依法頒發的公共交通營運執照，以收費方式合法載客的以下交通工具：

9) 公共汽車、長途汽車、渡船、氣墊船、水翼船、輪船、火車、有軌電車、軌道列車（包括地鐵、輕軌及磁懸浮列車）；

10) 經營固定航班的航空公司經營的來往商業客運機場的定翼飛機；

11) 航空公司所經營的且往來商業客運機場之間或有營運執照的直升機站之間營運的直升飛機；

12) 按固定路線和時間表營運的固定機場客車。

公共交通工具不包括計程車。

若上述所列的各種公共交通工具用於非公共交通工具的目的和用途，均不符合本附加條款中“公共交通工具”的定義。另政府、企業及私人包機亦不在公共交通工具定義之內。

3、原出發地：指被保險人在香港境內的日常居住地。

本附加條款的未解釋名詞，以本附加條款所附屬的主險條款中的名詞解釋為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加個人現金丟失保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，保險人承擔下列保險責任：

1、被保險人寄存于登記入住酒店內的，由酒店提供的上鎖保險箱內的個人現金（見第1條釋義）因被盜竊而遺失，在被保險人取得酒店管理部門的書面遺失證明後，保險人按照本保險合同約定負賠償責任。

2、被保險人隨身攜帶的個人現金因被盜竊或被搶劫而遺失，並於自知道或應當知道本附加條款保險事故發生之時起的二十四小時內向保險事故發生地警方或其他有關部門報案並領取其出具的保險事故證明和個人現金損失報告後，保險人按照本保險合同約定負賠償責任。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人個人現金遺失的，保險人不承擔賠償責任：

13. 由於被保險人遺漏或疏忽；
14. 由於匯兌、貨幣貶值等因素引起的損失；
15. 任何信用卡、代幣卡或旅行支票丟失；
16. 被保險人未積極調查或尋找失竊的個人現金；
17. 可以從酒店、其他途徑或其他保險公司獲得賠償的損失；
18. 被保險人個人現金在公共場所無人照看或被保險人沒有盡到看管義務。
19. 非隨身攜帶或未存放於上鎖保險箱；
20. 隨身攜帶的個人現金神秘失蹤；
21. 發生于原出發地（見第2條釋義）的個人現金丟失；
22. 被保險人在境外長期（超過6個月）工作學習期間，在其日常居住連續超過6個月的居住地發生的現金丟失；
23. 從事走私、非法貿易或運輸活動；
24. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人保險期間內的旅行承擔給付保險金責任的最高累計限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

- 1、被保險人應妥善照管其個人現金。
- 2、如本附加條款項下承保的個人現金遺失，被保險人必須立即採取措施查尋。

3、被保險人需于知道或應當知道保險事故發生起的二十四小時內向保險事故發生地警方或其他有關部門報案並領取其出具的保險事故證明報告。

4、如被保險人的個人現金在酒店遺失的，被保險人需提供酒店出具的保險事故證明。

第七條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、被保險人向保險事故發生地警方或其他有關部門報案並出具的保險事故證明檔正本及損失清單；
- 4、如被保險人的個人現金在酒店內遺失的，該酒店出具的保險事故證明檔正本，包括保險事故日期及經過；
- 5、若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 6、其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從酒店、其他途徑或其他保險公司獲得賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。如果被盜竊或被搶劫的錢財被發現或歸還，被保險人應立即通知保險人並向保險人退回已領取的保險金。

第八條 代位求償

發生保險責任範圍內的損失，應由有關責任方負責賠償的，保險人自向被保險人賠償保險金之日起，在賠償金額範圍內代位行使被保險人對有關責任方請求賠償的權利，被保險人應當向保險人提供必要的文件和所知道的有關情況。

被保險人已經從有關責任方取得賠償的，保險人賠償保險金時，可以相應扣減被保險人已從有關責任方取得的賠償金額。

保險事故發生後，在保險人未賠償保險金之前，被保險人放棄對有關責任方請求賠償權利的，保險人不承擔賠償責任；保險人向被保險人賠償保險金後，被保險人未經保險人同意放棄對有關責任方請求賠償權利的，該行為無效；由於被保險人故意或者因重大過失致使保險人不能行使代位請求賠償的權利的，保險人可以扣減或者要求返還相應的保險金。

第九條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第十條 釋義

1、**個人現金：**指發生保險事故時，被保險人私人所有的現金，但暫由被保險人保管的投保人或其他人的錢財以及被保險人將用於公務支出的現金、旅行支票或匯票除外。

2、**原出發地：**指被保險人在香港境內的日常居住地。

本附加條款的未解釋名詞，以本附加條款所附屬的主合同條款中的名詞解釋為準。

第十一條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅行證件丟失保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，因旅行證件（見第 1 條釋義）遺失、被偷盜、搶劫所造成的下列損失，保險人按其合理且必須的實際支出費用，根據本保險合同約定負責賠償：

3、重新辦理該旅行證件所需費用；

4、因上述證件遺失，致使被保險人逾期停留在境外所發生的住宿費用（三星級限酒店標準間）和額外公共交通（見第 2 條釋義）費用。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人需重新辦理旅行證件或任何損失，保險人不承擔賠償責任：

14. **被保險人的故意製造本附加條款的保險事故行為或隱瞞、欺詐行為，違反保險事故發生地法律的行為。**

15. **海關或其他政府機關的沒收、扣留、隔離、檢疫、徵收或銷毀行為。**

16. **自被保險人發現本附加條款保險事故發生之日起二十四小時內未向保險事故發生地海關、警方或中華人民共和國駐所在國使、領館或外交部授權的其他機構或有關政府機構報案並領取其出具的保險事故證明文件。**

17. **被保險人交由旅行社導遊或領隊保管的旅行證件在其保管期間發生的損失。**

18. **因使用旅行支票而發生的經濟損失。**

19. **被保險人未能提供重新取得旅行證件的費用以及相關交通費用、住宿費用的原始憑證。**

20. **被保險人未積極調查或尋找丟失、滅失的旅行證件。**

21. **發生于原出發地（見第 3 條釋義）的旅行證件丟失。**

22. **在公共場所無人照看或被保險人沒有盡到看管義務情況下的旅行證件遺失；旅行證件的神秘失蹤。**

23. **任何本次旅行所不必要的旅行證件的重新辦理費用。**

24. **任何的罰款或欠款。**

25. **被保險人的旅行證件自身有瑕疵或超過有效期。**

26. **主險條款規定的責任免除事項。**

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

4. 被保險人應妥善照管旅行檔。

5. 如旅行檔發生丟失，被保險人必須立即採取措施查尋。

6. 被保險人該于知道或應當知道本附加條款保險事故發生之日起二十四小時內向保險事故發生地海關、警方或中華人民共和國駐所在國使、領館或外交部授權的其他機構或有關政府機構報案並領取其出具的保險事故證明文件。

第七條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人索賠：

8. 保險單或保險憑證正本；

9. 被保險人戶籍證明或身份證明；

10. 被保險人向本附加條款保險事故發生地海關、警方或中華人民共和國駐所在國使、領館或外交部授權的其他機構或有關政府機構報案並出具的保險事故證明文件的正本及其他證明文件；

11. 重新辦理旅行證件所有支出的清單及發票或收據原件；

12. 被保險人逾期停留在境外所發生的住宿費用和額外公共交通費用的清單及發票或收據原件；

13. 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；

14. 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從其他途徑或其他保險公司給付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第八條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第九條 釋義

1、旅行證件：指護照、簽證及其他出入境所必備之文件或境內旅行所需身份證明。但不包括支票、其他有價證券及現金。

2、公共交通工具：

指領有當地政府主管部分依法頒發的公共交通營運執照，以收費方式合法載客的以下交通工具：

13) 公共汽車、長途汽車、渡船、氣墊船、水翼船、輪船、火車、有軌電車、軌道列車（包括地鐵、輕軌及磁懸浮列車）；

14) 經營固定航班的航空公司經營的來往商業客運機場的定翼飛機；

15) 航空公司所經營的且往來商業客運機場之間或有營運執照的直升機站之間營運的直升飛機；

16) 按固定路線和時間表營運的固定機場客車。

若上述所列的各種公共交通工具用於非公共交通工具的目的和用途，均不符合本附加條款中“公共交通工具”的定義。另政府、企業及私人包機亦不在公共交通工具定義之內。

3、原出發地：

指被保險人在香港境內的日常居住地。

本附加條款的未釋義名詞，以本附加條款所附屬的主險合同條款中的釋義為準。

第十條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅程延誤保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，由於自然災害、惡劣天氣、機械故障、航空管制、罷工、暴動、劫持或怠工及空運、航運工人的臨時性抗議活動而導致被保險人原計劃搭乘的公共交通工具（見第1條釋義）延遲，且導致被保險人到達原定旅行目的地的時間延遲的，保險人按照本保險合同約定負責賠償。

在保險期間內，被保險人持有有效證件在境外旅行時，對於符合以下全部條件的恐怖活動，導致被保險人原計劃搭乘的公共交通工具延遲，且導致被保險人到達原定旅行目的地的時間延遲的，保險人按照本保險合同約定負責賠償：

1. 恐怖襲擊活動發生地距離被保險人旅行目的地在方圓 150 公里以內；
2. 恐怖襲擊活動發生在被保險人出發之日前 30 天內；
3. 當地政府已經對此類恐怖襲擊活動發佈過警告的；
4. 被保險人購買保險並滿足以上三個條件的。

對於境外旅行，延誤的時間自原計劃到達旅行目的地的時間開始計算，直至被保險人搭乘最早便利的替代公共交通工具抵達原計劃目的地為止。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人旅程延誤或造成任何下列損失，保險人不承擔賠償責任：

1. 被保險人旅行購買本保險前已意識到任何將可能導致旅程延誤的情況或條件，包括但不限於當時已經宣佈或已經發生的任何罷工或其他工人抗議活動，以及當時已經發生的任何惡劣天氣或自然災害；
2. 被保險人辦理完登記手續後，未能準時登乘公共交通工具（由於本附加條款保險責任事故而導致被保險人未能準時登乘除外）；
3. 被保險人未能按預定行程辦理登記手續或被保險人未能從公共交通工具承運人處取得旅程延誤時數及原因的書面證明；
4. 被保險人未能登乘公共交通工具承運人安排的首選替代交通工具。
5. 被保險人旅行出發前已經發生或宣佈的罷工或工人抗議性活動，從而導致公共交通不能正常運營，未能採取其他合理可行的旅行安排方案；
6. 公共交通工具承運人應賠償或已賠償的費用，但旅行延誤賠償不受此限。
7. 直接或間接由流行疫病或大規模流行疫病爆發引起的延誤；
8. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請給付保險金：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、公共交通工具承運人或其代理人出具的保險事故證明檔正本，包括事故發生日期、公共交通工具延誤原因、延誤時間及最早可供被保險人搭乘的其他公共交通工具的時間及編號；
- 4、公共交通工具票據的原件；
- 5、若是商務旅行，需被保險人的僱主提供的加蓋公章的被保險人商務旅行的證明
- 6、其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

第七條 本附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

1、**公共交通工具**：指領有當地政府主管部分依法頒發的公共交通營運執照，以收費方式合法載客的以下交通工具：

- 1) 公共汽車、長途汽車、渡船、氣墊船、水翼船、輪船、火車、有軌電車、軌道列車（包括地鐵、輕軌及磁懸浮列車）；
- 2) 經營固定航班的航空公司經營的來往商業客運機場的定翼飛機；
- 3) 航空公司所經營的且往來商業客運機場之間或有營運執照的直升機站之間營運的直升飛機；
- 4) 按固定路線和時間表營運的固定機場客車。

公共交通工具不包括計程車。

若上述所列的各種公共交通工具用於非公共交通工具的目的和用途，均不符合本附加條款中“公共交通工具”的定義。另政府、企業及私人包機亦不在公共交通工具定義之內。

本附加條款的未解釋名詞，以本附加條款所附屬的主險條款中的名詞解釋為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅程縮短保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，因發生下列事故之一而須提早結束旅程返回原出發地，對被保險人已預先支付但未有使用並無法退還之交通費、住宿費，保險人按照本保險合同約定負責賠償：

1、被保險人身故、遭遇嚴重意外傷害事故導致嚴重受傷（見第 1 條釋義）或罹患突發性重病（見第 2 條釋義）經當地醫院醫生診斷不宜繼續行程須立刻住院治療或接受醫療轉運和送返者；

2、被保險人的配偶（見第 3 條釋義）、父母、子女、密切業務夥伴（見第 4 條釋義）及旅行夥伴（見第 5 條釋義）在遭遇嚴重意外傷害事故導致嚴重受傷或罹患突發性重病；

3、突發公共交通工具（見第 6 條釋義）承運人雇員罷工、暴動；

4、已計畫的旅行目的地突發暴亂或自然災害而不能繼續行程；

5、被保險人以乘客身份搭乘的航班或其他公共交通工具、或旅行社安排的任何機械性推動的車輛或輪船遭劫持。

6、被保險人出發地官方發佈了針對該旅行目的地的相關警告（見第 7 條釋義）

在保險期間內，被保險人持有有效證件在境外旅行時，因旅行目的地發生恐怖襲擊活動而須提早結束旅程返回原出發地，對被保險人已預先支付但未有使用並無法退還之交通費、住宿費，保險人按照本保險合同約定負責賠償：

1、恐怖襲擊活動發生地距離被保險人旅行目的地在方圓 150 公里以內；

2、恐怖襲擊活動發生在被保險人出發之日前 30 天內；

3、當地政府已經對此類恐怖襲擊活動發佈過警告的；

4、被保險人購買保險並滿足以上三個條件的。

在保險合同生效前，被保險人身體狀況必須適合旅行且被保險人沒有意識到任何會導致原定旅程中斷或縮短的狀況。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人行程縮短或造成被保險人損失的，保險人不承擔賠償責任：

1. 被保險人購買本保險前已意識到任何將可能導致旅程縮短的情況或條件，包括但不限於當時已經宣佈或已經發生的任何罷工或其他工人抗議活動，以及當時已經發生的任何惡劣天氣或自然災害；
2. 被保險人購買本保險前，被保險人出發地官方已發佈了針對該旅行目的地的相關警告；
3. 任何可以從其他保險計畫，政府項目，賓館、公共承運人、旅行社或其他旅行公司將予以退款或賠償的損失；
4. 由於政府或法律規定引起的損失；
5. 由於賓館、公共交通工具承運人、旅行社或其他旅行公司的過失，疏忽，違約或破

- 產引起的損失；
6. 被保險人、被保險人的直系家庭成員或隨行人員不願意繼續行程或改變行程計畫而引起的損失；
 7. 由於被保險人自身經濟原因未繼續行程而引起的損失；
 8. 被保險人或其直系家庭成員或隨行人員實施了違法犯罪行為；
 9. 當必須取消或縮短部分行程時，被保險人未立即通知旅行社、導遊、運輸服務提供商或賓館旅店等而造成的損失；
 10. 因旅行目的地突發流行疫病或大規模流行疫病而縮短旅程；
 11. 被保險人康復性治療、物理治療、安胎及分娩（包括剖腹產、流產及引產）；
 12. 被保險人美容、整形、矯形術、非必須緊急性治療的手術、心理諮詢及角膜屈光成形手術；
 13. 被保險人健康護理（含體檢、健康體檢、療養、特別護理或靜養）等非治療性的行為及無客觀病徵證明其不健康及以捐獻身體器官為目的的醫療行為；
 14. 被保險人移植人工器官、洗牙、潔齒、驗光、牙齒治療或手術及鑲補，但因意外傷害引起的一般牙齒治療或手術除外；
 15. 被保險人先天性疾病（第 8 條釋義）和症狀、遺傳性疾病、先天性畸形或缺陷的治療和康復；
 16. 被保險人投保前已患上的疾病和症狀、精神病、精神分裂症、心理疾病、性病；
 17. 根據救援機構的意見，可以被合理延遲至被保險人返回中國境內後進行而被保險人堅持在境外進行的治療或手術；
 18. 任何因第三者提供服務而被保險人不需負責給付的費用或任何已包含在旅行收費中的費用；
 19. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。

第五條 保險期間

本附加條款的保險期間同主險合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

1. 保險單或保險憑證正本；
2. 被保險人戶籍證明或身份證明；
3. 死亡者驗屍報告或加蓋公章的死亡證明、死者戶籍註銷證明文件影本，或醫生出具的有關被保險人之配偶、父母或子女嚴重受傷或罹患重病的證明文件正本；
4. 被保險人與死者關係的證明檔影本；
5. 被保險人不宜繼續行程的醫生證明文件正本；
6. 已支付的交通費、住宿費及相關旅遊產品的預付費用的清單及發票或收據原件；
7. 旅行社、交通工具承運人、住宿承辦人等單位出具的證明被保險人已支付但未有使用且無法退還的部分費用的清單；

15. 已支付交通費但因旅程縮短無法使用的原始機票、車票、船票；
16. 保險事故發生地政府或其他有關部門出具的突發公共交通工具承運人雇員罷工、暴動的證明文件；
17. 保險人認可的意外事故證明文件；
18. 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
19. 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、若被保險人的損失可從其他途徑或其他保險公司獲得賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第七條 本附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

1、嚴重受傷：

指經醫院醫生診斷及證實被保險人所受的傷危及被保險人生命及不適宜繼續原定行程。

2、突發性重病：

指被保險人在本附加條款有效期間，在旅行時首次罹患的突發性疾病或出現的症狀，並經醫院醫生診斷及證實被保險人罹患的疾病危及被保險人生命及不適宜繼續原定行程，但不包括本附加條款生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

3、配偶：

指保險事故發生時與被保險人存有合法婚姻關係的夫或妻。

4、密切業務夥伴：

- 1) 被保險人收入來源的主要的商業合夥人。
- 2) 參與被保險商務旅行，並對該商務旅行的目的其決定作用的商務夥伴。

5、旅行夥伴：是指投保人簽訂保險合同前，已經安排的 75% 以上的行程中與其同行的人員。

6、公共交通工具：

指領有當地政府主管部分依法頒發的公共交通營運執照，以收費方式合法載客的以下交通工具：

- 1) 公共汽車、長途汽車、渡船、氣墊船、水翼船、輪船、火車、有軌電車、軌道列車（包括地鐵、輕軌及磁懸浮列車）；
- 2) 經營固定航班的航空公司經營的來往商業客運機場的定翼飛機；
- 3) 航空公司所經營的且往來商業客運機場之間或有營運執照的直升機站之間營運的直升飛機；
- 4) 按固定路線和時間表營運的固定機場客車。

若上述所列的各種公共交通工具用於非公共交通工具的目的和用途，均不符合本附加條款中“公共交通工具”的定義。另政府、企業及私人包機亦不在公共交通工具定義之內。

7、旅行目的地的相關警告：

出發地為中國大陸，遵從國家旅遊局、外交部發佈的勸告和警告級別的國家和地區；

出發地為中國香港，遵從香港保安局發佈的紅色警示和黑色警示的國家和地區。

8、先天性疾病：

指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的未解釋名詞，以本附加條款所附屬主險條款中的名詞解釋為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅程取消保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，由於下列事故之一而致使被保險人取消旅程，保險人將對被保險人已預先支付但未有使用且無法退回之旅行、住宿定金或押金，負賠償責任：

1、被保險人身故、遭遇嚴重意外傷害事故導致嚴重受傷（見第 1 條釋義）或罹患突發性重病（見第 2 條釋義），經當地醫院醫生診斷不宜原定行程；

2、被保險人的配偶（見第 3 條釋義）、父母、子女、密切業務夥伴（見第 4 條釋義）及旅行夥伴（見第 5 條釋義）在本附加條款生效後身故、遭遇嚴重意外傷害事故導致嚴重受傷或罹患突發性重病。

3、旅行出發前十五日內因下列事故之一而致使被保險人取消旅程：

1) 被保險人計畫乘坐的公共交通工具（見第 6 條釋義）突發承運人雇員罷工、暴動；
2) 被保險人的計畫旅行目的地因被保險人無法控制的因素而發生不可預測的暴動或民間騷亂；

3) 被保險人出發地官方已發佈了針對該旅行目的地的相關警告（見第 7 條釋義）。

在保險期間內，由於旅行目的地發生恐怖襲擊活動且滿足下列條件，而致使被保險人取消旅程，保險人將對被保險人已預先支付但未有使用且無法退回之旅行、住宿定金或押金，負賠償責任：

- 1、恐怖襲擊活動發生地距離被保險人旅行目的地在方圓 150 公里以內；
- 2、恐怖襲擊活動發生在被保險人出發之日前 30 天內；
- 3、當地政府已經對此類恐怖襲擊活動發佈過警告的；
- 4、被保險人購買保險並滿足以上三個條件的。

在此附加條款生效前，被保險人身體狀況必須適合旅行且被保險人沒有意識到任何會導致原定旅程取消的狀況。

第三條 責任免除

因下列情形之一，直接或間接導致被保險人行程取消或造成被保險人損失的，保險人不承擔賠償責任：

1. 被保險人在預定交通、住宿或相關旅遊產品時已意識到任何將可能導致旅程取消的情況或條件，包括但不限於當時已經宣佈或已經發生的任何罷工或其他工人抗議活動，以及當時已經發生的任何惡劣天氣或自然災害；
2. 被保險人購買本保險前，被保險人出發地官方已發佈了針對該旅行目的地的相關警告；
3. 任何可以從其他保險計畫，政府項目，賓館、公共交通工具承運人、旅行社或其他旅行公司認將予以退款或賠償的損失；
4. 由於政府或法律規定引起的損失；

5. 由於賓館、公共交通工具承運人、旅行社或其他旅行公司的過失，疏忽，違約或破產引起的損失；
6. 被保險人、被保險人的直系家庭成員或隨行人員不願意原定行程而引起的損失；
7. 由於被保險人自身經濟原因取消原定行程而引起的損失；
8. 被保險人或其直系家庭成員或隨行人員實施了違法犯罪行為；
9. 當必須取消行程時，被保險人未立即通知旅行社、導遊、運輸服務提供商或賓館旅店等而造成的損失；
10. 被保險人或被保險人的配偶、父母或子女的先天性疾病（見第 8 條釋義）、遺傳性疾病、先天性畸形或缺陷導致死亡或患病；
11. 保險人或被保險人的配偶、父母或子女的因本附加條款生效時已存在的任何病症或症狀及其併發症而導致死亡或患病；
12. 任何因第三者提供服務而被保險人無需負責給付的費用或任何已包含在旅行收費中的費用；
13. 被保險人無法提供醫生書面證明的受傷或患病；
14. 被保險人或其旅行同伴改變旅行計畫；
15. 政府的禁令或管制；
16. 直接或間接由於傳染病症或流行疫病爆發而無法成行或改變行程；
17. 直接或間接由於被保險人或其旅行同伴或親屬被隔離；
18. 旅行社因人數不足而無法組團成行；
19. 由恐怖活動或恐怖威脅直接或間接引起的損失；
20. 死亡、受傷或患病的人居住在香港以外；
21. 被保險人未能提供旅行社、承運人、酒店出具的證實押金不可退還或罰金的證明原件；
22. 被保險人未能提供罰金或押金的發票原件；
23. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。

第五條 保險期間

本附加條款的保險期間起始時刻為下述兩個時刻的後者：1) 被保險人購買本保險、並交納保險費當日 24 時；2) 旅行開始前第 30 天 24 時。

保險期間的終止時刻為被保險人旅行開始時。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

1. 保險單或保險憑證正本；
2. 被保險人戶籍證明或身份證明；
3. 死亡者驗屍報告或加蓋公章的死亡證明、死者戶籍註銷證明文件影本，或醫生出具的有關被保險人之配偶、父母或子女嚴重受傷或罹患重病的證明文件正本；
4. 被保險人與死者關係的證明檔影本；

5. 被保險人不適宜原定行程的醫生證明文件正本；
6. 已支付的交通費、住宿費及相關旅遊產品的預付費用的清單及發票或收據原件；
7. 旅行社、交通工具承運人、住宿承辦人等單位出具的證明被保險人已支付但未有使用且無法退還的費用的清單；
8. 已支付交通費但因旅程取消無法使用的原始機票、車票、船票；
9. 保險人認可的意外事故證明文件；
10. 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
11. 其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、若被保險人的損失可從其他途徑或其他保險公司獲得賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第七條 本附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

1、嚴重受傷：

指經醫院醫生診斷及證實被保險人所受的傷危及被保險人生命及不適宜繼續原定行程。

2、突發性重病：

指被保險人在本附加條款有效期間，在旅行時首次罹患的突發性疾病或出現的症狀，並經醫院醫生診斷及證實被保險人罹患的疾病危及被保險人生命及不適宜繼續原定行程，但不包括本附加條款生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

3、配偶：

指保險事故發生時與被保險人存有合法婚姻關係的夫或妻。

4、密切業務夥伴：

- 1) 被保險人收入來源的主要的商業合夥人。
- 2) 參與被保險商務旅行，並對該商務旅行的目的其決定作用的商務夥伴。

5、旅行夥伴：

是指投保人簽訂保險合同前，已經安排的 75% 以上的行程中與其同行的人員。

6、公共交通工具：

指領有當地政府主管部分依法頒發的公共交通營運執照，以收費方式合法載客的以下交通工具：

- 1) 公共汽車、長途汽車、渡船、氣墊船、水翼船、輪船、火車、有軌電車、軌道列車（包括地鐵、輕軌及磁懸浮列車）；
- 2) 經營固定航班的航空公司經營的來往商業客運機場的定翼飛機；
- 3) 航空公司所經營的且往來商業客運機場之間或有營運執照的直升機站之間營運的直升飛機；
- 4) 按固定路線和時間表營運的固定機場客車。

若上述所列的各種公共交通工具用於非公共交通工具的目的和用途，均不符合本附加條款中“公共交通工具”的定義。另政府、企業及私人包機亦不在公共交通工具定義之內。

7、旅行目的地的相關警告：

出發地為中國大陸，遵從國家旅遊局、外交部發佈的勸告和警告級別的國家和地區；
出發地為中國香港，遵從香港保安局發佈的紅色警示和黑色警示的國家和地區。

8、先天性疾病：

指被保險人一出生就具有的疾病（症狀或體征）。這些疾病是因人的遺傳物質（包括染色體以及位於其中的基因）發生了對人體有害的改變而引起的，或因母親懷孕期間受到內外環境中某些物理、化學和生物等因素的作用，使胎兒局部體細胞發育異常，導致嬰兒出生時有關器官系統在結構或功能上呈現異常。

本附加條款的未解釋名詞，以本附加條款所附屬主險條款中的名詞解釋為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅行個人第三者責任保險

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行期間，因意外事故造成第三者身故或人身損害、財產損失或損壞，依照事故發生地法律應由被保險人承擔的賠償責任，保險人按照保險合同的約定負賠償責任。

保險事故發生後，被保險人因保險事故而被提起仲裁或者訴訟的，對應由被保險人支付的仲裁或者訴訟費用以及事先經保險人書面同意而支付的其他必要的、合理的費用（以下簡稱“法律費用”），保險人按照本附加險合同約定也負責賠償。

保險人對被保險人在保險期間內，發生的保險事故引起的累計賠償金額在任何情況下，不超過本保單中列明的事務賠償限額。

第三條 責任免除

一、出現下列任一情形，保險人不負責賠償：

1. 被保險人使用、擁有、租用或操作海、陸、空運輸工具，無論有無營運執照。
2. 被保險人使用軍火或武器。
3. 被保險人從事跳傘、滑雪、滑翔、探險活動、武術比賽、摔跤比賽、特技表演、賽馬、馬術表演、賽車、拳擊等高風險運動或活動。
4. 因被保險人使用或擁有的土地建築物及該建築物之附屬物、建築物上之懸掛物、擱置物而引起的責任。
5. 被保險人在境外長期（超過 6 個月）工作學習期間產生的第三者責任。
6. 任何直接或間接由於性騷擾、性侵犯或性衝突而引起的責任。

二、下列原因造成的損失、費用和責任，保險人不負責賠償：

1. 投保人、被保險人及其代理人以及第三者的故意、違法、違規或重大過失行為。
2. 被保險人或其他由被保險人指使、同意或默許的人員實施了企圖導致第三者人身損害、財產損失或疏忽大意引起有關後果的行為。
3. 行政行為或司法行為。

三、下列損失、費用和責任，保險人不負責賠償：

1. 被保險人所擁有的或在其監管、照料、託管或控制下的動物或財產造成的損失。
2. 任何對被保險人的配偶、父母、子女、兄弟姐妹、（外）祖父母、（外）孫子女、或與被保險人有撫養、扶養及贍養關係的人造成的損失。
3. 被保險人的雇主或雇員受傷或其財產遭受損失。
4. 被保險人履行雇主或合同約定責任或貿易、商業或職業行為所導致的損失、費用和責任。
5. 罰款、罰金或者加重的、懲罰性的、懲戒性的賠償。
6. 精神損害賠償。
7. 除金錢以外的其他救濟或補償。
8. 任何因被保險人所傳染的疾病引起的損失。

四、主險條款的責任免除事項以及其他不屬於本附加險責任範圍內的損失、費用和責

任，保險人不負責賠償。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行期間內承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

除非另有約定，本附加險的保險期間與主險合同一致。

第六條 保險金申請

一、被保險人收到第三者提出的損害賠償請求時，應立即通知保險人。未經保險人書面同意，被保險人對受害人及其代理人做出的任何承諾、拒絕、出價、約定、付款或賠償，保險人不受其約束。**對於被保險人自行承諾或支付的賠償金額，保險人有權重新核定，不屬於本附加險責任範圍或超出應賠償限額的，保險人不承擔賠償責任。**在處理索賠過程中，保險人有權自行處理由其承擔最終賠償責任的任何索賠案件，被保險人有義務向保險人提供其所能提供的資料和協助。

二、被保險人獲悉可能發生的訴訟、仲裁時，應立即以書面形式通知保險人；接到法院傳票或其他法律文書後，應將其副本及時送交保險人。保險人有權以被保險人的名義處理有關訴訟或仲裁事宜，被保險人應提供有關文件，並給予必要的協助。

對因未及時提供上述通知或必要協助導致擴大的損失，保險人不承擔賠償責任。

三、除非另有約定，在合同有效期內，保險標的的危險程度顯著增加的，被保險人應當在五日以書面及電話形式及時通知保險人，保險人可以按照保險標的的實際情形增加保險費或者解除合同。

被保險人未履行前款約定的通知義務的，因保險標的的危險程度顯著增加而發生的保險事故，保險人不承擔賠償保險金的責任。

四、知道保險事故發生後，投保人或者被保險人應該：

（一）盡力採取必要、合理的措施，防止或減少損失，**否則，對因此擴大的損失，保險人不承擔賠償責任；**

（二）及時通知保險人，並書面說明事故發生的原因、經過和損失情況；**故意或者因重大過失未及時通知，致使保險事故的性質、原因、損失程度等難以確定的，保險人對無法確定的部分，不承擔賠償保險金的責任，**但保險人通過其他途徑已經及時知道或者應當及時知道保險事故發生的除外；

（三）保護事故現場，允許並且協助保險人進行事故調查。

五、保險人的賠償以下列方式之一確定的被保險人的賠償責任為基礎：

（一）被保險人和向其提出損害賠償請求的第三者協商並經保險人確認；

（二）仲裁機構裁決；

（三）人民法院判決；

（四）保險人認可的其他方式。

六、保險人對被保險人給第三者造成的損害，可以依照法律的規定或者本附加險合同的約定，直接向該第三者賠償保險金。

被保險人給第三者造成損害，被保險人對第三者應負的賠償責任確定的，根據被保險人的請求，保險人應當直接向該第三者賠償保險金。被保險人怠于請求的，第三者有權就其應獲賠償部分直接向保險人請求賠償保險金。

被保險人給第三者造成損害，被保險人未向該第三者賠償的，保險人不得向被保險人賠償保險金。

七、發生保險責任範圍內的損失，保險人按以下方式計算賠償：

(一) 對於每次事故造成的損失，保險人在事故責任（賠償）限額內計算賠償；

(二) 在依據本條第（一）項計算的基礎上，保險人在扣除按本附加險合同載明的每次事故免賠額後進行賠償，但對於人身傷亡的賠償不扣除每次事故免賠額；

八、除本附加險合同另有約定外，對每次事故法律費用的賠償金額，保險人在第十八條計算的賠償金額以外另行計算，但保險人對每次事故承擔的法律費用的賠償金額不超過每次事故責任限額的 10%。

九、發生保險事故時，如果被保險人的損失在有相同保障的其他保險項下也能夠獲得賠償，則本保險人按照本附加險合同的責任限額（賠償限額）與其他保險合同及本附加險合同的責任限額（賠償限額）總和的比例承擔賠償責任。

其他保險人應承擔的賠償金額，本保險人不負責墊付。若被保險人未如實告知導致保險人多支付賠償金的，保險人有權向被保險人追回多支付的部分。

十、發生保險責任範圍內的損失，應由有關責任方負責賠償的，保險人自向被保險人賠償保險金之日起，在賠償金額範圍內代位行使被保險人對有關責任方請求賠償的權利，被保險人應當向保險人提供必要的文件和所知道的有關情況。

被保險人已經從有關責任方取得賠償的，保險人賠償保險金時，可以相應扣減被保險人已從有關責任方取得的賠償金額。

保險事故發生後，在保險人未賠償保險金之前，被保險人放棄對有關責任方請求賠償權利的，保險人不承擔賠償責任；保險人向被保險人賠償保險金後，被保險人未經保險人同意放棄對有關責任方請求賠償權利的，該行為無效；由於被保險人故意或者因重大過失致使保險人不能行使代位請求賠償的權利的，保險人可以扣減或者要求返還相應的保險金。

十一、被保險人請求賠償時，應向保險人提供下列證明和資料：

- 13、 保險單或保險憑證正本；
- 14、 被保險人戶籍證明或身份證明；
- 15、 司法部門出具的保險事故發生的證明文件；
- 16、 如通過訴訟程式解決被保險人與第三者之間賠償事宜的，需提供判決書、裁決書或調解書；
- 17、 如有賠償協議，需提供；
- 18、 賠償給付憑證；
- 19、 若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 20、 投保人、被保險人所能提供的與確認保險事故的性質、原因、損失程度等有關的其他證明和資料。

被保險人未履行前款約定的索賠材料提供義務，導致保險人無法核實損失情況的，保險人對無法核實的部分不承擔賠償責任。

所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯兌換中間價為準。

第七條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

本附加條款的未釋義名詞，以本附加條款所附屬的主合同條款中的釋義為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅行家居保障保險

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人持有有效證件在境外旅行時，因以下原因造成其境內日常居住地（見第1條釋義）的室內家庭財產（見第2條釋義）損失，保險人根據保險合同的約定負賠償責任：

1. 火災；
2. 雷擊、颱風、龍捲風、暴風、洪水；
3. 經常居住地室內的自來水管道、下水管道、暖氣管道（含暖氣片）突然破裂；
4. 盜竊或搶劫且在三個月以上未破案的；

保險人將在扣除免賠額（如有）後，支付重新購置價（見第3條釋義）或修補費用，支付的費用將不超過以下金額中的較少者：

- 1) 損失發生當時的全部修補費用；
- 2) 損失發生當時的重新購置價；
- 3) 保險單所載的本保障責任項下該被保險人相應的保險金額。

如因上述原因導致被保險人的家居物品被損壞且無法合理經濟地修復，則視為該物品遺失，賠償金額的計算為該物品的重新購置價，但以保險單所載本保障責任項下該被保險人相應的保險金額為限。

對受損保險標的在替換或修復過程中，被保險人進行的任何變更、性能增加或改進所產生的額外費用，保險人不負責賠償。

當計算應付的賠償數額時，保險人將根據損壞物品的使用時間和磨損情況進行折舊處理。折舊的數額由保險人決定或雙方約定，折舊數額將以財產的全部使用年限為基礎。折舊計算表如下。

財產折舊計算表

| 項目 | 扣除比例 |
|------------------------|---------------------------------|
| 衣物 | 每年20% |
| 鞋類 | 每年30% |
| 化妝品 | 每年50% |
| 體育用品 | 每年30% |
| 箱包、背包和旅行包 | 每年10% |
| 音頻設備、視頻設備、電腦及其它電子設備和配件 | 每年30%，或者同一型號產品當時的實際價格（以價格較低者為準） |

如果被保險人的家居物品損失可以從任何第三方獲得賠償，保險人僅負責補償剩餘部分。

第三條 責任免除

一、因下列情形之一，直接或間接導致被保險人室內家庭財產損失或損壞的，保險人不承擔賠償責任：

1. 電機、電器、電氣設備因使用過度、超電壓、短路、斷路、弧花、漏電、自身發熱、烘烤等原因造成的自身損毀。
2. 任何由於被保險人及其家庭成員的惡意或縱容行為造成的損失或損壞。
3. 由於管理當局沒收、徵用、扣押，合法或非法佔用全部或部分被保財產（不論是暫時性或永久性）而引起的損失。
4. 保險財產本身缺陷、保管不善導致的損毀；正常的磨損、折舊、蟲蛀、發黴、腐爛、侵蝕、逐漸退化、光線作用、或在加熱、弄幹、清潔、染色、更換或維修過程中、或因刮損、出現凹痕、機械或電力故障、使用不當、手工或設計欠佳、使用有問題物料而引致的損失或損壞。
5. 施工致使的管道（含暖氣片）破裂造成的損失。
6. 因管道（含暖氣片）試水、試壓致使管道破裂溢水造成的損失。
7. 被保險人境內的日常居住地於旅行開始前 30 天或以上並未有任何人居住。
8. 因房門未鎖、窗戶未關，被外來人員順手偷摸或窗外鉤物所致損失。
9. 任何因被保險人的親屬、服務人員、承租人或任何其他在日常居住地合法居住或停留的人員所實施的盜竊或搶劫所致的損失。
10. 主險條款規定的責任免除事項。

二、以下財產損失保險人不承擔賠償責任：

1. 金銀及製品、首飾、珠寶及製品以及其他無法鑒定價值的財產。
2. 遺失現金、有價證券、郵票、票據、印花、息票、地契、股票、旅行證件、代幣卡（包括信用卡）。
3. 古董或飾物、照相機、移動電話、手提電腦或個人商務助理設備（PDA）。
4. 圖章、檔、帳冊、技術資料、圖表。
5. 錄製於磁帶、記錄卡、磁片或其他類似設備上的資料。
6. 動物、植物或食物。
7. 機動車輛（及其附件）、摩托車、船、發動機或其他運輸工具。
8. 用於商業或專業活動的物品或樣品。
9. 任何間接損失或損壞及貶值損失。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

除非另有約定，本附加條款的保險期間同主險合同一致。

第六條 被保險人義務

一、被保險人應當維護保險財產的安全，按照有關部門的要求做好防災、防損的工作。

二、**保險財產發生保險責任範圍內的災害或被盜竊時，被保險人及其家庭成員應當自知道或應當知道保險事故發生之時起，盡力救護並保存現場，並在二十四小時內通知保險人，同時向當地公安或有關部門報告並領取其出具的保險事故證明報告，以便及時查勘處理。**

第七條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、被保險人向保險事故發生地警方或其他有關部門報案並出具的保險事故證明檔正本及損失清單；
- 4、修理、修復的發票正本；
- 5、若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 6、其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、**以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。**

三、**若被保險人的損失可從其他途徑或其他保險公司給付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在本附加條款的保險金額限額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。如果被盜竊或被搶劫的室內家庭財產被發現或歸還，被保險人應立即通知保險人並向保險人退回已領取的保險金。**

第八條 代位求償

發生保險責任範圍內的損失，應由有關責任方負責賠償的，保險人自向被保險人賠償保險金之日起，在賠償金額範圍內代位行使被保險人對有關責任方請求賠償的權利，被保險人應當向保險人提供必要的文件和所知道的有關情況。

被保險人已經從有關責任方取得賠償的，保險人賠償保險金時，可以相應扣減被保險人已從有關責任方取得的賠償金額。

保險事故發生後，在保險人未賠償保險金之前，被保險人放棄對有關責任方請求賠償權利的，保險人不承擔賠償責任；保險人向被保險人賠償保險金後，被保險人未經保險人同意放棄對有關責任方請求賠償權利的，該行為無效；由於被保險人故意或者因重大過失致使保險人不能行使代位請求賠償的權利的，保險人可以扣減或者要求返還相應的保險金。

第九條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第十條 釋義

1. **經常居住地：**指被保險人離開住所地開始該次旅行時已連續居住了三個月以上的住所。

2、家庭財產：指以下財產

- 1) 房屋及其附屬設備和室內裝修材料；
- 2) 存放於室內的衣著用品、床上用品、傢俱、用具、家用電器、文化娛樂用品及其他生活資料。

3. 重新購置價：指室內家居物品遭受損失或損毀時的市場價格，但須扣除損耗及折舊費用。

本附加條款的未釋義名詞，以本附加條款所附屬的主合同條款中的釋義為準。

第十一條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。

安聯環球企業及專項保險 – 香港分公司
附加信用卡保障保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人在境外旅行時，如果被保險人因遭受意外事故身故的，保險人按照本保險合同約定，按照被保險人生前在旅行過程中以信用卡簽賬購物未歸還的費用，保險人在保險金額額度內予以給付信用卡保障保險金。信用卡保障保險金作為被保險人的個人遺產。

第三條 責任免除

因下列情形之一，直接或間接導致保險事故發生的，保險人不承擔賠償責任：

- 35. 被保險人的故意行為；
- 36. 沒有正式收據的任何所購買之物品；
- 37. 此保障已從其他保險保障中獲得；
- 38. 主險條款規定的責任免除事項。

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間必須同主合同一致。

第六條 保險金申請

一、由被保險人的法定（或指定）受益人作為索賠申請人填寫保險金索賠申請書，並提供下列證明檔、資料通過索賠申請人向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、受益人與被保險人的關係證明檔原件或影本；
- 4、派出所出具的被保險人死亡證明。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以探望人從居住地出發日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從其他途徑或其他保險單給付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險單承保公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第七條 附加條款效力終止

本附加條款所附屬的主合同效力終止，本附加條款效力即行終止。主合同無效，本附加條款亦無效。

第八條 名詞解釋

本附加條款的釋義名詞，以本附加條款所附屬的主合同條款中的釋義為準。

第九條 其他條款的適用

本附加條款的未約定事項，均以主合同為準。主合同與本附加條款相抵觸之處，以本附加條款為準。

安聯環球企業及專項保險 – 香港分公司
附加旅行返程探訪親屬保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人在境外旅行時，如果被保險人必須返回香港參加直系家庭成員（見第1條釋義）的葬禮，本公司將通過救援機構安排被保險人返回香港居住地，並支付合理的單程交通費用。

第三條 責任免除

因下列情形之一，直接或間接導致保險事故發生的，保險人不承擔賠償責任：

- 39. **旅程已經接近結束，被保險人可以搭乘原計劃的航班返回香港居住地（本公司將協助安排其行程）；**
- 40. **被保險人因其他原因已提前回港；**
- 41. **被保險人拒絕聽從救援機構提出的建議；**
- 42. **主險條款規定的責任免除事項。**

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照合同約定向保險人交納保險費。保險人和投保人可以在本保險合同項下約定免賠額等限制條件。

第五條 保險期間

本附加條款的保險期間必須同主合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫保險金索賠申請書，並提供下列證明檔、資料通過投保人向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、被保險人與身故人員的關係證明檔原件或影本；
- 4、被保險人返程機票的發票或收據原件及登機牌原件；
- 6、相關機構出具的身故人員死亡證明。

二、以上資料和證明是保險索賠的重要依據，如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並以港幣賠償。有關匯率以探望人從居住地出發日的中國銀行掛牌外匯兌換價為準。

四、若被保險人的損失可從其他途徑或其他保險單給付賠償的，被保險人應先向對方請求給付或者賠償。保險人可根據有關單位或保險單承保公司出具的相關單證或給付保險金證明，在本保險合同的保險金額內僅承擔被保險人除前述賠償額之外剩餘部分的賠償責任。

第七條 附加條款效力終止

本附加條款所附屬的主合同效力終止，本附加條款效力即行終止。主合同無效，本附加條款亦無效。

第八條 名詞解釋

1、直系家庭成員：指被保險人的配偶、父母（公婆、岳父母）、子女及祖父母、外祖父母、孫子女（外孫子女）。

本附加條款的釋義名詞，以本附加條款所附屬的主合同條款中的釋義為準。

第十條 其他條款的適用

本附加條款的未約定事項，均以主合同為準。主合同與本附加條款相抵觸之處，以本附加條款為準。

安聯環球企業及專項保險 – 香港分公司
附加中醫理療費用保險條款

第一條 附加保險條款訂立

本附加保險條款（以下簡稱“本附加條款”）須附加于安聯環球企業及專項保險 – 香港分公司主險條款使用。

第二條 保險責任

在保險期間內，被保險人（限香港戶籍或日常生活在香港的人員）持有有效證件在境外旅行期間，遭受意外傷害事故或罹患突發性疾病（見第1條釋義），且因同一意外傷害事故或突發性疾病，返回香港並在保險人認可的醫療機構繼續進行中醫治療的，保險人按照本附加條款約定，在本合同保險額度內，負責賠償下列事項：
針灸治療費用、脊椎治療費用、跌打治療費用及其他中醫治療費用。

第三條 責任免除

對被保險人發生的下列醫藥費用支出，保險人不承擔賠償責任：

1. **投保前已存在的任何疾病和症狀；**
2. **被保險人為保健目的而進行的非必需的中醫治療；**
3. **未經保險人認可的情況下接受治療；**
4. **主險條款和其他附加醫療條款約定的責任免除事項。**

第四條 保險金額和保險費

保險金額是保險人對被保險人在保險期間內旅行承擔給付保險金責任的最高限額。保險金額由投保人、保險人雙方約定，並在保險單中載明。投保人應該按照本附加條款約定向保險人交納保險費。保險人和投保人可以在本附加條款項下約定免賠額及賠付比例等限制條件。

第五條 保險期間

除非另有約定，本附加條款的保險期間同主險合同一致。

第六條 保險金申請

一、由被保險人作為索賠申請人填寫索賠申請書，並提供下列證明檔、資料向保險人申請索賠：

- 1、保險單或保險憑證正本；
- 2、被保險人戶籍證明或身份證明；
- 3、醫院出具的附有病理檢查、代驗檢查及其他醫療儀器檢查報告的醫療診斷證明、病歷及醫療、醫藥費原始單據、出院小結原件；
- 4、保險人認可的意外事故證明文件；
- 5、若是商務旅行，需被保險人的雇主提供的加蓋公章的被保險人商務旅行的證明；
- 6、其他與確認保險事故的性質、原因、損失程度等有關的證明和資料。

二、以上資料和證明是保險索賠的重要依據，**如索賠申請人未能及時提供有關單證，導致保險人無法核實單證的真實性及其記載的內容的，保險人對無法核實部分不負賠償責任。**

三、所有本附加條款的損失計算和保險金支付在涉及外國貨幣時，均折合港幣計算，並

以港幣賠償。有關匯率以保險事故發生日的中國銀行掛牌外匯中間價為準。

四、若被保險人的損失已從其他途徑或其他保險公司獲得賠償的，保險人可根據有關單位或保險公司出具的相關單證或給付保險金證明，在按照本附加條款賠償保險金時，相應扣減被保險人已從其他途徑或其他保險公司獲得的賠償金。

五、當賠付金額未達實際支出住院醫療費用的金額時，索賠申請人可以書面形式向保險人申請發還原始單據，保險人在加蓋印章並注明已賠付金額後發還原始單據。

第七條 附加條款效力終止

本附加條款所附屬的主險合同效力終止，本附加條款效力即行終止。主險合同無效，本附加條款亦無效。

第八條 釋義

1、突發性疾病：

指被保險人在本附加條款規定的保險期間內，在旅行時首次罹患的突發性疾病或出現的症狀，但不包括本保險合同生效前罹患的任何疾病或出現的任何症狀及任何慢性疾病。

2、醫院：

在中國境內（不包括香港、澳門、臺灣地區）的醫院是指經中華人民共和國衛生部門評審確定的二級或以上的公立醫院或投保人與保險人協商共同指定的醫院或醫療機構。

在中國境外（包括香港、澳門、臺灣地區）的醫院是指保險人認可的，根據所在國家法律合法成立、運營並符合以下標準的醫療機構：

- 1) 主要運營目的是以住院病人形式提供接待患病、傷者並為其提供醫療護理和治療，
- 2) 在一名或若干醫生的指導下為病人治療，其中最少有一名合法執業資格的駐院醫生駐診，
- 3) 維持足夠妥善的設備為病人提供醫學診斷和治療，並於機構內或由其管理的地方提供進行各種手術的設備，
- 4) 有合法執業的護士提供和指導二十四小時的全職護理服務。

本附加條款中所指醫院不包括以下或類似的醫療機構：

- (1) 精神病院；
- (2) 老人院、療養院、戒毒中心和戒酒中心；
- (3) 健康中心或天然治療所、療養或康復院。

本附加條款的未釋義名詞，以本附加條款所附屬的主險合同條款中的釋義為準。

第九條 其他條款的適用

本附加條款與主險條款不一致之處，以本附加條款為準；本附加條款未盡之處，以主險條款為準。