

## 中國意外急救醫療保險投保書

### CHINA ACCIDENTAL EMERGENCY MEDICAL INSURANCE PROPOSAL FORM

#### 投保申請人資料 PROPOSER/APPLICANT INFORMATION (必須填寫 MANDATORY INFORMATION):

#投保申請人姓名 - (必須與香港身份證相同) Name of Proposer/Applicant - (as on HKID)		姓 Surname	名 Given Name	性別 Sex
*若投保申請人是公司, 請列出公司名稱 *For corporate client, state the corporation name				
通訊地址 Correspondence Address				
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT				
手提電話號碼 Mobile No.	公司電話號碼 Office Tel. No.	住宅電話號碼 Home Tel. No.	電郵地址 Email Address	職業 / 職位 Occupation / Job Position

#投保人必須年滿18歲的中國香港居民。若投保人不是被保險人本人, 他必須是被保險人的父母或合法監護人。Insured/Proposer must be 18 years old or above Hong Kong, China Resident(s). If the Insured is not the Insured Person, the Insured/Proposer must be either parent or legal guardian of the Insured Person.  
\*投保申請公司必須在中國香港註冊。Insured Corporation must be registered in Hong Kong, China.

#### 被保險人資料 INSURED PERSON INFORMATION(必須填寫 SHOULD BE COMPLETED):

#被保險人姓名 - (必須與香港身份證相同) #Name of Proposer/Applicant - (as on HKID)		姓 Surname	名 Given Name	性別 Sex
通訊地址 Correspondence Address				
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT				
香港身份證號碼 HKID Card No.	出生日期(日/月/年) Date of Birth (dd/mm/yyyy)	國籍 Nationality	港澳居民來往內地通行證號碼 / 護照號碼 Mainland Travel Permit for Hong Kong and Macau Residents No. / Passport No.	
手提電話號碼 Mobile No.	住宅電話號碼 Home Tel. No.	電郵地址 Email Address	職業 / 職位 Occupation / Job Position	

#被保險人必須年齡介乎 16-75 持有香港身份證、澳門特別行政區居民身份證、台灣居民來往大陸通行證或外國護照者。被保險人必須為投保申請公司聘用之活躍全職僱員及/或董事及/或附加其父母、配偶及/或未婚子女。如需投保被保險人指定家屬投保人必須提供被保險人與該名家屬的關係證明。Insured Person should be aged between 16 and 75, holder of Hong Kong Identity Card or Macao SAR Resident Identity Card or Mainland Travel Permit for Taiwan Residents or Passport of other overseas country. Insured Person must be hired by Proposer as an active full time employee &/or director &/or their parents, spouse &/or unmarried child to be covered under same insurance policy. If this insurance covers the family member of insured person, a proof of relationship for Insured person's designated family member is required.

#### 保障期限及地域範圍 INSURANCE PERIOD AND GEOGRAPHICAL AREA (必須填寫 SHOULD BE COMPLETED):

請在下列以  選擇保障期限及地域範圍 Please  to select the period of insurance cover and the required territory of cover

**短期計劃 Short Term Plan** 地域範圍為全中國(中國香港、中國澳門及中國台灣除外) Within the territory of People's Republic of China but not including Hong Kong, China, Macao, China & Taiwan, China:

14 天 days     30 天 days     60 天 days     90 天 days

**年度計劃 Annually Plan:**    一年 One Year     兩年 Two Years     三年 Three Years

**地域範圍 Area:**    全中國(中國香港、中國澳門及中國台灣除外) Within the territory of People's Republic of China but not including Hong Kong, China, Macao, China & Taiwan, China     廣東省境內 Within Territory of Guangdong Province

\* 起保日期 (日/月/年)    \*\*保費  
Effective Date : \_\_\_\_\_ (dd/mm/yyyy)    \*\*Premium : \_\_\_\_\_

\* 起保日必須符合重要事項(6)之要求 The effective date is subject to conditions stated in important note item 6.  
\*\*上述保費包括保險業監管局保費徵費\*The above premium include IA Levy.

**繳付保費方法 PREMIUM PAYMENT METHOD (必須填寫 SHOULD BE COMPLETED)**

請選擇下列方法繳付保費 Please select the premium payment method below :

 銀行轉賬<sup>△</sup> Bank Transfer<sup>△</sup>       支票<sup>\*</sup> Cheque<sup>\*</sup><sup>△</sup> 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

\*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

**投保申請人特別須知:**由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 [www.ia.org.hk](http://www.ia.org.hk)。**Special Note to Insurance Applicant:**From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at [www.ia.org.hk](http://www.ia.org.hk).**重要事項 IMPORTANT NOTE:**

- 此「中國意外急救醫療保險之醫療卡」只適用於中華人民共和國國家衛生健康委員會(簡稱「國家衛健委」)國際交流與合作中心(簡稱「衛健委國際交流與合作中心」)認定之緊急救援網絡醫院。This Accidental Emergency Medical Card will be accepted by the designated hospital network arranged by the National Health Commission of the PRC (hereinafter called "NHC"), the Department of International Exchanges and Cooperation Centre (hereinafter called "NHC-IHECC").
- 任何非因意外事故受傷所致之醫療費用，本保險概不負責。The emergency medical expenses that are not directly and solely caused by accidental bodily injury are not covered under this Policy.
- 所有超出賠償限額以外之急救醫療費用，概由投保人自行支付。The part of emergency medical expenses exceeding the maximum sum insured will be borne by the insured.
- 若投保人選擇廣東省地域範圍，則本保險概不負責所有超出廣東省地域範圍之意外及其有關的急救醫療費用。If Insured elect to cover under Area Guangdong Province, this insurance does not cover any accidents occurred and emergency medical expenses incurred outside the territorial limit of Guangdong Province and Macau SAR of PRC.
- 若參加各種競賽、打獵、攀山(指需要利用繩索或誘導繩為輔助工具者)、滑雪、滑水、冬季運動、潛水等活動、非法活動或因酒醉、服用藥物、神經錯亂所引發之意外事故之急救醫療費用均不屬受保範圍。This insurance will not provide cover if the insured is engaging in racing of any kind, hunting, mountaineering necessitating ropes or guides, skiing, water skiing, winter sport, diving, illegal activities or accident caused whilst the insured is by intoxication, drugs or insanity.
- 本投保書被中國交銀保險有限公司("本公司")批核七天後保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據，而一切之保險條款均以本公司簽發之保險單為準。This protection plan will be valid 7 days China BOCOM Insurance Co., Ltd. ("the Company") accepted this proposal. This Proposal as well as Declaration will be the basis of insurance contract and all terms and conditions are subject to policy wordings issued by the Company.
- 本公司不負責因語言溝通的障礙而引致緊急救援的延誤。The Company will not be responsible for any delay in providing assistance due to language barriers.

**In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1<sup>st</sup> April, 2013)****PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")****PART 1 : COLLECTION AND USE OF PERSONAL DATA**

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- processing and evaluating your insurance application and any future insurance application you may make;
- administering your insurance policy and providing services in relation to your insurance policy;
- investigating, processing and paying claims made under your insurance policy;
- invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- executing the Direct Debit Payment Authorization for premium payment;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- conducting identity and/or credit checks and/or debt collection;
- carrying out other services in connection with the operation of the Company's business;
- promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);

- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
  - (c) in the event of default, debt collectors and recovery agents;
  - (d) insurance reference bureaus or credit reference bureaus;
  - (e) reinsurers and reinsurance brokers;
  - (f) your insurance broker (if you have one);
  - (g) our legal and professional advisors;
  - (h) our related companies;
  - (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
  - (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
  - (k) government agencies and authorities as required or permitted by law.
- The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

**PART 2 : DIRECT MARKETING**

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box  below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box  below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.  
 I/We do not consent to receive marketing communications from the related companies of the Company.  
 If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies  
 In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

**IMPORTANT NOTE TO INSURANCE APPLICANT:**

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on "ACCESS AND CORRECTION OF PERSONAL DATA". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

**ACCESS AND CORRECTION OF PERSONAL DATA:**

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

**投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理(2013年4月1日起生效)**

**收集個人資料的聲明**

**部分1: 收集及使用個人資料**

中國交銀保險有限公司(下稱"本公司")可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批閣下的保險申請或閣下將來提交的保險申請;
- (ii) 執行閣下保單的行政工作及提供與閣下保單相關的服務;
- (iii) 調查、處理及支付閣下保單有關的索償;
- (iv) 發出繳交保費通知及向閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料;
- (ix) 進行身份和/或信用核查和/或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途;及
- (xiv) 遵循適用法律, 條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料, 並將採取一切切實可行的步驟, 確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟, 確保個人資料的安全性, 及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露閣下的個人資料予下列各方:

- (a) 就上述用途, 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括: 醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;

- (f) 閣下的保險經紀（若有）；
  - (g) 本公司的法律及專業業務顧問；
  - (h) 本公司的關連公司；
  - (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
  - (j) 保險索償投訴局及同類的保險業機構；
  - (k) 法例要求或許可的政府機關。
- 經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

**部分2: 直銷促銷**

經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☐。

經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☐。

若閣下反對接收本公司的直接促銷通訊，請在方格內填上☐

若閣下反對接收關連公司的直接促銷通訊，請在方格內填上☐。

如閣下遞交此聲明書而沒有在以上方格內以☐顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我將停止提供閣下的個人資料給予本公司的關連公司，但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

**申請人需留意的重要事項**

- (1) 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

**個人資料的查閱和更正**

根據條例，閣下有權查閱本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料類型的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

**聲明 DECLARATION:**

1. 本人/本公司謹此聲明，根據本人/本公司所知及所信，上述所有資料均屬實無訛且事實之全部，並所有能影響是項申請評估的事實因素均已呈報。I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
2. 本人/本公司謹此聲明，所有被保人現在身體健康良好，並無任何傷殘或缺陷。 I/We declare that all the Insured Person(s) am/are now in good health and free from physical impairment or deformity.
3. 本人/本公司謹此聲明，所有被保人過去未曾於申請任何個人意外保險計劃時被拒絕或要求附加任何條件。所有被保人於過去三年內，未曾就任何個人意外保險計劃提出索償申請。 I/We declare that all the Insured Person(s) have never been refused and/or required special terms for any personal accident. All the Insured Person(s) have not made any claims under personal accident insurance within the past three years.
4. 本人/本公司明白本投保書被中國交銀保險有限公司接受七天後保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。 I / We understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me / us and Insurer.
5. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。 I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

投保申請人簽署

Signature of Insurance Proposer/ Applicant: \_\_\_\_\_

日期

Date: \_\_\_\_\_

請勿於空白投保書上簽署 Do not sign a blank form

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

**投保人須知 IMPORTANT NOTES TO PROPOSER**

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。 Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。 The product leaflets of this insurance



plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.

- (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 **INTERNAL USE ONLY**

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____ )

中國意外急救醫療保險 - 保障金額表 China Accidental and Medical Insurance - Table of Benefits

章節 Section	保障範圍 Scope of Benefits	每宗事故保障限額 (港幣) Limit of Benefits Per Event (HKD)	每宗事故保障限額 (港幣) Limit of Benefits Per Event (HKD)
第一節 Section 1		14, 30, 60 & 90 天 (短期保單) 14, 30, 60 & 90 days (short-term policy)	1, 2 & 3 年保單 1, 2 & 3 years policy
	緊急救治醫療費用 Emergency Medical Expenses		
	1.1 緊急救治醫療費用 Emergency Medical Expenses	\$200,000.00	\$300,000.00
	1.2 覆診醫療費用(包括脊醫或物理治療費用和跌打或中醫治療費用 - 其限額分別如下)出院後 60 天內 (短期保單最高 30 天) Follow Up Treatment Expenses within 60 days (for short-term policy up to max 30 days) after discharging from hospital (Including Physiotherapy or Chiropractic Treatment Expenses and Chinese Herbalists or Bonesetters Expenses with sub-limits as stated below)	\$3,000.00	\$15,000.00
	i. 脊醫或物理治療費用 (每天最高限額為\$250) Physiotherapy or Chiropractic Treatment Expenses (Limit \$250 per Day)	\$1,000.00	\$2,500.00
ii. 跌打或中醫治療費用 (每天最高限額為\$150) Chinese Herbalists and Bonesetters Expenses (Limit \$150 per Day)	\$900.00	\$1,500.00	
第二節 Section 2	緊急支援服務 Emergency Assistance Services		
2.1 轉院服務 Medical Evacuation	\$50,000.00	不設上限 Unlimited	
2.2 出院後返香港 Repatriation to Hong Kong after Treatment		不設上限 Unlimited	
2.3 遺體/骨灰送返香港 Repatriation of Mortal Remains/Ashes to Hong Kong	不設上限 Unlimited	不設上限 Unlimited	
2.4 安排親友探望 Compassionate Visit 被保險人必須因意外受傷引致需要連續住院七天以上 In the event of the Insured suffering from serious Accidental Bodily Injury resulting in hospital confinement for more than 7 (seven) consecutive days	i. 1 張來回機票 (經濟客位) One Round Trip Ticket (On Economy Fare Basis) ii. 住宿費用 (每天\$1,200, 最高賠償天數 5 天) Cost of Accommodation [\$1,200.00 per day for a maximum period of 5 consecutive days]	i. 2 張來回機票 (經濟客位) Two Round Trip Ticket (On Economy Fare Basis) ii. 住宿費用 (每天\$1,500, 最高賠償天數 7 天) Cost of Accommodation [\$1,500.00 per day for a maximum period of 7 consecutive days]	
2.5 安排幼童返港(年齡為 16 歲以下) Return of Unattended Dependent Child(ren) to HK (Age below 16)	一張單程機票(經濟客位) A Return Ticket (On Economy Fare Basis)	一張單程機票(經濟客位) A Return Ticket (On Economy Fare Basis)	
2.6 入院醫療費用擔保 Hospital Admission Guarantee Deposit	\$50,000.00	\$65,000.00	
第三節 Section 3	人身意外保障(意外身故或全身癱瘓) Personal Accident (Accidental Death or Total Paralysis)	\$50,000.00	\$300,000.00
保障地區 Geographical Area		全中國(中國香港、中國澳門及中國台灣除外) Whole China (but not including Hong Kong, China, Macao, China & Taiwan Area of PRC)	全中國(中國香港、中國澳門及中國台灣除外)或只限廣東省 Whole China (but not including Hong Kong, China, Macao, China & Taiwan Area of PRC) or Restricted to Guangdong only
合資格受保人 Eligibility		年齡介乎 16-75 Age between 16 to 75 持有香港或澳門身分證、台胞證或外國護照者。 ID holder of Hong Kong, China, Macao, China Holder of Permit for Taiwan Compatriot Holder of Overseas Passport	年齡介乎 16-75 Age between 16 to 75 持有香港或澳門身分證、台胞證或外國護照者。 ID holder of Hong Kong, China, Macao, China Holder of Permit for Taiwan Compatriot Holder of Overseas Passport

生效日期 : 2012 年 10 月 1 日

Effective Date : 01-Oct-2012

## 保費計算表 Premium Table

投保地區：全中國(中國香港、中國澳門及中國台灣除外)

Territorial Limit : Whole China (but not including Hong Kong, China, Macao, China & Taiwan, China)

投保期限 Period of Insurance	*保費 *Premium (港幣 HK\$)
14 天 / Days	HK\$78.08
30 天 / Days	HK\$138.14
60 天 / Days	HK\$168.17
90 天 / Days	HK\$208.21
1 年 / Year	HK\$600.60
2 年 / Years	HK\$1,001.00
3 年 / Years	HK\$1,401.40

\*上述保費包括保險業監管局保費徵費

\*The above premium includes IA Levy

投保地區：廣東省

Territorial Limit : Guangdong Province

投保期限 Period of Insurance	*保費 *Premium (港幣 HK\$)
1 年 / Year	HK\$350.35
2 年 / Years	HK\$580.58
3 年 / Years	HK\$800.80

\*上述保費包括保險業監管局保費徵費

\*The above premium includes IA Levy

生效日期：2021年4月1日

Effective Date : 01<sup>st</sup> April 2021