



VEB Care Series: Hospital Care

This policy, together with the application form, the schedule, and any endorsements, constitute the entire contract of insurance between the **policyholder** and **us**, AIG Insurance Hong Kong Limited. We agree to provide the benefits set out in the schedule, subject to the terms and conditions and limitations of this policy, provided that premium is paid when due.

This policy shows details of the cover and the terms and conditions that apply to it. The **policyholder** and **insured persons** must read this policy to make sure that they understand the cover provided.

This insurance is underwritten by AIG Insurance Hong Kong Limited, 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

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Policy Definitions

Accident or Accidental

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

Bodily injury

Identifiable physical injury to an **insured person's** body which is caused by an **accident** solely and independently of any other causes and does not result from **sickness** or disease.

Child or Children

Any person who is dependent on the **Policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education.

Clinical Psychologist

A qualified professional who has a Masters or Doctorate Degree in Clinical Psychology who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person** or **insured person's immediate family member**.

Effective date

The start date of this policy as shown on the **schedule** or the date that **insured person** is added to this policy, if that date is later than the start date of this policy.

Hospital

A facility for the medical treatment of bed patients and which:

- has diagnostic and surgical facilities
- a 24 hour a day nursing staff
- is supervised by **physician**, and
- is not a nursing home, rest home, home of aged, institution for mental or behavioral disorders, sanatorium, or a place for the treatment of alcoholics or drug addicts; even if located at the same place

Hospitalisation or Hospitalised

Admission to a **hospital** as an in-patient, where it is medically necessary and you are under the professional care of a **physician** and where **you** are charged for room and board for treatment. If **you** have been discharged for more than 90 consecutive days and are admitted to **hospital** again, **we** shall treat it as a new case of **hospital** admission.

Immediate family member

The **insured person's** aunt, brother, brother-in-law, child, grandchild, grandparent, nephew, niece, parent, parent-in-law, sister, sister-in-law, **spouse** or uncle.

Insured Person

Any person shown in the **schedule** as being an insured person.

Intensive Care Unit

A designated ward, unit or area within a **hospital** for which a specified extra daily surcharge is made and which is staffed and equipped to provide, on a continuous basis, specialized or intensive care or services not regularly provided within such **hospital**.

Physician

A qualified and registered medical practitioner licensed under any applicable laws to practice western medicine and acting within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person** or **insured person's immediate family member**.

Policyholder

The person that has applied for insurance cover and is identified on the **schedule** as the policyholder.

Pre-existing condition

Any medical condition (whether diagnosed or not) for which, within 3 years immediately prior to **your effective date, you:**

- received medication, advice or treatment; or
- experienced signs or symptoms.

Any condition which **you** were aware of or which would have caused an ordinary prudent person to seek treatment or diagnosis (whether diagnosed or not) within 3 years immediately prior to **your effective date** will be considered to be a **pre-existing condition**.

Psychiatrist

A qualified and registered medical practitioner specializing in psychiatry licensed under any applicable laws to practice within the scope of his or her licensing and training who is not:

- the **policyholder** or an **insured person**; or
- business partner, agent or any relation to the **policyholder, insured person** or **insured person's immediate family member**

Schedule

The document showing details of the cover the **policyholder** has bought.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state.

Spouse

The legal spouse of the **insured person** or a person who cohabits with the **insured person** in a marriage-like relationship and is registered at the same address.

Sum insured

The benefit amount as shown on the **schedule**.

War

War means any activity arising out of or attempt to participate in the use of military force between nations and will include civil war, revolution and invasion.

We, us, our

AIG Insurance Hong Kong Limited.

You, your or yourself

An **insured person**.

General Policy Exclusions

The following exclusions apply to all sections of this policy and are in addition to the specific exclusions under each individual section of cover.

We will not pay for any **bodily injury** or **sickness** resulting from:

1. any act of war, acts of foreign enemies, hostilities, rebellion or warlike operations (whether war be declared or not);
2. travel onboard any military aircraft or flying as a pilot in any aircraft
3. suicide or intentional injuries or any attempts thereof;
4. **bodily injury** sustained whilst **you** are directly involved in a violation of law which is of a criminal nature;
5. psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression (not applicable to Psychological Consultation Benefit);
6. drug abuse or drug accident, treatment for alcoholism, **bodily injury** sustained whilst you are under the influence of alcohol or any non-prescribed drug;

7. **bodily injury** sustained whilst **you** are participating in, practicing or training for a sport as a professional.
8. where **you** are acting or travelling against the advice of a **physician**;
9. routine medical examinations;
10. Acquired Immune Deficiency Syndrome (AIDS) or for any **bodily injury** or **sickness** commencing in the presence of a sero positive test for HIV;
11. pregnancy, miscarriage, childbirth or any complications arising therefrom;
12. cosmetic or plastic surgery or any elective surgery;
13. dental charges to restore sound and natural teeth (dental charges incurred as a result from an **accident** are covered);
14. congenital anomalies or any complications or conditions arising therefrom.
15. any **pre-existing condition** occurring within 3 consecutive years immediately after the **effective date**, last reinstatement date or date of any increase in the **sum insured** (to the extent of the increase only), whichever is later;
16. any **sickness** occurring within the first 15 days immediately after the **effective date**.

We will not be liable to provide any coverage or to make any payment if to do so would be in violation of any sanctions law or regulations which would expose **us**, **our** parent company or **our** ultimate controlling entity to any penalty under any sanctions law or regulation.

General Policy Conditions

1. Entire contract and change in the policy

The policy contains the entire contract. Any changes in the policy must be agreed by us and must be endorsed hereon.

2. Policy alteration

We may adjust the terms and conditions, including premiums charged and benefits offered, of the **policy** during the period of insurance. Premiums charged are not guaranteed and we reserve the right to adjust premium rates based on our assessment of the risk.

Before we make any changes, we will give the **policyholder** 30 days prior notice in writing to the **policyholder's** last known address.

3. Automatic renewal of policy

Insurance coverage provided under this **policy** will be automatically renewed at the end of each period of insurance without any new **policy** issuance. However, we reserve the right to not invite or accept renewal of the policy.

4. Age Limit for Insured Person

The insurance under this policy shall cover:

- a) For an adult – any **insured person** between 18 and 65 years old, renewable up to 69 years old. All cover shall terminate on the next premium due date following **your** 70th birthday.
- b) For a child – any **insured person** who is dependent on the **policyholder** and is aged 6 months and older and less than 21 years of age or 25 years of age if in full-time education. All cover shall terminate on the next premium due date following the 22th or 26th birthday of the **child**.

5. Excluded Occupations

Hazardous occupations are excluded under this **policy**. If your occupation falls within the following list no cover will be provided unless you declare this to **us** and we accept your application. In this case, our acceptance must be endorsed hereon.

Hazardous occupations include, but are not limited to, the job title or nature of blaster, professional athlete, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between Hong Kong and Mainland China),

pilot, caisson worker, lift technician, building wrecker, driller-underground, wild animal or circus trainer, secret service agent, container crane operator, and dynamite/explosive operator. Manual labour or active personal participation in underground work, offshore work, construction work or work outside a building or installation exceeding thirty (30) feet in height, employment on merchant vessels or employment with the naval, military or air force services is considered hazardous.

6. Status Change

You or the **policyholder** take full responsibility to inform **us** of any change in respect of the information provided to **us** for the purpose of this insurance, otherwise we reserve the right to refuse or invalidate all claims under this policy.

7. Misstatement of Age

If **your** age declared in the **policyholder's** application for this insurance is younger than your actual age, we will only pay a part of the benefits covered under this policy based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**.

If **your** age declared in the **policyholder's** application for this insurance is older than your actual age, we will pay the benefit shown on the **schedule** and we will refund to the **policyholder** the extra premium that has been paid without adding interest

8. Premium payment

The premium is payable monthly as shown on the schedule. It is due on the first premium due date and subsequently on the 1st day of each month. Each premium paid purchases cover under the terms of this policy for the following calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

9. Cancellation of policy

The **policyholder** may cancel this policy by giving **us** prior notice in writing to 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong. Cover stops on the first day of the next premium due date after we receive notification of cancellation. We may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address. In the event of cancellation of the policy by **us**, cover stops (and the policy will terminate) on the first day of the month immediately following the expiry of the 30 days notice of cancellation given by us in accordance with this paragraph.

In the event of cancellation by either party, benefits will only apply in the case that the date of **hospitalisation** is prior to the date of termination of this policy.

For the avoidance of doubt, all cover for all **insured persons** under this policy shall cease when the **policyholder** ceases to be covered under this policy

10. Claims notification

You must tell **us** of any potential claim within 30 days of the incident happening. Failure to give notice within 30 days will not invalidate any claim if it can be shown that the delay is reasonable, we have been informed as soon as possible and we are still able to fully investigate the claim.

Any notice served by **you** in connection with this policy must be sent to the following address unless otherwise agreed in writing by **us**:

Claims Manager, AIG Insurance Hong Kong Limited, 7th Floor, One Island East, 18 Westlands Road, Island East, Hong Kong.

11. Claims evidence

You must provide at **your** own expense all reasonable and necessary evidence (including post-mortem examinations if applicable) in support of a claim. If **we** require additional evidence, **we** may ask **you** to undergo any medical examinations in connection with any claim as **we** may require at **our** own expense. **You** must co-operate with **us** in the course of **our** investigation to establish the loss if so required; failure to do so may result in **us** declining the claim due to insufficient evidence.

12. Acceptance of benefit

Benefits will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, then it will be paid to the **policyholder**.

If **we** have paid a claim under this policy and **you** or the **policyholder** have accepted this as full and final payment then **we** will not have to make any further payments for the same claim.

13. Interest on benefit payable

We will not pay interest on any benefit payable under the policy.

14. Rights of third parties

No person other than the **policyholder** or **us** may enforce any terms of this policy.

15. Rights of recovery

If **we** or **our** authorized representatives have made any payments for a claim which is not covered under this policy or where the limit of liability exceeds the **sum insured** shown on the **schedule**, **we** have the right to recover the **sum insured** or excess from **you** or the **policyholder**.

16. Data Privacy

The **Policyholder/Insured Person** agrees that:

(a) the personal data collected during the application process or administration of this policy may be used by AIG Insurance Hong Kong Limited (“AIGHK”) for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation).

(b) AIG HK may use the **Policyholder’s/Insured Person’s** contact details (name, address, phone number and e-mail address) to contact him/her about other insurance products provided by the AIG group (assuming AIG HK has obtained the agreement of the **Policyholder/Insured Person** to use such contact details for this purpose).

(c) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purpose identified:

- i) third parties providing services related to the administration of this policy, including reinsurers (per (a) above);
- ii) financial institutions for the purpose of processing this policy and obtaining policy payments (per (a) above);
- iii) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers (per (a) above);
- iv) for the purpose of conducting direct marketing activities (per (b) above), marketing companies authorized by the AIG group;

v) another member of the AIG group (for all of the purposes stated in (a) and (b)) in any country; or

vi) other parties referred to in AIG HK’s Data Privacy Policy for the purposes stated therein.

(d) The **Policyholder/Insured Person** may gain access to, or request correction of his/her personal data (in both cases, subject to a reasonable fee), or change the option he/she previously elected in relation to the use of his/her contact details for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The same addresses may be used to contact AIG HK with any comments in relation to the services it provides. The full version of AIG HK’s Data Privacy Policy can be found at www.aig.com.hk.

17. Assignment

This policy cannot be assigned.

18. Fraud

Any fraud, deliberate dishonesty, or deliberate non-disclosure of information connected with the **policyholder’s** application, proposal and declaration (if provided) or in connection with a claim, will make this policy invalid. If this happens, **you** or the **policyholder** will forfeit any benefit due and must pay back any benefit that **we** have already paid. **We** will not refund any premiums.

19. Clerical Error

Any clerical errors will not invalidate insurance otherwise valid nor continue insurance which would not have been valid.

20. Law and jurisdiction

This policy will be governed by the law that applies in the Hong Kong Special Administrative Region of the People’s Republic of China. The parties hereto agree to submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region of the People’s Republic of China.

21. Subrogation

In the event of any payment under this policy, we shall be subrogated to your rights of recovery therefore against any person or organization and you shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. You shall take no action after the loss to prejudice such rights.

Enquiries

Every effort is made by **us** to ensure that **you** receive a high standard of service. For any enquiries, please contact:

Accident and Health Department
AIG Insurance Hong Kong Limited
7th Floor, One Island East,
18 Westlands Road, Island East, Hong Kong
Email: cs.hk@AIG.com

Please include **your** name and policy number as shown on the **schedule** when **you** make the enquiry.

Benefits - Hospital Care

If, as a result of **bodily injury** or **sickness**, **you** are **hospitalized**, the following benefits may be payable subject to the terms and conditions and exclusions set out in this **policy**.

1. Daily Hospital Cash Benefit

If **you** suffer **bodily injury** or **sickness** after the **effective date**, **we** will pay,

subject to the terms and conditions of this policy, the **sum insured** of the Daily Hospital Income Benefit shown on the **schedule** for each day of **hospitalization** up to a maximum of 1,000 days.

2. Intensive Care Unit Benefit

If **you** suffer **bodily injury** or **sickness** after the **effective date**, **we** will pay an additional amount equal to 100% of the **sum insured** of the Daily Hospital Income Benefit shown on the **schedule** for each day of **hospitalization** in an intensive care unit up to a maximum of 1,000 days.

3. Long Term Hospitalisation Benefit

We will pay an additional amount equal to 100% of the **sum insured** of the Daily Hospital Income Benefit shown on the **schedule** commencing from the 31st day of **hospitalization** up to a maximum of 970 days.

4. Psychological Consultation Benefit

If **you** are **hospitalized** as a result of **bodily injury** or **sickness** during the policy period and **we** have paid **you** the Long Term Hospitalisation benefit under this policy, **we** will reimburse **you** for the reasonable and necessary charges for professional psychological counseling rendered by a **clinical psychologist** or **psychiatrist**, provided such rehabilitation services are undertaken upon the recommendation of your **physician**. Payment under this benefit is subject to the maximum of HKD1,500 per visit per day and HKD20,000 per disability per policy year. The maximum benefit payable to each eligible **child** is HKD1,500 per visit per day and HKD3,000 per disability per policy year.

The following additional restrictions and exclusions apply to this benefit

1. The psychological counseling should have been initiated within six months after discharge from **hospital**.
2. No benefit will be payable for the same loss claimed under Accident Care and Critical Care (if applicable) arising from the same cause.

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僱員自購保障關懷系列－每日住院現金保障

本保單連同申請表、保單列表及任何批註將構成**保單持有人與我們**（美亞保險香港有限公司）所訂立完整之保險契約。在保費如期支付的前提下，我們同意根據本保單的條款、條件和限制提供保單列表所載的保障。

本保單列明保障範圍及適用於本保單之條款和條件的詳細資料。**保單持有人及受保人**必須細閱本保單，以確保雙方均明白保障範圍。

本保險由美亞保險香港有限公司（地址為香港港島東華蘭路 18 號港島東中心 7 樓）承保。

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保單定義

意外或事故

在某一時間和地點，外在發生的任何突發、不可預料的特定事件。

身體傷害

是指**受保人**遭遇**意外**事故，在別無其他原因且非因**疾病**而引致之可見身體損害。

兒童

任何受**保單持有人**撫養而年齡為 6 個月或以上至 21 歲以下的人士或為 25 歲以下的全日制學生。

臨床心理治療師

擁有臨床心理學碩士或博士學位資格，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

生效日期

保單列表所示的本保單開始日，或如**受保人**加入本保單當日遲於本保單開始日，則以**受保人**加入本保單當日為準。

醫院

具備為病人提供治療的病床設施，並：

- 設有診斷及外科手術的設施
- 有護士提供 24 小時護理服務
- 由**醫生**監管及
- 不包括靜養、護理、護老院、為精神及行為障礙人士服務的機構、療養院，戒酒或戒毒服務之醫療機構，不論這些機構是否設置於同一所醫院內

留院

你於**醫院**登記為住院病人，而此為醫療必須的及受**醫生**的專業照料並須支付住房及膳食費用。若你在出院多於連續 90 日後再次入住**醫院**，我們會視此為**留院**新個案。

直系親屬

受保人的伯母／孀母／姑母／姨母／舅母、兄弟、妻舅／連襟、子女、孫／外孫、祖父母／外祖父母、侄子／外甥、侄女／外甥女、父母、配偶父母、姊妹、妯娌、伴侶或伯父／叔父／姑父／姨丈／舅父。

受保人

名字列於**保單列表**內的受保人。

深切治療護理病房

醫院所指定及每日須額外收取指定費用之病房、單位或範圍，設有護理人員及醫療設備不斷提供特別之深切護理服務，而並非**醫院**一般所提供之護理服務。

醫生

根據任何適用法律註冊的合格持牌醫生允許其提供西方醫療服務，在其牌照及受訓練範圍行事，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

保單持有人

作為保險保障申請人且於**保單列表**內列為保單持有人的人士。

受保前已存在之狀況

緊接你的**生效日期**前 3 年內，你曾：

- 接受藥物治療、醫生建議或治療；或
- 出現跡象或病徵；

的任何醫療狀況（不論診斷與否）。

緊接你的**生效日期**前 3 年內你所察覺到或引致平常謹慎行事的人尋求治療或診斷（不論診斷與否）的任何狀況，均視為**受保前已存在之狀況**。

精神科醫生

根據任何適用法律註冊的合格持牌精神科醫生允許在其牌照及受訓練範圍行事，而並非：

- **保單持有人**或**受保人**；或
- 商業夥伴、代理或任何與**保單持有人**、**受保人**或**受保人的直系親屬**有關的人士。

保單列表

詳列**保單持有人**所投購承保範圍之文件。

疾病

較正常健康狀況有病理差異的身體狀況。

伴侶

受保人之合法伴侶或與**受保人**以近似婚姻關係長期同居，並以同一地址登記的人士。

保額

保單列表所示的保障金額。

戰爭

戰爭是指因國家之間的軍事力量而引起或嘗試以軍事力量介入的任何活動，當中包括內戰、革命和入侵。

我們、我們的、我們自己

美亞保險香港有限公司。

你、你的或你本人

受保人。

不承保事項

以下各項不承保事項適用於本保單所有章節，並附加於有關保障的各個別章節的特別不承保事項之上。

我們不會賠償因以下事項引致的任何**身體傷害**或**疾病**：

1. 任何**戰爭**行動、外敵行動、交戰、叛亂或類似戰爭的行動（無論宣戰與否）；
2. 乘搭任何軍用飛機或以飛機師身份駕駛任何飛機；
3. 自殺或故意令身體受傷或上述任何企圖；
4. 你直接牽涉於刑事性質並違反法律的事宜而導致的**身體傷害**；
5. 精神病、睡眠、精神或神經失調、焦慮、緊張或抑鬱（不適用於心理輔導保障）；
6. 濫用藥物或藥物事故、酗酒治療、因酒精影響或服用非處方藥物而引致的**身體傷害**；
7. 你參與、練習職業運動或進行職業運動訓練而引致的**身體傷害**；
8. 你違反**醫生**勸喻行事或旅遊；
9. 例行身體檢查；
10. 先天免疫力缺乏綜合症（愛滋病）或於人體免疫不全病毒血清測試呈陽性反應下出現的任何**身體傷害**或**疾病**；
11. 妊娠、流產、分娩或任何因此而引起的併發症；
12. 整容或整形手術或任何非急需的手術；
13. 為復原健全及天然之牙齒的牙科診治費用（因**意外**引起的牙科診治費用屬承保範圍）；
14. 先天性異常或因此而引起的任何併發症或狀況；
15. 由**生效日期**、最後復效日或**保額**增加日（只限增加的部份）後連續 3 年內發生之**受保前已存在之狀況**（以較遲者為準）；
16. 任何於**生效日期**後 15 日內出現之**疾病**。

我們將不負責提供本保單的任何保障或根據本保單支付任何款項，若**我們**就任何損

失或索賠作出支付會違反任何制裁法律或規例，並由此導致**我們**、**我們的**母公司或**我們**的最終控制實體根據任何制裁法律或規例須繳納任何罰款。

基本保單條件

1. 完整的保險契約及保單變動

保單包含完整的保險契約。任何保單的變動須經我們同意及就此批註。

2. 更改保單

我們可在保險期內調整保單的條款和條件，包括收取的保費及提供的保障利益。所收取的保費並非保證不變，我們保留根據風險評估調整保費率的權利。

作出任何變更前，我們會在 30 日前以書面通知投遞至保單持有人的最後紀錄之地址。

3. 自動續保

本保單的保險承保範圍會於保單到期日自動續保而毋須發出新保單。然而，我們保留不邀請或接受續保的權利。

4. 受保人之年齡限制

本保單提供保障予：

- 成人—任何年齡由18至65歲的受保人，可續保至69歲。所有保障將於你70歲生日後的首個保費到期日終止；
- 兒童—任何受保單持有人撫養的受保人，年齡為6個月或以上至21歲以下或25歲以下的全日制學生。所有保障將於該兒童22或26歲生日後的首個保費到期日終止。

5. 不承保職業

本保單不會承保危險之職業。如你的職業在以下不受保範圍內，我們不會提供保障，除非你向我們聲明而我們接受你的申請，在此情況下我們會就接納你的申請而在本保單附加批註。

危險之職業包括但不限於職位或職責是爆破工人、職業運動員、騎師、偵探、特技人員、貨船裝卸工人、漁民、中港司機（跨境香港及中國大陸）、飛機師、沉箱工人、電梯技工、拆卸舊建築工人、地下鑽孔工人、野生動物訓練員或馬戲訓練員、情報機構人員、貨櫃起重操作員及炸藥/爆炸物操作員。參與地底工作、離岸工作、地盤工作或進行體力勞動性工作或於建築物外牆或離地面三十(30)英尺工作或安裝、於商船上工作或從事海、陸、空軍服務均被視為危險之職業。

6. 現況轉變

如就本保單所提供的資料有任何轉變，你或保單持有人須通知我們有關的變更，否則我們有權拒絕所有賠償或使其失效。

7. 年齡錯誤陳述

如果你於保單持有人在在本保單上申報的年齡比你實際年齡年輕，我們只會按你在本保單已繳付的保費佔你在你的生效日期時的年齡須繳付的保費百分比，提供部份保障利益。

如果你於保單持有人在在本保單上申報的年齡比你實際年齡年長，我們會提供保單列表所載的保障利益，且不計利息向保單持有人退還多繳的保費。

8. 繳付保費

保費按保單列表以每月方式繳付。於第一個保費到期日及隨後每月首日到期。每期繳付的保費乃用作購買該保費到期日後的月份本保單條款所示的保障。

如在到期日仍未繳付保費，則保單持有人須在30日內繳付。如在該期間仍未繳付保費，則保單會由未繳保費到期當日起自動取消。如在該30日期間繳付保費，則保障會繼續生效，猶如已在到期日繳付保費。

9. 取消保單

如保單持有人欲取消保單，可以書面通知我們，並投遞至香港島東華蘭路18

號港島東中心7樓。保障會在我們收到取消保單通知後的下一個月首日終止。我們亦可在30日前以書面通知並投遞至保單持有人的最後紀錄之地址取消本保單。保障及保單會在30日通知期滿後的下一個月首日終止。

如任何一方取消保單，則利益僅適用於日期為本保單終止日期前的留院。

為免存疑，當保單持有人不再於本保單受保時，所有受保人之保障將會隨之而結束。

10. 索賠通知

你須於事故發生後30日內以書面通知我們任何賠償申請。如未能在30日內發出通知，只要能證明延誤合理且你已盡快通知我們，而我們仍能全面調查有關索賠，則該索賠仍屬有效。

除我們另有書面協議外，任何由你提出與本保單有關的通知須送往以下地址：

香港港島東華蘭路 18 號港島東中心 7 樓，美亞保險香港有限公司，理賠經理。

11. 索賠證明

你須自費提供所有合理和必需的證明（包括驗屍（如適用））以提供索賠的依據。如果我們要求額外的證明，我們或會要求你就任何索賠進行我們所要求的身體檢查，費用由我們承擔。在我們調查損失是否成立期間，你必須遵照要求與我們合作，否則我們可能會因證據不足而拒絕你的索賠申請。

12. 接受保障利益

除受保人為兒童，其保障利益會支付予保單持有人外，受保人可得到有關索賠的保障利益。

如我們已根據本保單支付索賠，而你或保單持有人已接受此乃全部及最終賠償，則我們毋須再就同一索賠支付任何賠償。

13. 保障利益的利息

我們不會就本保單任何應付保障利益支付利息。

14. 第三者權利

除保單持有人或我們外，其他人士不得執行本保單的任何條款。

15. 追討權利

如我們或我們的授權代表所支付的賠償不屬本保單保障範圍或賠償限額超出保單列表上列明的保額，我們有權向你或保單持有人追回保額或超額的賠償。

16. 私隱條例

保單持有人/ 受保人同意及確認：

- 美亞保險香港有限公司（“美亞保險”）可按列於其私隱政策的用途使用於處理此保單申請或管理此保單所收集之個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權）；
- 美亞保險可使用保單持有人/ 受保人的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡受保人有關其它由 AIG 集團提供之保險產品（如美亞保險已獲保單持有人/ 受保人同意可如此使用其聯絡資料）；
- 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述列明之用途：
 - 提供有關本保單管理服務的第三者（包括再保險公司）（如上(a) 項所述）；
 - 財務機構，作處理此申請及收取保費（如上(a) 項所述）；
 - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜（如上(a) 項所述）；
 - AIG 集團授權的市場推廣公司，以作直銷之用（如上 (b) 項所述）；

(v) 其它在任何國家之 AIG 集團之成員公司，作上述 (a) 及 (b) 項所有列明之用途；或

(vi) 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。

(d) **保單持有人/ 受保人**可隨時致函到美亞保險香港有限公司之私隱事務主任(地址:香港郵政總局信箱 456 號或電郵:cs.hk@aig.com) 查閱、或要求修改其個人資料(美亞保險可就查閱及修改要求收取合理費用)，或更改有關其個人資料被使用作直銷用途的選擇。如對美亞保險提供的服務有任何意見，可按上述地址聯絡美亞保險。美亞保險私隱政策的全文載於www.aig.com.hk。

17. 轉讓

本保單不得轉讓。

18. 欺詐

有關**保單持有人的**申請、建議書及聲明(如有提供)或索賠的任何欺詐、蓄意不誠為或蓄意不披露資料事宜，均會使本保單失效。如果出現此情況，**你或保單持有人**會喪失所有應收的保障利益，並須償還**我們**已支付的所有保障利益。**我們**不會退還任何保費。

19. 筆誤

任何筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

20. 法例及審判權

本保單受適用於中華人民共和國香港特別行政區的法例規管。本保單訂約方均同意接受中華人民共和國香港特別行政區法院之專有審判權。

21. 債權人之取代

若**我們**已向**你**作出本保單的賠償，便可取代其爭取賠償的權利，向有關人士或機構追討，而**你**必須簽署及遞交法律文件和身份證件，或利用任何方法去保證此項的權利，對於損失此權利後，**你**不可採取任何行動。

查詢

我們會竭盡所能確保**你**能享受優質服務。如有任何查詢，請聯絡：

香港港島東華蘭路 18 號
港島東中心 7樓
美亞保險香港有限公司

人身意外及醫療保險部

電郵：cs.hk@AIG.com

查詢時請提供**你的保單列表**上所載之姓名及保單編號。

保障—每日住院現金保障

如**你**因**身體傷害**或**疾病**而需**留院**，**我們**可因應本**保單**所載條款和條件及不承保事項提供以下保障。

1. 每日住院現金保障

如**你**於**生效日期**後因蒙受**身體傷害**或**疾病**，**我們**會根據**保單列表**所載的每日住院現金保障，按**你****留院**的日數賠償**保額**，最高賠償日數為 1,000 日。

2. 深切治療護理現金保障

如**你**於**生效日期**後因蒙受**身體傷害**或**疾病**，**我們**會根據**保單列表**所載的每日住院現金保障，按**你****留院**深切治療護理病房的日數，支付相等於**保額** 100%的額外金額，最高賠償日數為 1,000 日。

3. 長期住院現金保障

我們會由**你****留院**第 31 日起，根據**保單列表**所載的每日住院現金保障，支付相等於**保額** 100%的額外金額，最高賠償日數為 970 日。

4. 心理輔導保障

如**你**於保單期間因蒙受**身體傷害**或**疾病**而**住院**，且**我們**已賠償**你**長期住院現金保障，**我們**會賠償**你**經**你的**醫生建議下由**臨床心理治療師**或**精神科醫生**進行心理輔導所收取合理和必要的費用。此保障的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$20,000。**兒童**的最高賠償額為每日每次 HK\$1,500 及每症每保單年度 HK\$3,000。

以下的限制適用於此保障：

1. 心理輔導必須於**你**出院後 6 個月內開始。
2. 不會賠償基於同一原因於「基本意外保障」及「危疾保障」(如適用)同時提出的索償。

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(此中文譯本乃供參考之用，如有異議，均以英文為準)