

i-Guard Travel Protection Plan

嘉保旅遊保障計劃

Policy Wording
保單條款

CHUBB®

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i-Guard Travel Protection Plan Certificate

Important information about this cover

This document sets out to the Insured Person(s) regarding the Terms and Conditions of i-Guard Travel Protection Plan which will be available to all Insured Person as defined. It is important that you keep it in a safe place as evidence of coverage. The i-Guard Travel Protection Plan Policy explains the nature of the arrangement and its relevant benefits and risks

You should read this i-Guard Travel Protection Plan Policy carefully. Any reimbursement made by You will be bound by the definitions, terms and conditions, exclusions and reimbursement procedures set out in this document.

The Upgrade Plan will be invalid if the effective date is later than four (4) hours upon the Insured Person arrive his/her first designated country after departure from Hong Kong, only one (1) i-Guard Travel Protection Plan Policy is accepted.

Part I: Declaration

In consideration of the declaration of the Insured Person's details received by Chubb Insurance Hong Kong Limited (herein called "the Company") has agreed to insure the eligible **Insured Person(s)** to the extent hereto provided and subject to the exclusions and all other limitations and provisions of the Master Policy No. [NACHKT1001](the "Policy").

Part II: Schedule of Benefits

In HKD			Basic Plan NACHKT1001B	Basic Plan + Upgrade Plan NACHKT1001U
A.	PERSONAL ACCIDENT	Sum Insured	300,000	300,000
B.	ACCIDENT MEDICAL EXPENSES	Sum Insured	5,000	5,000
C.	24 HOURS EMERGENCY SERVICES HOTLINE	Sum Insured	N/A	Applicable
D.	FLIGHT MISCONNECTION	Sum Insured	N/A	2,000
E.	BAGGAGE DELAY	Sum Insured	N/A	2,000
F(a).	TRAVEL DELAY	After 6 hour period of delay	N/A	200
F(b).		Sum Insured	N/A	2,000
G (a).	PERSONAL PROPERTY	Sum Insured	N/A	5,000
G (b).		Maximum amount for each item/set/pair	N/A	1,000

Part III : Definition Of Words

The following defined terms shall have the meaning set out as follows in this policy:

1. **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance.
2. **Authorised Assistance Service Provider** or **Chubb Assistance** means the independent service provider appointed by **The Company** to provide overseas assistance services to **Insured Persons**.
3. **Bodily Injury** means physical injury caused solely and independently by an **Accident** and sustained during a **Journey**.
4. **Child/Children** means the unmarried dependent child or children of the **Insured Person** (including step or legally adopted children) who is/are residing in Hong Kong and primarily dependent on the **Insured Person** for maintenance and financial support during the **Period of Insurance**.
5. **Chinese Medicine Practitioner** means a person other than an **Insured Person** or an **Immediate Family Member** who is a **Chinese bonesetter**, herbalist, acupuncturist or person duly registered as a Chinese medicine practitioner according to the **Chinese Medicine Ordinance** (Cap. 549).
6. **Confinement or Confined** means a continuous period of necessary confinement in a **Hospital** as a **Resident Inpatient** for which the **Hospital** makes a charge for room and board.
7. **Confirmation Page** means the confirmation issued to the Insured Person(s) which (i) allows each **Insured Person** to be identified by name, (ii) Period of Insurance of Upgrade Plan.
8. **Hospital** means a legally constituted establishment operated and licensed pursuant to the laws of the country in which it is located and which meets all of the following requirements:
 - (a) Operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a **Resident Inpatient** basis; and
 - (b) Admits a **Resident Inpatient** only under the supervision of one or more **Physicians**, at least one of whom is available for consultation at all times; and
 - (c) Maintains organized facilities for medical diagnosis and treatment of **Resident Inpatients** and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and
 - (d) Provides full-time nursing service by and under the supervision of a staff of nurses; and
 - (e) Has an on-duty staff of at least one **Physician** and one qualified nurse at all times; and
 - (f) **“Hospital”** shall not include the following:
 - a mental institution, an institution operating primarily for the treatment of psychiatric or psychological disease including sub-normality or the psychiatric department of a hospital;
 - a place for the aged, a rest home or a place for drug addicts or alcoholics;
 - a health hydro or nature cure clinic, a nursing or convalescent home, a special unit of a hospital used primarily as a place for drug addicts or alcoholics or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.
9. **Hong Kong** means the Hong Kong Special Administrative Region.
10. **Immediate Family Member** means an **Insured Person**'s spouse, parents, parents-in-law, grandparents, child(ren), siblings, grandchildren or legal guardians.
11. **Insured Person** of Basic Plan :

Refer to individual account of CSL Mobile Limited: the person who register the mobile number, his/her the spouse, child(ren) or parents. The Insured Person has to be aged between 18 to 75 years old.

Refer to corporate account of CSL Mobile Limited: the employees of the register company of the corporate account of the mobile numbers. The Insured Person has to be aged between 18 to 75 years old.

12. **Insured Person** of Upgrade Plan means the person who enrolls in the Upgrade Plan within four (4) hours upon his/her arrival of his/her first overseas destination country after departure from Hong Kong, and his name is stated in the Confirmation Page and declared to the Company. The Insured Person has to be aged between 18 to 75 years old.
13. **Journey** means the trip outside **Hong Kong** and stated in the Confirmation Page and declared to the Company.
14. **Medical Equipment** means the following medical equipment or medical appliances: wheel-chairs, prostheses, spectacles, crutches, walking frames, orthopedic braces and supports, cervical collars and hearing aids, which are certified by a **Physician** as being medically necessary to improve an **Insured Person's** condition resulting from a **Bodily Injury** or **Sickness**.
15. **Medical Expenses** means all **Usual, Reasonable and Customary Medical Expenses** necessarily incurred by an **Insured Person** as a result of **Bodily Injury** sustained or **Sickness** contracted, for **Confinement**, surgical, medical, or other diagnostic or remedial treatment given or prescribed by a **Physician**, including employment of a nurse, x-ray examination or the use of an ambulance as the result of an emergency.
16. **Period of Insurance**
 - Refer to Basic Plan means the day which the Insured Person is outside Hong Kong and activates the roaming service provided by the Policyholder, and such period is declared to the Company by the Policyholder.
 - Refer to Upgrade Plan means the number of insured days stated in the Confirmation Page and declared to the Company. The coverage starts on the insurance effective date/time stated in the Confirmation Page which must be within four (4) hours upon his/her arrival of the first overseas destination country after departure from Hong Kong and the coverage ending at earliest of either (i) fourteen (14) days after effective date, or (ii) the expiry date stated in the Policy Schedule, or, (iii) the Insured Person has passed through Hong Kong immigration control point on his return to Hong Kong.
17. **Permanent** means:
 - (a) In relation to one or both limbs, loss of use lasting twelve (12) consecutive months from the date of **Accident** and being beyond hope of improvement or remedy by surgical or other treatment at the expiry of that period, or loss by physical separation at or above the wrist or ankle joint during the same period; or
 - (b) In relation to any other type of loss, being beyond hope of improvement or remedy by surgical or other treatment at the end of twelve (12) consecutive months from the date of **Accident**.
18. **Permanent Total Disability** means disablement that results solely, directly or independently of all other causes from **Bodily Injury** and which occurs within one hundred eighty (180) days of the **Accident** in which such **Bodily Injury** was sustained, which, having lasted for a continuous and uninterrupted period of at least twelve (12) consecutive months, will, in all probability, entirely prevent the **Insured Person** from engaging in gainful employment of any and every kind for the remainder of his/her life and from which there is no hope of improvement.
19. **Personal Property** means personal goods belonging to an **Insured Person** taken on the **Journey** or acquired by an **Insured Person** during the **Journey**, other than any form of money, any kind of document, any kind of food or beverage, antiques, contracts, bonds, securities, animals, software, mobile telecommunications devices and accessories, means of transport and accessories, and jewellery (including but not limited to, for example crystals, earrings, necklaces, rings or brooches etc.) that is not being worn or carried by the **Insured Person** at the time of loss or damage.

20. **Physician** means a person other than an **Insured Person** or an **Immediate Family Member** who is a qualified medical practitioner licensed by the competent medical authorities of the jurisdiction in which treatment is provided and who, in providing treatment, practices within the scope of his or her licensing and training.
21. **Public Conveyance** means any mechanically propelled carrier operated by a company or an individual licensed to carry passengers for hire.
22. **Pre-existing Medical Condition** means any sickness or injury of which, in the six (6) consecutive months before the first day of the **Period of Insurance**, an **Insured Person, Immediate Family Member, Travel Companion** or **Business Partner** presented signs or symptoms, or for which, in the same period, an **Insured Person, Immediate Family Member, Travel Companion** or **Business Partner** sought or received (or ought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a **Physician**.
23. **Resident Inpatient** means an **Insured Person** whose **Confinement** as a resident bed patient is necessary for the medical care, diagnosis and treatment of **Bodily Injury** or **Sickness** and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
24. **Riot** means the act of a group of people that disturb the public peace (whether in connection with a **Strike** or lock-out or not) and the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
25. **Schedule of Benefits** means the schedule of benefits in Part 2 of this policy.
26. **Sickness** means illness or disease commencing during the **Period of Insurance**.
27. **Specially Designated List** means names of a person, entities, groups, corporate specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union or United Kingdom.
28. **Strike** means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
29. **Sum Insured** means, in relation to each benefit available to an **Insured Person** under this policy, the maximum amount listed in the **Schedule of Benefits** or any endorsement(s) corresponding to that benefit.
30. **The Company** means Chubb Insurance Hong Kong Limited.
31. **Travel Companion** means a person who accompanies an **Insured Person** for the entire **Journey**.
32. **Usual, Reasonable and Customary Medical Expenses** means charges for treatment, supplies or medical services medically necessary to treat an **Insured Person's** condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the charges are incurred. Charges that would not have been made if no insurance existed are excluded from this definition.

Part IV: Description Of Cover

Section A – Personal Accident

If an **Insured Person** sustains **Bodily Injury** and, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, **The Company** will pay the percentage stated for that type of loss in the Loss Table in this Section A of the **Sum Insured** stated in Section A(c) of the **Schedule of Benefits**.

Section A Loss Table:

Type of Loss	Percentage of the Sum Insured
1. Accidental death	100%
2. Permanent Total Disability	100%
3. Permanent and total loss or incurable paralysis of all limbs	100%
4. Permanent and total loss of sight in both eyes	100%
5. Permanent and total loss of sight in one eye	100%
6. Permanent and total loss of two limbs	100%
7. Permanent and total loss of one limb	100%
8. Permanent and total loss of speech and hearing	100%
9. Permanent and total loss of hearing in both ears	75%
10. Permanent and total loss of hearing in one ear	15%
11. Permanent and total loss of speech	50%

Special Conditions to Section A:

1. Where an **Insured Person** suffers more than one type of loss listed in the Loss Table in this Section A in the same **Accident**, **The Company's** liability under this Section A shall be limited to one payment for the type of loss which, of all the types of loss actually suffered, attracts the largest percentage stated in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
2. **The Company's** total liability under this Section A for all **Accidents** involving the same **Insured Person** occurring during the **Period of Insurance** shall not exceed the relevant **Sum Insured**.
3. Where the use or enjoyment of an **Insured Person's** limb or organ was partially impaired before an **Accident** occurred, **The Company** may, in its sole discretion and after considering a medical assessment by **The Company's** appointed medical adviser of the extent to which any **Bodily Injury** was, in the medical adviser's opinion, caused solely and independently by that **Accident**, pay such

percentage of the relevant **Sum Insured** as it considers reasonable. No payment shall be made for a limb or organ which was totally unusable before an **Accident** occurred.

4. Exposure: If an **Insured Person** is unavoidably exposed to the elements by reason of sustaining **Bodily Injury** and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, **The Company** will pay the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
5. Disappearance: Where an **Insured Person's** body has not been found within one (1) year of the date of the disappearance, sinking or wrecking of the means of transport being used by the **Insured Person** on the date of the disappearance, sinking or wrecking:
 - (a) It will be presumed that the **Insured Person** suffered **Accidental** death resulting from **Bodily Injury** at the time of such disappearance, sinking or wrecking; and
 - (b) Subject to receiving an undertaking, signed by the legal representatives of the **Insured Person's** estate, that if the presumption of **Accidental** death resulting from **Bodily Injury** is subsequently found to be wrong, any amount paid by **The Company** under this Section A will be immediately refunded to **The Company**.

The Company will pay to the legal representatives of the **Insured Person's** estate the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.

Exclusions to Section A:

This Section A does not cover:

1. **Sickness**, disease or bacterial infection.

Section B – Accident Medical Expenses

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

Special Conditions to Section B:

1. The **Authorised Assistance Service Provider** must be notified promptly if the **Insured Person** is admitted or anticipates admission to **Hospital** as a **Resident Inpatient** during the **Period of Insurance** outside **Hong Kong**. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this policy for those **Medical Expenses**.
2. **The Company's** liability under Section B for all **Medical Expenses** incurred shall not exceed the **Sum Insured** stated in Section B of the **Schedule of Benefits**.

Exclusions to Section B:

This Section B does not cover:

1. Any expenses included or contemplated in the cost of a **Journey** at the time it was paid for.
2. Surgery or medical treatment which, in the opinion of the **Physician** attending the **Insured Person**, can reasonably be delayed until the **Insured Person** returns to **Hong Kong**.
3. Any expenses incurred after an **Insured Person** has failed, within a reasonable period, to follow a **Physician's** advice to return to **Hong Kong** to continue treatment for **Bodily Injury** suffered or **Sickness** contracted outside **Hong Kong**.

4. Any expenses incurred during a **Journey** after an **Insured Person** has been advised by a **Physician** prior to the departure of the **Journey** that he or she is unfit to travel.
5. Any follow-up expenses incurred after the end of the **Period of Insurance**.
6. Any expenses incurred under Section B after seven (7) days from the date the first expenses were incurred.
7. Health check-ups or any investigation(s) not directly related to admission diagnosis, **Bodily Injury** or sickness or any treatment or investigation which is not medically necessary.
8. The cost of prostheses, contact lenses, spectacles, hearing aids, dentures and other medical equipment or optical treatment.
9. Any expenses incurred under Section B related to sickness or illness.

Section C – Chubb Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services

(Applicable for i-Guard Upgrade Travel Protection Plan only)

The services are provided by way of referral and arrangement only and all expenses incurred are to be borne by the **Insured Person**:

1. Inoculation and Visa Requirement Information services
2. Embassy Referral
3. Interpreter Referral
4. Loss of Luggage Assistance
5. Loss of Travel Document Assistance
6. Telephone Medical Advice
7. Medical Service Provider Referral
8. Monitoring of Medical Condition when Hospitalized
9. Arrangement of Appointments with Doctors
10. Arrangement of **Hospital** Admission

For full details on this service, please refer to the telephone hotline and referral service information provided by **Chubb Assistance**. If you have any queries on this telephone hotline and referral service, please telephone **Chubb Assistance** on (852) 3723 3030.

Section D – Flight Misconnection (Applicable for i-Guard Upgrade Travel Protection Plan only)

In the event that, during the **Period of Insurance**, whilst the **Insured Person** is on a **Journey**, if the **Insured Person**'s scheduled departure flight was delayed, cancelled or suspended due to:

- adverse weather
- natural disaster
- Strike involving the employees of the operator of a Public Conveyance, mechanical fault of a Public Conveyance or
- hijacking

which resulted in the **Insured Person** missing the confirmed onward connecting flight at the transfer point and no onward transportation is available to the **Insured Person** within six (6) consecutive hours on his actual arrival time (the misconnection being calculated from the actual arrival time to the actual departure time of the **Insured Person**), the **Company** will reimburse the **Insured Person** the following expenses reasonably incurred during the period the **Insured Person** is waiting for the first available alternative

transportation arranged by the operators of the **Public Conveyance** up to the **Sum Insured** stated in Section D specified in the Schedule of Benefits:

1. Additional transportation expenses for the sole purpose of travelling between the airport and the accommodation facilities;
2. Room charges at accommodation facilities;
3. Expenses for meals.

Special Condition to Section D:

- (i) The travel misconnection details must be verified in writing by the operator(s) of the **Public Conveyance** or their handling agent(s) as well as the reason for the travel misconnection, the scheduled and actual time of arrival and the scheduled and actual departure time of the next available **Public Conveyance**.
- (ii) **The Company's** total liability under this Section D during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section D of the **Schedule of Benefits**.

Exclusions to Section D:

This Section D does not cover the expenses:

1. For which the Insured Person has received or is due compensation from the carrier or operator responsible for the delay, cancellation or suspension of the scheduled **Public Conveyance**.
2. Any amount which an **Insured Person** is not legally obligated to pay.
3. Loss claimed under Section F – TRAVEL DELAY for the **same cause or event**.

Special Conditions to both Section D and Section F:

- (i) Where an **Insured Person** suffers more than one type of loss listed above in Section D and Section F as a result of the same cause or event. **The Company's** liability shall be limited to payment for either Section G or Section D only.

Section E – Baggage Delay (Applicable for i-Guard Upgrade Travel Protection Plan only)

In the event that, during the **Period of Insurance**, checked-in baggage is delayed, misdirected or temporarily misplaced by a **Public Conveyance** for more than six (6) consecutive hours after an **Insured Person's** arrival at the transportation terminal of the destination stated in the **Insured Person's** original itinerary for the **Journey**, **The Company** will reimburse the **Insured Person** for the cost of purchasing essential toiletries and clothing, up to the **Sum Insured** stated in Section E of the **Schedule of Benefits**.

Special Conditions to Section E:

1. Any claim under this Section E must be accompanied by written confirmation from the carrier associated with the delay, misdirection or temporary misplacement of the baggage for more than six (6) consecutive hours after an **Insured Person's** arrival at the airport of the destination stated in the **Insured Person's** original itinerary for the **Journey**. Failure to provide the written confirmation required by this condition precedent will result in **The Company** having no liability under this Section E.

Exclusions to Section E:

This Section E does not cover the cost of purchasing essential toiletries and clothing:

1. For which an **Insured Person** has received or is duly compensated from the carrier or operator responsible for the delay, misdirection or temporary misplacement of the baggage.
2. Where the arrival terminal is in **Hong Kong**.
3. Where the delay, misdirection or temporary misplacement of the baggage is unexplained or is due to confiscation or detention by customs or any other authority.
4. For **baggage** forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.
5. Claimed under Section G – Personal Property and arising from the same cause or event.

Section F – Travel Delay (Applicable for i-Guard Upgrade Travel Protection Plan only)

In the event that a **Journey** is delayed during the Period of Insurance due to an unanticipated event of adverse weather, natural disaster, **Strike** involving the employees of the operator of a **Public Conveyance**, mechanical fault of a **Public Conveyance** or hijacking during the **Period of Insurance**, **The Company** will pay a Cash Benefit up to the **Sum Insured** stated in Section F(a) stated in the **Schedule of Benefits**, provided that the Insured Person is travelling on a regular route as a fare-paying passenger holding a valid boarding pass/ticket, bearing the scheduled arrival time and the scheduled route and destination, issued by the operator of the airline which is legally licenced for such scheduled regular transport.

Cash Benefit calculated at the amount stated in Section F(a) of the Schedule of Benefits for each and every full six (6) consecutive hour period of delay.

Special Conditions to Section F:

- (i) This benefit is only applicable if the departure point is outside Hong Kong.
- (ii) Each period of delay will be calculated by reference to the difference between the scheduled local arrival time stated in the Insured Person's original itinerary for the Journey and the Insured Person's actual local arrival time at the same destination. For a Journey eventually cancelled after delay, each period of delay will be calculated by reference to the difference between the scheduled local arrival time stated in the Insured Person's original itinerary for the Journey and the Insured Person's scheduled local arrival time at the same destination of the first alternative transport arranged by the Public Conveyance that the Insured Person could have taken if the trip had not been cancelled.
- (iii) Where a Journey involves a sequence of connecting transport, the total period of delay will be calculated by reference to the difference between the original scheduled local arrival time at the final destination stated in the Insured Person's original itinerary for the Journey and the actual local arrival time at the same destination of the last transport in the sequence. For a Journey eventually cancelled after delay, each period of delay will be calculated by reference to the difference between the original scheduled local arrival time at the final destination stated in the Insured Person's original itinerary for the Journey and the scheduled local arrival time at the same destination of the last flight in the sequence if the trip had not been cancelled and the Insured Person had taken the first available alternative transport arranged by the Public Conveyance..
- (iv) An **Insured Person** must take reasonable steps to mitigate any period of delay. Failure to take reasonable steps to mitigate any period of delay as required by this condition precedent will result in **The Company** having no liability under this Section F.
- (v) Any claim under this Section F must be accompanied by written confirmation from the carrier associated with the delay stating the actual and/or scheduled local arrival time at the stated destination and the

reason for the delay in reaching that destination. Failure to provide the written confirmation required by this condition precedent will result in **The Company** having no liability under this Section F.

(vi) **The Company's** total liability under this Section F during the **Period of Insurance** shall not exceed the maximum amount under Section F of the **Schedule of Benefits**.

Exclusions to Section F:

This Section F does not cover loss:

1. Arising from the late arrival of an **Insured Person** at any point of departure stated in the **Insured Person's** original itinerary for the **Journey**, other than late arrival due to **Strike** of the employees of a **Public Conveyance** during the **Period of Insurance**.
2. Arising from an event or occurrence announced before the insurance is purchased which might reasonably have been anticipated, at that time, would be likely to result in the **Journey** being delayed.
3. Loss claimed under Section D – FLIGHT MISCONNECTION for the same cause or event.

Section G – Personal Property (Applicable for i-Guard Upgrade Travel Protection Plan only)

Subject to a reduction or allowance for physical deterioration, depreciation or obsolescence, **The Company** will indemnify, at its absolute discretion, reinstate, repair or replace **Personal Property** lost, stolen or damaged during the **Period of Insurance**, up to the **Sum Insured** stated in Section G (a) of the **Schedule of Benefits**.

Special Conditions to Section G:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any **Personal Property** lost, stolen or damaged by the wilful act of a third party and which may give rise to a claim under this Section G. The written policy report of such notification must also be provided to **The Company**. Failure to give the notice required or failure to provide the report required by this condition precedent will result in **The Company** having no liability under this Section G.
2. If loss, theft or damage occurs in transit, the **Public Conveyance** carrier must be promptly notified of the loss or damage within twenty-four (24) hours of the discovery of the loss or damage. The written report by the **Public Conveyance** carrier of such notification must also be provided to **The Company**. Failure to give the notice required or failure to provide the report required by this condition precedent will result in **The Company** having no liability under this Section G of the policy.
3. **The Company's** maximum liability for loss or theft of, or damage to, each item of **Personal Property** during the **Period of Insurance** will be restricted to the amount stated in Section G(b) of the **Schedule of Benefits**.
4. Where any item of lost, stolen or damaged **Personal Property** forms part of a pair or set, **The Company's** maximum liability for that item and that pair or set will be restricted to the amount stated in Section G (b) of the **Schedule of Benefits**.
5. **The Company's** total liability under this Section F for all loss, theft or damage in connection with **Personal Property** during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section G (a) of the **Schedule of Benefits**.
6. Upon any payment being made under this Section G, **The Company** shall be entitled to take and retain the benefit and value of any recovered or damaged **Personal Property** and to deal with salvage at its absolute discretion.

Exclusions to Section G:

This Section G does not cover:

1. Loss, theft or damage arising from an **Insured Person's** negligence including, but not limited to, leaving **Personal Property** unattended.
2. Any unexplained loss.
3. Any loss or damage to **Personal Property** which was left unattended in a vehicle (except locked in the trunk) or **Public Conveyance** or in other public places.
4. Loss of, or damage to, any **Personal Property** due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, mechanical or electrical failure, any process of cleaning, restoring, repairing, alteration, confiscation or detention or destruction by customs or any other authority.
5. Any hired or leased equipment;
6. Any loss or damage to, or any **Personal Property** forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.
7. Breakage and damage of fragile article;
8. Any amount/loss which is payable to, refundable to, or recoverable by, an Insured Person from any other source of indemnity, reimbursement or compensation.
9. Loss claimed under Section E– Baggage Delay for the same incident.

Part V – General Exclusions

General Exclusions Applicable To All Sections

This policy does not cover loss, consequential loss or liability arising from:

1. Any **Pre-existing Medical Condition**, congenital or heredity condition.
2. Travelling abroad contrary to the advice of a **Physician**, or for the purpose of obtaining medical treatment or services.
3. Suicide, attempted suicide or intentional self-infliction of **Bodily Injury**.
4. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
5. Dental care (unless resulting from **Accidental Bodily Injury** to teeth which were sound and natural before the **Accident**).
6. Mental or nervous disorders, insanity, psychiatric condition or any behavioural disorder.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, coup, hostilities (whether war is declared or not).
8. Direct participation in a **Strike/ Riot**/civil commotion/acts of terrorism or from the **Insured Person** performing duties as a member of armed forces, or armed service or disciplined forces (which shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc.), or as a volunteer and engaged in war or crime suppression.
9. Participation in:

- a. Any extreme sports and sporting activities that presents a high level of inherent danger (i.e. involves a high level of expertise, exceptional physical exertion, highly specialized gear or stunts) including but not limited to cliff jumping, horse jumping, stunt riding, big wave surfing and canoeing down rapids; unless such sports or sporting activities are usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and which are provided by a recognized local tour operator, providing that an Insured Person is acting under the guidance and supervision of qualified guides and/ or instructors of the tour operators when carrying out such tourist activities.
 - b. Any professional competitions or sports in which an Insured Person receives remuneration, sponsorship or any forms of financial rewards, any stunt activity, off-piste skiing,
 - c. Racing, other than on foot but this does not include long-distance running more than ten (10) kilometres, biathlons and triathlons,
 - d. Private white water rafting grade 4 and above,
 - e. Any kind of climbing , Mountaineering or Trekking or ordinarily necessitating the use of specialized equipment including but not limited to crampons, pickaxes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment,
 - f. Scuba diving unless an Insured Person holds a PADI certification (or similar recognized qualification) or when diving with a qualified instructor. The maximum depth that this policy covers is as specified under the Insured Person's PADI certification (or similar recognized qualification). However, in any situation, it should not be deeper than thirty (30) meters and he/she must not be diving alone.
10. Prohibition or regulation by any government, or detention or destruction by customs or any other authority.
 11. An unlawful, willful, malicious or reckless act or omission of an **Insured Person**.
 12. The actions of an **Insured Person** while under the influence of alcohol or drugs to the extent of legal impairment.
 13. Riding in any aircraft other than as a passenger in an aircraft.
 14. Any dishonest or criminal activity.
 15. An **Insured Person's** failure to mitigate the loss.
 16. AIDS or AIDS Related Complex, any **Bodily Injury** or **Sickness** commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
 17. The **Insured Person** engaging in manual labor or non-clerical or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.
 18. Any loss or expenses with respect to Cuba or a specially designated person, entity, group or company on the **Specially Designated List** or which if reimbursed or paid by **The Company** would result in **The Company** being in breach of trade or economic sanctions or other such similar laws or regulations.
 19. Any person or entity who is not a party to this policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this policy.

Part VI – General Conditions

1. **Validity of Policy:** (a) This policy is only valid for leisure travel or business travel (limited to administrative, clerical and non-manual works only) and shall not apply to persons undertaking expeditions, treks or similar journeys. (b) The **Insured Person** must be fit to travel.

2. **Entire Contract:** This policy, together with its endorsement(s), attachment(s) (if any), any application form completed by an **Insured Person**, together with any document(s) attached to that application form or referred to in it, comprise and constitute the entire contract of insurance. This policy shall not be modified except by written amendment signed by an authorized representative of **The Company**.
3. **Sum Insured under each Section:** Once the **Sum Insured** available to an **Insured Person** under any Section of this policy has been exhausted, that **Sum Insured** will not be reinstated and **The Company** will have no further liability under that Section to that **Insured Person**.
4. **Sum Insured paid out:** Each and every benefit paid under this policy will erode the relevant **Sum Insured** available to an **Insured Person**, leaving only the balance of the relevant **Sum Insured** available to pay any remaining benefit claims which may be presented to **The Company** by that **Insured Person**. **The Company's** total liability under each Section of this policy for each **Insured Person** involved in an **Accident** shall not exceed the relevant **Sum Insured**.
5. **Duplicate Coverages:** Each **Insured Person** agrees that, if they are covered under more than one i-Guard Travel Protection Plan Policy or other travel insurance issued by **The Company**:
 - (a) **The Company** will consider the **Insured Person** to be insured under the policy which provides the highest amount of benefit; or
 - (b) **The Company** will consider the **Insured Person** to be insured under the policy which was issued first if the benefit amount is the same.

In any case, **The Company** will refund the premium paid, without interest, to the **Insured Person** for the policy that does not provide cover.

6. **Notice and Sufficiency of Claim:** Written notice of claim must be given to **The Company** as soon as is reasonably possible and in any event within thirty (30) days from the first day of the event giving rise to the claim under this policy. Notice given by or on behalf of an **Insured Person** to **The Company** with information sufficient to identify the **Insured Person** shall be deemed valid notice to **The Company**. **The Company**, upon receiving a notice of claim, will provide to an **Insured Person** such forms as it usually provides for filing proof of claim. The **Insured Person** shall, at his/her own expense, provide such certificates, information and evidence to **The Company** as it may from time to time require in connection with any claim under this policy and in the form prescribed. Proof of all claims must be submitted to **The Company** within one-hundred-eighty (180) days from the first day of the event giving rise to a claim.
7. **Claims Investigation:** In the event of a claim, **The Company** may make any investigation it deems necessary and the **Insured Person** shall co-operate fully with such investigation. Failure by the **Insured Person** to co-operate with **The Company's** investigation may result in denial of the claim.
8. **Examination of Books and Records:** **The Company** may examine the **Insured Person's** books and records relating to this policy at any time during the **Period of Insurance** and up to three (3) years after the expiration of this policy or until final adjustment and settlement of all claims under this policy.
9. **Physical Examinations and Autopsy:** **The Company**, at its expense, has the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. It may also have an autopsy carried out unless prohibited by law.
10. **Other Insurance (Applicable to Sections B, D, and G):** If a loss covered by this policy is also covered under any other valid insurance (and regardless of whether that other insurance is stated to be primary, contributory, excess, contingent or otherwise), this policy will be subject to all of its terms and conditions, only cover that loss to the extent that the loss exceeds any amount recovered under the other insurance.
11. **Legal Action:** No legal action shall be brought to recover on this policy until sixty (60) days after **The Company** has been given written proof of loss. No such action shall be brought after three (3) years from the date of loss.
12. **Rights of Recovery:** In the event that authorization of payment and/or payment is made by **The Company** or on its behalf by its authorized representatives, to include the **Authorised Assistance**

Service Provider, The Company reserves the right to recover against the **Insured Person** the full sum which has been paid, or for which **The Company** is liable, to the **Hospital** to which the **Insured Person** has been admitted, less the liability of **The Company** under the terms of this policy.

13. **Subrogation:** **The Company** is entitled to subrogate the **Insured Person's** right of recovery/indemnity against any third party and has the right to proceed at its own expense in the name of the **Insured Person** against third parties who may be responsible for an event giving rise to a claim under this policy. The **Insured Person** should co-operate and endeavour to secure such rights and shall not take any action to prejudice such rights.
14. **Assignment:** No assignment of interest under this policy shall be binding upon **The Company**.
15. **To Whom Indemnities Payable:** Any death payment will be paid to the legal representatives of the Insured Person's estate. All other benefits will be paid to the **Insured Person**.
16. **Currency:** The **Sum Insured**, benefits and limit of liability stated in the **Schedule of Benefits** and this policy are expressed in Hong Kong dollars. Notwithstanding the first sentence of this policy, losses and/or benefits will be adjusted and paid in Hong Kong dollars or at **The Company's** option in the currency of the local country. When currency conversion is necessary when applying terms and conditions of the policy, the rates of exchange to be adopted shall be those prevailing at the date of loss as per the exchange rate at the median level quoted on www.oanda.com.
17. **Geographical Limit and Operative Time:** The geographical limit and operative time shall apply twenty-four (24) hours a day anywhere in the world during the **Period of Insurance** outside **Hong Kong** unless otherwise stated in any endorsement issued by **The Company**.
18. **Disclaimer:** Section C – Chubb Assistance – 24-Hour Worldwide Assistance Services are arranged by the **Authorised Assistance Service Provider** and the **Authorised Assistance Service Provider** is solely responsible for these services. The **Authorised Assistance Service Provider** is not a subsidiary or an affiliate of Chubb Insurance Hong Kong Limited and Chubb Insurance Hong Kong Limited will not be liable for any loss or damage caused by or relating to this service or any act or omission of the **Authorised Assistance Service Provider**.
19. **Cancellation by The Company:** **The Company** may cancel this policy at any time by sending written notice, stating the effective date of cancellation, to the **Insured Person's** last known address as shown in **The Company's** records. Cancellation will not affect valid claims already notified to **The Company** in accordance with General Condition 6 of this policy.
20. **Premium:** **The Company** has no liability under this policy until the premium is paid. The premium is deemed to be fully earned on the date this policy is purchased. No refund of premium shall be allowed once the policy has been issued.
21. **Mediation:** Any dispute or difference arising out of, or in connection with, this policy must first be referred to mediation at the **Hong Kong** International Arbitration Centre (HKIAC) and in accordance with the HKIAC's mediation rules. If the mediation is abandoned by the mediator or otherwise ends without the dispute or difference being resolved, the dispute or difference must be referred to, and resolved by, arbitration at the HKIAC and in accordance with the HKIAC's domestic arbitration rules. If the dispute or difference arising out of, or in connection with, this policy requires medical knowledge (including, but not limited to, questions relating to the **Sum Insured** for any medical service or an operation not listed in the **Schedule of Benefits**) the mediator or arbitrator may, in **The Company's** reasonable discretion, be a registered medical practitioner or a consultant specialist, surgeon, or **Physician**. If **The Company** refuses to pay any claim under this policy and a dispute or difference arising from that refusal is not referred to mediation and, if necessary, arbitration, within twelve (12) months from the date of refusal, any claim against **The Company** arising from that dispute or difference will be barred.
22. **Fraud or Mis-statement:** Any false statement made by an **Insured Person** or concerning any claim shall result in **The Company** having the right to void this policy or repudiate liability under it.

23. **Jurisdiction:** This policy shall be governed and construed in accordance with the laws of **Hong Kong**. Subject to General Condition 21, any dispute under this policy shall be settled in accordance with the laws of **Hong Kong**.
24. **Clerical Error:** Clerical errors by **The Company** shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.
25. **Breach of Conditions:** If the Insured Person is in breach of any of the conditions or provisions of the Policy (including a claims condition), we may decline to pay a claim, to the extent permitted by law.
26. **Interpretation of this Policy:** Please note that the English version of this Policy is the official version. This Policy has been provided to you in both English and Chinese languages for ease of reference only. The English version of the Policy will prevail if any dispute arises regarding the interpretation of any part of the Policy.

The Claimant should submit a claim within thirty (30) days of the event taking place to **Chubb Claim Centre** (www.Chubbclaims.com.hk). You can simply scan the below QR code to access the Chubb Claim Centre on your smartphone or tablet.



Alternatively, you can complete a claim form and submit together with the travel documents and the following documents as appropriate to Chubb Insurance Hong Kong Limited within thirty (30) days of the event taking place. Please call 3191 6611 for further assistance.

* For English submission only.

Personal Accident Cover

- Medical report or certificate issued by a **Physician** certifying the degree or severity of disability
- Police report, where relevant

Accidental Death

- Death certificate
- Coroner's report
- Police report, where relevant
- In the event of a disappearance, presumption of death as proclaimed by court

Accidental Medical Expenses

- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**
- Original **Hospital** bill/receipt with itemized list issued by a **Hospital**
- Original receipt for purchase of **Medical Equipment**, where relevant

Personal Property

- Original receipts, including date of purchase, price, model and type of items lost or damaged
- Photos of the damaged items showing the extent of the damage
- Copy of notification to airline/**Public Conveyance** and their official acknowledgement in writing when loss of damage has occurred in transit
- Police report (which must be made within 24 hours of the occurrence)
- Copy of notification to the issuing authority in respect of loss of traveler's cheques (which must be made within 24 hours of the occurrence)
- All bills, receipts and coupons

Travel Delay/Baggage Delay/ Flight Misconnection

- Official documentation from the airline/**Public Conveyance** including victim's name, date, time, duration and reason of delay
- Original bill/ receipt issued by hotel/airline/**Public Conveyance**
- Original bill/ receipt of essential toiletries and clothing

These are some of the required documents for claims. The Company reserves the right to request the Insured Person to provide any other information or documents which are not specified above, if necessary.

Part VIII - Personal Information Collection Statement

The Company (“**We/Us**”) want to ensure that Our **Insured Persons** (“**You**”) are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** (“**Personal Data**”), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

(b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS. Tick the box below if **You** do not consent to receive such marketing information from **Us**.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance (“PDPO”), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
25th Floor, Shui On Centre
No. 6-8 Harbour Road
Wanchai, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@Chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Please tick if **You** do not consent to receive marketing material from **Us**.

嘉保旅遊保障計劃

保障之重要事項

本文件向受保人提供了有關嘉保附加旅遊保障之條款及細則，此條款將適用於所有受保人。受保人須將此文件保存於安全地方以作有關保障之證據。嘉保附加旅遊保障之保單條款解釋了其性質及相關的保障和風險。

閣下必須細心閱讀此「嘉保附加旅遊保障」之保單條款及細則。你的所有索償將按照此保單內所載的詞彙釋義，條款及細則，不保事項及索償程序。

每受保人只可持有一份「嘉保旅遊保障」升級計劃，如升級計劃的保障生效日是遲於香港出發後到達首個目的地 4 小時，升級保障將被定義為無效。

第一部分 - 聲明

基於及根據已向安達保險香港有限公司 (以下稱「本公司」) 申報的受保人資料，本公司同意按照主保單 [NACHKT1001] 內所載的不保事項及所有其他限制及條款提供保障予合資格受保人。

第二部分 - 保障計劃

港幣			基本計劃 NACHKT1001B	基本計劃 + 升級計劃 NACHKT1001U
A.	個人意外	保額	300,000	不適用
B.	意外醫療費用	保額	5,000	不適用
C.	二十四(24)小時電話熱線及轉介服務	保額	不適用	適用
D.	航班中轉延誤	保額	不適用	2,000
E.	行李延誤	保額	不適用	2,000
F(a).	旅程延誤	6 小時延誤後	不適用	200
F(b).	最高限額	保額	不適用	2,000
G (a).	個人財物	保額	不適用	5,000
G (b).		每件 / 套 / 對物件的最高限額	不適用	1,000

第三部分 — 詞彙釋義

在本保單內，下列詞彙應具有以下涵義：

1. **意外或意外的**指偶然發生的突發、不可預見及意料之外的事件。
2. **授權支援服務供應商**或 **Chubb Assistance** 指本公司所指定向受保人提供海外支援服務的獨立服務供應商。
3. **身體損傷**指純粹及完全由**意外**造成並於**旅程**持續的生理傷害。
4. **子女指受保人的**未婚子女(包括繼子女或合法領養子女)，此等子女在**受保期間**，居於**香港**及依賴**受保人**的照顧及經濟上的支持。
5. **中醫師**指根據《中醫藥條例》(第 549 章)正式註冊為跌打醫師、針灸師或中醫師的人士，惟有關人士不得為**受保人**或**直系家庭成員**。
6. **住院或入住**指須以**住院病人**形式持續入住**醫院**，且**醫院**亦收取病房及膳食費用。
7. **確認頁**指發送予**受保人**的確認，當中載有(i) **受保人**的姓名，(ii) 升級計劃的**受保期間**。
8. **醫院**指合法組成及按照其國家法律營運的機構，並符合以下所有要求：
 - (a) 營運的主要目的是以**住院病人**形式接待患病，抱恙或受傷人士，並為其提供醫療護理及療程；及
 - (b) 在一名或多名駐診**醫生**的監督下接納以**住院病人**形式入院，而其中一位**醫生**必須隨時當值診症；及
 - (c) 維持妥善設施以為上述人士提供醫學診斷及治療，並於機構內或由機構控管之地方內提供進行各主要手術之設備(如適用)；及
 - (d) 設有由護士人員提供及督導之全職護理服務；及
 - (e) 任何時候均有最少一名合法執業的駐院**醫生**及一名合資格的護士當值；及
 - (f) 「**醫院**」一詞之釋義不包括以下：
 - 精神病院，主要提供精神科或包括弱智等心理病治療之機構，以及醫院之精神科病院；
 - 老人院、療養院、戒毒中心或戒酒中心；
 - 健康中心或天然治療所、療養或復康院，醫院內的特別部門主要供有毒癮的病人或酗酒者使用，或供護理、復康、復原、延續護理設施或療養院。
9. **香港**指香港特別行政區。
10. **直系家庭成員**指**受保人**的配偶、父母、配偶之父母、祖父母、子女、兄弟姐妹、孫子女或法定監護人。
11. **基本計劃之受保人**：
 - 根據 CSL Mobile Limited 個人戶口：CSL Mobile Limited 之流動電話號碼登記人、其配偶、子女或父母。受保人年齡須為 18 至 75 歲。
 - 根據 CSL Mobile Limited 商務戶口：該流動電話號碼需為商務戶口之登記公司的員工。受保人年齡須為 18 至 75 歲。
12. 升級計劃之**受保人**指該人士於**香港**出發並於到達目的地 4 小時內申請升級計劃，而其名字載於**確認頁**，並由保單持有人向申報予本公司。受保人年齡須為 18 至 75 歲。
13. **旅程**指由保單持有人向本公司申報之海外旅程。

14. 醫療用品指因身體損傷或患病後，由醫生證明任何在醫學上有需要及可改善受保人症狀的以下各項醫療用品及儀器，包括輪椅、義肢、眼鏡、拐杖、助行架、頸托、矯形保護墊 / 護托及助聽器。
15. 醫療費用指受保人因遭受身體損傷或患病，於接受住院、手術、醫療或由醫生給予或處方的其他診斷或治療（包括聘請護士、X光檢查或因緊急情況使用救護車）而必須引致的所有正常、合理及慣常的醫療費用。
16. 受保期間指下列期間：
- 於基本計劃而言，受保人於香港境外及啟動 CSL Mobile Limited 漫遊數據服務，而該期間申報予本公司；
 - 於升級計劃而言：載於確認頁受保人之投保日數並申報予本公司。保障生效日/時間須為於香港出發並於到達首個目的地 4 小時內申請及保障結束日為(1) 保障生效日後 14 天，或(2) 提供之受保日數，或(3) 由受保人返回香港通過香港入境處出入境管制站（以最早者為準）。
17. 永久指：
- 就單或雙肢而言，由意外發生之日期起喪失功用連續十二(12)個月，且於該期間結束時情況仍無改善希望或無法透過手術或其他治療治癒，或由於該期間內自手腕或足踝關節以上從身體分離而喪失有關肢體；或
 - 就任何其他類型喪失而言，由意外發生之日期起計連續十二(12)個月結束時，仍無改善希望或無法透過手術或其他治療治癒。
18. 永久完全傷殘指純粹、直接及不受其他因素影響下由身體損傷導致的傷殘，其相關身體損傷須於意外後的一百八十(180)日內發生出現；而該傷殘由意外發生之日期起計，須連續及無間斷持續十二(12)個月；及須在所有的可能性下，將完全妨礙受保人於餘生從事任何類型有報酬的工作及永無改善希望。
19. 個人財物指屬於受保人的及在旅程中攜帶或取得的個人物品，惟不包括任何形式的金錢、任何種類的文件、任何種類的食物或飲料、古董、合約、債券、證券、動物、軟件、流動電訊設備及配件、運輸工具及配件以及於遺失或損毀時受保人並未佩戴或攜帶的珠寶（包括但不只限於例如水晶、耳飾、項鍊、戒指或領針）。
20. 醫生指合資格執業的醫師，在提供治療予他人時，所處司法管轄區的主管醫療當局已發出牌照予他 / 她，他 / 她於提供治療已領有合資格執業的醫師牌照並提供其接受培訓的範圍內的醫療服務，惟有關人士不包括受保人及直系家庭成員。
21. 公共交通工具指由領有牌照可以出租方式運載乘客的公司或個人營運並以機械推動的任何運載工具。
22. 受保前已存在之傷病指於受保期間首日前連續六(6)個月內，受保人、直系家庭成員、同行伙伴或商業伙伴出現跡象或症狀，或於同一期間，受保人、直系家庭成員、同行伙伴或商業伙伴已尋求或接受（或理應經已尋求或接受）醫生給予醫療、會診、處方藥物、診症或診斷的任何患病或傷害。
23. 住院病人指因身體損傷或患病必須作為住院病人住院接受醫療、診斷及治療的受保人（而非僅僅是任何形式的護理、療養、康復、休養或延展看護）
24. 暴亂指任何人士單獨或與他人共同參與擾亂公共治安的行為（不論是否與罷工或停工有關），或任何依法成立的政府機關為鎮壓或試圖鎮壓任何上述擾亂行為或將上述擾亂行為的影響降至最低而採取的行動。
25. 保障計劃指本保單第二部分所載的保障計劃表。
26. 患病指於受保期間身體不適或罹患疾病。
27. 特別指定名單指於美國、澳洲、聯合國、歐盟或英國之經貿制裁或其他近似的法律或條例內相關的名單上所列之人士、實體、團體或企業。
28. 罷工指任何罷工工人或停工工人為推動罷工或抵制停工而蓄意作出的行為；或任何依法成立的機關為阻止或試圖阻止任何上述行為或將任何上述行為的影響降至最低而採取的行動。

29. **保額**指就**受保人**根據本保單可享用的各項保障而言，在**保障計劃**或該保障的任何相應批註中所列最高金額。
30. **本公司**指安達保險香港有限公司。
31. **同行伙伴**指在整個**旅程**中陪伴**受保人**的人士。
32. **正常、合理及慣常的醫療費用**指在醫療方面用於治療**受保人**的病症所需的治療、物品或醫療服務的費用，且該費用不高於產生有關費用地區的類似治療、物品或醫療服務費用的正常水平。此釋義並不包括假如並無保險則不會產生的費用。

第四部分一項目說明

章節 A — 個人意外

若**受保人**因遭受**身體損傷**，而直接及無可避免地於連續十二(12)個月內蒙受本**章節 A**的損傷表上列任何類型的損失，**本公司**將按照本**章節 A**損傷表上所列損失類別的百分比，支付**保障計劃**章節 A(c)所列**保額**。

章節 A 損傷表：

損失類別	保額百分比
1. 意外死亡	100%
2. 永久完全傷殘	100%
3. 永久及完全喪失四肢或無法治癒的四肢癱瘓	100%
4. 永久及完全喪失雙眼視力	100%
5. 永久及完全喪失單眼視力	100%
6. 永久及完全喪失雙肢	100%
7. 永久及完全喪失單肢	100%
8. 永久及完全喪失語言能力及聽覺	100%
9. 永久及完全喪失雙耳聽覺	75%
10. 永久及完全喪失單耳聽覺	15%
11. 永久及完全喪失語言能力	50%

章節 A 的特別條款：

1. 假若**受保人**在同一次**意外**中遭遇超過一類**章節 A**的損傷表所列的損失，**本公司**於本**章節 A**的責任僅限於支付一種損失類別，即根據所有實際遭遇的損失類別中，在本**章節 A**的損傷表列百分比為最高的一種損失類別，而**本公司**只會支付**保障計劃**章節 A 所列相關**保額**。
2. **本公司**根據本**章節 A**就涉及同一**受保人**於**受保期間**內發生的所有**意外**而承擔的總責任不可超逾相關**保額**。

3. 假若**受保人**的肢體或器官於**意外**發生前在運用上或感覺上已部分受損，則**本公司**可按其酌情決定及經考慮由**本公司**委任的醫療顧問所作的醫療評估後，按醫療顧問的意見認為純粹及單獨由該**意外**導致的任何**身體損傷**程度，支付其認為合理的相關**保額**百分比。**本公司**不會就**意外**發生前完全不能運用的肢體或器官支付費用。
4. 風險：假若**受保人**因遭遇**身體損傷**而面對不可避免地致命風險因素，以及因此直接及不可避免地導致於連續十二(12)個月內身故，**本公司**將按照本章節 A 的損傷表內**意外**死亡所列百分比，支付**保障計劃**章節 A 所列相關**保額**。
5. 失蹤：假若**受保人**的遺體於**受保人**所使用的交通工具失蹤、沉沒、毀壞，當日起計一(1)年內未能尋回：
 - (a) 則假設**受保人**已於上述失蹤、沉沒或毀壞時因**身體損傷**而導致**意外**死亡；及
 - (b) 在收到由已故**受保人**的法定代表簽署的承諾書後（假若因**身體損傷**而導致**意外**死亡的假設其後被證實有誤，則**本公司**根據本章節 A 支付的任何款項將即時退還**本公司**）。

本公司將按照本章節 A 的損傷表就**意外**死亡所列百分比，向已故**受保人**的法定代表支付**保障計劃**章節 A 所列相關**保額**。

章節 A 的不受保事項：

本章節 A 並不保障：

1. 患病、疾病或細菌感染。

章節 B — 意外醫療費用

假若**受保人**於**受保期間**內因**身體損傷**而引致**醫療費用**，**本公司**將向**受保人**補償有關**醫療費用**，惟金額上限為**保障計劃**章節 B 所列**保額**。

章節 B 的特別條款：

1. 於**受保期間**於香港以外作為或預備作為住院病人，須立即通知授權支援服務供應商。如未能按照此項先決條款規定而發出通知，**本公司**恕不承擔本保單項下有關**醫療費用**的任何責任。
2. **本公司**根據本章節 B(a)內引致的所有**醫療費用**的責任，不可超逾**保障計劃** 章節 B 項所列**保額**。

章節 B 的不受保事項：

本章節 B 並不保障：

1. 於支付**旅程**費用當時已包括或預期的任何費用。
2. 按照診治**受保人**的**醫生**認為，可合理地延遲至**受保人**返回**香港**後才接受的手術或醫治。
3. **受保人**未有於合理時間內遵循醫生的意見，返回**香港**繼續治療於**香港**以外遭受的**身體損傷**或**患病**，因而在其後引致的任何費用。
4. **受保人**在**旅程**出發前，經**醫生**診斷認為不適宜旅行後，他 / 她在**旅程**內引致的任何費用。
5. 在該**受保期間**結束後引致的任何覆診費用。
6. 引致首次費用之日期起七日後根據章節 B 引致的任何費用。
7. 健康檢查或任何並非與診斷、**身體損傷**或**患病**直接有關的檢驗，或並非醫療上必需的任何治療或檢驗。
8. 義肢、隱形眼鏡、眼鏡、助聽器、假牙及其他醫療設備或眼科治療的費用，除非該項目可於章節 B 覆診醫療費用內的**醫療用品**項目上得到賠償。

9. 根據章節 B 引致的任何與患病有關之費用。

章節 C – Chubb Assistance – 二十四(24)小時電話熱線及轉介服務 (只適用於嘉保升級旅遊保障計劃) :

下列服務僅以轉介及安排的方式提供，且所有費用須由**受保人**支付：

1. 預防注射及簽證規定的資訊服務
2. 領使館轉介
3. 傳譯員轉介
4. 遺失行李支援
5. 遺失旅遊證件支援
6. 電話醫療諮詢
7. 醫療服務供應商轉介
8. 住院時醫療狀況監察
9. 預約醫生安排
10. **醫院**入住安排

有關本服務之詳情，請致電電話熱線查詢或參閱由 **Chubb Assistance** 提供的轉介服務資料。若您對本電話熱線及轉介服務有任何查詢，可致電電話熱線 (852) 3723 3030 向 **Chubb Assistance** 查詢。

章節 D – 航班中轉延誤 (只適用於嘉保升級旅遊保障計劃)

於**受保期間**，倘**受保人**在**旅程**途中，因：

- 惡劣天氣
- 自然災害
- 涉及**公共交通工具**駕駛員工**罷工**、**公共交通工具**機件故障或
- 劫持

而導致**受保人**計劃乘搭的已確認航班延誤、取消或中止，而令他/她未能如期抵達轉機地點趕及乘坐下一段行程的接駁班機，而且在**受保人**實際抵達時間連續六(6)小時內（中轉延誤按**受保人**實際抵達至實際離開的時間計算）並無其他可行接駁交通工具給他/她乘搭接續旅程，**本公司**將賠償**受保人**於等待由**公共交通工具**安排的最先可乘搭接駁交通工具期間所花費的以下合理開支，惟以**保障計劃**章節所 D 述保額為上限：

- (i) 純粹因往返機場與住宿設施而產生的額外交通費用；
- (ii) 住宿設施的房間費用；
- (iii) 膳食費用。

章節 D 的特別條款：

- (i) 轉乘銜接延誤的詳情須由**公共交通工具**營運商或處理有關事宜的代理人作書面核實，並交代轉乘銜接延誤的原因、計劃及實際抵達時間及下一最先可乘搭的接駁**公共交通工具**的計劃及實際離開時間。
- (ii) 於**受保期間**，**本公司**於章節 H 項下的全部責任以**保障計劃**章節 D 所述保額為上限。

章節 D 的不受保事項：

本章節 H 並不保障下列費用：

1. 受保人已收取或準備收取由已計劃的**公共交通工具**延誤、取消或中止的運輸公司或營運商所作出的賠償。
2. 受保人並非依法支付有關款項。
3. 根據章節 F — 旅程延誤就同樣原因或事件索償的損失。

適用於章節 D 及章節 F 的特別條款：

- (i) 當受保人因同樣原因或事件而遭受上文章節 D 及章節 F 所列的多於一種損失，本公司的責任僅以章節 D 或章節 F 的款項為限。

章節 E — 行李延誤(只適用於嘉保升級旅遊保障計劃)

於受保期間內，假若**個人財物**在受保人抵達受保人**旅程**原定旅程表所列目的地的機場後，因**公共交通工具**延誤、誤送或暫時丟失超過連續六(6)個小時，本公司將向受保人補償購買必需盥洗用品及衣物的費用，惟上限為**保障計劃**章節 E 所列保額。

章節 E 的特別條款：

- (i) 根據章節 E 提出的任何索償，須附上承運人就有關**個人財物**在受保人抵達受保人有關**旅程**的原定旅程表所列目的地的機場後延誤、誤送或暫時丟失超過連續六(6)個小時而發出的確認書。如未能提供此項先決條款規定的確認書，本公司恕不承擔本章節 E 的任何責任。

章節 E 的不受保事項：

本章節 E 並不保障因下列原因購買必需盥洗用品及衣物費用：

1. 受保人已收取或準備收取須對**個人財物**的延誤、誤送或暫時丟失負責的承運人或營運商所作出賠償。
2. 受保人返回**香港**時所發生。
3. **個人財物**的延誤、誤送或暫時丟失屬於原因不明或因海關或任何其他機關充公或扣押而導致。
4. 於有關**旅程**前託運或單獨郵寄或以**公共交通工具**（同時運載受保人的**公共交通工具**除外）運送的**個人財物**。
5. 已根據章節 G—**個人財物**提出索償且因同一原因或事件所致。

章節 F — 旅程延誤(只適用於嘉保升級旅遊保障計劃)

假若於**旅程**內，**公共交通工具**因遇上惡劣天氣、自然災害、涉及**公共交通工具**營運商的僱員罷工、**公共交通工具**機件故障、遭到劫持或遭遇恐怖活動而導致於受保期間延誤，而且受保人必須以繳費乘客身份乘搭由合法**公共交通工具**經營商提供的固定路線，並持有由**公共交通工具**經營商發出之（列明其固定路線及目的地和計劃離開及 / 或抵達時間的）有效登機證，本公司將支付保障計劃章節 F(a)所列的**現金賠償**，並以**保障計劃**章節 F 所列保額為上限：

現金賠償以本保障計劃章節 F(a)所列金額，每滿連續六(6)個小時延誤計算。

章節 F 的特別條款：

1. 此保障只適用於香港以外之出發地。
2. 各連續延誤時數將參照**受保人**旅程的原定旅程表計劃抵達的當地時間，與**受保人**實際抵達同一目的地的當地時間之間的差異計算。如因延誤最終取消旅程，各連續延誤時數將參照**受保人**旅程的原定旅程表計劃抵達的當地時間與最早可啟程的由**公共交通工具**安排替代交通工具原定計劃抵達當地時間之間的差異計算。
3. 若旅程涉及連串轉乘交通工具，則總延誤時間將參照最後交通工具的原定計劃抵達與實際抵達的當地時間之間的差異計算。如因延誤最終取消旅程，各連續延誤時數將參照**受保人**旅程的原定旅程表計劃抵達的當地時間與最早可啟程的由**公共交通工具**安排替代交通工具原定計劃抵達當地時間之間的差異計算。
4. **受保人**須採取合理措施縮短任何延誤時間。如未能按照此項先決條款的規定採取合理措施縮短任何延誤時間，**本公司**恕不承擔本章節 F 的任何責任。
5. 任何根據本章節 F 提出的索償，須附上來自實際抵達所列目的地的當地時間發生延誤的相關承運人的確認書，當中須列明發生延誤抵達該目的地的原因。如未能提供此項先決條款規定的確認書，**本公司**恕不承擔本章節 F 的任何責任。
6. **本公司**根據本章節 F 於**受保期間**內發生的所有損失而承擔的總責任不可超逾**保障計劃**章節 F 上所列的**保額**。

章節 F 的不受保事項：

本章節 F 並不保障下列損失：

1. **受保人**因延誤抵達其**旅程**原定旅程表所列任何出發地點所引致的損失，但由於在**受保期間**內**公共交通工具**的僱員**罷工**造成延誤抵達所致的損失除外。
2. 因在生效日或之前，或在預訂旅程時，已宣佈且於當時可合理地預計可能導致旅程延誤的事件或情況所致的損失。
3. 已根據章節 D—航班中轉延誤且因同一原因或事件所致的損失。

章節 G — 個人財物（只適用於嘉保升級旅遊保障計劃）

就實際損耗、折舊及陳舊進行扣減或撥備後，**本公司**將按其絕對酌情權對於在**受保期間**內遺失或被盜或損毀的**個人財物**進行修復、修理或更換，惟上限為**保障計劃**第 G 項所列**保額**。

章節 G 的特別條款：

1. 假若發生任何**個人財物**遺失、被盜或因第三方的蓄意行為而損毀的情況可能導致本章節 F 的索償的事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員，並須附上報告該損失的書面證明。如未能發出此項先決條款規定的通知或附上該書面證明，**本公司**恕不承擔本章節 G 的任何責任。
2. 假若遺失、盜竊或損毀在運送時發生，須於發現遺失或損毀起計二十四(24)小時內，立即將有關遺失或損毀通知**公共交通工具**的承運人，並須附上報告該損失的書面證明。如未能發出此項先決條款規定的通知或附上該書面證明，**本公司**恕不承擔本章節 G 的任何責任。
3. **本公司**對於在**受保期間**內遺失、盜竊或損毀的每件**個人財物**的最大責任，將以**保障計劃**第 G 項所列金額為限。
4. 假若任何一件遺失、被盜或損毀的**個人財物**為一對或一套物品的一部分，**本公司**對該件及該對或該套物品的最大責任，將以**保障計劃**第 G 項所列金額為限。
5. **本公司**根據本章節 G 對於在**受保期間**內所有遺失、盜竊或損毀的**個人財物**的總責任，不可超逾**保障計劃**章節 G 所列**保額**。

6. 於根據本章節 G 支付任何款項後，**本公司**有權獲得及保留任何尋回或損毀的**個人財物**的利益及價值，並按其絕對酌情權處理剩餘價值。

章節 G 的不受保事項：

本章節 G 並不保障：

1. 因**受保人**疏忽所致的遺失、被盜或損毀，當中包括但不限於將**個人財物**置於無人看管的狀態。
2. 任何原因不明的遺失、被盜或損毀。
3. **個人財物**因被置於汽車（鎖於車箱除外）或**公共交通工具**內或其他公共地方且無人看管而導致的遺失、被盜或損毀。
4. 任何**個人財物**因蟲蛀、蟲蝕、磨損、大氣或氣候狀況、逐漸損耗、機件或電力故障、任何清潔、修復、修理、改造的程序、海關或任何其他機關的充公或扣押而導致的遺失或損毀或由他們造成的破壞。
5. 任何租借或租賃設備遺失。
6. 在**旅程**前託運或單獨郵寄或以**公共交通工具**（同時運載**受保人**的**公共交通工具**除外）運載的任何**個人財物**遺失、被盜或損毀。
7. 易碎品之破損或毀壞。
8. 受保人可從任何其他來源獲得彌償或賠償退款或收回款項。
9. 已根據章節 E – 行李延誤就同一事件提出索償的損失

第五部分 — 一般不受保事項

適用於所有章節的一般不受保事項：

本保單並不保障因下列各項所致的損失或後繼損失或責任：

1. 任何**受保前已存在之傷病**、先天性或遺傳狀況。
2. 違反**醫生意見**而外出旅遊，或為了獲取醫治或醫療服務而外出旅遊。
3. 自殺、企圖自殺或故意引致自身的**身體損傷**。
4. 因懷孕、墮胎、分娩、流產、不育而引致的任何情況及其所致的其他併發症，整容手術或性病。
5. 牙醫護理（**意外前**為天然及健全的牙齒但因**意外身體損傷**所引致除外）。
6. 精神或神經失常、精神錯亂、精神狀況或任何行為失常。
7. 戰爭（不論宣戰與否）、侵略、外敵行動、內戰、革命、叛亂、暴動、敵對行為（不論宣戰與否）。
8. 直接參與**罷工 / 暴亂 / 內亂 / 恐怖活動**，或因**受保人**履行身為軍隊、武裝部隊或紀律部隊（包括但不限於警員、海關職員、消防員、入境處職員 / 督察及懲教處職員 / 督察等）成員或身為戰爭或滅罪行動志願者的職責。
9. 參與
 - (a) 任何極限的運動或體育活動，其性質存有高度的危險性（即涉及高度專門技術、超乎正常的體力運用、使用專門工具或特技等），包括但不只限於跳懸崖、馬術障礙賽、特技表演、衝巨浪及獨木舟激流。除非該項活動是由當地合資格的旅遊活動經營者主辦，而且是項活動是開放給一般大眾及遊客參與，而對參與者並無特殊限制的旅遊活動（除身高或一般健康狀況警告外）。在參與活動時，受保人必須跟從按照合資格的導師及 / 或旅遊經營商的指導員之指導和監督。

- (b) 職業體育賽事或運動，而受保人可透過從事該運動而取得報酬、贊助或任何形式的財政報酬、任何特技活動、偏離滑雪道之滑雪活動，
 - (c) 競賽（除徒步的競賽外，但不包括超過十公里的跑步、冬季兩項競賽及三項全能運動），
 - (d) 第四(4)級程度之私人水域橡皮艇漂流，
 - (e) 任何一般需利用專用裝備的攀石或攀山活動，裝備包括但不限於鉤、鶴嘴鋤、錨、螺、繩索或嚮導等工具，
 - (f) 潛水活動，除非受保人持 PADI 證書（或同類認可的資格）、或在合資格的導師指導下陪同之下進行潛水。深度限制不能超過受保人的 PADI 證書（或同類認可的資格）所注明的深度，惟在任何情況下都不得超過三十(30)米深及不得單獨進行潛水。
10. 任何政府的禁令或規例，或海關或任何其他機關扣押或破壞。
 11. 受保人的非法、蓄意或惡意行為或魯莽行為或疏忽。
 12. 受保人因服用超越法定水平之酒精或藥物引起的有關損失。
 13. 乘搭任何飛機，但作為飛機搭客除外。
 14. 任何不誠實或犯罪活動。
 15. 受保人未有減輕損失。
 16. 愛滋病或愛滋病相關綜合症、任何於人體免疫力衰減症或相關疾病的陽性測試當時或其後開始的任何**身體損傷或患病**、或任何其他經性接觸傳染之疾病。
 17. 受保人從事體力勞動或非文職或危險工作，當中包括但不限於離岸鑽探、礦物提煉、處理爆炸品、地盤作業、特技工作及空中攝影。
 18. 任何與古巴有關之損失或費用；或任何與特別指定名單所列人士、實體、團體或公司有關之損失或費用；或任何導致本公司違反經貿制裁規定或相關法律或條例之損失或費用。
 19. 任何不是本保單某一方的人士或實體，不能根據《合約（第三者權利）條例》（香港法例第 623 章）強制執行本保單任何條款。

第六部分 — 一般條款

1. **保單有效性**：(a) 本保單只適用於消閒或公幹（只限行政性質、文職及非體力勞動）的旅程，而不適用於探險跋涉或類似旅程。(b) 受保人必須是適宜旅行人士。
2. **完整合約**：本保單，連同其批註、附件（如有）、經受保人填妥的任何申請表格連同該申請表格附帶或於申請表格提及（如有）的任何文件，組成及構成完整的保險合約。除經本公司授權代表簽署的書面修訂外，本保單不得修改。
3. **每一章節的保額**：受保人根據本保單任何章節可獲賠償的保額一經耗盡，保額將不會重置，且本公司毋須根據該章節對該受保人承擔任何進一步責任。
4. **保額支付**：根據本保單支付的各項保障將會減少受保人可獲賠償的相關保額，而相關保額只有剩下的結餘可用於支付該受保人可能會向本公司提出的任何餘下保障索償。本公司根據本保單所有章節對涉及意外的每名受保人的總責任，將不超逾相關保額。
5. **重複保障**：每一受保人同意，若他們同時受保多於一份由本公司簽發的「嘉保旅遊保障計劃」保單或其他由本公司簽發的旅遊保險：

- (a) 受保人將會被視作只受保於該份提供最高保障金額的保單；或
- (b) 如每份保單提供的保障相同時，則會以本公司首次簽發的保單以提供保障。

在任何情況下，任何重覆投購的保單，本公司將會在不付利息下全數退回已繳交的保費給受保人。

6. **索償通知及充份程度：**索償的書面通知必須在合理的情況下盡早送交本公司，且在任何情況下，須於導致根據本保單提出索償的受保事件發生之日起計三十(30)天內送交本公司。由受保人或其代表或索償人送交本公司且載有足以證明受保人身份的通知，應視為已有效送交本公司的通知。本公司於接獲索償通知後，將向受保人提供本公司為備存索償證明而通常提供的該等表格。受保人或索償人須根據本保單及該等表格就有關提出任何索償的規定，以自費方式就此向本公司提供有關證明書、資料及證據。所有索償的證明必須於導致索償的受保事件發生之日起計一百八十(180)天內送交本公司。
7. **索償調查：**於出現索償時，本公司可能作出其視為必要的任何調查，受保人應全面配合該調查。倘受保人未能配合本公司的調查，可能導致索償遭拒。
8. **檢查賬簿及記錄：**本公司可能於受保期間內任何時間及直至本保單屆滿後三(3)年，或直至根據本保單提出的所有索償獲得最終調整及解決前，將會檢查於本保單有關的受保人賬冊及記錄。
9. **體格檢查及屍體剖驗：**在索償處理期間，本公司有權自費於合理必要的情況下要求受保人接受檢查，除非法律禁止，否則亦可能要求進行屍體剖驗。
10. **其他保險（適用於章節 B、D、G）：**倘若根據本保單受保的損失屬於任何其他有效保單的保障範圍（而不論該份其他保險是屬於主要、分擔、附加、待定或其他性質的保險），本保單會根據本保單條文及條款，保障該份其他保險所支付的金額以外的實際損失金額，惟以有關損失金額為限。
11. **法律訴訟：**受保人在向本公司發出書面損失證明後六十(60)天起，方可展開法律訴訟追討本保單的賠償。受保人於損失日期起三(3)年後不得提出有關訴訟。
12. **追討權：**倘若本公司或其授權代表（包括授權支援服務供應商）代受保人作出授權支付及/或支付，則本公司保留權利向受保人追討已支付或本公司須向接納受保人入住的醫院支付的全部金額，惟將扣除本公司根據本保單條款責任須支付的金額。
13. **代位權：**本公司有權以自費方式，以受保人的名義對導致根據本保單提出索償的事件可能負上責任的第三方提出訴訟。
14. **轉讓：**本保單的任何權益轉讓對本公司並無約束。
15. **彌償的支付對象：**身故賠償將支付予已故受保人遺產的法定代表。根據章節 C – Chubb Assistance – 24-小時環球支援服務應付的款項乃支付予授權支援服務供應商或向受保人提供服務的其他服務提供商，除上述規定外，所有其他保障款項乃支付予受保人。
16. **貨幣：**本保單所有列於保障計劃內的保額、保障及限額等均以港幣計算。儘管本保單之賠償及/或保障將調整至港幣計算及付款，本公司亦可選擇以當地貨幣算付。而相關之貨幣匯率則以意外當天列於網站 www.oanda.com 的匯率中位數換算。
17. **地域限制及施行時間：**地域限制及施行時間適用於受保期間中在世界各地的一日二十四(24)小時，惟章節 C – Chubb Assistance – 24-小時環球支援服務除外，就該項而言，除非經本公司批註，否則適用於香港以外在世界各地的一日二十四(24)小時。
18. **免責條款：**章節 C – Chubb Assistance – 24-小時環球支援服務由授權支援服務供應商安排。授權支援服務供應商全面負責此 24 小時環球支援服務。授權支援服務供應商並非安達保險香港有限公司之聯營或附屬機構及安達保險香港有限公司概不負責有關或由授權支援服務供應商作出之任何行為或疏忽而引致之任何損失或損傷。

19. **取消保單：**本公司可以根據本公司記錄所顯示**受保人**最後所知地址，以書面通知方式隨時取消本保單。該通知應註明該項取消的生效日期。該項取消不會影響於取消提出前已根據本保單一般條款第 6 項已向本公司提出的任何索償。
20. **保費：**除非保費已支付，本公司在本保單內並無任何責任。保費於保險購買日期已被視為完全賺取。當保單繕發後，保費將不獲退還。
21. **調解：**凡出現因本保單產生或與本保單有關的任何爭議或歧異，均須首先提交**香港**國際仲裁中心，並按**香港**國際仲裁中心的調解規則進行調解。假若調解員放棄調解，或調解以任何方式結束但未能解決爭議或歧異，則該爭議或歧異必須提交**香港**國際仲裁中心，並按**香港**國際仲裁中心的本地仲裁規則透過仲裁解決。假若因本保單產生或與本保單有關的任何爭議或歧異需要醫療知識（包括但不限於與**保障計劃**並未列明的任何醫療服務或手術的**保額**有關的問題），則按照本公司的合理酌情權，調解員或仲裁員可以為註冊醫療人員或顧問或專科醫生、外科醫生或**醫生**。倘若本公司拒付根據本保單提出的任何索償，而因拒付產生的任何爭議或歧異並未於拒付日期起計十二(12)個月內提交調解及仲裁（如有必要），則因該爭議或歧異所引致而針對本公司的任何索償將不獲受理。
22. **欺詐或錯誤陳述：**由**受保人**作出或有關任何索償的任何虛假陳述均會導致本公司有權廢除本保單或撤銷根據本保單提出的責任。
23. **司法管轄權：**本保單受**香港**法律約束並據其解釋。依從一般條款第 21 項，本保單的任何爭議均須根據**香港**法律解決。
24. **文書錯誤：**本公司的文書錯誤不應令生效的保單因此失效，亦不應令失效的保單因此生效。
25. **違反條文：**若**受保人**違反任何本保單的條文（包括理賠條件），本公司可在法律容許下的範圍內，拒絕支付賠償。
26. **本保單的詮釋：**本保單以中英雙語撰寫；而英文版本為正式版本。如因對本保單內任何地方的詮釋而引起任何爭議，均以英文版本為準。

索償人應於事發後三十 (30) 天內於安達索償中心* (www.chubbclaims.com.hk) 提交索償申請。閣下亦可透過智能電話或平板電腦掃描以下的 QR 碼登入安達索償中心。



再者，閣下可將索償申請表，連同旅遊證件及下列文件 (視乎事件而定) 於事發後三十 (30) 天內送交至安達保險香港有限公司。如需協助，請致電 3191 6611。

*只支援英文輸入。

個人意外保障 / 燒傷保障 / 信用卡保障

- 由醫生簽發的醫療報告或證明書，證明傷疾程度或嚴重狀況
- 警方報告 (若相關)

意外死亡

- 死亡證
- 死因裁判官報告
- 警方報告 (若相關)
- 如屬失蹤，由法院宣佈推定死亡

意外醫療費用

- 經醫生證明的診斷，包括病人姓名及診斷日期
- 由醫院簽發的醫院賬單 / 收據正本並列明詳細項目
- 購買醫療用品的收據正本 (若相關)

個人財物

- 收據正本，包括遺失或損毀物件的購買日期、價格、型號及類別
- 展示損毀物件及其情況的相片
- 如在運送時遺失或損毀，由航空公司 / 公共交通工具發出的遺失通知書副本及其正式確認書
- 警方報告 (必須於事發後 24 小時內發出)
- 若屬遺失旅行支票，由簽發機構發出的遺失通知書副本 (必須於事發後 24 小時內發出)
- 所有賬單、收據及現金卷

旅程延誤 / 行李延誤 / 航班中轉延誤

- 航空公司 / 公共交通工具所發出的正式文件，包括受害人姓名、日期、時間、延誤期間及延誤原因
- 酒店 / 航空公司 / 公共交通工具所發出的正式賬單 / 收據
- 購買必需盥洗用品及衣物之賬單或收據正本

上述文件為提出索償時需要提供的部份文件。本公司保留權利，於有必要時，要求受保人提供上文並未註明的任何其他資料或文件。

本公司（「我們」）竭力確保受保人（「閣下」）對我們在收集個人資料方面的信心，我們於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述我們收集及利用由閣下提供以識別閣下個人的資料（「個人資料」）的目的、個人資料可能被公開的情況及閣下有權要求查閱及更改個人資料的詳情。

(a) 收集個人資料的目的

我們收集及使用閣下個人資料的目的，是為了向閣下提供具優勢的保險產品及服務，包括用作考慮閣下投保任何新的保險產品，及管理由我們提供的保單，安排保障，及執行和管理閣下及我們在該等保障下的權利及責任。同時，我們亦會收集及使用閣下個人資料以設計及識別能吸引閣下的產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用我們相應的產品及服務的聯盟及其他計劃。在閣下的同意下我們亦可能使用閣下的個人資料作其他用途。

(b) 直接促銷

只會在得到閣下的同意，我們會使用閣下的聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或 SMS 短訊方式聯絡閣下以便提供有關我們的保險產品的宣傳推廣。如閣下不希望接收到我們的宣傳推廣，請於下列方格內加上「✓」。

(c) 個人資料的轉讓

個人資料將予以保密，而我們亦絕對不會將閣下的個人資料售賣給第三者。我們會對公開閣下個人資料作出限定；但在任何適用的法例條文下，閣下的個人資料可能：

- (i) 會被透露予我們相信必須達成以上第 a 及第 b 段所述目的之第三者。例如：我們把閣下的個人資料提供予我們相關的員工及承辦商、代理及其他涉及以上目的之人士，如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀（當中可能包括在香港以外的第三方）；
- (ii) 會給我們的母公司及附屬聯營公司或安達在本地及海外的相關人員使用；
- (iii) 會提供予保險中介人，閣下可以透過指定系統查閱有關資料；
- (iv) 會給予有關人士以維持公眾安全及法紀；及
- (v) 在閣下同意下提供予其他第三者。

就以上個人資料的轉移，如有適用的地方，則代表閣下亦同意該資料在香港以外地方轉移。

(d) 查閱及更改個人資料

根據個人資料（私隱）條例，閣下有權要求查閱及更改曾給予我們的資料，另除非在個人資料（私隱）條例下有適用的豁免條款賦予我們可拒絕遵從，否則我們必須按閣下的要求，給閣下查閱及更改本身的個人資料。閣下亦可向我們要求提供持有閣下個人資料的類別。

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

安達個人資料私隱主任
香港灣仔港灣道 6-8 號
瑞安中心 25 樓
電話 +852 3191 6222
傳真 +852 2519 3233
電郵 Privacy.HK@chubb.com

在我們收到閣下查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，我們一般將不會收取任何費用；但即使我們在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

如閣下不希望接收我們的宣傳推廣，請於方格內劃上「✓」。

