

Personal Accident Insurance

In a prosperous city, life is busy and excited. Accidents happen in daily life. "Personal Accident Insurance" provides the comprehensive coverage to you effectively. The Geographical Limit is extended to worldwide, and claim will be settled subject to the Terms and Conditions if the Insured suffers from accidental death or bodily injury.

Age Limits

From 16 to 70 years old

Coverage

In the event of accidental death or bodily injury caused by any accident, the Insured will get the financial compensation according to the Schedule of Benefits.

Additional Coverage - Medical Expenses

Reasonable Medical Expenses incurred for accidental bodily injury as evidenced by the advice of registered doctor or hospital will be reimbursed. The maximum sum payable under this cover shall not exceed the amount specified in the Schedule in aggregate during the Period of Insurance.

Limit of Medical Expenses: not exceeding 10% of sum insured and maximum of MOP/HKD50,000

Rate Table (MOP/HKD) (per year)

Occupation Classification	A	B	C	D
Death or Bodily Injury (per \$1,000)	\$1.20	\$1.60	\$2.40	To be agreed
Extra Medical Expenses (per \$100 benefit)	\$1.00	\$1.20	\$1.80	\$2.40

Minimum Charge: \$150.00

Occupation Classification

A: Occupations or professions engaged in indoor clerical work of non-hazardous nature

B: Occupations or professions engaged in outdoor non-manual work

C: Occupations or professions engaged in non-hazardous manual work

D: All other occupations & professions not specified in above three categories

The Schedule of Benefits

項目 ITEM	傷 害 程 度 INJURY	賠 償 的 利 益 BENEFITS
1.	身故(失蹤不能作為意外事故，但因乘坐飛機或船隻失事而致完全滅失的不在此限)..... Death (Accidental death shall not in any way be presumed by reason of disappearance of the insured except in the event of the total loss by wreck of the ship or aeroplane on which the insured was travelling)	保額的 100% 100% of the sum insured
2.	全身癱殘(必須終身臥床或永久喪失工作能力)..... Total paralysis (resulting in being permanently bedridden or permanent disablement from engaging in or giving attention to Profession or occupation)	保額的 100% 100% of the sum insured
3.	喪失兩肢(指自手腕或足踝關節以上之分離喪失)或雙目失明、或喪失一肢及一目失明..... Loss of two limbs (Actual physical severance through or above wrist or ankle joints), or loss of sight of both eyes, or loss of one limb and sight of one eye	保額的 100% 100% of the sum insured
4.	喪失一肢或一目失明..... loss of either one limb or either sight of one eye	保額的 50% 50% of the sum insured
5.	喪失手指，足趾：(每手、腳的) Loss of Fingers or Toes (on each hand or foot):	
	(1) 喪失四指..... Loss of four fingers	保額的 40% 40% of the sum insured
	(2) 喪失拇指全部..... Loss of thumb (both phalanges)	保額的 25% 25% of the sum insured
	(3) 喪失拇指一節或食指全部..... Loss of thumb (1 phalanx) or index finger (3 phalanges)	保額的 10% 10% of the sum insured
	(4) 喪失食指一節或二節或中指全部..... Loss of index finger (1 or 2 phalanges), or middle finger (3 phalanges)	保額的 6% 6% of the sum insured
	(5) 喪失中指一節或二節，或無名指、小指全部..... Loss of middle finger (1 or 2 phalanges), or ring finger (3 phalanges), or little finger, (3 phalanges)	保額的 3% 3% of the sum insured
	(6) 喪失無名指、小指一節或二節..... Loss of Ring finger (1 or 2 phalanges), or little finger (1 or 2 phalanges)	保額的 1% 1% of the sum insured
	(7) 喪失腳趾全部..... Loss of toes - all	保額的 15% 15% of the sum insured
	(8) 喪失大趾全部..... Loss of toes - great (both pahalanges)	保額的 5% 5% of the sum insured
	(9) 喪失大趾一節或其他任何一趾的全部..... Loss of toes - great (one phalanx) or any other toes (all)	保額的 2% 2% of the sum insured
	(10) 喪失大趾以外任何一趾的一節..... Loss of toes - any other than great (one phalanx)	保額的 1% 1% of the sum insured
6.	其他傷殘如耳聾、斷骨等..... Other injuries as deafness, fracture of bones and etc.	照註冊醫生鑑定的百分率 Such proportion to be assessed by registered doctor

Provisos

- The total liability of the company in respect of any claim or claims accumulated shall not exceed the total amount insured.
- The Insured shall not be entitled to compensation under more than one of the items in the Schedule in respect of any one accident with the exception of Item 5, but the maximum payment of compensation under Item 5 shall not exceed 50% of the Principal Sum (Losses must occur within 180 days from the date of accident.)

Exclusions:

This Policy does **not cover** death or injury directly or indirectly:

1. Consequent upon war, hostilities or warlike operations, civil war, rebellion, strikes, riots or caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission;
2. Caused or contributed to by illness, infectious disease or by medical or surgical treatment (other than treatment required on account of an accident covered by this policy);
3. Caused or contributed to by intentional self-injury, suicide, or criminal or disorderly conduct;
4. Caused or contributed to by encountering murder;
5. Consequent upon the Insured engaging in Hunting, Mountaineering, Skating, Water Ski-ing, Diving, Racing of any kind or Fighting or caused whilst the Insured is by intoxication, drugs or insanity;
6. In case of the Insured engaging service in the forces or police, caused by whilst the Insured is on duty, or aviation other than flying solely as a passenger by aircraft of a regular airline;
7. In case of women, caused or contributed to be pregnancy, childbirth, dystocia or the result or consequence thereof;
8. Any loss or damage directly or indirectly caused by any act of "Terrorism".

* This leaflet is only a summary and just for illustrative purpose. For detail terms and conditions, please refer to Personal Accident Policy issued by the Company.

Personal Accident Insurance Proposal

Insured:

Name: _____ Sex: _____

Corresponding address: _____

Date of birth: _____ Contact No.: _____ I.D. Card No.: _____

Occupation:

Name of employer: _____

Post or Job Nature: _____

Beneficiary:

Name: _____ Sex: _____

Corresponding address: _____

Relationship: _____ Contact No.: _____

Sum Insured:

Death or Bodily Injury: (MOP/HKD) _____

Extra Medical Expenses: (MOP/HKD) _____

(not exceeding 10% of sum insured)

Period of Insurance:

From _____ To _____ (both dates inclusive)

Please answer following questions:

1. Do you now take out or have taken out any life, accidental death, disability or medical insurance? If so, please list out:

Name of company: _____

Sum Insured: _____ Date of Expiry: _____

2. Have you ever made an application for any life or accident insurance which has/have been declined or rescinded by any insurance company; or has any insurance company modified, imposed additional premium, cancelled or refused renewal of the policy issued?

3. Have you had medical treatment or surgical operation caused by diseases or accident in the last 5 years?

Yes No If yes, please state the date and result of treatment _____

4. Health status:

1) Do you have any problem in health status yes no _____

2) Do you have any auditory or vision defect yes no _____

3) Do you have any limb or body impairment yes no _____

Declarations:

I hereby declare and agree that all answers and statements in this proposal form are true and accurate, and further agree that all answers in this proposal form shall form the basis of any policy issued hereunder; and that no insurance will be effected until the policy is issued.

Warranted that the Insured shall pay the full premium when the related debit notes is issued by the Company. If the Insured fails to pay the full premium within the 30 days from the issue date of this Policy, the Company reserves the right to cancel the policy without further notice to the Insured.

Proposer's Signature: _____ Date: _____