
MediSure Pro

Here is your new insurance Policy. Please examine it together with the Schedule, to make sure that You have the protection You need.

Almost certainly your needs will change. If they do, please let Us know. Your Policy is designed for easy amendment or extension.

It is important that the Policy, the Schedule and any amendments are read together to avoid misunderstandings.

How Your Insurance Operates

Your MediSure Pro policy is a contract between MSIG Insurance (Hong Kong) Limited (the Company) and You, our Insured named in the Schedule. The proposal (application) form, declaration and any information given are the basis of this contract.

In consideration of your paying to Us the required premium, We agree to pay benefit to You in the manner and to the extent described in the Policy and in the Schedule, in respect of medical or other covered expenses incurred or covered critical illness occurring during the Period of Insurance, or any subsequent period for which the Policy is renewed and the appropriate premium paid.

Our Promise of Service

We wish to provide You with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. Should You have any reason to believe that We have not done so, please contact our Customer Services Representative who will be ready to help You with your problems.

Definitions of Words

Certain words have been defined below. These have the same meaning wherever they are used in the Policy or the Schedule.

Accident

means bodily injury caused solely by violent, accidental, external and visible means and not by sickness, disease or gradual physical or mental process.

Age

means the attained age calculated on inclusive basis.

the Company / We / Us

means MSIG Insurance (Hong Kong) Limited.

Congenital Illnesses

means any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known about at birth or any neo-natal abnormalities developed within 6 months of birth. They shall include (but not to the exclusion of others which may medically be regarded as congenital conditions) cleft lip or palate, strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect, pre-auricular sinus, arteriovenous malformation and indirect inguinal hernias.

Dependant

means :

- (a) the spouse of the Insured and/or,
- (b) unmarried children who are dependent upon the Insured for support provided always that such children are aged not less than 15 days and not more than 18 years at the date of enrolment or renewal (extended to 23 years old if in full time formal education) and/or,
- (c) the parents of the Insured and/or,
- (d) the parents-in-law of the Insured.

Developmental Conditions

means disorders which manifest signs of delay or impairment in a child's physical, mental, cognitive, motor, language, behavioural, social interaction, learning or other development when compared to the normal healthy state of person at the given age, level or stage of development.

Disability

means any injury, sickness or disease.

One disability shall include all disabilities arising from the same cause including any and all complications therefrom. Subsequent disability from the same cause within 90 days following the latest Treatment or consultation shall be considered as a same disability.

Subsequent disability from the same cause after 90 days following the latest Treatment or consultation will be considered as a separate disability if the disability has fully recovered with :

- (a) no further sign and symptom of the disability
- (b) no further Treatment for the disability required or advised by Physician.

Treatment includes symptomatic evaluation, imaging studies, monitoring follow up, medication, test, investigation, therapy, surgical procedure, and care for that disability.

Due Date

means the date of commencement or renewal of cover as shown on the Schedule or the date on which any subsequent payment of premium falls due.

Home Country

means the country of which the Insured holds a passport. If the Insured holds more than one passport, the Home Country will be taken to mean the country declared on the Application Form under the heading "Home Country". When Dependants of an Insured are enrolled in the Policy, the Home Country of the Dependants will be deemed to be the same Home Country as declared for that Insured in the Application Form.

Hospital

means an institution which is legally licensed as a medical or surgical Hospital in the country in which it is located. It must be under the constant supervision of a Physician. Hospital does not include establishment for convalescence and rehabilitation.

IMPORTANT - Please read this Policy carefully upon receipt and promptly request for any necessary amendments.

In-patient

means confinement in a Hospital by the Insured Person who is registered as an inpatient and occupies a bed for which room charges are billed by the Hospital, and this excludes stay by the Insured Person in observation room, day-case unit or similar hospital setting.

Insured / You

means the person in whose name the Policy is issued and whose name is listed as Insured on the Schedule.

Insured Person

means an individual or covered Dependant who has completed or whose name is included on an Application Form for the Policy and in respect of whom commencement of cover has been confirmed in writing by the Company.

Period of Insurance

means the period specified in the Schedule and any subsequent period for which the Company has agreed to accept and the Insured has paid or agreed to pay the appropriate premium.

Physician

means a Registered Medical Practitioner of western medicine properly qualified and licensed by the competent Medical Authorities of the country in which Treatment is provided, and who in rendering such Treatment is practising within the scope of his or her licensing and training, other than the Insured Person, the family member or relatives or partner of the Insured Person unless otherwise agreed by the Company.

the Policy

means the MediSure Pro policy.

Pre-existing Conditions

means any injury, illness, condition or symptom:

- (a) for which Treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the commencement of the Policy for the Insured Person concerned, or
- (b) which originated or was known to exist by the Insured Person (or anyone insured under the Policy) prior to the commencement of the Policy whether or not Treatment or medication or advice or diagnosis was sought or received.

Reasonable and Customary Charges

means charges for medical care which shall be considered by the Company or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable Treatment, services or supplies to individuals of the same sex and of comparable Age for a similar disease or injury. Any scales of charges which may be agreed from time to time between the Company and Hospitals and Physicians shall also be indicative of such Reasonable and Customary Charges.

Schedule

means the Policy Schedule issued by the Company which lists out the name of the Insured Person, the Period of Insurance and the coverage.

Specialist

means a Registered Medical Practitioner legally registered in the Specialist Register of the Medical Council of Hong Kong or equivalent and qualified to practise Specialist care according to the qualified specialty, other than the attending doctor, the Insured Person, the family member or relatives or partner of the Insured Person unless otherwise agreed by the Company.

Surgical Schedule (if applicable)

means the Surgical Schedule attaching to the Policy showing the surgical category of different surgical procedures to which the Policy will pay according to the type of surgical procedure undertaken.

Treatment

means surgical or medical procedures, the sole purpose of which is the cure or relief of injury, sickness or disease. Treatment includes symptomatic evaluation, imaging studies, monitoring follow up, medication, test, investigation, therapy, surgical procedure, and care for Disability.

Upgrade Date

means the date on which an upgrade to the benefit amount or coverage is approved by the Company by means of endorsement on the Insured's confirmation of such upgrade.

Usual Country of Residence

means the country in which the Insured or covered Dependant is usually living at the date of commencement of cover under the Policy and which is declared on the Application Form. As a condition precedent to liability, the Company must be informed in writing of any permanent change in the Usual Country of Residence, which shall be deemed to mean the Insured or covered Dependant living or intending to live in another country for a period in excess of 3 consecutive months. The Company reserves the right to continue cover on terms and conditions it considers appropriate to the new Usual Country of Residence or to decline to continue cover under the Policy.

Waiting Period (if applicable)

means the period of time (specified in the Table of Benefits or Policy, if applicable) from the original inception date of the Policy during which Treatment necessitated by or critical illness resulting from any cause other than Accident is not covered.

General Conditions

It is an important part of our contract that You observe the following General Conditions:

1. Co-ordination of Benefits

The Policy will not provide compensation other than on a proportionate basis if the Insured Person has any other insurance in force or is entitled to indemnity from any other source in respect of the same Accident, illness, death or expense. The Company has full rights of subrogation and may take proceedings in the Insured Person's name, but at the Company's expense, to recover for the Company's benefit the amount of any payment made under the Policy.

2. Co-operation

As a condition precedent to the Company's liability the Insured Person or his/her representatives shall co-operate fully with the Company, its representatives and its medical advisers and will fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information, at the Insured Person's expense, from any doctor or Hospital or other source.

3. Local Treatment

Unless agreed in writing by the Company prior to the inception of the Policy and the appropriate additional premium having been paid by the Insured, premium rates under the Policy have been charged on the basis of medical Treatment costs prevailing in the Insured Person's Usual Country of Residence. It is understood and agreed that the Insured Person shall, wherever possible, obtain covered Treatment in the Usual Country of Residence except for emergency Treatment in respect of Accident or acute illness occurring during short period business or holiday travel (not exceeding 90 days per trip) outside the Usual Country of Residence and which require immediate medical attention.

Should the Insured Person choose to be treated elsewhere then covered Treatment costs will be met up to an amount not exceeding the Reasonable and Customary Charges for medical Treatment of a standard and type usually available and customarily provided for the medical condition concerned in the Usual Country of Residence and subject to transportation costs being excluded.

The Company will give due consideration to requests for covered Treatment to be received elsewhere in the event that adequate Treatment is not available locally in the Usual Country of Residence and subject to

the Company giving its prior approval in writing before such Treatment is undertaken.

4. Reasonable Precautions and Material Changes

The Insured Person shall take all reasonable precautions to prevent and minimise any Accident, injury, death or expense and the Company must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, sporting activity or otherwise which may increase the possibility or likely quantum of a claim under the Policy. The Company reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

5. Commencement, Renewal and Change of Benefits

The Period of Insurance is stated in the Schedule. Subject to the terms and conditions then generally in force at the annual renewal date, renewal will be offered from year to year automatically and guaranteed up to age of 100.

Medical Top Up Plan will be renewed up to age 69 and will be switched to Gold Plan automatically when the Insured Person attains age 70 on renewal. Conversion to plan with benefits level higher than that of Gold Plan is subject to underwriting and approval by the Company.

Serious Illness Benefit and Lady Care Benefit will be renewed automatically to age 79.

Maternity Benefit will be renewed automatically to age 49.

The required premium must be paid to the Company before the insurance is in force. The Policy may be renewed at the option of the Insured and the Insured may terminate the Policy with effect from any Due Date by giving 30 days notice in writing of intention not to renew the insurance. Premium once paid will not be refundable.

Additional loading of premium or exclusion will not be applied on individual basis at renewal in regard of change of health condition after commencement of the Policy. However, renewal terms, conditions and premium rates are not guaranteed and may be adjusted by the Company periodically for all Insured Persons or classes of Insured Persons on an overall portfolio experience basis. Premium will increase upon entering each higher premium rating Age band.

In the event of the entire product being withdrawn by the Company due to adverse experience or for any other reason, Insured Persons so affected will be offered participation in any replacement product, if any, on the terms, conditions and premium rates then prevailing.

Change of benefits shall be effected on the Policy renewal date. The Insured may apply for change of benefits by giving 30 days notice in writing before renewal of Policy. In the event that cover is increased or varied at the Insured's request with effect from any renewal date such increased or varied cover shall not apply to any injury, illness, symptom or condition then known to exist by the Insured Person or for which Treatment or medication was then foreseeable unless such material facts are fully disclosed to and accepted by the Company in writing prior to the effective date of any such increase or variance.

6. Conversion Option for Medical Top Up Plan

The Insured Person may apply by giving 30 days prior notice in writing before the age of 70 to convert the Medical Top Up Plan to Gold Plan at renewal without giving further evidence of insurability. Conversion to plan with benefits level higher than that of Gold Plan is subject to underwriting and approval by the Company.

Exclusions imposed for the Insured Person under the Medical Top Up Plan are applicable to the plan converted hereto.

The amount of benefits payable for claims incurred after conversion shall be up to limits of the plan converted to as set forth in the Table of Benefits. For Disability that has been existing and covered under the Medical Top Up Plan, benefits will be payable up to limits of Gold Plan.

7. Continuity of Benefits after Termination

In the event of termination or non-renewal of the Policy covered benefits shall continue to be payable for up to a maximum period of 30 days thereafter in respect only of any claim which has been reported to and accepted by the Company prior to such termination or non-renewal, subject to the limits and sub-limits set out in the Table of Benefits, and provided that the Insured Person is not residing or seeking covered Treatment outside the Usual Country of Residence. In the event that an Insured Person becomes resident or seeks covered Treatment outside the Usual Country of Residence no such continuity of covered benefits shall apply.

8. Eligibility

Unless agreed otherwise in writing by the Company the maximum Age for first enrolment in the Policy is 75 years of age except for Medical Top Up Plan, Serious Illness Benefit and Lady Care Benefit the maximum Age for first enrolment is 59 years of age.

Insured Persons of all nationalities and their Dependants are eligible for insurance, other than newly born children and citizens of the USA or Canada whose Usual Country of Residence is the USA or Canada.

Newly born children shall be eligible for insurance 15 days after the date of normal healthy birth or 15 days after discharge in a normal healthy condition from the Hospital where birth took place, whichever is the later.

For Lady Care Benefit, eligibility is restricted to individual who is 18 years of age or above.

Applicants who are not eligible may not be enrolled in the Policy, and no cover is in force until confirmed by the issue of a Schedule by the Company.

9. Termination Upon Return to USA or Canada

In respect of Insured Persons who are citizens of or have right of abode in the USA or Canada and who return to the USA or Canada, insurance under the Policy shall terminate automatically from the date of their return to the USA or Canada unless the Company shall agree to the contrary in writing and such additional premium as may be required by the Company has been paid.

The Insured Person must notify the Company of such return or intention to return within 30 days thereof, and the Company will cancel the Policy and refund a proportionate part of the annual premium from the date of return up to the next Due Date.

Subject otherwise to the terms and conditions of the Policy this limitation shall not apply in respect of emergency Treatment for Accidents or acute illness occurring during short period business or holiday trips (not exceeding 42 days in the aggregate during any one Period of Insurance) to the USA or Canada and which require immediate medical Treatment.

10. In the Event of Fraud

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Insured or any Dependant or anyone acting on their behalf to obtain benefit hereunder, then the Policy shall be cancelled immediately and all benefit and premium forfeited.

11. Exclusion of Rights under Contracts (Rights of Third Parties) Ordinance

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.

Claims Conditions

We will act in good faith in all our dealings with You. Equally, the payment of claims is dependent on:

1. Notification of Claim

Before covered Treatment is undertaken as a Hospital In-patient (except in cases of Accident or acute medical emergency), the Insured Person must inform the Company or its appointed representatives immediately in writing giving full details of the proposed Treatment and the names and addresses of the Physician and Hospital concerned. A fully completed Claim Form and the supporting medical documents should be submitted to the Company within 30 days after discharge from Hospital or date of Treatment, whichever is the later.

For Serious Illness Benefit and Lady Care Benefit, claims or potential claims must be notified to the Company within 30 days after the critical illness is diagnosed. A fully completed Claim Form together with supporting medical information must be submitted to the Company within a period of 30 days from first notification. In cases of Accident or acute medical emergency which prevents the Insured Person from complying with this condition, written notification together with supporting medical information must be submitted to the Company as soon as reasonably possible thereafter.

Observance of these Notification of Claim conditions together with the Claims and Emergency Assistance Procedures at the end of the Policy shall be a condition precedent to the Company's liability.

2. Payment Guarantees (not applicable to Medical Top Up Plan and Day Care Surgery)

Upon receipt of adequate prior notification of claim for Hospital In-patient Treatment, the Company will confirm the extent of insurance benefits, monitor claims procedures, issue (wherever possible) appropriate payment guarantees and/or arrange direct settlement to the Hospitals, Physicians or other service providers subject always to Policy terms and conditions. No such payment guarantees or direct settlements can be made if the Company is not contacted in advance with all relevant details as stated above. Covered outpatient services are not subject to payment guarantees or direct settlement and must be paid by the Insured Person and reimbursement claimed under the Policy.

3. Proof of Claim

Original documentation and receipts together with a fully completed Claim Form signed by the treating Physician must be submitted to the Company within the time limits defined above and before payment guarantees for In-patient Treatment or payment of benefit can be made. Photocopies are not acceptable. If on the balance of medical fact or probability it is appropriate for the Company to decline a claim by virtue of the Pre-existing Conditions exclusion, the Insured Person shall have the right and obligation to produce such medical evidence as the Company may reasonably require to enable it to reconsider a claim under the Policy.

4. Examinations

The Company shall have the right and opportunity through its medical representatives to examine the Insured Person whenever and as often as it may reasonably require within the duration of any claim. In addition, the Company shall have the right to require a post mortem examination, where this is not forbidden by law.

5. Legal Proceedings

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties have agreed that the Law of the Hong Kong Special Administrative Region shall govern and control in the event of any conflict or dispute between the parties with regard to the Policy, and that the parties submit themselves to the exclusive venue and jurisdiction of the Courts of the Hong Kong Special Administrative Region for the resolution of any such conflict or dispute.

6. Arbitration

If the Company shall disclaim policy liability or there is any dispute as to the amount to be paid under this Policy (collectively known as "the Dispute"), the Dispute shall be determined by arbitration in accordance with the prevailing Arbitration Ordinance (Cap. 609 of the Laws of Hong Kong) as amended from time to time. If the parties fail to agree upon the choice of Arbitrators or Umpires, then the choice shall be referred to the Chairman for the time being of the Hong Kong International Arbitration

Centre. It is hereby expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained.

If the Dispute shall not within 12 months from the date of disclaimer or the date of rejection of the claim have been referred to arbitration under the provisions herein contained, then such claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

General Exclusions

Unless otherwise specified, the following items, conditions, activities and their consequences are excluded from the Policy and the Company shall not be liable for:

1. Pre-existing Conditions except those which have been fully disclosed to and accepted by the Company prior to the inception of the Policy.
2. Confinement or Treatment for Sickness contracted or commencing within 6 months from the commencement of Policy for the following Disabilities:
 - a) Tuberculosis
 - b) Anal fistulae
 - c) Gall stones
 - d) Stones of kidney, urethra or urinary bladder
 - e) Hypertension or cardiovascular disease
 - f) Gastric or duodenal ulcer
 - g) Diabetes mellitus
 - h) Tumours or malignancies
 - i) Haemorrhoids
 - j) Disorders of tonsils requiring tonsillectomy
 - k) Disorders of nasal septum, sinus or turbinates
 - l) Hyperthyroidism
 - m) Cataracts
 - n) Prolapsed intervertebral disc or disc degeneration
3. Charges for routine medical examinations or check-ups, routine eye or ear examinations, vaccinations, medical certificates, examinations for employment or travel, eye refraction Treatment, spectacles, contact lenses, hearing aids, elective cosmetic surgery, all dental Treatment or oral surgery related to teeth (unless dental Treatment required to restore or replace sound natural teeth lost or damaged in an Accident and for which Treatment is provided within 14 days following such Accident). Exclusion for dental Treatment or oral surgery related to teeth does not apply to Dental Benefit.
4. Rest cures and services or Treatment in any home, spa, hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined.
5. Tests or Treatment related to infertility, contraception, sterilisation, impotence, sexual dysfunction, hormonal replacement therapy, birth defects, Congenital Illnesses, Developmental Conditions, hereditary conditions or any abortion performed due to psychological or social reasons and consequences thereof.
6. Pregnancy or childbirth. This exclusion does not apply to Maternity Benefit, Serious Illness Benefit and Lady Care Benefit.
7. Prosthesis, corrective devices and medical appliances which are not surgically required, Treatment by the Insured Person, family member or relative or partner of the Insured Person unless otherwise agreed by the Company, all Treatment that is not scientifically recognised by Western European or North American standards, and alternative Treatment including but not limited to massage therapy, naturopathy, aromatherapy, hydrotherapy, chiropractic, hypnotherapy, and homeopathy.
8. All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation (except as defined in SECTION IV 9. Organ Transplantation under Hospital & Related Services Benefit).
9. Treatment of mental or neurological disorders due to geriatric condition including but not limited to Parkinsonism, senile dementia, mental illness, psychiatric disorders, self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse, sexually transmitted diseases and any Treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.

10. Elective overseas Treatment for non-emergency or chronic medical conditions where covered Treatment can reasonably be postponed until the Insured Person returns to the Usual Country of Residence.
11. Experimental or pioneering or advanced medical and surgical techniques not commonly available and elected by the Insured Person to be received elsewhere in the world in lieu of Treatment usually and customarily provided for the medical condition concerned in the Usual Country of Residence and/or SE Asia except with the Company's prior approval in writing.
12. Second Opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such Second Opinions are obtained unless considered by the Company's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.
13. Continuance of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or Specialist.
14. Injury or illness while serving as a full-time member of a police or military unit and Treatment resulting from participation in any illegal act including resultant imprisonment.
15. Outpatient Services except as stated on the Schedule as being covered by the Policy.
16. Hospital In-patient Treatment for conditions which can be properly treated as an outpatient. This includes hospitalisation primarily for diagnostic scanning, X-ray examinations or physiotherapy Treatment.
17. Rock climbing, mountaineering, pot-holing, skydiving, parachuting, hang-gliding, para-sailing, ballooning, all diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, racing of any kind other than on foot and all professional or inherently dangerous sports unless declared to and accepted by the Company in writing prior to the event giving rise to a claim.
18. Cost or benefits payable under any legislation or corresponding insurance cover relating to occupational death, injury, illness or disease.
19. Costs arising under any legislation which seeks to increase the cost of medical Treatment and services actually received above charge levels which would be considered Reasonable and Customary in the absence of such legislation.
20. Cost arising from procurement or use of special braces, implants, appliances or equipment which are not surgically required including but not limited to wheel chairs and crutches.
21. The cost of transporting an Insured Person by means of his or her employer's owned or leased watercraft or aircraft or the cost of medical Treatment rendered by the employer's personnel or at the employer-provided medical facilities unless agreed otherwise in writing by the Company prior to the inception of the Policy. This exclusion shall also apply to transportation and medical Treatment which an Insured Person is entitled to receive by virtue of a contract between his or her employer and any Principal.
22. Costs arising out of any litigation or dispute between the Insured Person and any medical person or establishment from whom Treatment has been sought or given, or any other costs not specifically related to the payment of the medical expenses covered by the Policy.
23. Conditions directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
 - b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
 - c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
 - d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.
 - e) any chemical, biological, bio-chemical, or electromagnetic weapon.
24. Conditions directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
 - b) any act of terrorism including but not limited to
 - i) the use or threat of force, violence and/or
 - ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,
 by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or
 - c) any action taken in controlling, preventing, suppressing or in any way relating to a) or b) above.

Sanction Limitation and Exclusion Clause

This Policy shall not be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America and/or any other applicable national economic or trade sanction law or regulations.

Additional Exclusions for Serious Illness Benefit and Lady Care Benefit

The following items, conditions, activities and their consequences are excluded from the Serious Illness Benefit and Lady Care Benefit of the Policy and the Company shall not be liable for:

1. Illnesses diagnosed within 60 days from the first inception date of the Policy or in respect of the upgraded part of the Benefit Amount, the Upgrade Date, except when caused by an Accident as defined.
2. Unreasonable failure to seek or follow medical advice.

If We allege that by reason of these Exclusions any claim is not covered by this Policy, then the burden of proving that the claim is covered shall be upon You.

SECTION I – Summary of Covered Benefits

The Policy will pay up to the limits and sub-limits stated in the Table of Benefits for medical or other covered expenses all as defined and necessitated as a direct result of the Insured Person suffering Accident, illness, death or any other covered eventuality.

If compensation is claimed for the simultaneous Treatment of separate or unconnected medical conditions, the expenses for Treatment of each respective condition shall be regarded as a separate claim for the purpose of the Policy. When compensation is claimed for medical Treatment and the Insured Person subsequently claims for a new course of Treatment which is unconnected with the former Treatment, the subsequent claim will be regarded as a new claim. The Policy deductible or co-insurance, if any, shall be applied to each separate or new claim in this context.

Benefits are payable either to the Insured Person or to the providers of covered medical, transportation or other services, whose official receipt shall be a valid discharge of the Company's liability to pay in respect thereof. Only the usual Reasonable and Customary Charges in the geographical area where covered Treatment or services are provided will be paid.

For Serious Illness Benefit and Lady Care Benefit, subject to the Policy being in force and the Company receiving such proof as it may reasonably require, the Company will pay benefit to the Insured provided that :

1. Critical Illness, Female Specific Cancer in Situ or Female Illness suffered by the Insured Person is diagnosed 60 days after the effective date of the Policy, and
2. the Insured Person is alive more than 21 days after the diagnosis is made.

The amount of benefit payable for Serious Illness Benefit and Lady Care Benefit is that specified in the Schedule less any benefit paid and unpaid premiums for the specific Period of Insurance.

Satisfactory proof of claim must be submitted in all cases, and the Company may appoint independent administrators to settle claims on its behalf.

In this Policy, where the context admits, words imputing the masculine gender shall include the feminine gender and words imputing the singular number shall include the plural number and vice versa.

SECTION II – Limits of Liability

The Company's liability is limited in amount to the sub-limits indicated on the Table of Benefits as applying to each item or type of cover provided. The Overall Maximum Limit stated on the Schedule is the maximum amount recoverable under the Policy as a whole by an Insured Person in total in respect of any one Disability.

In addition to the sub-limits and Overall Maximum Limit of the Policy, an Insured Person aged 70 or above is subject to an Overall Lifetime Limit as shown in the Table of Benefits. The Overall Lifetime Limit is the maximum amount recoverable under the Policy as a whole by an Insured Person for the lifetime counted from Age 70. The cover under the Policy shall terminate automatically when the Overall Lifetime Limit has been used up.

If Benefits are properly claimable after the date of termination or non-renewal of the Policy, the amounts payable shall be calculated as if covered expenses had been incurred wholly during the preceding Period of Insurance.

For Serious Illness Benefit and Lady Care Benefit:

1. Any Insured Person shall not be covered under more than one critical illness policy in whole or in part providing benefit payable in respect of Critical Illnesses, Female Specific Cancers in situ or Female Illnesses in the Company. If the Insured Person is covered in more than one Critical Illness policy in the Company, We have the right to treat the Insured Person as being covered under the policy providing the greatest amount of benefit. If the amounts of benefits are identical, We shall treat that Insured Person as being covered under the policy first issued.
2. The Company shall pay benefit for Female Specific Cancers in Situ only once and will not pay for more than one of the Female Specific Cancers in Situ.
3. The Overall Maximum Limit for Serious Illness Benefit shall be reduced by the benefits paid under Lady Care Benefit.
4. The Serious Illness Benefit will cease immediately upon payment of 100% of the Overall Maximum Limit for Critical Illness.

SECTION III – Deductibles and Co-insurance

A Deductible is the amount the Insured Person must contribute towards the cost of each claim or course of Treatment.

An Annual Aggregate Deductible is the accumulative total amount of medical expenses incurred by an Insured Person during any one Period of Insurance in excess of which amount the Policy will indemnify or compensate the Insured Person for medical expenses covered by the Policy. In order to claim indemnity or compensation the Insured Person must be able to substantiate

that expenses have been incurred and that such expenses would have been covered by the Policy had it not been for the application of the Annual Aggregate Deductible.

Co-insurance means the proportion of covered medical expenses claims which the Insured Person must pay.

The amount of any Deductible or Co-insurance and the items of cover to which they apply are stated on the Schedule. Deductible amounts and Co-insurance contributions are accumulative for the purposes of this Policy, and the order in which they shall be applied to covered claims is Co-insurance first and Deductible amounts second.

SECTION IV - Summary of Available Benefits

The following Benefits are available. Please refer to the Schedule and Table of Benefits to determine the cover actually provided to the Insured Person concerned.

Core Cover

Hospital & Related Services Benefit

1. Hospital Treatment & Services

All medically necessary Treatment and services provided by or on the order of a Physician to the Insured Person when admitted as a registered In-patient to a Hospital. Cover includes:

- (a) Hospital accommodation (up to the cost of the Room & Board entitlement stated in the Table of Benefits and extended wherever necessary to include additional accommodation charges for one adult family member sharing the Hospital room of a child patient),
- (b) meal charges for the Insured Person,
- (c) routine general nursing care,
- (d) diagnostic, laboratory or other medically necessary facilities and services,
- (e) Physician's/surgeon's/anaesthetist's or physiotherapist's fees,
- (f) operating theatre charges,
- (g) intensive care unit charges,
- (h) Specialist consultations or visits (referral from attending doctor is required),
- (i) all drugs, dressings or medications prescribed by the treating Physician for in-hospital use.
- (j) chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy and kidney dialysis treatment at a Hospital irrespective of whether such treatment is received as a registered In-patient or as an outpatient, and
- (k) computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined performed in Hospital or in outpatient basis.

The costs of non-medically necessary goods or services, personal belongings or essential items including such items as telephone, television, tissue paper, pyjamas, towel, milk powder, and newspapers are not covered.

If an Insured Person is confined to a Hospital accommodation exceeding the Room & Board entitlement stated in the Table of Benefits, the amount payable for Hospital Treatment & Services will be adjusted according to the following factor:-

{ daily Room and Board Benefit entitled }
divided by { actual daily room charges incurred }

If more than one surgical procedure is performed through one single incision, reimbursement for all such procedures, including that for surgeon fee, anaesthetist fee and operation theatre charges, shall not exceed the amount payable for the surgical procedure with the highest category of Surgical Schedule.

If more than one surgical procedure is performed during any one admission through different incisions, reimbursement for all such procedures, including that for surgeon fee, anaesthetist fee and operation theatre charges, shall not exceed 100% of the respective benefit amount.

2. Day Care Surgery

The cover provided by the Hospital Treatment & Services benefit extends to include day care surgery. Day care surgery means all medically necessary surgical procedures and related Treatment provided by or on the order of a Physician to the Insured Person at a clinic or a Hospital. Day care surgery cover excludes all non-surgical procedures and related Treatment and is subject otherwise to the terms, conditions, exclusions, limits and sub-limits stated in the Policy and the Table of Benefits.

3. Pre-Admission Outpatient Visits

One medically necessary Physician visits within 30 days before admission or day care surgery.

This benefit covers fees charged during pre-admission or pre-surgical visits for consultation, relevant medication, physiotherapy or diagnostic tests ordered by attending Physician and is restricted to one visits immediately before admission or day care surgery which result in the Insured Person being admitted as a registered in-patient to a Hospital or undergone day care surgery for the Treatment of the specific medical condition diagnosed, provided that such medical condition is covered by the Policy.

4. Post-Hospital Follow-up Treatment

Up to three medically necessary follow-up Treatment ordered by the attending Physician of the hospitalisation or day care surgery to be rendered for up to 90 days from the Insured Person's discharge from Hospital or the date of day care surgery.

This benefit covers fees charged for follow-up consultation, relevant medication, physiotherapy or diagnostic tests ordered by the attending Physician and is restricted to follow-up Treatment of the specific medical condition for which the Insured Person received in-hospital Treatment or day care surgery covered by the Policy. Follow-up Treatment does not include regular outpatient consultation and long-term medication for chronic medical condition.

5. Post Operation and Cancer Treatment Recovery Benefit

This benefit covers fees charged for recovery care within 90 days after operation or after cancer treatment up to five visits per year for each of the following treatments, subject to reimbursement percentage as shown on the Table of Benefits :

- (a) Psychological Counselling (consultation fee only)**
Psychological counselling performed by Registered Psychologist. Writing referral from attending Physician is required.
- (b) Dietetic Consultation (consultation fee only)**
Dietetic consultation performed by qualified dietitian. Writing referral from attending Physician is required.
- (c) Speech Therapy (treatment fee only)**
Speech therapy performed by qualified speech therapist. Writing referral from attending Physician is required.
- (d) Occupational Therapy (treatment fee only)**
Occupational therapy performed by Registered Occupational Therapist. Writing referral from attending Physician is required.
- (e) Chinese Herbalist Consultation and Acupuncture (consultation and medication fee)**
Chinese herbalist consultation and acupuncture performed by Registered Chinese Medicine Practitioner.

6. Private Nursing

As ordered by the attending Physician of the hospitalisation, full-time or part-time private nursing services of a legally qualified nurse received in a Hospital or at home following discharge from Hospital for the continued Treatment of the specific medical condition for which the Insured Person was hospitalised, and only when such services are essential for medical as distinct from domestic reasons. Cover is limited to a maximum period of 26 weeks per year.

7. Casualty Ward Accident & Emergency Services

Services provided to the Insured Person as an out-patient in a Hospital Casualty Ward immediately within 24 hours following an Accident or unexpected medical emergency requiring immediate medical attention.

8. Local Ambulance Services

The medically necessary transportation of the Insured Person by road ambulance to and from a local Hospital.

9. Organ Transplantation

The cost of Hospital Treatment and Services (as defined) incurred for the transplantation of kidneys, heart, liver, lung or bone marrow. The Policy does not cover the costs of acquisition of the organ or expenses incurred by the donor.

10. Public Hospital In-Patient Cash Benefit

The Cash Benefit stated in the Table of Benefits when the Insured Person is receiving free, or charged at general ward level, In-patient Treatment at a public Hospital, which would otherwise be covered by the Policy at a private Hospital.

11. Day Surgery Cash Allowance

Subject to the terms and conditions of this Policy, this day surgery cash allowance benefit shall be payable for eligible claim, for which the Company has agreed to pay benefit for surgeon's fee, if the Insured Person has undergone any of the day case procedures specified below which is performed in a medical clinic, or day case procedure centre or Hospital as a day patient. The benefit is not payable if the Insured Person has been admitted into a hospital as an Inpatient, regardless of the hours of stay in Hospital and in no event shall the Company pay the cash allowance benefit for more than one day case procedure per day.

Day surgery cash allowance is applicable to the following day case procedures, with or without other concurrent surgical procedure:

- (a) Gastrosocopy
- (b) Oesophagogastroduodenscopy (OGD)
- (c) Sigmoidoscopy
- (d) Colonoscopy
- (e) Endoscopic retrograde cholangio-pancreatography (ERCP)
- (f) Cystoscopy
- (g) Arthroscopic examination of joint
- (h) Colposcopy
- (i) Bronchoscopy
- (j) Extracapsular / intracapsular extraction of lens (Cataract)

12. Second Claims Benefit

Subject to the terms and conditions of this Policy, this benefit shall be payable if the eligible expenses incurred by the Insured Person during confinement at a Hospital has first been partially or fully reimbursed by other insurance company(ies). In no event shall the Company pay this cash allowance benefit for more than one claim per confinement.

Medical Top Up Plan (if applicable)

The Company shall pay the eligible medical expenses incurred by the Insured Person which are not reimbursed by other "Hospital & Surgical Insurance" of the Insured Person.

"Hospital & Surgical Insurance" shall mean individual medical plan or group medical plan providing Hospital and Surgical Benefit that reimburses expenses for room & board, miscellaneous hospital services, doctor's visits, operation and other medical expenses.

The Company shall not be liable under the Medical Top Up Plan Benefit except for any eligible medical expenses beyond the amount payable under other insurance. No benefit will be payable if the Insured Person does not have a valid "Hospital & Surgical Insurance" upon submission of claims. Medical expenses incurred by the Insured Person must first be claimed under other "Hospital & Surgical Insurance". The amount of eligible medical

expenses that is not reimbursed by other "Hospital & Surgical Insurance", excluding amount of Annual Aggregate Deductible or similar deductible, shall be payable under this benefit as a secondary insurance.

Benefits payable under the Medical Top Up Plan shall be limited to eligible medical expenses listed in item 1. to 9. under Hospital & Related Services Benefits of SECTION IV. Subject to a maximum annual limit of HK\$250,000, the amount of benefit payable is calculated as:-

- (a) 50% of the amount of eligible medical expenses incurred, or
- (b) the amount of eligible medical expenses incurred but not reimbursed by other "Hospital & Surgical insurance" of the Insured Person,

whichever is the lower.

Job Changer Hospital Benefit

The Insured Person is entitled to Job Changer Hospital Benefit if his employment is terminated after the Medical Top Up Plan has been in force for 90 days. Benefit is payable for eligible medical expenses listed in item (i) to (vii) under Hospital & Related Services Benefits of SECTION IV incurred within 120 days from the date of termination of employment, subject to a maximum annual limit of HK\$26,000. The Insured Person must provide proof of termination of employment for claiming this benefit.

Benefits under the Medical Top Up Plan shall not be payable to Hospital accommodation in class of suite / VIP / deluxe room or class of equivalent level of a Hospital.

Optional Cover

Supplementary Major Medical Benefit

This benefit shall be payable if the benefit amount payable under Hospital & Related Services Benefit is exhausted. This benefit is not applicable to:

- (1) Pre-Admission Outpatient Visits,
- (2) Post-Hospital Follow-up Treatment,
- (3) Post Operation and Cancer Treatment Recovery Benefit,
- (4) Public Hospital In-Patient Cash Benefit,
- (5) Day Surgery Allowance, and
- (6) Medical Top Up Plan.

This benefit shall not be payable for :-

- (1) Confinement or Treatment outside Usual Country of Residence except for emergency Treatment in respect of Accident or acute illness occurring during short period business or holiday travel (not exceeding 90 days per trip) outside the Usual Country of Residence and which require immediate medical attention.as certified by a Physician; or
- (2) Confinement in room other than ward, semi-private and private room level of a Hospital.

An adjustment factor shall apply if the Insured Person is confined to a Hospital accommodation exceeding the Room & Board entitlement stated in the Table of Benefits.

The adjustment factor shall be calculated as follows:

{ daily Room and Board Benefit entitled }
divided by { actual daily room charges incurred }

Subject to the Maximum Limit per Disability, the amount payable under Supplementary Major Medical Benefit shall be calculated as follows:

{ Amount of eligible medical expenses incurred and actually paid }
less { Benefit payable under Hospital & Related Services Benefit }
less { Deductible per each claim for this benefit }
times { Reimbursement percentage for this benefit }
times { Adjustment factor }

Dental Benefit

If the Insured Person shall necessarily incur expenses for following services provided by a Registered Dentist, the Company shall make reimbursement for such expenses up to the limit as specified in the Table of Benefits:

- (1) Routine Oral examination
- (2) Scaling, polishing and cleansing, up to two visits per year
- (3) Filling and Extraction
- (4) Intraoral X-ray

- (5) Medication for dental treatment
- (6) Drainage of dental abscesses
- (7) Pins for cusp restoration
- (8) Dentures, crowns or bridges (only if necessitated by an Accident)

No benefit shall be payable for the following services, products or conditions:

- (1) Dental appliances;
- (2) Charges for any dental procedure which are not included in the above-mentioned covered dental services;
- (3) Treatment by any person other than a Registered Dentist;
- (4) Charges for services and supplies that are partially or wholly cosmetic in nature; unless the services are recommended as necessary by a Registered Dentist with medical necessity.

Maternity Benefit

Ante-natal, childbirth and post-natal Treatment for the mother but only up to the Sub-limit stated in the Table of Benefits for Normal Delivery. In the event that covered Complications arise, this Sub-limit is increased, if applicable, to the amount stated in the Table of Benefits for Complicated Delivery. In this case covered Complications are defined as:

- (1) charges for surgery and related medical care for caesarean section when a Physician has certified in writing that a natural delivery will endanger the life of the mother and/or child(ren),
- (2) charges for surgery and related medical care for the Treatment of extra-uterine pregnancy or complications requiring intra-abdominal surgery after necessary termination of pregnancy for medical reasons,
- (3) charges for other necessary care which is provided during hospitalisation for pernicious vomiting in pregnancy, toxæmia with convulsions or spontaneous abortion (miscarriage).

No other charges for complications of pregnancy, childbirth or ante-natal Treatment are covered under the Complicated Delivery Benefit. Operations upon unborn foetuses are not covered. No other type of Benefit insured by the Policy (including but not limited to Emergency Medical Evacuation) covers expenses incurred in connection with maternity or childbirth.

When the Maternity Benefit is in force and unless otherwise stated on the Schedule it will apply only to pregnancies where the date of birth is at least 12 months after the mother's first enrolment as an Insured Person with the Maternity Benefit in force and provided also that the Maternity Benefit is in force at the date of birth and has remained continuously in force from such first enrolment.

In the event the Maternity Benefit is deleted in respect of any Insured Person and the Company subsequently agrees to re-introduce such cover for the same Insured Person, then for the purpose of the Maternity Benefit the date of the mother's first enrolment in the Policy shall be deemed to be the date on which such Maternity Benefit was reintroduced.

Serious Illness Benefit

If the Insured Person has, to the satisfaction of the Company's medical adviser, been diagnosed, by a Physician (or Specialist Physician as required in some illnesses under this Policy) registered in the Insured Person's Usual Country of Residence, as suffering from one or more of the following critical illnesses and is alive more than 21 days after the diagnosis is made, the Company will pay 100% of the Overall Maximum Limit for Serious Illness Benefit.

Critical Illnesses refer to:

(1) Cancer

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. This includes leukaemia, Hodgkin's Disease and lymphoma but excludes Kaposi's Sarcoma in the presence of any Human-Immuno Deficiency Virus, non-invasive cancer in situ and any skin cancer other than invasive malignant melanoma.

To support a claim, precise histological evidence of cancer must be produced.

(2) Stroke

A cerebrovascular incident resulting in permanent neurological damage. Transient Ischaemic Attacks are specifically excluded.

(3) Heart Attack

The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by an episode of typical chest pain, new electrocardiographic changes and by an elevation of cardiac enzymes.

(4) Coronary Artery Bypass Surgery

The undergoing of open-heart surgery on the advice of a Consultant Cardiologist to registered in the Insured Person's Usual Country of Residence to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding balloon angioplasty, laser or any other procedures.

If the degree of obstruction in two or more coronary arteries is at least 70% then Treatment to two or more affected arteries by balloon angioplasty, atherectomy or laser will also constitute a claim under this Condition.

(5) Complete Liver Failure

End stage liver failure evidenced by jaundice, encephalopathy and ascites as diagnosed by an appropriate consultant holding an appointment in a major Hospital in the Insured Person's Usual Country of Residence.

(6) Kidney Failure

End stage kidney failure, presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular kidney dialysis or kidney transplant is initiated.

(7) Major Organ Transplant(s)

The actual undergoing, as the recipient, of a transplant of a heart, liver, lung, pancreas or bone marrow.

The definition includes simultaneous transplantation of more than one of the above organs. Transplantation of kidney is included provided a claim has not been admitted under kidney failure.

(8) Motor Neurone Disease

Motor Neurone Disease diagnosed, with the appropriate supporting evidence, by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence.

(9) Loss of Hearing

The total and permanent loss of hearing in both ears which must be established for a continuous period of twelve months.

(10) Blindness

The total and permanent loss of sight in both eyes.

(11) Major Burns

Third degree burns covering at least 20% of the surface area of the Insured Person's body.

(12) Coma

A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously with the use of life-support systems for a period of at least ninety six hours and resulting in permanent neurological deficit.

(13) Parkinson's Disease

Confirmation by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence of a definite diagnosis before the Insured Person's 60th birthday of idiopathic Parkinson's Disease (paralysis agitans) requiring treatment with a dopamine precursor.

All other types of Parkinsonism are specifically excluded.

(14) Multiple Sclerosis

Confirmation by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence of a definite diagnosis of Multiple Sclerosis producing at least moderate neurological abnormalities which have persisted for a continuous period of six months.

(15) Paralysis/Paraplegia

Total and permanent loss of the use of two or more limbs resulting from paralysis which has been present for at least twelve (12) consecutive months.

(16) Loss of Independent Existence

Loss of Independent Existence will mean a permanent inability to perform independently three or more Activities of Daily Living, after attaining age 60, with or without the use of mechanical equipment, special devices or other aids.

(17) HIV Resulting from Blood Transfusion

Infection with any Human Immuno-deficiency Virus (HIV) through a blood transfusion given as part of medical treatment received in the Insured Person's Usual Country of Residence, after the start of the Policy. There must be clear evidence satisfactory to the Company's medical adviser that the infection was acquired in this way and provided further that the institution which provided the transfusion admits liability and the Insured Person is not a haemophiliac.

(18) Aorta Surgery

The undergoing of open-heart surgery for a disease of or an injury to the aorta needing excision and surgical replacement of the aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

(19) Heart Valve Surgery

The undergoing of open-heart surgery to repair or replace one or more abnormal heart valves.

(20) Alzheimer's Disease

A clinically established diagnosis of Alzheimer's Disease or Pre-Senile Dementia before attaining age 60 resulting in a permanent inability to perform independently three or more Activities of Daily Living.

Alzheimer's Disease and Pre-Senile Dementia will mean the deterioration or loss of intellectual capacity or abnormal behaviour (as evidenced by the clinical state and accepted standardised questionnaires or tests) arising from irreversible organic degenerative disorders, excluding neurosis and psychiatric illnesses, resulting in significant reduction in mental and social functioning requiring continuous supervision. The diagnosis must be made by a Consultant Neurologist registered in the Insured Person's Usual Country of Residence and be supported by the Company's medical adviser.

(21) Loss of Speech

The total and permanent loss of the ability to speak due to physical damage to vocal cords which must be established for a continuous period of twelve months.

(22) Benign Brain Tumour

A non-cancerous intracerebral tumour. Cysts, granulomas, malformations in or of the arteries or veins in the brain, haematomas and tumours of the pituitary gland or spine are specifically excluded.

(23) Terminal Illness

Advanced or rapidly progressing incurable disabling terminal illness where, in the opinion of the Company's medical adviser the life expectancy is no greater than twelve months.

(24) Loss of Limbs

The total and permanent loss of use of two or more limbs, subject to the severance of at least one limb above the knee or elbow.

(25) Muscular Dystrophy

A hereditary muscular dystrophy confirmed by a recognised Consultant Neurologist registered in the Insured Person's Usual Country of Residence resulting in permanent and total disability.

(26) Encephalitis

Inflammation of the membranes of the brain or spinal cord resulting in significant permanent neurological deficit. The diagnosis must be confirmed by a recognised Consultant Neurologist. Encephalitis in the presence of HIV infection is excluded.

(27) Accidental Head Injury Resulting in Major Head Trauma

Physical injury to the head as a result of an Accident resulting in residual brain damage. There must be permanent neurological deficit causing significant functional impairment as defined by a recognised Consultant Neurologist registered in the Insured Person's Usual Country of Residence.

(28) Pulmonary Hypertension

Primary Pulmonary Arterial Hypertension as established by clinical and laboratory investigations including cardiac catheterisation and as diagnosed by a Consultant Cardiologist registered in the Insured Person's Usual Country of Residence. The following diagnostic criteria must be met:-

- (a) dyspnoea and fatigue; and
- (b) increased left atrial pressure (at least 20 units or more); and
- (c) pulmonary resistance of at least 3 units above normal; and
- (d) pulmonary artery pressure of at least 40mmHg; and
- (e) pulmonary wedge pressure of at least 6mmHg; and
- (f) right ventricular end-diastolic pressure of at least 8mmHg; and
- (g) right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.

Activities of Daily Living means:

Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa, or to get on and off a toilet or commode.

Continence: The ability to manage bowel and bladder functions such that an adequate level of personal hygiene can be maintained.

Dressing: The ability to put on, take off, secure and unfasten all necessary garments and any braces, artificial limbs or other surgical appliances.

Mobility: The ability to move indoor from one room to another on a level surface in the Insured Person's normal place of residence.

Feeding: The ability to feed oneself once food and drink which has been prepared and made available.

Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) such that an adequate level of personal hygiene can be maintained.

(b) Osteoporosis Leading to Hip Fractures

Osteoporosis resulting in Hip Fractures as certified by an Orthopaedic Specialist.

(c) Systemic Lupus Erythematosus with Lupus Nephritis

Systemic Lupus Erythematosus involving the kidneys, resulting in Lupus Nephritis as certified by a Consultant for Rheumatology and Immunology.

Lady Care Benefit

(1) Female Specific Cancers in Situ:

"Cancer in situ" means a focal malignant lesion that has not yet result in invasion or infiltration of normal tissues or spread to other parts of the body.

If the Insured Person has been diagnosed as suffering from one of the defined Female Specific Cancers in Situ, the Company will pay a lump sum benefit of 20% of the Overall Maximum Limit for Serious Illness Benefit.

Female Specific Cancers in Situ refer to:

- (a) Cancer in Situ of the Breast
- (b) Cancer in Situ of the Cervix
- (c) Cancer in Situ of the Uterus
- (d) Cancer in Situ of the Fallopian Tube
- (e) Cancer in Situ of the Vagina or Vulva
- (f) Cancer in Situ of the Ovary

For Cancer in Situ of the Cervix, a grading of less than CIN III shall not be covered.

To support a claim for "Cancer in situ", precise microscopic evidence confirmed by fixed tissue biopsy showing positive diagnosis must be produced. Preliminary clinical diagnosis is not sufficient.

(2) Female Illnesses:

If the Insured Person has been diagnosed as suffering from one of the defined Female Illnesses, the Company will pay a lump sum benefit of 20% of the Overall Maximum Limit for Serious Illness Benefit.

Female Illnesses refer to:

(a) Rheumatoid Arthritis

Rheumatoid Arthritis severely affecting ability to perform any two of the Activities of Daily Living as certified by a Consultant for Rheumatology and Immunology.

Claims and Emergency Assistance Procedures

1. Inform the Company immediately in writing in the event of any other claim or potential claim under the Policy.
2. Before In-patient Hospital Treatment is undertaken, except in cases of Accident or acute medical emergency the Insured Person or Treating Physician or Hospital should immediately contact the Company giving full details of the proposed Treatment and the names and addresses of the Physician and Hospital concerned.
3. A fully completed Claim Form and the supporting medical documents must be submitted to the Company within 30 days after discharge from Hospital or date of Treatment, whichever is the later.
4. The Company will confirm the extent of insurance benefits and claim procedures, and wherever possible will provide any necessary payment guarantees. Payment guarantees cannot be issued unless the Company is contacted in advance, with all relevant information.
5. Outpatient Services are not subject to payment guarantees, and covered claims will be settled on a reimbursement basis.
6. Use a new Claim Form for each separate claim or course of Treatment.
7. The Insured Person or his/her legal representatives must complete all questions in Section A of the Claim form and sign it.
8. The treating Physician must complete all questions in Section B of the Claim form, rubber stamp and sign it.
9. Incomplete Claim forms cannot be accepted for processing of payments. Attach originals of all relevant documents and bills. Photocopies are not acceptable.
10. Send the Claim form, fully completed by the Insured Person and the treating Physician, together with all relevant documents to the Company:

MSIG Insurance (Hong Kong) Limited
Claims Department
9/F 1111 King's Road
Taikoo Shing Hong Kong

For Serious Illness Benefit and Lady Care Benefit:

1. The payment of benefit will be subject to the Company receiving such proof as it may reasonably require of:
 - a) the happening of an event on which any benefit is payable or the continuation of the circumstances under which any benefit is payable,
 - b) the legal title of the claimant,
 - c) the date of birth of the Insured Person,
 - d) a completed Company claim form and
 - e) such other information and evidence as the Company may reasonably require including:
 - i) medical certificate and evidence of the covered illness at such intervals as the Company may reasonably require, at the Insured Person's own expense; and
 - ii) medical examinations of and/or tests on the Insured Person carried out at the Company's expense at such intervals as the Company may reasonably require by a medical examiner appointed by the Company; and
 - iii) written consent to allow the Company to receive the results of any medical examinations and/or tests and/or the Insured Person's medical history or records.
2. All medical certificates and the results of medical examinations and/or tests must be submitted to the Company in writing and must be provided by medical practitioners resident and practising in the Insured Person's Usual Country of Residence or such other countries as the Company may allow.
3. If the Insured Person fails to undergo any examination or test or to provide written consent for the Company to obtain medical or other information it considers necessary, the benefits for Serious Illness Benefit or Lady Care Benefit will not be paid and there will be no refund of any premiums paid.
4. Unpaid balance of a full-year premium will be deducted from any Benefit payable should a covered claim arise during the Period of Insurance.

Schedule of Surgical Procedures

Procedure / Surgery	Category	
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation / banding of oesophageal/ gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy / gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex
	Suture of laceration of duodenum / patch repair, duodenal ulcer	Major
Vagotomy and / or pyloroplasty	Major	
Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic	Intermediate
	Anal fissurectomy	Minor
	Anal fistulotomy / fistulectomy	Intermediate
	Incision & drainage of perianal abscess	Minor
	Delorme operation for repair of prolapsed rectum	Major
	Colonoscopy +/- biopsy	Minor
	Colonoscopy with polypectomy	Minor
	Sigmoidoscopy	Minor
	Haemorrhoidectomy, internal or external	Intermediate
	Injection / banding of haemorrhoid	Minor
	Ileostomy or colostomy	Major
	Anterior resection of rectum, open or laparoscopic	Complex
	Abdominoperineal resection, open or laparoscopic	Complex
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum, open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
Resection of small intestine and anastomosis	Major	
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor
	Liver transplantation	Complex
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
Pancreas	Wedge resection of liver, open or laparoscopic	Major
	Closed biopsy of pancreatic duct	Intermediate
	Excision / destruction of lesion of pancreas or pancreatic duct	Major
Abdominal wall	Pancreaticoduodenectomy (Whipple's Operation)	Complex
	Exploratory laparotomy	Major
	Laparoscopy / peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate
Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major	
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate

Procedure / Surgery	Category	
Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major	
Clipping of intracranial aneurysm	Complex	
Wrapping of intracranial aneurysm	Complex	
Excision of arteriovenous malformation, intracranial	Complex	
Excision of acoustic neuroma	Complex	
Excision of brain tumour or brain abscess	Complex	
Excision of cranial nerve tumour	Complex	
Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate	
Closed trigeminal rhizotomy using radiofrequency	Major	
Decompression of trigeminal nerve root/ open trigeminal rhizotomy	Complex	
Excision of brain, including lobectomy	Complex	
Hemispherectomy	Complex	
Spine		
Lumbar puncture or cisternal puncture	Minor	
Decompression of spinal cord or spinal nerve root	Major	
Cervical sympathectomy	Intermediate	
Thoracoscopic or lumbar sympathectomy	Major	
Excision of intraspinal tumour, extradural or intradural	Complex	
CARDIOVASCULAR SYSTEM		
Heart		
Cardiac catheterization	Intermediate	
Coronary artery bypass graft (CABG)	Complex	
Cardiac transplantation	Complex	
Insertion of cardiac pacemaker	Intermediate	
Pericardiocentesis	Minor	
Pericardiotomy	Major	
Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major	
Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major	
Percutaneous valvuloplasty	Major	
Balloon aortic / mitral valvotomy	Major	
Closed heart valvotomy	Complex	
Open heart valvuloplasty	Complex	
Valve replacement	Complex	
Vessels		
Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt	Complex	
Resection of abdominal vessels with replacement / anastomosis	Complex	
ENDOCRINE SYSTEM		
Adrenal Gland		
Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major	
Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex	
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland		
Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor	
Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major	
Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major	
Excision of thyroglossal cyst	Intermediate	
EAR/ NOSE / THROAT / RESPIRATORY SYSTEM		
Ear		
Canaloplasty for aural atresia / stenosis	Major	
Excision of preauricular cyst / sinus	Minor	
Haematoma auris, drainage / buttoning / excision	Minor	
Meatoplasty	Intermediate	
Removal of foreign body	Minor	
Excision of middle ear tumour via tympanotomy	Major	
Myringotomy +/- insertion of tube	Minor	
Myringoplasty / tympanoplasty	Major	
Ossiculoplasty	Major	
Labyrinthectomy, total / partial excision	Major	
Mastoidectomy	Major	
Operation on cochlea and / or cochlear implant	Complex	
Operation on endolymphatic sac / decompression of endolymphatic sac	Major	
Repair of round window or oval window fistula	Intermediate	
Tympanosympathectomy	Major	
Vestibular neurectomy	Intermediate	
Nose, mouth and pharynx		
Antral puncture and lavage	Minor	
Cauterization of nasal mucosa / control of epistaxis	Minor	

Procedure / Surgery	Category
Closed reduction for fracture nasal bone	Minor
Closure of oro-antral fistula	Intermediate
Dacryocystorhinostomy	Intermediate
Excision of lesion of nose	Minor
Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
Polypectomy of nose	Minor
Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate
Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate
Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
Frontal sinusotomy or ethmoidectomy	Intermediate
Frontal sinusectomy	Major
Functional endoscopic sinus surgery (FESS)	Major
Functional endoscopic sinus surgery (FESS) bilateral	Complex
Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate
Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
Rhinoplasty	Intermediate
Resection of nasopharyngeal tumour	Intermediate
Sinoscopy +/- biopsy	Minor
Septoplasty +/- submucous resection of septum	Intermediate
Submucous resection of nasal septum	Intermediate
Turbinectomy / submucous turbinectomy	Intermediate
Adenoidectomy	Minor
Tonsillectomy +/- adenoidectomy	Intermediate
Excision of pharyngeal pouch / diverticulum	Intermediate
Pharyngoplasty	Intermediate
Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
Marsupialization / excision of ranula	Intermediate
Parotid gland removal, superficial	Intermediate
Parotid gland removal / parotidectomy	Major
Removal of submandibular salivary gland	Intermediate
Submandibular duct relocation	Intermediate
Submandibular gland excision	Intermediate
Respiratory system	
Arytenoid subluxation – laryngoscopic reduction	Minor
Bronchoscopy +/- biopsy	Minor
Bronchoscopy with foreign body removal	Minor
Laryngoscopy +/- biopsy	Minor
Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
Laryngeal diversion	Intermediate
Laryngectomy +/- radical neck resection	Complex
Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
Partial / total resection of laryngeal tumour	Intermediate
Removal of vallecular cyst	Intermediate
Repair of laryngeal fracture	Major
Injection for vocal cord paralysis	Minor
Tracheoesophageal puncture for voice rehabilitation	Minor
Thyroplasty for vocal cord paralysis	Intermediate
Vocal cord operation, including use of laser (excluding carcinoma)	Minor
Tracheostomy, temporary / permanent / revision	Minor
Lobectomy of lung / pneumonectomy	Complex
Pleurectomy	Major
Segmental resection of lung	Major
Thoracocentesis / insertion of chest tube for pneumothorax	Minor
Thoracoscopy +/- biopsy	Intermediate
Thoracoplasty	Major
Thymectomy	Major
EYE	
Eye	
Excision / curettage / cryotherapy of lesion of eyelid	Minor
Blepharorrhaphy / tarsorrhaphy	Minor
Repair of entropion or ectropion +/- wedge resection	Minor
Reconstruction of eyelid, partial-thickness	Intermediate
Excision / destruction of lesion of conjunctiva	Minor

Procedure / Surgery	Category	
Excision of pterygium	Minor	
Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major	
Laser removal / destruction of corneal lesion	Intermediate	
Removal of corneal foreign body	Minor	
Repair of cornea	Intermediate	
Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate	
Aspiration of lens	Intermediate	
Capsulotomy of lens, including use of laser	Intermediate	
Extracapsular / intracapsular extraction of lens	Intermediate	
Intraocular lens / explant removal	Intermediate	
Chorioretinal lesion operations	Intermediate	
Phacoemulsification and implant of intraocular lens	Intermediate	
Pneumatic retinopexy	Intermediate	
Retinal Photocoagulation	Intermediate	
Repair of retinal detachment / tear	Intermediate	
Repair of retinal tear / detachment with buckle	Major	
Scleral buckling / encircling of retinal detachment	Major	
Cyclodialysis	Intermediate	
Trabeculectomy, including use of laser	Intermediate	
Surgical treatment for glaucoma including insertion of implant	Intermediate	
Diagnostic aspiration of vitreous	Minor	
Injection of vitreous substitute	Intermediate	
Mechanical vitrectomy / removal of vitreous	Major	
Biopsy of iris	Minor	
Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate	
Excision of prolapsed iris	Intermediate	
Iridotomy	Intermediate	
Iridectomy	Intermediate	
Iridoplasty +/- coreoplasty by laser	Intermediate	
Iridencleisis and iridotaxis	Intermediate	
Scleral fistulization +/- iridectomy	Intermediate	
Thermocauterization of sclera +/- iridectomy	Intermediate	
Diminution of ciliary body	Intermediate	
Biopsy of extraocular muscle or tendon	Minor	
Operation on one extraocular muscle	Intermediate	
Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major	
Enucleation of eye	Intermediate	
Evisceration of eyeball / ocular contents	Intermediate	
Repair of eyeball or orbit	Intermediate	
Conjunctivocystorhinostomy	Intermediate	
Conjunctivorhinostomy with insertion of tube / stent	Intermediate	
Dacryocystorhinostomy	Intermediate	
Excision of lacrimal sac and passage	Minor	
Excision of lacrimal gland / dacryoadenectomy	Intermediate	
Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor	
Repair of canaliculus	Intermediate	
Coreoplasty	Intermediate	
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/ cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries^	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate

Procedure / Surgery	Category	
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	<i>^ The category applies to both unilateral and bilateral procedures unless otherwise specified.</i>	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and/or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo- oophorectomy, open or laparoscopic	Major
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
Uterine suspension	Intermediate	
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdcentesis	Minor
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
McCall's culdeplasty / culdoplasty	Intermediate	
Vaginal reconstruction	Major	
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
Radical vulvectomy	Major	
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate

Procedure / Surgery	Category	
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
	Wide excision of axillary lymph node	Major
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried / avulsion of penis	Intermediate
Testicles [^]	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
	[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.	
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate
	Amputation of one arm / hand / leg / foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial ostectomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist / hand / leg	Major
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major
	Wedge osteotomy of scapula / clavicle / sternum	Major
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major
	Arthrodesis of shoulder	Major
	Arthrodesis of Elbow / Triple arthrodesis	Major
	Arthrodesis of knee / hip	Complex
	Arthroplasty of hand / finger / foot / Toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major
	Excisional arthroplasty of hip / knee / Wrist / Elbow	Major

Procedure / Surgery	Category	
	Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major
	Joint aspiration / injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle/ Tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer / transplantation / reattachment of muscle	Major
	Tendon repair / Suture of tendon not involving hand	Intermediate
	Tendon repair / Suture of tendon of hand	Major
	Tenosynovectomy / synovectomy	Intermediate
	Transposition of tendon of wrist / hand	Major
Secondary repair of tendon, including graft, transfer and / or prosthesis	Major	
Fracture/ dislocation	Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
	Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle / hand / ankle /foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
	Open reduction for femur / calcaneus / talus/ +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical / cervicothoracic/ C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / diskectomy	Major
	Laminectomy with diskectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1/ atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- diskectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty / kyphoplasty	Intermediate

Procedure / Surgery		Category
Others	Excision of ganglion / bursa	Minor
	Closed/ Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding / reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and /or drainage of skin abscess	Minor
	Incision and /or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
	Wedge resection of toenail	Minor
Breast	Breast tumour/ lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/ lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter/ transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation/ laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral/ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical/ total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
Ileal or colonic replacement of ureter	Major	
Unilateral reimplantation of ureter into bowel or bladder	Major	
Bilateral reimplantation of ureter into bowel or bladder	Major	
DENTAL		
	Any kind of dental surgery due to injury caused by an Accident	Minor

Table of Benefits 保障限額表 (HK\$港幣)

All charges must be reasonable and customary 一切費用必須合理及慣常

(Effective from 01 December 2019 由 2019 年 12 月 1 日起生效)

Core Cover 基本保障	Gold Plan 星級計劃	Diamond Plan 至尊計劃	Medical Top Up Plan ¹ 醫療增值計劃 ¹
Overall Maximum Limit per disability 每宗傷病最高總保障額	250,000	500,000	N/A 不適用
Hospital & Related Services Benefit 醫院及有關服務保障			
Maximum Limit 最高保障額 – per year 每年	250,000	500,000	250,000
Room & Board 住院及膳食費用 – per day 每日	1,150	1,950	50% reimbursement for each eligible claim up to Maximum Limit per year 每宗合資格索償的賠償額為索償額的 50% 以不超過每年最高保障額為限
Accompany Bed 加床費用 – for one adult family member for hospitalisation of children of aged 17 or below 17 歲或以下兒童住院時由一位成年家庭成員陪伴之額外收費	Full Cover 全額賠償	Full Cover 全額賠償	
Intensive Care 深切治療費用 – supplement to Room & Board 額外津貼住院及膳食費用	Full Cover 全額賠償	Full Cover 全額賠償	
Miscellaneous Hospital Charges 住院雜費 (Covers prescribed diagnostic imaging tests 包括訂明診斷成像檢測)# – per disability 每症	Full Cover 全額賠償	Full Cover 全額賠償	
Physician Fees 醫生巡房費用 – per day 每日	1,150	1,950	
In-hospital Specialists 專科醫生費用 – per disability 每症	Full Cover 全額賠償	Full Cover 全額賠償	
Surgeon Fee 手術費用 – per operation 每宗手術			
• Complex 複雜 • Major 大型 • Intermediate 中型 • Minor 小型	165,000 82,500 41,250 16,500	320,000 160,000 80,000 32,000	
Anaesthetist Fee 麻醉師費用 – per operation 每宗手術	35% of Surgeon Fee 手術費用的 35%	35% of Surgeon Fee 手術費用的 35%	
Operation Theatre 手術室費用 – per operation 每宗手術	35% of Surgeon Fee 手術費用的 35%	35% of Surgeon Fee 手術費用的 35%	
Pre-admission Outpatient Visits and Post-Hospital Follow-up Treatment 入院前之門診診斷費用及出院後之覆診費用 – 1 visits within 30 days before admission 入院前 30 日內之 1 次門診 – Up to 3 Follow-up Treatment 90 days after discharge 出院後 90 日內之最多 3 次跟進覆診	Full Cover 全額賠償	Full Cover 全額賠償	
Private Nursing 私家看護費用 – up to 26 weeks per year 每年最多 26 個星期	Full Cover 全額賠償	Full Cover 全額賠償	
Outpatient Chemotherapy / Radiotherapy / Targeted Therapy / Immunotherapy / Hormonal Therapy / Kidney Dialysis Treatment 非住院化療 / 電療 / 標靶治療 / 免疫治療 / 荷爾蒙治療 / 洗腎費用 – per disability 每症	Full Cover 全額賠償	Full Cover 全額賠償	
Organ Transplantation Benefit 器官移植保障 Maximum Limit 最高保障額 – per year and per disability 每年及每宗傷病	250,000	500,000	
Post Operation and Cancer Treatment Recovery Benefit 手術或癌症治療後復康保障 – per day 每日 – up to 5 visits per year for each of the following treatments 下列每項治療每年最多 5 次: 1. Psychological Counselling (Consultation fee only) 心理輔導 (只限診症費) 2. Dietetic Consultation (Consultation fee only) 營養諮詢 (只限診症費) 3. Speech Therapy (Treatment fee only) 言語治療 (只限診療費) 4. Occupational Therapy (Treatment fee only) 職業治療 (只限診療費) 5. Chinese Herbalist Consultation and Acupuncture 中醫及針灸治療	420	630	420
Reimbursement percentage 賠償率	80%	80%	50%

Day Surgery Allowance 日間手術現金津貼 – per operation 每宗手術	1,000	1,000	1,000
Public Hospital Cash Benefit 公立醫院現金保障 – per day 每日	1,000	1,500	1,000
Second claim benefit 第二索償現金津貼保障 – per claim 每宗索償	1,000	1,000	1,000
Lifetime Limit 終生保障額 – per person, applied at or above age 70 每位受保人於 70 歲或以上適用	1,000,000	2,000,000	N/A 不適用

All charges must be reasonable and customary 一切費用必須合理及慣常 (Effective from 01 December 2019 由 2019 年 12 月 1 日起生效)

	Gold Plan 星級計劃	Diamond Plan 至尊計劃	Medical Top Up Plan¹ 醫療增值計劃 ¹
Additional Benefits 額外保障			
Free Medical Service at Appointed Centre 於指定醫療中心享用免費醫療服務	Once per Year 每年一次	Once per Year 每年一次	Once per Year 每年一次
International Payment Guarantee [^] 全球入院付款信用保證	Available 適用	Available 適用	N/A 不適用
24-hour International Emergency Assistance 24 小時海外緊急支援服務	Available 適用	Available 適用	Available 適用
Job Changer Hospital Benefit² 轉職住院保障 ² – per year 每年	N/A 不適用	N/A 不適用	26,000

Prescribed diagnostic imaging tests : computer tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined)
訂明診斷成像檢測：電腦斷層掃描 (“CT”掃描)、磁力共振掃描 (“MRI”掃描)、正電子放射斷層掃描 (“PET”掃描)、PET-CT 組合及 PET-MRI 組合。

Optional Benefits 自選保障	Gold Plan 星級計劃	Diamond Plan 至尊計劃	Medical Top Up Plan¹ 醫療增值計劃¹
Supplementary Major Medical Benefit 附加醫療保障			
Maximum Limit per disability 每宗傷病最高保障額	105,000	210,000	N/A 不適用
Deductible per each claim 每次索償墊底費	1,000	1,000	
Reimbursement percentage 賠償率	80%	80%	
Dental Benefit 牙科保障			
Maximum Limit per year 每年最高保障額 – Scaling and polishing 洗牙 (Maximum 2 visits each Contract Year) : 500 each visit (每合約年度 2 次) : 每次 500 – Routine oral examination 定期口腔檢查 – Intraoral X-ray and medications 口腔 X 光及藥物 – Fillings and extractions 補牙及脫牙 – Drainage of dental abscesses 膿瘡排放 – Pins for cusp restoration 齒尖或齒邊修復 – Dentures, crowns and bridges 假牙、牙冠及牙橋 (Only if necessitated by an Accident) (只適用於因意外而導致)	2,600	2,600	2,600
Maternity Benefit (12-month waiting period) 產科保障 (等候期為 12 個月)			
Normal Delivery 自然分娩 – per pregnancy 每次懷孕	32,000	32,000	32,000
Complicated Delivery, including miscarriage 手術分娩及流產 – per pregnancy 每次懷孕	32,000	32,000	32,000
Serious Illness Benefit 精選危疾保障			
Standard Plan : covers Critical Illnesses item (1) – (12) 標準計劃 : 保障(1) – (12)項危疾			
Comprehensive Plan : covers Critical Illnesses item (1) – (28) 週全計劃 : 保障(1) – (28)項危疾			
Overall Maximum Limit for Serious Illness Benefit 精選危疾保障最高總保障額	250,000	500,000	250,000
Maximum Limit for Lady Care Benefit³ 女性保障最高保障額³	50,000	100,000	50,000
Remarks 注意:			
1. The insured person should own a valid hospital & surgical insurance policy at the time of hospital confinement or treatment; otherwise the benefit for Top Up Plan will become invalid. 受保人於住院或治療時，必須持有一份有效的住院及手術醫療保險，否則增值計劃的保障將無效。			
2. Waiting period: 90 days from the effective date of Medical Top Up Plan. Maximum period of coverage: within 120 days from the date of termination of employment. The Insured Person has to provide proof of termination of employment upon submission of claim. 等候期：於醫療增值計劃生效後之首 90 天。最長保障期：離職日後之首 120 天。受保人必須於索償時提供離職證明。			
3. Lady Care Benefit is a rider benefit of Serious Illness Benefit and cannot be insured separately. Benefit paid for Lady Care Benefit will reduce the Overall Maximum Limit for Serious Illness Benefit. 女性保障乃精選危疾保障之附加保障，不可獨立投保。女性保障一經索償，精選危疾保障之最高總保障額將相應遞減。			

醫健寶醫療保障計劃

此乃閣下的新保單。請詳閱本保單及承保表內容，以確保閣下獲得所需的保障。

閣下的個人狀況日後如有改變，以致需要更改保單內容，請立即通知本公司，本保單的設計以靈活迎合個人需要為本。

請注意，本保單、承保表及任何修訂條文必須一併閱讀，以免產生誤解。

閣下保單的運作簡介

閣下的「醫健寶醫療保障計劃」保單，乃三井住友海上火災保險（香港）有限公司（本公司）與在承保表內註明為投保人的閣下之間的合約。本合約以申請表格、聲明書及閣下提供之所有資料為依據。

鑒於閣下已向本公司支付所需的保費，本公司同意根據本保單及承保表所載之方式或範圍，向閣下賠償於保險期內或於閣下已支付適當保費的續保期內所招致的醫療或其他承保開支或受保之危疾。

我們的服務承諾

本公司致力為您提供優質的服務，務求以真誠、公平和迅速的態度處理本保單承保的所有索償。如閣下有任何理由相信本公司並無遵守上述承諾，請即聯絡本公司的客戶服務主任。我們的客戶服務主任已獲得授權助您解決各項問題，隨時準備為您效勞。

詞彙解釋

部分詞彙釋義如下。無論用於本保單或承保表均含相同釋義。

意外

指純粹因暴力、意外、外來或明顯可見的因素，而非疾病、病症、身體或精神治療程序所致的身體損傷。

年齡

指首尾年歲包括在內的已屆年齡。

本公司／我們

指三井住友海上火災保險（香港）有限公司。

先天性疾病

指任何於出生時即已存在的醫學、身體或精神異常，不論該異常是否於出生時已出現、確診或獲知悉，或任何於出生後 6 個月內出現的新生嬰兒異常。先天性疾病包括兔唇裂顎、斜視、腦積水、隱辜症、梅克耳氏憩室、扁平足、心房或心室中隔缺損、耳前瘻管、動靜脈畸形及間接腹股溝疝氣等，但不限於其他醫學上視為先天性疾病的狀況。

家屬

指：

- 受保人的配偶，及/或
- 需受保人供養的未婚子女，惟子女於投保或續保當日的年齡必須滿 15 日及不超過 18 歲（如正接受全日制教育，則年齡上限為 23 歲），及/或
- 受保人的父母，及/或
- 受保人配偶的父母。

成長障礙狀況

指兒童於特定年齡、發育水平或階段在其身體、精神、認知、運動、語言、行為、社交、學習或其他發展上出現較正常健康狀況遲緩或損傷的發育障礙。

傷病

指任何身體損傷、不適或疾病。

同一宗傷病包括由同一原因導致的所有傷病及其一切併發症。在最後一次治療診症 90 天內由同一原因引致的傷病將會被視為同一宗傷病。

在最後一次治療診症 90 天後如有關傷病已經完全康復：

- 已沒有有關傷病的徵狀
- 有關傷病已不需要再接受治療，而醫生亦沒有建議需要再接受治療

則其後由同一原因引致的傷病將會被視為新的傷病。

治療包括有關傷病的症狀評估、影像掃描檢查、跟進監測、藥物、化驗、檢查、治療、手術及護理。

到期日

指承保表內列明的保障開始或續保日期，或嗣後任何保費到期日。

原居地

指投保人持有護照之國家。如投保人持有超過一本護照，原居地則指申請表格原居地一項下所註明的國家。如本保單同時承保投保人的家屬，家屬的原居地將被視為與投保人在申請表格填寫的原居地相同。

醫院

指於所在國家合法領取牌照並常駐一名醫生監督運作的醫療或外科手術醫院。醫院並不包括療養院或復康中心。

住院

指受保人以住院病人身份入住醫院，並佔用醫院需收取住院房間費用的病床，但不包括受保人留在觀察室、日症中心或類似的醫院設施。

重要事項 — 請細閱此保單，如需更正，請即通知本公司。

投保人／閣下

指以其姓名發出保單，而其姓名於承保表內列為投保人的人士。

受保人

指填寫本保單申請表格或表格內註明其姓名而本公司已發出書面通知確認保障開始生效之個人或受保家屬。

保險期

指承保表內列明的保障期限，及嗣後本公司已同意承保，而閣下亦已支付或同意支付相應保費的保障期限。

醫生

指在執業當地的政府醫療當局發牌在該地提供醫療服務，並根據其執業牌照規定及醫學訓練提供服務的合格註冊西醫。但不包括受保人及其親屬或合作夥伴，除本公司同意則屬例外。

本保單

指「醫健寶醫療保障計劃」保單。

之前已存在之傷病

指任何以下之人身損傷、疾病、病症或病癥：

- (a) 有關受保人在本保單開始生效前經已可以預料、已接受治療、服藥、就醫或已尋求診斷者；或
- (b) 在本保單開始生效前已起始，或受保人（或本保單承保的任何人士）已知者，不論受保人是否已接受治療、服藥、就醫或尋求診斷亦然。

合理及慣常費用

指本公司或其醫學顧問認為合理及慣常的醫療費用，惟此等費用不得超過相同性別及年齡人士患上同類疾病或人身損傷時在肇事當地接受相同或類似治療、服務或供應品的一般收費水平。此外，任何由本公司、醫院及醫生不時協定的收費額，亦可視作合理及慣常費用。

承保表

指本公司簽發的保單承保表，承保表內列明受保人姓名、保險期限及保障範圍資料。

專科醫生

指除主診醫生以外，已合法地在香港醫務委員會或同等資格的醫務委員會以專科登記及具有資格進行有關專科治療的註冊西醫。但不包括受保人及其親屬或合作夥伴，除本公司同意則屬例外。

外科手術承保表（如適用）

指在本保單之手術承保表內列明，根據外科手術類別支付的外科手術保障分類。

治療

指外科或內科醫療程序，其唯一目的為治療或減輕傷害、不適或疾病。治療包括有關傷病的症狀評估、影像掃描檢查、跟進監測、藥物、化驗、檢查、治療、手術及護理。

提升日

指由本公司以背書形式核准受保人確認提升保障金額或範圍之生效日期。

常居地

指投保人或受保家屬在本保單開始生效日經常居住及申請表格內註明的國家。如投保人或受保家屬永久遷移至其他常居地，即其目前或日後擬遷往其他國家居住連續3個月以上，則必須以書面通知本公司，否則本公司不會履行承保責任。本公司保留權利制訂其認為適用於新常居地的條款與規章，方繼續為受保人提供保障，並可拒絕繼續承保。

等候期（如適用）

指本保單生效後的指定等候期限（如適用者，有關期限已列於保障限額表或本保單）。於等候期內，除因意外需要接受的治療或導致之危疾以外，本公司恕不提供任何醫療保障。

一般條款

此乃本合約的重要部分，閣下必須遵從下列之一般條款規定：

1. 保障協議

如受保人已投保其他仍然生效的保險，或有權就同一意外、疾病、身亡或費用從任何其他來源索取賠償，則本保單只會就按比例計算之補償額提供賠償。本公司有代位求償的全權，並可以受保人名義自費展開訴訟程序，追討本公司就本保單支付的任何賠償費用應有的利益。

2. 合作

本公司承保的先決條件乃受保人或其代表與本公司、其代表及其醫學顧問全面合作，並且全面及忠實地披露受保人知悉或應知的一切重要事實及事宜，在本公司有需要時，提供適當文件以授權本公司向任何醫生、醫院或其他來源獲取相關的資料，而有關的開支由受保人承擔。

3. 本地治療

除非受保人在本保單開始日期前已取得本公司以書面同意，並且已繳付適當的附加保費，否則本保單將根據受保人常居地當時的醫療費用計算保費。立約雙方明白及協議，只要情況許可，受保人應盡量在常居地接受承保的治療，惟受保人短暫離開常居地出外公幹或渡假旅遊（每次行程不得超過90日）而招致意外或急性疾病，需要立即接受緊急治療，則屬例外。

倘受保人選擇在其他地方接受治療，承保的治療費用不得超過在常居地一般及慣常狀況下接受標準及同類醫療服務的合理及慣常費用，此外亦不包括交通費用在內。

如常居地當地無法提供適當的治療，而受保人在接受有關治療前已取得本公司以書面批准，則本公司會考慮受保人在其他地方接受承保的治療的要求。

4. 合理預防措施及重要改變

受保人應採取所有合理預防措施，以防止及盡量避免發生任何意外、損傷、死亡事件或招致任何開支。如受保人的工作、職業、體育活動或其他事宜的相關重要資料或情況有任何改變，以致索償的可能性提高，則必須立即以書面通知本公司。如受保人的重要資料或情況轉變，本公司保留權利制訂其認為適當的條款與規章方繼續承保，又或拒絕繼續承保本保單。

5. 保障之生效、續保及更改事宜

承保表已清楚列明保險期。本保單將每年自動續保，並保證續保至 100 歲，但仍需遵從於每年續保日生效之條款及規章。醫療增值計劃將每年續保至 69 歲，如受保人於續保日年屆 70 歲，保障將自動轉為標準計劃。受保人如轉換至高於標準計劃的保障計劃，必須經本公司批核及同意。

精選危疾保障及女性保障將每年自動續保至 79 歲。

產科保障將每年自動續保至 49 歲。

投保人必須在保險生效前向本公司繳付指定的保費，保險期屆滿以後，投保人可選擇續保與否。如投保人選擇不再續保，可於到期日 30 天前以書面通知本公司，屆時本保單將在到期日終止。已收保費概不退還。

續保保費或不承保事項不會在保單生效以後因個人的健康狀況轉變而增加，惟本公司可能會根據整體業務組合狀況定期調整所有受保人或各類險種之受保人的續保條款、規章及保費金額，及不會保證續保的條款、規章及保費金額一直維持不變，如受保人踏入較高保費的年齡組別，保費亦會隨之增加。

如本公司基於不利因素或任何理由取消整項產品，受影響的受保人將獲安排投保其他取替產品（如有者），而條款、規章及保費金額將依照當時情況而定。

保障如有所更改，將於保單續保日開始生效。投保人可於續保日 30 天前以書面通知本公司申請更改保障。如投保人要求在任何續保日增加或更改保障項目，則有關的新增或更改保障並不涵蓋受保人已知的任何損傷、疾病、病癥或狀況，或受保人預知的治療或藥物療程，惟倘受保人已以書面向本公司完全披露有關的重要事實，並於該新增或更改之保障項目生效前已取得本公司書面同意，則屬例外。

6. 醫療增值計劃的轉換權

受保人 70 歲前可於續保日 30 天前以書面通知本公司申請將醫療增值計劃轉換至星級計劃，而無須提供進一步的可保證明。受保人如轉換至高於星級計劃的保障計劃，必須經本公司批核及同意。

受保人在醫療增值計劃內的不承保事項將繼續適用於轉換後的保障計劃。

計劃轉換後，賠償金額之上限，將會根據轉換後之保障計劃，於保障限額表上列明之保障金額為準。惟於增值計劃期間已存在並受保之傷病，其賠償金額之上限，則會根據星級計劃之保障金額為準。

7. 終止保單後的延續保障

如受保人終止本保單或不再續保，本公司將繼續遵照保障限額表列明之限額及次限額，就受保人終止本保單或不再續保前已通知本公司及取得本公司同意的索償支付賠款，為期最多 30 日。惟受保人不得在常居地以外地方定居或尋求承保的治療。如受保人在常居地以外地方定居或接受承保的治療，本公司不會提供上述的延續保障。

8. 合資格人士

除非本公司發出書面同意，否則首次投保本保單的最高年齡為 75 歲，但投保醫療增值計劃的最高年齡為 59 歲；投保精選危疾保障及女性保障的最高年齡為 59 歲。

除常居地為美國或加拿大的美籍或加拿大籍新生嬰兒及公民外，任何國籍的投保人及其家屬均符合投保資格。

健康正常地出生超過 15 日，或在健康正常情況下出院超過 15 日的新生嬰兒（二者以較遲為準）皆符合投保資格。

有關女性保障，合資格人士的年齡必須於保單生效日為 18 歲或以上。

本保單概不接受不符合資格的申請人投保。此外，未經本公司簽發承保表確認的保險概不生效。

9. 返回美國或加拿大後保單自動終止

如受保人為美國或加拿大公民或已取得當地居留權，並已返回美國或加拿大，本保單之保障將於其返回美國或加拿大當日自動停止生效，惟倘受保人獲得本公司以書面同意並已支付本公司指定的附加保費，則屬例外。

受保人必須在返回或預備返回美國或加拿大後 30 天內通知本公司，本公司便會取消本保單，同時按比例退還受保人自離開當日至下一個到期日之全年保費。

除非本保單的條款與規章另有規定，否則本限制條款不適用於受保人前往美國或加拿大短期公幹或渡假（在任何保險期內合計不超過 42 日）期間因意外招致的緊急治療或必須立即治療之急性疾病。

10. 詐騙事件

如受保人或其任何家屬或任何代表以任何偽造、詐騙或以詐騙方式或方法索償，本保單將即時被取消，所有保障及保費並會被沒收。

11. 《合約（第三者權利）條例》之責任除外權

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）強制執行本保單的任何條款。

索償條款

本公司將本著誠信竭盡所能為閣下提供承諾的保障，同樣地，閣下必須遵守下列條款，方可獲得賠償：

1. 索償通知

受保人以住院病人方式入住醫院接受治療前（除非因意外或緊急傷病），必須即時以書面通知本公司或其授權代表有關擬接受之治療詳情、醫生及醫院名稱及地址。受保人必須於出院後或診治日期 30 天內，以較遲者為準，將填妥之索償表格及醫療證明文件交予本公司。

有關精選危疾保障及女性保障，投保人如需提出索償，必須在斷症後 30 天內向本公司發出通知，並於斷症後 30 天內填妥索償表格，連同醫療證明資料交予本公司。如受保人遭遇意外或患上緊急傷病而無法遵從此索償程序，則應盡快在合理時間內向本公司提交書面通知及醫療證明資料。

本公司承保的先決條件乃受保人須遵從索償通知的規章及本保單最後之索償及緊急支援程序。

2. 付款信用保證 (不適用於醫療增值計劃及日間手術)

本公司取得受保人以住院病人方式入住醫院治療的預先通知後，會確定保險的保障範圍、監察索償程序、簽發（可能情況下）適當之付款信用保證及／或根據保單條款與規章安排直接付款予醫院、醫生或其他服務供應者。如受保人未能預先通知本公司有關上述的詳情，本公司將不會簽發付款信用保證或安排直接付款。鑑於本公司不會就本保單承保之門診服務提供付款信用保證或安排直接付款，受保人必須先自行付費，再根據本保單索取賠償。

3. 索償證明文件

受保人必須在本保單註明的期限內，以及取得住院治療的付款信用保證或賠償前，將正本文件、收據連同已填妥並經主診醫生簽署的索償表格送達本公司，本公司不會接受任何文件副本。如本公司權衡醫療實況或各項可能性後，基於之前已存在傷病為不承保事項，受保人有權責提交本公司合理要求的醫療證明，以便本公司重新考慮是否根據本保單作出賠償。

4. 身體檢查

本公司有權及可能透過醫學代表，在任何索償時期內按其認為合理的任何時間，為受保人進行身體檢查。此外，本公司亦有權在合法情況下要求驗屍。

5. 法律程序

受保人根據本保單條款出示索償證明後，必須待至 60 天後，方可展開法律訴訟追討本保單的索償。立約雙方現同意，如雙方對本保單有任何爭論或爭議，一律受香港特別行政區法律監管，雙方並同意任何有關之爭論或爭議必須服從香港特別行政區法院的專審地及司法裁判權。

6. 仲裁

倘若本公司拒絕向閣下作出賠償或對賠償金額存在任何爭議（統稱為爭議），有關爭議均依據現行《仲裁條例》（香港法例第 609 章）裁決。如有關人士未能就選擇仲裁員達成協議，仲裁員人選事宜將轉介現行香港國際仲裁中心主席裁決。本公司特此聲明，閣下必須首先取得仲裁裁決，方可按本保單採取任何法律行動或提出訴訟。

若有關爭議未能於本公司拒絕賠償起 12 個月內按本仲裁條款提出仲裁，閣下會被視作完全放棄閣下的索償權，並不得在日後根據本保單重新提出索償。

一般不承保事項

除特別指明外，本保單不承保以下事項、狀況、活動及其後果，亦不會承擔繳付賠償之責任：

1. 之前已存在之傷病：惟受保人在簽訂本保單前已全面披露有關情況及獲得本公司接受，則屬例外。
2. 「本保單」生效後 6 個月內感染或開始患上下列「傷病」而引致的「住院」或「治療」：
 - a) 肺結核
 - b) 肛門瘻管
 - c) 膽石
 - d) 腎石、尿道結石或膀胱結石
 - e) 高血壓或心血管病
 - f) 胃或十二指腸潰瘍
 - g) 糖尿病
 - h) 腫瘤或癌症
 - i) 痔瘡
 - j) 扁桃腺切除手術
 - k) 鼻中隔膜、鼻竇或鼻甲骨病變
 - l) 甲狀腺機能亢進
 - m) 白內障
 - n) 椎間盆突出或退化
3. 定期身體檢驗或檢查、定期眼部或耳部檢查、防疫注射、醫療證明、應聘或旅遊所需的身體檢查、視力不正常的治療、眼鏡、隱形眼鏡、助聽器、非必要的美容手術、所有牙科護理或與牙齒有關的口腔手術（除非受保人因意外損失或損壞健康正常之牙齒，而需接受修補之牙科治療。有關治療必須於意外發生後 14 天內進行）。本牙科護理或與牙齒有關的口腔手術不承保事項不適用於牙科保障。
4. 復康護理，以及任何在家居、水療中心、水療診所、療養院或長期護理設施環境等並非本保單釋定為醫院的地方所提供的服務或治療。
5. 與不育、避孕、絕育、陽痿、性機能障礙、荷爾蒙補充療法、胎兒先天缺陷、先天性疾病、成長障礙狀況、遺傳狀況或任何基於心理或社會理由進行之墮胎手術有關之化驗或治療。
6. 妊娠或分娩。本不承保事項不適用於產科保障、精選危疾保障及女性保障。
7. 義肢、矯型裝置及非外科手術所需的醫療器具、由受保人或其親屬或合作夥伴提供的治療(除本公司同意則屬例外)、所有科學上未經西歐或北美標準確認的治療，及另類療法包括但不限於按摩治療、自然療法、香薰治療、水療、脊椎療法、催眠治療及順勢療法。
8. 一切關於將捐贈者的角膜、肌肉、骨骼、人體器官或組織移植至受方身體的費用，以及所有與器官移植直接或間接有關的費用（本保單第四節醫院及有關服務保障 9. 器官移植保障所載項目除外）。
9. 因人體衰老狀況導致的精神或神經系統疾病包括但不限於帕金森病及老年癡呆症、精神病、精神錯亂、蓄意自傷身體、自殺、酗酒、吸毒或濫用藥品、性傳染疾病的治療及與愛滋病或任何與愛滋病病症或疾病有關的任何治療或化驗。
10. 受保人於海外進行本可待至返回常居地才治療的非緊急或慢性疾病的治療。

11. 除非得到本公司書面同意，一切受保人取代在常居地或東南亞地區就有關病患普遍及慣常會提供的治療方式，而選擇在外地進行的非普遍提供的實驗性、先驅性或先進的醫療及外科手術技巧。
12. 就已獲得診斷及／或治療的傷病而在就醫當日向其他醫生徵取第二意見，惟本公司醫學顧問基於醫學事實或情況而視為合理及必需，則屬例外。
13. 於受保人轉介至另一位醫生或專科醫生當日後，轉介醫生繼續收取的費用。
14. 擔任全職警察或軍隊成員期間所招致之損傷或疾病，以及參與任何非法行為（包括因此被監禁）所引致的治療。
15. 門診服務之保障只限於本保單承保表列明之保障範圍。
16. 就本可採用門診方式治療之傷病而住院。包括主要由於要接受診斷掃描、X光檢查或物理治療而住院。
17. 攀石、爬山、洞穴探索、特技跳傘、跳傘、空中滑翔、滑翔跳傘、乘熱氣球、所有潛水活動（有關人士已正式取得國際認可潛水機構頒發潛水員資格或證書、或該人士在索償事件發生時已取得合資格或執業潛水指導員提供潛水指導則例外）、競步以外的各類競賽，以及所有專業或本身潛在危險的運動，惟索償事件發生前已通知本公司，並已獲得本公司書面同意，則屬例外。
18. 任何法例或有關的保險保障規定，就工作身亡、受傷或疾病應付的費用或保障。
19. 如因任何法例規定而須提高醫療護理及服務費用，以致費用超出理應招致的合理及慣常收費水平，本公司不會賠償此等不合理的高收費。
20. 任何因購買或使用非外科手術所需的特別支架、植入物、輔助設備或裝置而招致之費用，包括但不限於輪椅及拐杖。
21. 由受保人僱主擁有或租用輪船或飛機運送受保人之交通費用，以及僱主之職員或僱主之醫療設施提供之醫療護理費用（惟本保單開始前已取得本公司以書面同意，則屬例外）。本不承保事項適用於受保人僱主及任何當事人立約規定受保人有權接受之交通及醫療護理。
22. 受保人、任何醫學人士或提供治療之機構存在爭論或爭議所招致之費用，或與本保單承保之醫療開支無關之任何其他費用。
23. 因以下事項直接或間接引致、導致或與此有關的任何性質的情況，不論是否有其他同時或以任何其他次序引致損失的任何其他原因或事項亦然：
 - a) 任何核子燃料、核子廢料或核子燃料燃燒造成的電離子輻射或放射性污染；
 - b) 任何核子裝置、反應器或其他核子機組或其核子元件之輻射性、毒性、爆炸性或其他危險性或污染物質；
 - c) 任何應用原子或核子分裂，及／或核聚變或其他同類反應，或輻射性能量或物質之武器或裝置；
 - d) 任何輻射物質造成之輻射性、毒性、爆炸性或其他危險或污染物質。當輻射同位素正在預備、預置、運載、儲存或使用於商業、農業、醫療、科技或其他類似的和平用途時，則本項之不承保範圍並不包括該等輻射同位素，惟核子燃料除外；
 - e) 任何化學、生物、生化或電磁武器。
24. 因以下事故直接或間接導致或引致或與以下事故相關之情況，並包括任何性質之間接損失，不論此等損失乃同時或以任何其他次序由任何其他事故或事件所引致亦然：
 - a) 戰爭、侵略、外敵行動、敵對局面、交戰事件（不論正式宣戰與否）、內戰、叛亂、革命、反叛、叛亂升級或擴大至大規模叛變事件、軍事或篡權行動；或
 - b) 任何恐怖活動，包括但不限於任何人士（人等）或團體因政治、宗教、思想形態或類似目的透過以下方式，陳述與否，及／或令公眾或任何社會階層恐慌：
 - i) 使用或以武力、暴力威脅及／或
 - ii) 人身或財產的傷害或損害（或受到此等傷害或損害威脅），包括但不限於核子輻射及／或化學及／或生物污染；或
 - c) 採取任何行動或以任何方式控制、阻止或壓制與上述第 a) 或第 b) 條有關之行動。

制裁限制之不承保條款

如「本保單」所提供的保障或支付的任何賠款涉及聯合國決議的任何制裁、禁令或限制，或歐盟、英國、美國所作出的貿易或經濟制裁或法規及／或任何其他適用之國家經濟或貿易制裁或法規，「本公司」將視其為「本保單」的不承保事項，因而不會承擔支付任何索償或提供任何保障的責任。

精選危疾保障及女性保障部份之附加不承保事項

本保單之精選危疾保障及女性保障部份不承保以下事項、狀況、活動及其後果，亦不會承擔繳付賠償之責任：

1. 受保人於保單生效日或保障金額提升日起 60 天內被診斷確認患上之病症，惟意外事件引致的病症除外。
2. 在不合理情況下，沒有尋求或遵守醫療意見或指示。

倘本公司聲稱基於此等不承保條款，本保險並不承保任何損失、損害、費用或開支，則投保人需自行承擔作出反證的責任。

第一節 - 承保保障摘要

本保單會根據保障限額表所載的限額及次限額支付醫療開支，或受保人因意外、疾病、死亡或任何其他承保之突發事件直接招致的所有已訂明及必須的其他承保開支。

如受保人就個別或無關連之傷病狀況同時接受治療而提出索償，每宗狀況之治療開支將根據本保單視作獨立索償個案辦理。受保人索償醫療護理費用後，如再就與之前治療無關的新療程提出索償，本公司將視之為新索償個案。本保單之可扣減項目或共險（如有者）將適用於本文所載之每宗獨立或新索償。

本公司會向受保人或提供承保醫療、交通或其他服務的機構支付保障，而此等機構發予的正式收據將為本公司承責支付有關保障之有效證明。惟本公司只會按提供承保的治療或服務在當地的一般合理及常規費用作出賠償。

有關精選危疾保障及女性保障，本公司將根據本保單的生效期及本公司已取得合理要求之證明，並且在符合下述條件的情況下，支付保障予受保人：

1. 危疾、女性原位癌或女性疾病必須在本保單生效 60 天後才被診斷確認患上，惟因意外導致，則屬例外；及
2. 受保人經診斷確認罹患承保疾病後之 21 天期限內，必須仍然在世。

本公司應付之精選危疾保障及女性保障保障額，乃根據承保表分別之保障額，扣除有關保險期未繳之保費及已支付之賠償而計算。

受保人每次索償均須遞交足夠的索償證明，本公司或會委派獨立管理人代表本公司處理有關的索償。

於本保單內，如上下文允許，但凡指男性之詞語，其釋義將包括女性，反之亦然；但凡指單數之詞語，其釋義將包括眾數，反之亦然。

第二節 - 責任規限

本公司之賠償責任不會超過保障限額表訂明的每項或每類保障次限額。承保表列明之最高總保障額乃受保人在任何一宗傷病根據本保單可以追討的最高總限額。

除保單的次限額及整體最高限額外，70 歲或以上之受保人將以保障限額表上列明之終生賠償額為上限。終生保障額乃受保人在 70 歲開始計算根據本保單可以追討的最高總限額。本保單之保障將於終生保障額用訖後自動停止生效。

在保單終止或不再續保日後提出之索償，應付的賠償金額將會以有關費用在保險期內招致而計算。

有關精選危疾保障及女性保障：

1. 任何受保人均不得投保多份由本公司承保之危疾保障計劃，包括整份保單或保單部份範圍就危疾、女性原位癌或女性疾病提供保障。如受保人於本公司投保多份危疾保障計劃，本公司有權視受保人為受最高保障額的該份保單保障。如各份保單的保險額相同，本公司將視受保人為受首份簽發的保單保障。
2. 本公司就女性原位癌症保障只會賠償一次，而不會就多於一種女性原位癌症作出賠償。
3. 女性保障一經賠償，精選危疾保障最高總保障額將相應遞減。
4. 本公司一旦支付精選危疾保障最高總保障額之 100%，本保單之精選危疾保障即告終止。

第三節 - 扣減項目及共保

扣減項目指受保人必須就每宗索償或每項療程費用支付的款額。

每年扣減項目總額是當受保人在任何保險期內招致索償並超過此總額時本保單才會作出賠償或賠款的醫療開支累積總額。在要求賠償或賠款前，受保人必須證明已招致此等開支，而且若非申請了每年扣減項目，此等開支應已能獲得本保單賠償。

共保指受保人必須支付之承保醫療開支部分。

承保表已列明所有適用的扣減項目或共保款額以及適用的承保項目。本保單的扣減項目及共保款額可以累計，索償時必須遵從共保為先，扣減項目為後的先後次序。

第四節 - 適用保障摘要

本保單提供以下之保障。有關受保人可享有的具體保障，請參閱承保表及保障限額表。

基本保障

醫院及有關服務保障

1. 醫院治療及服務

受保人以住院病人身份入住醫院接受醫生提供或囑咐進行並為醫療所需的治療及服務。保障範圍包括：

- (a) 醫院病房房租（最高保障為保障限額表列明之病房及膳食保障費用限額，如有需要並包括一名成人家屬陪同一名小童病人入住醫院病房之附加住宿費用）、
- (b) 受保人的膳食費用、
- (c) 常規護理、
- (d) 診症、化驗或其他醫療所需的設施及服務、
- (e) 醫生／外科手術醫生／麻醉師或物理治療師之費用、
- (f) 手術室費用、
- (g) 深切治療室費用、
- (h) 專科醫生諮詢或診治(必須由主診醫生轉介)、
- (i) 所有藥物、敷藥、或主診醫生處方作住院用途之藥物。
- (j) 醫院提供之化療、電療、標靶治療、免疫治療、荷爾蒙治療及洗腎治療，不論受保人以住院病人或門診病人身份接受有關治療亦然、及
- (k) 住院或門診進行的電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET - CT 組合及 PET - MRI 組合。

本保單並不承保非醫療所需的用品或服務及個人財物或基本生活用品包括電話、電視、紙巾、睡衣、毛巾、奶粉及報紙等。

如受保人入住之病房房租高於保障限額表列明之住院及膳食費用保障額，醫院治療及服務之賠償將會按照以下的比例調整：

{住院及膳食費用保障額} 除以 {實際的每日病房房租}

如在單一次切口手術中進行兩項或以上外科手術程序，則所有進行的外科手術程序之賠償額，包括外科手術醫生、麻醉師及手術室費用，將不超過所有進行的外科手術程序在外科手術承保表中保障分類較高的一項之賠償額。

如在單一次住院通過不同切口手術進行多項外科手術程序，則所有進行的外科手術程序之賠償額，包括外科手術醫生、麻醉師及手術室費用，將不超過相關保障額的 100%。

2. 日間手術

醫院治療及服務保障承保之保障包括日間手術。日間手術指受保人在診所或醫院內接受醫生提供或囑咐進行而為醫療所需之所有外科手術程序及相關治療。日間手術保障不包括所有非外科手術程序及相關治療，並須遵從本保單及保障限額表列明之條款、規章、不承保事項、限額及次限額的規定。

3. 入院前的門診診斷服務

入院或進行日間手術前 30 天之 1 次屬醫療必需的門診。

保障包括入院或進行日間手術前之門診所收取的診症、處方藥物、及按主診醫生指示進行之物理治療或化驗檢查的費用。本保障只限於緊接入院或進行日間手術前之 1 次門診，該 1 次門診必須導致受保人以住院病人身份入住醫院或進行日間手術，就有關之傷病狀況作治療，惟有關傷病狀況必須在本保單承保範圍內。

4. 出院後的覆診跟進治療

受保人出院或進行日間手術後 90 天內接受由主診醫生囑咐進行屬醫療必需的最多 3 次門診跟進治療。

保障包括覆診、覆診藥物及按主診醫生指示進行之物理治療或化驗檢查的費用。本保障只限於受保人在接受本保單承保之住院或日間手術治療後，就有關傷病狀況之跟進治療。跟進治療不包括治療慢性疾病的持續門診及長期服用之處方藥物。

5. 手術或癌症治療後復康保障

本保障包括手術或癌症治療後 90 天內進行下列復康治療的費用，每項治療類別以每年 5 次為上限，並按照保障限額表列明的賠償率支付賠償：

(a) 心理輔導 (只限診症費)

由註冊心理學家進行及獲主診醫生書面轉介的心理輔導。

(b) 營養諮詢 (只限診症費)

由合資格之營養師進行及獲主診醫生書面轉介的營養諮詢。

(c) 言語治療 (只限診療費)

由合資格之言語治療師進行及獲主診醫生書面轉介的言語治療。

(d) 職業治療 (只限診療費)

由註冊職業治療師進行及獲主診醫生書面轉介的職業治療。

(e) 中醫及針灸治療 (診症費及藥費)

由註冊中醫進行的中醫及針灸治療。

6. 私家看護

經住院主診醫生轉介在住院期間或出院後家中聘請合資格

註冊護士提供的全職或兼職私家看護服務，以繼續治療當初住院醫治的有關傷病，惟有關服務必須乃醫療上必需，而非因受保人的家庭狀況所需。就私家看護費用，本公司只會提供每年最多至 26 週之保障。

7. 急症室意外及緊急服務

受保人在意外或患上突發緊急傷病後須即時治療，並於 24 小時內以門診病人身份到醫院急症室就醫所接受的服務。

8. 本地救護車服務

因應醫療所需，以陸上救護交通工具送受保人往來本地醫院的交通費用。

9. 器官移植保障

移植腎臟、心臟、肝臟、肺臟或骨髓之住院及有關服務費用。本保單不承保購買器官的費用或捐贈者所招致之開支。

10. 公共醫院的住院現金保障

保障限額表列明之現金保障，指受保人在公共醫院公眾病房接受在私家醫院治療亦為本保單承保之免費或一般公眾病房收費的住院治療。

11. 日間手術現金津貼

若受保人於醫療診所或日間手術中心或醫院作為日症病人接受以下所列之日間手術，而本公司已同意支付外科醫生費保障，本公司將會根據本保單之條款及細則支付日間手術現金津貼保障予合資格之索償。如受保人以住院病人身份入住醫院，無論留院之時間長或短，亦不會獲現金津貼賠償。在任何情況下，本公司支付的現金津貼，每天不會多於一個日間手術。

日間手術現金津貼適用於以下所列之日間手術，連或不連其他同時進行的手術：

- 胃內窺鏡檢查
- 食道胃十二指腸內窺鏡檢查
- 乙狀結腸內窺鏡檢查
- 結腸鏡檢查
- 逆行內窺鏡膽胰管造影術
- 膀胱鏡檢查
- 關節鏡檢查
- 陰道鏡檢查
- 支氣管鏡檢查
- 囊外 / 囊內晶狀體摘除術 (白內障)

12. 第二索償現金津貼保障

若受保人於醫院的住院期間招致之合資格費用，已先被其他保險公司部分或全額賠償，本公司將會根據本保單之條款及細則支付此保障。在任何情況下，本公司支付的現金津貼保障，就每次住院不會多於一次賠償。

醫療增值計劃 (如適用)

本公司將就受保人招致的受保醫療費用在受保人其他住院及手術保險未獲賠償之餘額支付賠償。

住院及手術保險指提供住院房租、住院雜費、住院醫生診療費、手術費用及其他住院費用之住院及手術保障的個人或團體醫療計劃。

本公司不會就任何未超出其他保險可賠償的醫療費用承擔繳付醫療增值計劃賠償之責任。如受保人在索償時未持有另一份有效的住院及手術保險，本公司將不會支付任何保障。受保人必須先向其他住院及手術保險索償招致的醫療費用，受保的醫療費用如未獲其他住院及手術保險賠償，餘額(不包括每年扣減自負金額或類似的扣除額)可以在此項保障再提出索償。

醫療增值計劃的保障只限於第四節醫院及有關服務保障 1. 至 9. 項的受保醫療費用。每年最高保障額為港幣 250,000，賠償額以如下方式計算：

- 受保醫療費用總額之百分之五十；或
- 受保人於其他住院及手術保險未獲賠償的受保醫療費用，以較低者為準。

轉職住院保障

如受保人在醫療增值計劃生效 90 天以後離職，招致的受保醫療費用可享有轉職住院保障。保障適用於支付受保人離職 120 天內招致的第四節醫院及有關服務保障 (i) 至 (vii) 項的受保醫療費用。每年最高保障額為港幣 26,000，受保人必須提供離職證明以索償此項保障。

醫療增值計劃不會支付入住醫院總統套房/貴賓房/豪華套房或同等水平的住房招致的醫療費用。

自選保障

附加醫療保障

本保障賠償於醫院及有關服務保障的保障限額已耗盡後的醫療費用，惟本保障不適用於以下保障項目：

- (1) 入院前的門診診斷服務
- (2) 出院後的覆診跟進治療
- (3) 手術或癌症治療後復康保障
- (4) 公共醫院的住院現金保障
- (5) 日間手術現金津貼
- (6) 醫療增值計劃

本保障不會就以下情況作出賠償：

- (1) 於常居地以外之住院或治療，惟受保人短暫離開常居地出外公幹或渡假旅遊（每次行程不得超過 90 日）而招致意外或急性疾病，需要立即接受緊急治療，則屬例外；或
- (2) 入住大房、半私家房及私家房以外的醫院病房級別。

如受保人入住之病房房租高於保障限額表列明之住院及膳食費用保障額，本保障之賠償將會按調整率作出調整。

調整率計算方法如下：

{住院及膳食費用保障額} 除以 {實際的每日病房房租}

附加醫療保障之賠償額，將根據每宗傷病最高保障額，按以下公式計算：

{合資格醫療開支金額}
減 {醫院及有關服務保障之應付賠償額}
減 {附加醫療保障的每次索償墊底費}
乘 {附加醫療保障的賠償率}
乘 {調整率}

牙科保障

如受保人招致由註冊牙醫提供的以下服務之費用，本公司將按照保障限額表列明的保障限額支付賠償：

- (1) 定期口腔檢查
- (2) 洗牙，每合約年度最多 2 次
- (3) 補牙及脫牙
- (4) 口腔 X 光
- (5) 牙科治療藥物
- (6) 牙科膿瘡排放
- (7) 齒尖或齒邊修復
- (8) 假牙、牙冠及牙橋(只適用於因意外而導致)

本保障不會就以下服務、製品或情況作出賠償：

- (1) 牙科器具
- (2) 不包括在上述牙科服務中的任何牙科程序的費用

- (3) 由註冊牙醫以外的任何人進行的治療
- (4) 部分或完全為美容性質的服務和用品的費用，除非該服務乃經由註冊牙醫按照醫療需要建議進行

產科保障

專為母親而設的婦女產前、分娩及產後護理，最高保障額為保障限額表就正常分娩指定的次限額。如適用，分娩出現承保的併發症，次限額將增至保障限額表就分娩出現併發症指定之款額。在此情況下，承保之併發症乃為：

- (1) 醫生以書面證實自然分娩將危害母親及/或子女性命而進行剖腹生產所招致之手術及相關醫療費用。
- (2) 治療宫外孕或基於醫學原因需要終止懷孕後出現併發症而須接受腹內手術所招致之手術及相關醫療費用。
- (3) 住院期間因懷孕嘔吐、毒血症併發痙攣或自發性流產接受必需施行的護理費用。

除上述情況，分娩出現併發症保障並不承保懷孕出現併發症、分娩及產後護理之其他費用。本保單不承保為未出生胎兒進行手術之費用。本保單之其他保障類別(包括但不限於緊急醫護運送)概不包括妊娠或分娩所招致之開支。

除非承保表另有規定，否則生效之產科保障只適用於嬰兒的出生日期在母親首次申請為產科保障的受保人生效後最少 12 個月，同時在嬰兒出生當日產科保障已生效，並於該首次申請投保後仍繼續生效。

如任何受保人決定取消產科保障，而本公司其後同意再為該名受保人提供該項保障，則該名受保人將被視作於本公司再承保產科保障當日首次申請這項附加保障。

精選危疾保障

如受保人經本公司醫生同意並給常居地註冊之醫生（或於某些承保疾病要求的專科醫生）診斷證實罹患下列任何一種或多種危疾，並於診斷後生存超過 21 天，本公司將支付精選危疾保障最高總保障額 100% 之現金賠償。

「危疾」指：

(1) 癌症

出現惡性細胞生長不受控制及擴散，並侵入鄰位組織的惡性腫瘤，包括白血病、淋巴肉芽腫病、淋巴瘤，但不包括因人體免疫力缺乏病毒引發之皮膚多發性出血性肉瘤、非侵入性原位癌及除侵入性惡性黑素瘤以外之任何皮膚癌。

索償時必須具列精確的癌病組織證明以作支持文件。

(2) 中風

腦血管意外導致永久性神經損傷，本項保障並不包括暫時性局部缺血中風。

(3) 心臟病突發

由於血液供應不足以致心臟部分肌肉壞死，導致出現典型胸口悶痛、新的心電圖轉變及心臟酵素量增加。

(4) 冠狀動脈手術

受保人遵照在其常居地註冊的心臟科醫生的建議，進行直視心臟手術，利用旁道管移植手術矯正一條或多條冠狀動脈的收窄或堵塞情況。本項保障不包括氣球血管成形術、激光或其他手術。

如兩條或以上的冠狀動脈已有最少 70%部份堵塞，則本項保障將包括採用氣球血管成形術、動脈硬化清除術或激光手術治療受影響之動脈。

(5) 肝臟完全衰竭

已出現黃疸、腦功能病變及腹水的末期肝衰竭，並獲得受保人常居地之主要醫院聘任的合適醫生診斷確定。

(6) 腎衰竭

末期腎臟衰竭，兩個腎臟均出現無法復原的慢性衰竭，需要進行定期的洗腎治療或腎臟移植手術。

(7) 主要器官移植手術

身為接受移植者，實際進行心臟、肝臟、肺、胰臟或骨髓移植的手術。

釋義包括同時移植超過一個上述的器官。如未有就腎衰竭提出索償申請，則本項將包括移植腎臟。

(8) 運動神經細胞疾病

經受保人常居地註冊之神經病科醫生診斷為運動神經細胞疾病，並持有合適的支持證明。

(9) 失聰

連續 12 個月雙耳完全及永久喪失聽覺。

(10) 失明

雙眼完全及永久喪失視力。

(11) 嚴重燒傷

受保人身體表面最少 20%遭受第三級燒傷。

(12) 昏迷

陷入失去知覺的狀態，對外界刺激或體內需要持續失去反應，採用生命維持系統最少 96 小時，並出現永久性神經缺陷。

(13) 帕金森病

在受保人六十(60)歲生日前，經受保人常居地註冊之神經病科醫生明確診斷之自發性帕金森病（震顫性麻痺），並需接受原多巴胺治療。本項保障不包括其他帕金森神經機能障礙。

(14) 多發性硬化

經受保人常居地註冊之神經病科醫生明確診斷之多發性硬化，以致最少持續六(6)個月出現中度神經功能異常的狀態。

(15) 癱瘓症／截癱

受保人持續最少十二(12)個月因癱瘓症而導致兩條或以上肢體完全及永久喪失功能。

(16) 喪失獨立能力

喪失獨立能力即踏入六十(60)歲後，永久地喪失獨立進行三(3)項或以上的日常活動的能力，不論是否使用機械裝置、特別工具或其他輔助工具亦然。

(17) 因輸血感染愛滋病病毒

保單開始生效後，在受保人常居地接受治療時，透過輸血感染任何人體免疫力缺乏病毒。受保人必須向本公司之醫學顧問提交令其滿意的清晰證明，以證實愛滋病乃由上述途徑感染，並獲得提供輸血服務的有關機構承擔責任，同時證明受保人並非血友病患者。

(18) 主動脈手術

因主動脈病患或受傷，需要接受主動脈切除及移植而進行直視心臟手術。根據本項釋義，主動脈即胸部及腹部的主動脈，而非主動脈的支脈。

(19) 心臟瓣手術

進行直視心臟手術以修補或更換一片或以上的異常心臟瓣膜。

(20) 阿耳滋海默氏症

受保人踏入六十(60)歲前，獲臨床診斷為阿耳滋海默氏症或早老性痴呆，以致永久喪失獨立進行三項或以上日常活動的能力。

阿耳滋海默氏症或早老性痴呆，乃指無法恢復的器官衰退失調（神經機能病及精神病除外）引致智力退化、喪失智力或行為失常（獲臨床狀況及認可標準問卷或測試證明），以致智力或社交功能顯著減弱，而需持續接受監督指導。診斷必須由受保人常居地註冊之神經病科醫生進行，並獲得本公司之醫學顧問同意。

(21) 喪失語言能力

因聲帶損傷，以致連續十二(12)個月完全及永久喪失說話能力。

(22) 良性腦腫瘤

一種非癌性的大腦內腫瘤。本項釋義並不包括腦部動脈或靜脈出現囊腫、肉芽瘤及畸形，以及腦下垂體或脊椎出現血腫及腫瘤。

(23) 末期病症

晚期或進展迅速的不治之症，而根據本公司之醫學顧問判斷壽命不會超過十二(12)個月。

(24) 喪失肢體

完全及永久喪失兩條或以上肢體的用途，並最少其中一條肢體在膝蓋或肘部以上遭受嚴重性創傷。

(25) 肌失養症

經受保人常居地註冊之認可神經科醫生確定為遺傳性肌失養症，以致永久及完全喪失能力。

(26) 腦炎

腦部或脊髓膜發炎，以致出現嚴重的永久神經缺陷。是項診斷必須經由認可的神經科醫生證實。本項保障並不包括因愛滋病毒感染之腦炎。

(27) 頭部意外受傷引致嚴重腦創傷

頭部意外受傷導致腦損傷的後遺症。經受保人常居地註冊認可之神經科醫生的證實，由於永久性神經缺陷導致嚴重的功能受損。

(28) 肺動脈高壓

經受保人常居地註冊之心臟科醫生診斷，並獲臨床及實驗研究（包括心導管檢查）證實之原發性肺動脈高壓，同時亦須符合以下的診斷準則：

- (a) 呼吸困難及疲勞；及
- (b) 左心房壓力上升（最少 20 個單位或以上）；及
- (c) 最少 3 個單位出現不正常的肺動脈阻力；及
- (d) 肺動脈壓力最少 40 毫米汞柱；及
- (e) 肺動脈楔壓最少 6 毫米汞柱；及
- (f) 右心室端舒張壓力最少 8 毫米汞柱；及
- (g) 右心室肥大，擴張及左心臟出現衰竭及代償失調的徵狀。

女性保障

(1) 女性原位癌：

「原位癌」是指癌細胞焦點式的惡性病變，但還沒有侵入到鄰位正常的組織細胞或擴散至身體其他部份。

如受保人經診斷證實罹患下列任何一種女性原位癌，本公司將一筆過支付相等於精選危疾保障最高總保障額 20%之現金賠償。

女性原位癌指：

- (a) 乳房原位癌
- (b) 子宮頸原位癌
- (c) 子宮原位癌
- (d) 輸卵管原位癌
- (e) 陰道／外陰原位癌
- (f) 卵巢原位癌

子宮頸原位癌的等級小於第三級(CIN III)不在保障範圍之內。

原位癌陽性的診斷結果一定要由選定的活體組織經顯微鏡檢查而證實，初步的臨床診斷並不足夠。

(2) 女性疾病

如受保人經診斷證實罹患下列任何一種女性疾病，本公司將一筆過支付相等於精選危疾保障最高總保障額 20%之現金賠償。

女性疾病指：

(a) 類風濕性關節炎

經風濕及免疫科專科醫生診斷證實患上類風濕性關節炎，並導致嚴重影響進行任何兩項日常活動的能力。

日常活動指：

移動：由一張床移往一張豎立椅子或輪椅的能力，相反亦然，又或坐上或離開便桶或盥洗架的能力。

節禁力：節禁大便及小便的能力，以保持足夠程度的個人衛生。

穿戴：穿上、除下、縛牢及鬆開所有必要的衣服及任何器具、人造肢體或其他外科用品的能力。

活動：受保人在常住樓宇內，從一間房間移動至同一層的另一房間的室內活動能力。

進食：當食物及飲料預備妥當時，憑個人力量進食的能力。

洗澡：在浴盆或淋浴間洗澡的能力（包括進出浴盆或淋浴間），以達致保持足夠個人衛生的程度。

(b) 骨質疏鬆導致腕骨骨折

經骨科專科醫生診斷證實患上骨質疏鬆，並導致腕骨骨折。

(c) 系統性紅斑狼瘡導致狼瘡性腎炎

經風濕及免疫科專科醫生診斷證實患上涉及腎臟的系統性紅斑狼瘡，並導致狼瘡性腎炎。

索償及緊急支援程序

1. 如根據本保單作出任何其他索償或可能提出索償，請即以書面通知本公司。
2. 除遭遇意外或患上緊急傷病，否則以住院病人身份入住醫院接受治療前，受保人、主診醫生或醫院應立即聯絡本公司，提供擬接受治療之詳情、醫生及醫院名稱及地址。
3. 受保人必須於出院後或診治日期 30 天內，以較遲者為準，將填妥之索償表格及醫療證明文件交予本公司。
4. 本公司會確定保險的保障範圍及索償程序，並在可能情況下提供必需的付款信用保證。除非受保人事前聯絡本公司提供所有相關資料，否則不會獲發付款信用保證。

<<本中文譯本旨在協助你閱讀保單的內容，本中文譯本不是亦不應被視為保單之一部份或在闡釋保單內任何條文時有任何影響。保單條文一切以英文版本為準。>>

5. 本公司不會為門診服務提供付款信用保證，但會償付承保的費用。
6. 受保人必須就每宗索償或治療填寫一份獨立的索償表格。
7. 受保人及／或其合法代表必須填妥索償表格 A 節所有問題，然後簽署作實。
8. 主診醫生必須填寫索償表格 B 節所有問題，並蓋上印章及簽署作實。
9. 本公司不會辦理尚未填妥之索償表格。受保人必須向本公司提供所有相關文件及賬單的正本，本公司恕不接受影印本。
10. 受保人及主診醫生填妥索償表格後，請聯同所有相關文件送達本公司：

三井住友海上火災保險（香港）有限公司
賠償部
香港太古城
英皇道 1111 號 9 樓

有關精選危疾保障及女性保障：

1. 投保人必須按本公司要求提交以下的證據，本公司方會支付索償保障：
 - a) 發生可索償事件，或連續發生可索償事件的證明；
 - b) 索償人之法定所有權證明；
 - c) 受保人之出生日期證明；
 - d) 已填妥的本公司索償表格；及
 - e) 本公司合理要求的其他資料如：
 - i) 受保人按本公司合理要求，每隔一定時段自費向本公司提供受保疾病之醫學證明及證據；及
 - ii) 遵照本公司提出的合理要求，由本公司委派之醫學檢驗員，為受保人進行身體檢查及／或測試，費用由本公司支付；及
 - iii) 允許本公司獲取任何身體檢查及／或測試及／或受保人病歷報告或病歷表之書面同意書。
2. 所有醫學證明及身體檢查及／或測試之報告必須由受保人常居地或本公司認可之其他國家居住及執業之醫生提供，並須以書面方式提交本公司。
3. 如受保人無法接受任何檢驗或測試，又或無法提供書面同意書，以致本公司無法取得我們認為必要的醫學或其他資料，本公司不會支付精選危疾保障或女性保障，亦不會退回任何已付保費。
4. 在保險期內提出的索償，本公司將在所支付的賠償金額中扣除每年應交保費的剩餘未繳金額。

外科手術承保表

程序 / 手術	分類	
腹部及消化系統		
食道、胃及十二指腸	食道病變組織切除術/ 經頸進行食道病變組織或組織破壞術	大型
	高選擇性胃迷走神經切斷術	大型
	腹腔鏡胃底摺疊術	大型
	腹腔鏡式食道裂孔疝氣修補術	大型
	食道胃十二指腸內窺鏡檢查，連或不連活體組織檢查及 / 或息肉切除術	小型
	食道胃十二指腸內窺鏡檢查連異物清除	小型
	食道胃十二指腸內窺鏡連食道 / 胃靜脈曲張結紮 / 綁紮術	中型
	食道切除術	複雜
	食道全切除術及腸插入手術	複雜
	經皮膚進行胃造口術	小型
	永久胃切開術/ 胃腸造口術	大型
	部分胃切除術連或不連空腸移位術	大型
	部分胃切除術連十二指腸/ 空腸接合術	大型
	部分胃切除術連接食道術	複雜
	近端胃切除術/ 根治性胃切除術/ 全部胃切除術連或不連腸插入術	複雜
	十二指腸撕裂縫合術/ 十二指腸潰瘍修補術	大型
	胃迷走神經切斷術及 / 或幽門成形術	大型
空腸、迴腸及大腸	開放式或腹腔鏡式闌尾炎切除術	中型
	肛裂切除術	小型
	肛瘻管切開術或切除術	中型
	肛周膿腫的切除術及引流術	小型
	修補直腸脫垂的德洛姆手術	大型
	結腸鏡檢查連或不連活體組織檢查	小型
	結腸鏡檢查，連息肉切除術	小型
	乙狀結腸內窺鏡檢查	小型
	外痔或內痔切除術	中型
	痔瘡的注射療法或綁紮術	小型
	迴腸造口術或結腸造口術	大型
	開放式或腹腔鏡式直腸前位切除術	複雜
	開放式或腹腔鏡式經腹部會陰切除術	複雜
	開放式或腹腔鏡式結腸切除術	複雜
	開放式或腹腔鏡式直腸低前位切除術	複雜
	腸扭結或腸套疊復位術	中型
	小腸切除術及接合術	大型
膽管	開放式或腹腔鏡式膽囊切除術	大型
	逆行內窺鏡膽胰管造影術	中型
	逆行內窺鏡膽胰管造影術連乳突物手術、膽結石摘取或其他相關手術	中型
肝臟	幼針抽吸肝活體組織檢查	小型
	肝移植手術	複雜
	開放式肝病變組織 / 肝囊腫或肝膿腫袋形縫合術	大型
	開放式或腹腔鏡式移除肝病變組織	大型
	開放式或腹腔鏡式肝次葉切除術	大型
	開放式或腹腔鏡式肝葉切除術	複雜
胰臟	開放式或腹腔鏡式肝楔形切除術	大型
	閉合式胰管活體組織檢查	中型
	胰臟 / 胰管病變組織或組織的切除術或破壞術	大型
腹部	胰臟十二指腸切除術（惠普爾手術）	複雜
	剖腹探查	大型
	腹腔鏡檢查 / 腹膜內窺鏡檢查	中型
	開放式或腹腔鏡式的單側疝切開 / 縫合術	中型
	開放式或腹腔鏡式的兩側疝切開 / 縫合術	大型
	開放式或腹腔鏡式的單側腹腔溝疝修補術	中型
開放式或腹腔鏡式的兩側腹腔溝疝修補術	大型	
腦部及中樞神經系統		
神經外科手術	腦部活體組織檢查	大型
	顱骨鑽孔術	中型
	顱骨切除術	複雜
	顱神經減壓術	複雜

程序 / 手術	分類	
	腦室引流沖洗術	小型
	腦室引流的維修清除術，包括修正術	中型
	建立腦室腹腔引流或皮下腦脊液儲存器	大型
	顱內動脈瘤鉗夾術	複雜
	顱內動脈瘤包裹術	複雜
	顱內動靜脈血管畸型切除手術	複雜
	聽覺神經瘤切除術	複雜
	腦腫瘤或腦膿腫切除術	複雜
	顱神經腫瘤切除手術	複雜
	治療三叉神經節氣囊的射頻溫熱凝固術	中型
	使用射頻進行閉合式三叉神經根切斷術	大型
	三叉神經根減壓術 / 開放式三叉神經根切斷術	複雜
	大腦包括腦葉切除手術	複雜
	大腦半球切除術	複雜
	脊椎手術	腰椎穿刺或小腦延髓池穿刺手術
脊髓或脊神經根減壓術		大型
頸交感神經切除術		中型
胸腔鏡或腰交感神經切除術		大型
脊髓管內硬膜內或硬膜外的腫瘤切除術		複雜
心血管系統		
心臟	心臟導管插入	中型
	冠狀動脈分流手術	複雜
	心臟移植	複雜
	心臟起搏器置入	中型
	心包穿刺術	小型
	心包切開術	大型
	經皮穿刺冠狀動脈腔內成形術及有關程序，包括：激光、支架置入、馬達扇頁切割、氣囊擴張或射頻切割技術	大型
	肺動脈瓣切開術、氣囊 / 腔內激光 / 腔內射頻術	大型
	經皮心瓣成形術	大型
	主動脈瓣擴張術 / 二尖瓣切開術	大型
	閉合式心瓣切開術	複雜
	心臟直視心瓣成形術	複雜
	心瓣置換	複雜
血管	腹內動脈 / 脾靜脈腎靜脈 / 門靜脈腔靜脈分流術	複雜
	腹腔血管切除術連置換 / 接合術	複雜
內分泌系統		
腎上腺	腹腔鏡式或腹膜後腔鏡式單側腎上腺切除術	大型
	腹腔鏡式或腹膜後腔鏡式兩側腎上腺切除術	複雜
松果腺	松果腺全切除術	複雜
腦下垂體	腦下垂體腫瘤切除術	複雜
甲狀腺	幼針抽吸甲狀腺活組織檢查連或不連影像導引	小型
	半甲狀腺切除術 / 部分甲狀腺切除術 / 大部分甲狀腺切除術 / 副甲狀腺切除術	大型
	甲狀腺全切除術 / 副甲狀腺全切除術 / 機械人輔助式甲狀腺全切除術	大型
	甲狀舌管囊腫切除術	中型
耳鼻喉 / 呼吸系統		
耳	耳道閉鎖 / 耳道狹窄的耳道成形術	大型
	耳前囊腫 / 耳前竇切除術	小型
	耳廓血腫引流 / 裝鈕 / 切除術	小型
	耳道成形術	中型
	(耳科) 異物清除術	小型
	切開鼓室進行中耳腫瘤切除術	大型
	鼓膜切開術連或不連導管插入	小型
	鼓膜成形術 / 鼓室成形術	大型
	聽小骨成形術	大型
	全部 / 部分迷路切除術	大型
	乳突切除術	大型
	耳蝸手術及 / 或人工耳蝸植入	複雜
	內淋巴囊手術 / 內淋巴囊減壓術	大型
	圓窗或卵圓窗瘻管修補術	中型
	鼓室交感神經切除術	大型
	前庭神經切除術	中型

程序/手術	分類	
鼻、口及咽喉	上頷竇穿刺及沖洗術	小型
	鼻粘膜燒灼術/ 鼻竇控制	小型
	鼻骨折閉合復位術	小型
	口竇瘻管閉合術	中型
	淚囊鼻腔造口術	中型
	鼻病變組織切除術	小型
	鼻咽鏡檢查或鼻鏡檢查連或不連鼻腔活體組織檢查連或不連清除異物	小型
	鼻息肉切除術	小型
	考一路二氏手術/ 以考一路二氏式進行/ 上頷竇切除術	中型
	篩竇/ 上頷竇/ 額竇/ 蝶竇內窺鏡手術	中型
	延伸性額竇內窺鏡手術連經中隔的額竇切開術	大型
	額竇切開術或篩竇切除術	中型
	額竇切除術	大型
	功能性鼻竇內窺鏡手術	大型
	兩側功能性鼻竇內窺鏡手術	複雜
	上頷竇/ 蝶竇/ 篩竇動脈結紮術	中型
	其他鼻內手術，包括激光手術（除了簡易的鼻鏡檢查、活體組織檢查及血管燒灼術）	中型
	鼻成形術	中型
	鼻咽腫瘤切除術	中型
	竇腔鏡連或不連活體組織檢查	小型
	鼻中隔成形術連或不連黏膜下層切除術	中型
	鼻中隔黏膜下層切除術	中型
	鼻甲切除術/ 黏膜下鼻甲切除術	中型
	腺樣體切除術	小型
	扁桃體切除術連或不連腺樣體切除術	中型
	咽囊/ 咽憩室切除術	中型
	咽成形術	中型
	治療睡眠相關呼吸疾病的舌骨懸吊術、上顎/ 下顎/ 舌頭前移術、激光懸吊術/ 切除術、射頻切割輔助垂 腭咽成形術、垂腭咽成形術	中型
	治療舌下囊腫的袋形縫合術/ 切除術	中型
	表層腮腺清除術	中型
	腮腺清除術/ 腮腺切除術	大型
	下頷唾腺液清除術	中型
	下頷腺導管移位術	中型
	下頷腺切除術	中型
	呼吸系統	杓狀軟骨半脫位 - 喉鏡復位術
支氣管鏡檢查連或不連活體組織檢查		小型
支氣管鏡連清除異物		小型
喉鏡檢查連或不連活體組織檢查		小型
喉頭/ 氣管狹窄 - 喉內/ 開放式支架置入術/ 重建術		大型
喉頭分流術		中型
喉切除術連或不連根治性頸淋巴組織切除術		複雜
喉顯微鏡檢查連或不連活體組織檢查，連或不連小結/ 息肉/ 聲帶水腫切除術		小型
喉腫瘤切除術		中型
會厭窩囊腫清除術		中型
喉骨折修補術		大型
治療聲帶麻痺注射法		小型
氣管食道穿刺術進行語音復建		小型
治療聲帶麻痺的甲狀軟骨成形術		中型
聲帶手術包括使用激光技術（惡性腫瘤除外）		小型
氣管造口術 - 臨時性/ 永久性/ 修正術		小型
肺葉切除術/ 肺切除術		複雜
胸膜切除術		大型
肺節段切除術		大型
治療氣胸的胸腔穿刺術/ 胸腔插入術		小型
胸腔鏡連或不連活體組織檢查		中型
胸廓成形術		大型
胸腺切除術	大型	
眼部		
眼	眼瞼損傷組織切除術/ 刮除術/ 冷凍治療	小型

程序 / 手術	分類	
眼瞼縫合術 / 眼緣縫合術	小型	
瞼內翻或瞼外翻修補術連或不連楔型切除術	小型	
部分皮層眼瞼重建術	中型	
結膜損傷組織切除術 / 破壞術	小型	
脛肉切除術	小型	
角膜移植術、嚴重傷口修復及角膜成形術，包括角膜移植	大型	
激光清除術或角膜損傷組織破壞術	中型	
角膜異物清除術	小型	
角膜修復手術	中型	
角膜撕裂或受傷的縫補術 / 修補術連結膜移位	中型	
晶狀體囊抽吸術	中型	
晶狀體囊切開術，包括使用激光	中型	
囊外 / 囊內晶狀體摘除術	中型	
去除眼內晶狀體 / 植入物	中型	
為脈絡視網膜損傷組織進行的手術	中型	
白內障超聲乳化手術連人工晶體植入	中型	
氣體視網膜粘結術	中型	
視網膜光凝固療法	中型	
視網膜脫落 / 撕裂的修補手術	中型	
視網膜撕裂 / 脫落的修補術連扣帶術	大型	
視網膜脫落扣帶術 / 環紮術	大型	
睫狀體分離術	中型	
小梁切除術，包括使用激光	中型	
青光眼手術治療包括置入植入物	中型	
玻璃體診斷性抽吸術	小型	
注入玻璃體替代物	中型	
玻璃體切除術 / 移除術	大型	
虹膜活體組織檢查	小型	
虹膜 / 眼前半段 / 睫狀體損傷組織切除術	中型	
脫垂虹膜切除術	中型	
虹膜切開術	中型	
虹膜切除術	中型	
激光虹膜成形連或不連瞳孔成形術	中型	
虹膜炭頓術及虹膜牽張術	中型	
鞏膜造瘻術連或不連虹膜切除術	中型	
鞏膜熱灼術連或不連虹膜切除術	中型	
睫狀體縮減術	中型	
眼外肌或肌腱活體組織檢查	小型	
單一條眼外肌手術	中型	
眼球穿孔傷口連閉閉或眼色素膜脫落修補術	大型	
眼球摘除術	中型	
眼球 / 眼內物摘除術	中型	
眼球或眼眶修補術	中型	
結膜淚囊鼻腔造口術	中型	
結膜淚囊鼻腔造口術連導管或支架插入	中型	
淚囊鼻腔造口術	中型	
淚囊及淚道切除術	小型	
淚腺切除術	中型	
淚小管 / 鼻淚管探查連或不連沖洗	小型	
淚小管修補術	中型	
瞳孔成形術	中型	
女性生殖系統		
子宮頸	子宮頸截除術	中型
	陰道鏡檢查連或不連活體組織檢查	小型
	子宮頸錐形切除術	小型
	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞子宮頸病變組織	小型
	子宮頸內膜刮除術	小型
	子宮頸電環切除術	小型
	子宮頸囊腫袋形縫合術	小型
	子宮頸修補術	小型
	子宮頸瘻管修補術	中型

程序 / 手術	分類		
輸卵管及卵巢^	子宮頸 / 子宮 / 陰道撕裂縫合術	中型	
	輸卵管擴張術 / 吹氣術	小型	
	開放式或腹腔鏡式切除 / 破壞輸卵管病變組織	大型	
	輸卵管修補術	大型	
	輸卵管造口術 / 輸卵管切開術	中型	
	全部或部分輸卵管切除術	中型	
	輸卵管成形術	中型	
	卵巢囊腫抽吸術	小型	
	開放式或腹腔鏡式卵巢囊腫切除術	大型	
	開放式或腹腔鏡式卵巢楔形切除術	大型	
	卵巢切除術	中型	
	腹腔鏡式卵巢切除術	大型	
	開放式或腹腔鏡式輸卵管卵巢切除術	大型	
	開放式或腹腔鏡式輸卵管卵巢膿瘍引流術	中型	
	^除非另有說明，此類別應用於單側或兩側（輸卵管及卵巢）		
子宮	子宮頸擴張及刮宮術	小型	
	宫腔鏡檢查連或不連活體組織檢查	小型	
	宫腔鏡檢查連切除或破壞子宮及承重結構	中型	
	子宮切開術	大型	
	腹腔鏡輔助的陰道子宮切除術	大型	
	經陰道切除子宮連或不連膀胱突出症及 / 或直腸突出症的修補術	大型	
	開放式或腹腔鏡式經腹部切除全部 / 大部分子宮連或不連兩側輸卵管卵巢切除術	大型	
	經腹部進行根治性子宮切除術	複雜	
	開放式或腹腔鏡式子宮肌瘤切除術	大型	
	經陰道或宫腔鏡切除子宮肌瘤	中型	
	腹腔鏡式盆腔膿腫引流術	中型	
	陰道懸吊術	大型	
	盆腔底修補術	大型	
	盆腔臟器切除術	複雜	
	子宮懸吊術	中型	
陰道	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞陰道病變組織	小型	
	陰道承托環的嵌入或移除	小型	
	巴多林氏腺囊腫袋形縫合術	小型	
	陰道剝脫術或陰道斷端術	小型	
	陰道切開術	中型	
	陰道部分切除術	中型	
	陰道全切除術	大型	
	根治性陰道切除術	複雜	
	陰道前壁修補術使用或不使用基利氏聯針法	中型	
	陰道後壁修補術	中型	
	陰道穹窿閉塞術	中型	
	骶棘韌帶懸吊或陰道固定術	中型	
	骶骨陰道固定術	中型	
	經陰道進行腸疝修補術	中型	
	尿道陰道瘻管閉合術	中型	
	經陰道進行直腸陰道瘻管修補術	中型	
	經腹部進行直腸陰道瘻管修補術	大型	
	後穹窿穿刺術	小型	
	子宮直腸凹切開術	小型	
	陰道橫隔切除術	小型	
	麥哥氏後穹窿整型術	中型	
	陰道重建術	大型	
	外陰及入口	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞外陰病變組織	小型
		闊邊局部外陰冷刀切除術或子宮頸電環切除術	小型
		前庭腺炎切除術	小型
切除外陰活體組織檢查		小型	
外陰及會陰切開術及引流術		小型	
外陰粘連鬆解術		小型	
外陰或會陰瘻管修補術		小型	
外陰及 / 或會陰撕裂縫合術 / 修補術		小型	
外陰切除術		中型	
根治性外陰切除術		大型	

程序 / 手術		分類	
血液淋巴系統			
淋巴結	淋巴結病變組織 / 膿腫引流術	小型	
	表面淋巴結活體組織檢查 / 切除 / 淋巴結構的單純切除術	小型	
	頸淋巴結切開活組織檢查 / 幼針抽吸淋巴結活組織檢查	小型	
	深淋巴結 / 淋巴管瘤 / 囊狀水瘤切除術	中型	
	兩側腹股溝淋巴結切除術	中型	
	頸淋巴結切除術	中型	
	腹股溝及盤骨淋巴結切除術	大型	
	根治性腹股溝清掃術	大型	
	根治性盤腔淋巴結切除術	大型	
	選擇性 / 根治性 / 功能性頸淋巴結切除術	大型	
腋淋巴結廣泛性切除術	大型		
脾臟	開放式或腹腔鏡式脾切除術	大型	
男性生殖系統			
前列腺	前列腺膿腫外部引流術	小型	
	激光前列腺氣化術	大型	
	等離子激光前列腺氣化術	大型	
	前列腺活體組織檢查	小型	
	經尿道微波電療法	中型	
	經尿道前列腺切除術	大型	
	開放式或腹腔鏡式前列腺切除術	大型	
	開放式或腹腔鏡式根治性前列腺切除術	複雜	
陰莖	包皮環切術	小型	
	痛性陰莖勃起鬆解術	大型	
	隱藏陰莖修補術 / 陰莖抽出術	中型	
睪丸 [^]	附睪切除術	中型	
	睪丸探查	中型	
	腹腔鏡探查未降睪丸	大型	
	睪丸固定術	中型	
	腹腔鏡式睪丸切除術或睪丸固定術	大型	
	睪丸扭轉復位及固定術	中型	
	睪丸活體組織檢查	小型	
	睪丸鞘膜積水高位結紮術	中型	
	睪丸鞘膜積水抽液手術	小型	
	精索靜脈曲張及睪丸鞘膜積液切除術	中型	
	精索靜脈曲張切除術 (顯微外科)	大型	
	[^] 如非特別說明，此類別應用於單側或兩側 (睪丸)		
	輸精管	輸精管結紮手術	小型
肌肉骨骼系統			
骨	單肢的手指 / 腳趾截肢術	中型	
	單臂 / 單手 / 單腿 / 單腳截肢術	中型	
	拇趾囊腫切除術	中型	
	拇趾囊腫切除術並進行軟組織矯正及第一跖骨切除術	大型	
	橈骨頭切除術	中型	
	因良性疾病切除下頷骨	中型	
	膝蓋骨切除術	大型	
	部分面骨骨切除術	中型	
	面部死骨切除術	中型	
	腕 / 手 / 腿骨的楔形截骨術	大型	
	上臂 / 下臂 / 大腿的楔形截骨術	大型	
	肩胛骨 / 鎖骨 / 胸骨的楔形截骨術	大型	
	關節	關節鏡引流及清創手術	中型
		關節鏡移除關節內游離體	中型
關節鏡檢查連或不連活體組織檢查		中型	
關節鏡輔助進行韌帶重建術		大型	
關節鏡班卡特修補術		大型	
經關節鏡肩關節上盂唇由前往後撕裂的修補術		大型	
關節鏡旋轉套修復術		大型	
肩峰切除術		大型	
肩關節融合術		大型	
肘關節融合術 / 三關節融合術		大型	
膝關節 / 髖關節融合術		複雜	
手 / 手指 / 足 / 足趾的關節置換連植入術		大型	
腕融合術		大型	
腕滑膜切除術		中型	

程序/手術	分類
腳趾指骨間關節融合術	中型
手指指骨間關節融合術	大型
肩關節切除術 / 半肩關節置換術	大型
髖關節 / 膝關節 / 手腕關節 / 肘關節切除術	大型
髖關節 / 膝關節切除術連局部釋放抗生素	複雜
顛顎關節成形術連或不連自體移植	大型
關節抽吸術 / 注射	小型
麻醉下進行關節鬆弛治療	小型
金屬股骨頭置入術	大型
前十字韌帶重建術	大型
開放式或關節鏡式鏡半月板切除術	大型
後十字韌帶重建術	大型
副韌帶修復術	大型
十字韌帶修補術	大型
踝及足關節囊或韌帶的縫合術	大型
全肩置換術	複雜
全膝置換術	複雜
全髖置換術	複雜
部分髖關節置換術	大型
跟腱修補術	中型
跟腱切斷術	中型
肌肉或肌腱放鬆或收緊手術（除手部以外） / 肌肉損傷組織切除術	中型
手部肌肉或肌腱放鬆或收緊手術	大型
肌肉損傷組織切除術	中型
肌腱延長，包括腱切斷術	中型
開放式肌肉活體組織檢查	小型
橈骨莖突狹窄性腱鞘炎	小型
板機指鬆解術	小型
網球肘（肱骨外上髁炎）鬆解術	小型
肌肉轉移 / 移植 / 再接合術	大型
不涉及手部的肌腱修復術 / 縫合術	中型
手肌腱修復術 / 縫合術	大型
腱鞘滑膜切除術 / 滑膜切除術	中型
手腕 / 手肌腱移位術	大型
二期肌腱修補術，包括移植、轉移及 / 或假體置入	大型
顛顎 / 指間骨 / 肩峰關節脫位閉合復位術	小型
肩膀 / 肘 / 腕 / 踝骨脫位閉合復位術	中型
科雷氏骨折閉合復位術連經皮膚克氏線固定治療	大型
手臂 / 腿骨 / 髌骨 / 盤骨骨折閉合復位術連內固定術	大型
顎骨骨折閉合復位術連內固定術	中型
肩胛骨 / 鎖骨 / 指骨 / 髌骨骨折閉合復位術不連內固定術	小型
上臂 / 前臂 / 手腕 / 手 / 腿 / 足骨骨折閉合復位術不連內固定術	中型
鎖骨 / 手骨 / 踝骨 / 足骨骨折閉合復位術連內固定術	中型
股骨骨折閉合復位術連或不連內固定術	大型
關節窩骨折閉合 / 開放復位術連內固定術	複雜
顎骨骨折開放復位術連內固定術	大型
鎖骨 / 手 / 足骨骨折開放復位術（除腕骨 / 踝骨 / 跟骨外）連或不連內固定術	中型
手臂 / 腿骨 / 髌骨 / 肩胛骨骨折開放復位術連或不連內固定術	大型
股骨 / 跟骨 / 踝骨骨折開放復位術連或不連內固定術	大型
使用外固定支架及徹底傷口清創術的複合性骨折手術治療	中型
拆除因舊骨折而裝上的螺絲、釘、金屬板及其他金屬（股骨除外）	小型
脊椎	
人造頸椎間盤置換術	複雜
頸 / 頸胸 / C4/5 及 C5/6 前脊柱融合術連鎖定骨板	大型
除頸 / 頸胸 / C4/5 及 C5/6 以外的前脊柱融合術連鎖定骨板	複雜
前脊柱融合術連儀器設置	複雜
頸椎板成形術	大型
椎板切除術或椎間盤切除術	大型
椎板切除術連椎間盤切除術	複雜
胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 - 樞椎 後脊椎融合術	大型
（除胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 - 樞椎以外的）後脊椎融合術	複雜
後脊椎融合術連儀器設置	複雜
脊椎活體組織檢查	小型

程序 / 手術		分類
	脊椎融合術，連或不連椎間孔切開術，連或不連椎板切除術，連或不連椎間盤切除術	複雜
	脊椎截骨術	複雜
	椎體成形術 / 椎體矯正術	中型
其他	神經節 / 滑囊切除術	小型
	掌腱膜攣縮的閉合式 / 經皮膚刺針筋膜切開術	小型
	掌腱膜攣縮的根治性或全部筋膜切開術	大型
	開放式或內窺鏡式腕道或踝管鬆解術	中型
	周圍神經鬆解術	中型
	尺神經移位術	中型
	滑動式 / 復位式下巴整形術	中型
皮膚及乳房		
皮膚	皮膚或皮下病變組織切除術 / 冷凍術 / 電灼術 / 激光治療	小型
	指甲下血腫或膿腫引流術	小型
	脂肪瘤切除術	小型
	用於移植的切皮手術	小型
	皮膚膿腫切開術及 / 或引流術	小型
	皮膚及 / 或皮下組織切開術及 / 或異物清除	小型
	皮膚及皮下病變組織的局部切除術或破壞術	小型
	皮膚傷口縫合術	小型
	外科洗滌及縫合術	小型
	趾甲楔形切除術	小型
乳房	乳房腫瘤 / 腫塊切除術連或不連活體組織檢查	中型
	幼針抽吸乳房囊腫檢查	小型
	乳房活體組織檢查	小型
	改良式根治性乳房切除術	大型
	部分或簡易乳房切除術	中型
	部分或根治性乳房切除連腋窩淋巴切除術	大型
	全部或根治性乳房切除術	大型
	乳管內乳頭狀瘤切除術	中型
男性乳腺增生切除術	中型	
泌尿系統		
腎臟	因泌尿系統結石進行的體外衝擊波碎石術	中型
	腎石切除術 / 腎盂切開術	大型
	腎內窺鏡	大型
	經皮膚插入腎造口管手術	小型
	腎活體組織檢查	小型
	開放式或使用腹腔鏡或後腹腔鏡的腎切除術	大型
	部分 / 下端腎切除術	複雜
腎移植手術	複雜	
膀胱、輸尿管及尿道	膀胱鏡檢查連或不連活體組織檢查	小型
	膀胱鏡連輸尿管導管插入 / 經尿道膀胱清除術	小型
	膀胱鏡連電灼術 / 激光碎石術	中型
	尿道肉阜切除術	小型
	尿道或尿管支架植入	中型
	開放式或腹腔鏡式膀胱憩室切除術	大型
	經尿道切除膀胱腫瘤	大型
	開放式或腹腔鏡式部分膀胱切除術	大型
	開放式或腹腔鏡式根治性 / 全部膀胱切除術	複雜
	開放式或使用腹腔鏡或後腹腔鏡的尿管切石術	大型
	尿道直腸瘻管閉合術	大型
	尿道瘻管修補術	大型
	膀胱陰道瘻管修補術	大型
	結腸膀胱瘻管修補術	大型
	尿道破裂修補術	大型
	應力性尿失禁修補術	大型
	迴腸導管建造，包括輸尿管植入	複雜
迴腸或結腸代替輸尿管手術	大型	
單邊輸尿管再植入腸或膀胱	大型	
雙邊輸尿管再植入腸或膀胱	大型	
牙科		
	任何因意外受傷而進行的牙科手術	小型

Appendix : Medical Worldwide Assistance Services Terms and Conditions

Medical Worldwide Assistance Services are arranged through the Service Provider by MSIG Insurance (Hong Kong) Limited to assist the Insured Person in an Emergency during his/her journey.

SECTION 1 - DEFINITIONS

Assistance Event :

Shall mean any event or occurrence with respect to the Insured Person who is entitled to receive Assistance pursuant to these terms and conditions, occurring within the Territorial Limits set in Section 2 Item 2.2 and subject to Exclusions listed in Section 6.

Close Relative :

Shall mean the Insured Person's spouse, parent(s), his/her child(ren), brother(s) or sister(s) excluding parent(s)-in-law, brother(s) / sister(s)-in-law.

the Company :

Shall mean MSIG Insurance (Hong Kong) Limited.

Country of Residence :

Shall mean Hong Kong unless otherwise specified in the Proposal Form of the Policy.

Emergency :

Shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

Illness :

Shall mean any unforeseen sickness, illness or disease first manifested during the period of insurance covered by the Policy.

the Insured Person :

Shall mean any person duly covered by the Policy.

the Policy :

Shall mean the MediSure Plus / MediSure Pro Policy.

Serious Medical Condition :

Shall mean a condition which in the opinion of the Service Provider constitutes a serious medical Emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Person's immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Person's geographical location, the nature of the medical Emergency and the local availability of appropriate medical care or facility.

the Service Provider :

Shall mean the provider for emergency assistance services appointed by the Company.

SECTION 2 - DURATION OF COVER AND LIMITATIONS

2.1 DURATION OF COVER

The benefits mentioned in Section 3 are granted during the period of insurance of the Policy.

2.2 TERRITORIAL LIMITS

The benefits mentioned in Section 3 apply worldwide outside Country of Residence.

SECTION 3 - EMERGENCY ASSISTANCE SERVICE AND BENEFITS

3.1 EMERGENCY MEDICAL ADVICE AND ASSISTANCE

In overseas emergencies, the Insured Person may telephone the 24-hour Emergency Assistance Centre for medical advice and evaluation from the attending co-ordinator doctor in order to locate suitable medical services anywhere in the world or to provide referral to medical practitioners, specialists or Hospitals for personal assessment and/or treatment as medically appropriate, it being understood and agreed that such telephone conversations cannot establish a diagnosis and shall be considered as an advice only. The Emergency Assistance Centre can facilitate necessary Hospital admissions overseas by confirming the extent of insurance cover, monitoring claims procedures and issuing appropriate guarantees in accordance with the Payment Guarantees condition.

3.2 Emergency Medical Evacuation Services (Only applicable to Super Plan and Executive Plan)

Subject to prior approval of the Company and the sub-limits stated in the Table of Benefits, cover applies while the Insured Person is located outside the Home Country but excluding war zones and countries where the prevailing political or civil conditions render evacuation impracticable.

Cover is defined as:

3.2.1 Emergency Medical Evacuation

The medically necessary expense of air and/or surface transportation, communications and all usual ancillary charges incurred in moving an Insured Person with a Serious Medical Condition as defined to the nearest Hospital where appropriate medical care is available, and not necessarily to the Home Country. The Policy will not pay to evacuate an Insured Person from the Home Country to a foreign destination.

3.2.2 Repatriation or Local Burial of Mortal Remains

The expense of preparation and air transportation of the mortal remains of an Insured Person from the place of death to the Home Country, or the preparation and local burial of the mortal remains of an Insured Person who dies outside the Home Country. Within the stipulated Policy limit for this benefit, cover includes the cost of a single, economy class airfare for one family member accompanying the body back to the Home Country.

3.2.3 Additional Travel, Accommodation or Repatriation Expenses

The expense necessarily and unavoidably incurred in returning the Insured Person to the nearer of the Home Country or Usual Country of Residence following Emergency Medical Evacuation provided that such additional costs are medically necessary and approved in advance by the Company or its medical advisers. The Company will also pay reasonable transportation costs for one other person to travel or remain with the Insured Person during evacuation when this is considered necessary for medical reasons.

3.2.4 Joining Relative

The expense, up to the cost of one economy class return airfare and all ancillary charges including accommodation, for a Close Relative to join an Insured Person who becomes seriously ill while travelling alone outside the Home Country or Usual Country of Residence and who has been or will be hospitalised with the Company's prior approval for a period in excess of 7 days.

3.2.5 Return of Minor Children

The expense, up to the cost of economy class one way airfares and usual ancillary charges, to return minor children to the Home Country or Usual Country of Residence if left unattended as a result of the accompanying adult Insured Person's Accident, Illness, death, hospitalisation or medical evacuation covered by the Policy.

3.2.6 Dispatch of Medicines

The expense incurred by or on the order of the Company or its medical advisers to replace essential medical commodities for an Insured Person travelling outside the Home Country or Usual Country of Residence in circumstances where such commodities have been lost or stolen and no suitable replacements or substitutes are available locally.

The Company and its medical advisers reserve the absolute right to decide if the Insured Person's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. The Company or its medical advisers shall also decide the place to which the Insured Person shall be evacuated and the means by which the evacuation should be carried out, having regard to all the assessed facts and circumstances of which the Company is aware at the relevant time.

The 24-hour Emergency Assistance Centre appointed by the Company must be contacted to obtain advance approval for any evacuation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such costs.

3.3 International Travel Assistance Services

When the Insured Person is travelling or intends to travel outside the Home Country or Usual Country of Residence, the 24-hour Emergency Assistance Centre can provide the following administrative assistance and services:

- visa, immunisation, vaccination, special medication and weather information services prior to departure,
- retrieval and redirection of lost luggage,
- replacement and delivery of essential lost travel documents such as passport, travel tickets and credit cards,
- emergency message transmission and interpreting service,

it being understood and agreed that any third party fees or charges reasonably and properly incurred by the Company in the delivery of these services shall be borne entirely by the Insured Person.

SECTION 4 - GENERAL OBLIGATIONS /PROCEDURES

4.1 REQUEST FOR ASSISTANCE

In case of an Emergency, and prior to taking personal action where reasonable, the Insured Person or his/her representative shall call the Service Provider's Alarm Centre whose contact number is listed below :

HONG KONG : (852) 3122 6899

and should be stated :

- his/her name, the Policy number, name of the insurance company and his/her I.D. Card or passport number, and
- the name of the place and the telephone number where the Service Provider can reach the Insured Person or his/her representative, and
- a brief description of the accident and the nature of help required.

The cost of long distance calls shall be borne by the Insured Person.

4.2 FAILURE TO NOTIFY THE SERVICE PROVIDER

In a life threatening situation, the Insured Person or his/her representative should always try to arrange for emergency transfer to a hospital near the place of occurrence through the most appropriate and immediate means and then call the Service Provider's Alarm Centre to provide the appropriate information as soon as possible.

In the event of repatriation, in order to facilitate prompt response, the Insured Person or his/her representative shall provide :

- the name, address and telephone number of the hospital or other medical facility where the Insured Person has been taken, and,
- the name, address and phone number of the attending physician and, if necessary, the Insured Person's family doctor.

The Service Provider's medical team or other representatives shall have free access to the Insured Person in order to assess the Insured Person's condition. Without reasonable justification for denial of such an access, the Insured Person will not be eligible for further medical assistance.

On a case per case basis, the medical team will decide whether repatriation is appropriate and will choose the date and means of such repatriation.

In the event of repatriation of the Insured Person by the Service Provider, the Insured Person shall deliver the unused portion of his ticket, or the value thereof, to the Company to offset the cost of such repatriation.

The Insured Person or any party will not be entitled to be reimbursed any expenses without obtaining a prior approval from the Company.

SECTION 5 - OBLIGATIONS OF THE INSURED PERSON

5.1 MITIGATION

The Insured Person shall be obliged to use reasonable efforts to mitigate the effects of an Emergency.

5.2 COOPERATION WITH THE SERVICE PROVIDER

The Insured Person shall cooperate with the Service Provider to enable the Service Provider to get all documents and receipts from the relevant sources and assisting the Service Provider at his/her expenses in complying with necessary formalities.

5.3 LIMITATION ON CLAIMS

Any claim with respect to an Assistance Event or the right to any legal action or claim shall be forfeited unless such claim is filed within two years of the occurrence of such event.

5.4 SUBROGATION

In the event that the Company makes any payment in connection with the provision of assistance to the Insured Person, the Company shall be subrogated to the rights of such Insured Person to obtain payments from :

- Any third party found legally responsible for the assistance, up to the amount of such payment made by the Company, and
- Any other insurance or assistance plan which provides compensation to the Assistance Events.

SECTION 6 - EXCLUSIONS

The provision of the benefits mentioned under Sections 3 is subject to General Exclusions of the Policy. For details, please refer to the Policy itself.

SECTION 7 - JURISDICTION

The terms and conditions of Medical Worldwide Assistance Services are subject to the exclusive jurisdiction of the Hong Kong Special Administrative Region and are to be construed according to the laws of the Hong Kong Special Administrative Region.

DISCLAIMER :

The Service Provider and the professionals to whom the Insured Persons are referred by the Service Provider are to be responsible for their own acts as independent contractors and are not employees, agents or servants of the Company. The Company shall not be responsible for any act or failure to act on the part of the Service Provider and these professionals such as, and not limited to, physicians, hospitals and clinics.

全球醫療緊急支援服務條款與規章

本中文譯本是旨在協助您閱讀此條款與規章之內容，並不應被視為在闡釋任何條文時有任何影響力。

全球醫療緊急支援服務乃三井住友海上火災保險（香港）有限公司透過「服務供應商」的救援中心提供的服務，以援助旅程中遭遇「緊急事故」的「受保人」。

第1節 - 詞彙解釋

「支援事件」

指有權根據此條款與規章使用支援服務的「會員」在第2節第2.2條訂明的「境內地區」遭遇的事件或事況，惟需遵從第6節所載的「不承保事項」。

「近親」

指受保人的配偶、父母、其子女、兄弟或姊妹，但並不包括岳丈岳母、家翁家姑、叔伯或姑嫂。

「本公司」

指三井住友海上火災保險（香港）有限公司。

「原居國家」

指香港，在「本保單」的投保書特別聲明者除外。

「緊急事故」

指不可合理預防而需要特別協助的嚴重傷病事故或危機。

「疾病」

指任何於「本保單」的保險期內首次發病的不可預見疾病、病症或病患。

「受保人」

指「本保單」所承保的任何人士。

「本保單」

指「至尊萬健寶」或「醫健寶醫療保障計劃」保單。

「嚴重傷病狀況」

指「服務供應商」認為足以構成嚴重傷病「緊急事故」的狀況而必須立刻拯救或治療，否則會導致「受保人」死亡或其即時或長遠健康狀況嚴重受損。傷病狀況的嚴重程度將根據「受保人」所在的地理位置、傷病「緊急事故」的性質及當地之適當醫護服務或設施的供應情況而釐定。

「服務供應商」

指「本公司」僱用的緊急支援「服務供應商」。

第2節 - 保險期限及限制

2.1 保險期限

第3節所述的各项保障均於「本保單」的保險期內生效。

2.2 境內地區

第3節所述的各项保障均在「受保人」「原居國家」以外的全球地區生效。

第3節 - 緊急支援服務及保障

3.1 醫海外緊急醫療諮詢及支援

在海外緊急情況下，「受保人」可致電24小時緊急支援中心，要求當值的醫生提供醫療諮詢及評估服務，以便在世界各地找到適當的醫療服務，或按醫療上的適當情況轉介「受保人」至當地或其他醫生、專科醫生或醫院作個人傷病情況評估及/或治療。惟立約雙方明白及同意有關之電話交談只屬指導，而並非正式診治。緊急支援中心可透過確定保險之保障範圍協助有需要的海外入院安排、監察索償程序及根據付款保證條款發出適當之保證。

3.2 緊急醫護運送服務（只適用於特選及智選計劃）

本項保障適用於「受保人」身處原居地以外地區的情況，惟倘若身處國家或地區正發生戰爭或民亂以致無法撤離「受保人」，則屬例外。使用緊急醫護運送服務前必須先取得「本公司」同意，並須遵從保障限額表列明之限額規定。

本項保障釋義如下：

3.2.1 緊急醫護運送

醫療所需的航空及/或水陸交通、運送前及期間之醫療護理及通訊開支，以及運送患上「嚴重傷病狀況」之「受保人」至不一定為原居地及備有適當醫療護理之最就近醫院所招致之所有有關正常費用。「本保單」不會支付將「受保人」由原居地運送至海外地區之費用。

3.2.2 將遺體運返原居地或在當地殮葬

將「受保人」遺體由死亡當地運回原居地之準備及航空交通開支，或將在原居地以外死亡的「受保人」遺體葬於其身亡當地之準備及殮葬費用。根據「本保單」規定之保障限額，保障包括一名家庭成員陪同遺體運回原居地之單人經濟航空客位費用。

3.2.3 交通、住宿或運送的額外開支

緊急醫護運送後再將「受保人」送往最近原居地或常居地之地方所招致的必需及不可避免的開支，惟有關額外費用乃醫療所需，而事前並取得「本公司」或其醫學顧問同意。如基於醫療理由所需，「本公司」並會為另一位人士支付合理的交通費用，以讓其在運送期間伴隨「受保人」。

3.2.4 陪行家屬

「本公司」會支付一名「近親」的來回航空經濟客位及所有有關費用(包括住宿)，以讓該名「近親」陪同在原居地或常居地以外單獨旅遊時患上嚴重「疾病」的「受保人」，而該名「受保人」在事前已取得「本公司」同意的情况下曾住院或將會住院超過7天。

3.2.5 送年幼子女返國

「本公司」會支付單程航空經濟客位及一般有關費用，將陪行之成年「受保人」因「本保單」承保之意外、「疾病」、身亡、住院或撤離就醫而無人照料之年幼子女送回原居地或常居地。

3.2.6 運送藥物

「本公司」或其醫學顧問，為補給「受保人」在原居地或常居地以外旅遊時不慎遺失或遭盜竊，而在當地並無適當的替代品或代用品之必需的醫療用品而招致或囑咐之運送藥物費用。

「本公司」及其醫學顧問保留絕對權利，決定「受保人」的傷病狀況是否達到必須緊急醫護運送的嚴重情況。在評估其事發時得悉的所有實況及事態後，「本公司」及其醫學顧問會自行決定在適當時候轉送「受保人」的目的地，以及轉送的交通工具。

「受保人」必須聯絡「本公司」委託的24小時緊急支援中心，以在撤離前取得中心的同意，以及作出必要的交通安排。如「受保人」事前未取得中心同意，則無權就有關費用提出索償。

3.3 全球旅遊支援服務

「受保人」在原居地或常居地以外地方旅遊途中或啟程前，24小時緊急支援中心可提供下列的行政支援及服務：

- 啟程前的簽證、防疫及免疫注射、特別藥物及當地天氣資訊服務；
- 尋回及運送遺失行李；
- 補領及運送遺失的重要旅遊證件(如護照、機票及信用卡)；
- 傳送緊急訊息及安排傳譯服務。

立約雙方明白及同意「受保人」須支付「本公司」為提供上述服務合理及正當地招致之所有第三方費用或收費。

第4節 - 一般責任/程序

4.1 要求支援

「受保人」如遇「緊急事故」，以及在親自採取合理行動之前，「受保人」或其代表均可撥長途電話至「服務供應商」的支援中心。聯絡電話號碼如下：

香港：(852) 3122 6899

「受保人」致電時應說明：

- 姓名、保單號碼、保險公司名稱及身份證號碼或護照號碼；及
- 「服務供應商」可聯絡「受保人」或其代表的地點及電話號碼；及
- 簡述意外及所需支援的性質。

有關長途電話費用均由「受保人」支付。

4.2 未能通知「服務供應商」

如有性命危險，「受保人」或其代表應試圖透過最適當及快速的途徑安排「受保人」前往就近的醫院。然後盡快致電「服務供應商」的支援中心，提供適當資料。

如「受保人」被送往其他地點，為確保「服務供應商」可迅速作出回應，「受保人」或其代表應提供：

- 「受保人」被送往的醫院或其他醫療設施的名稱、地址及電話號碼；及
- 主診醫生(如需要者，「受保人」家庭醫生)的姓名、地址及電話號碼。

「服務供應商」的醫療人員或其他代表應可自由接觸「受保人」，以便評估「受保人」的狀況。假如「受保人」無理拒絕「服務供應商」的醫療人員或其他代表的接觸，「本公司」將不會提供其他醫療支援服務。

「服務供應商」的醫療人員將按個別情況，將會決定是否適宜運送「受保人」回國，並擬定返國途徑及日期。

如「服務供應商」安排「受保人」返國，「受保人」必須交出尚未使用的機票部份或同值款項，予「本公司」以抵消運送返國的費用。

如事前未徵取「本公司」批准，「受保人」或任何一方均無權索償任何開支。

第5節 - 「受保人」的責任

5.1 紓減「緊急事故」的影響

「受保人」有責任合理地盡力紓減「緊急事故」的影響。

5.2 與「服務供應商」合作

「受保人」應與「服務供應商」合作，以便「服務供應商」向有關方面取得所有文件及收據，此外並需協助「服務供應商」遵從及辦理所有必要手續，有關費用需由「受保人」支付。

5.3 索償限制

任何索償如關乎「支援事件」或採取法律行動的權利，必須於事件發生後兩(2)年內提出，否則一律無效。

5.4 代位權

如「本公司」就提供支援服務予「受保人」及支付任何款項，則「本公司」將取代「受保人」，以行使權利向下列人士索償：

- 任何應就支援服務承擔法律責任的第三者，最高索償金額為「本公司」已付的款項；及
- 任何就「支援事件」提供保障的其他保險或支援服務計劃。

第6節 - 不承保事項

第3節訂明的各項保障，一律需遵從「本保單」的一般不受保事項規定，詳情請參閱保單。

第7節 - 司法裁判權

全球醫療緊急支援服務的條款與規章遵從香港特別行政區的專有司法管轄權，並按香港特別行政區法律詮釋。

免責條款

「服務供應商」及經該公司轉介為「受保人」服務的專業人士乃獨立承辦商，並非「本公司」之職員、代理人或僱員。「本公司」不會就「服務供應商」及經該公司轉介的專業人士(例如但並非局限於醫生、醫院及診所)所提供的服務或因其未能履行有關服務事宜作出任何承擔。



Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msiq.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address



If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.	
Full Name:	
Contact Number:	
HKID Number:	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number (if you have one):	
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性**用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律、條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。



如您不欲 三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的一般查詢表格 – 拒絕直銷活動。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料並寄至三井住友海上火災保險（香港）有限公司的資料保護主任：香港太古城英皇道 1111 號 9 樓。	
姓名：	
聯絡電話：	
香港身份證號碼：	(作識別之用)
保單號碼 / 證書編號 / 確認編號 (如適用)：	
附註:此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。	

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922 與我們聯絡。