



ACE Travel Insurance

ACE Air Travel Insurance
安達遨翔旅遊保險

About ACE Group and ACE Hong Kong

The ACE Group is a global leader in insurance and reinsurance, serving a diverse group of clients. Headed by ACE Limited (NYSE:ACE), a component of the S&P 500 stock index, ACE Group conducts its business on a worldwide basis with operating subsidiaries in more than 50 countries and a strong presence in Asia Pacific. With its core operating insurance companies rated AA- for financial strength by Standard & Poor's and A+ by A.M. Best, the ACE Group is distinguished by its underwriting expertise, superior claims handling and global franchise.

Operating in Hong Kong since 1919, ACE Insurance in Hong Kong is a member of the ACE Group of Companies® and is a niche and specialist general insurer. Assigned a financial strength rating of A+ by Standard & Poor's, ACE in Hong Kong has a well known reputation as one of the market leaders in the segments of Property, Casualty and Marine as well as Accident & Health insurance via direct marketing distribution. Over the years, ACE Hong Kong has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

About ACE Travel Insurance

ACE Travel Insurance is a division of the ACE Group of Companies®, providing high quality coverage and service to millions of travelers globally. Our suite of products is designed to take care of our customers just about anywhere they travel to. All of our products solutions include ACE Assistance, a worldwide emergency and travel assistance service which customers can access at any time from almost anywhere in the world.

Additional information can be found at: www.aceinsurance.com.hk

關於安達集團及安達香港

安達集團是全球主要的保險及再保險的領導者，為不同行業的客戶提供服務。其總公司是安達有限公司（紐約證券交易所：ACE），為標準普爾 500 指數的成份公司。安達集團的業務遍及全球，在超過 50 多個國家設立附屬公司，並在亞太區擁有鞏固根基。安達集團具有傑出的承保專業知識，優越的索償處理能力及遍及全球的特許經營業務，其核心業務財務實力榮獲標準普爾評為 AA-級及 A.M. Best 評為 A+ 級。

安達香港成立於 1919 年，是安達集團的成員公司，注重在特定領域提供專業的保險服務，信用等級更榮獲標準普爾評為 A+ 級。安達香港，信譽昭著，提供財產、責任及水險以及經直銷的意外及醫療保險等服務，並處於市場領導地位。多年來，安達香港更致力開創新產品，以優質客戶服務取勝，並建立穩健之客戶關係，與時並進，憑著其雄厚實力，具有市場領導地位。

關於安達旅遊保險

安達旅遊保險是安達集團公司的主要部門之一，並同時為全球數百萬的旅客提供優質的保障範圍及服務。我們所有產品的方案已包括了 ACE Assistance，客戶可隨時隨地享用這項環球緊急及旅遊支援服務。

如欲獲取更多資料可瀏覽：www.aceinsurance.com.hk

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ACE Air Travel Insurance Policy

Terms and Conditions

Customer Services Hotline: (852) 3191 6611
24 Hour Emergency Assistance Hotline: (852) 3723 3030

In consideration of the payment of a premium to The Company and subject to the terms and conditions of this policy, The Company agrees to provide cover in the manner and to the extent set out in this policy.

PLEASE READ THIS POLICY

If this policy contains incorrect information, please return it to The Company immediately for correction.

PART I: SCHEDULE OF BENEFITS

		Plan Code (HHR) ^{Note 1} ROUND TRIP PLAN	Plan Code (HHO) ^{Note 1} ONE WAY PLAN	Plan Code (CHR) ^{Note 2} ROUND TRIP PLAN	Plan Code (CHO) ^{Note 2} ONE WAY PLAN	Plan Code (UUR) ^{Note 3} ROUND TRIP PLAN	Plan Code (UOO) ^{Note 3} ONE WAY PLAN
	Sum Insured Currency	Hong Kong Dollar (HKD)	Hong Kong Dollar (HKD)	Chinese Yuan (CNY)	Chinese Yuan (CNY)	United States Dollar (USD)	United States Dollar (USD)
A. PERSONAL ACCIDENT							
(a) Accident (18 to 80 years of age)	Sum Insured	500,000	500,000	420,000	420,000	65,000	65,000
(b) Accident (under 18 years of age)		200,000	200,000	170,000	170,000	25,000	25,000
B. MEDICAL EXPENSES							
(a) Medical Expenses	Sum Insured	200,000	100,000	170,000	85,000	25,000	12,000
(a) (i) Medical Expenses as result of Bodily Injury		200,000	100,000	170,000	85,000	25,000	12,000
(a) (ii) Medical Expenses as a result of Sickness		200,000	Not Applicable	170,000	Not Applicable	25,000	Not Applicable
(b) Follow-Up Medical Expenses	Sum Insured	20,000	Not Applicable	17,000	Not Applicable	2,500	Not Applicable
(b) (i) Maximum amount for Chinese Medicine Practitioner		3,000	Not Applicable	2,500	Not Applicable	380	Not Applicable
(b) (ii) Daily maximum amount for Chinese Medicine Practitioner		150	Not Applicable	125	Not Applicable	20	Not Applicable
C. ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES							
(a) Emergency Medical Evacuation and/or Repatriation		Unlimited	Not Applicable	Unlimited	Not Applicable	Unlimited	Not Applicable
(b) Return of Mortal Remains		Unlimited	Not Applicable	Unlimited	Not Applicable	Unlimited	Not Applicable
(c) Compassionate Visit	Sum Insured	8,000	Not Applicable	6,500	Not Applicable	1,000	Not Applicable
(d) Compassionate Death Travel Allowance	Sum Insured	10,000	Not Applicable	8,500	Not Applicable	1,250	Not Applicable
(e) ACE Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services		Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
D. PERSONAL PROPERTY							
(a) Maximum amount	Sum Insured	1,000	1,000	850	850	120	120
(b) Maximum amount for each item /set /pair		1,000	1,000	850	850	120	120
E. LOSS OF TRAVEL DOCUMENTS	Sum Insured	5,000	Not Applicable	4,200	Not Applicable	600	Not Applicable
F. TRIP CANCELLATION	Sum Insured	2,000	2,000	1,700	1,700	250	250
G. TRAVEL DELAY							
(a) Maximum amount	Sum Insured	1,200	600	1,000	500	160	75
(b) Period of delay	Each 6 hours	300	300	250	250	40	40
H. BAGGAGE DELAY	Sum Insured	2,000	1,000	1,700	850	250	120
I. PERSONAL LIABILITY	Sum Insured	400,000	200,000	338,000	170,000	50,000	25,000

Note 1: Benefits under the plan codes HHR and HHO are payable in Hong Kong Dollars (HKD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than Hong Kong Dollars (HKD) shall be converted into Hong Kong Dollars (HKD) on the date and at the rates the Company reasonably considers appropriate.

Note 2: Benefits under the plan codes CHR and CHO are payable in the Hong Kong Dollar (HKD) equivalent of the Sum Insured as quoted in Chinese Yuan (CNY) in the Schedule of Benefits. Any currency conversions for the purpose of calculating the amounts of benefits payable under these plan codes shall be made on the date and at the rates the Company reasonably considers appropriate.

Note 3: Benefits under the plan codes UUR and UOO are payable in United States Dollars (USD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than United States Dollars (USD) shall be converted into United States Dollars (USD) on the date and at the rates the Company reasonably considers appropriate.

PART II: DEFINITION OF WORDS

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

1. **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance.
2. **ACE Assistance or Authorised Assistance Service Provider** means the independent service provider appointed by **The Company** to provide overseas assistance services to **Insured Persons**.
3. **Bodily Injury** means physical injury caused solely and independently by an **Accident** and sustained during the **Period of Insurance**.
4. **Business Partner** means one or more persons engaged in, and sharing the profits and risks of, the same business enterprise as an **Insured Person**.
5. **Chinese Medicine Practitioner** means a person other than an **Insured Person** or an **Immediate Family Member** who is a Chinese bonesetter, acupuncturist or person duly registered as a Chinese medicine practitioner according to the Chinese Medicine Ordinance (Cap. 549).
6. **Confinement or Confined** means a continuous period of necessary confinement in a **Hospital** as a **Resident Inpatient** for which the **Hospital** makes a charge for room and board.
7. **Hospital** means a legally constituted establishment operated and licensed pursuant to the laws of the country in which it is located and which meets all of the following requirements:
 - a) Operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a **Resident Inpatient** basis; and
 - b) Admits a **Resident Inpatient** only under the supervision of one or more **Physicians**, at least one of whom is available for consultation at all times; and
 - c) Maintains organized facilities for medical diagnosis and treatment of **Resident Inpatients** and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and
 - d) Provides full-time nursing service by and under the supervision of a staff or nurses; and
 - e) Has an on-duty staff of at least one **Physician** and one qualified nurse at all times; and
 - f) "**Hospital**" shall not include the following:
 - a mental institution, an institution operating primarily for the treatment of psychiatric or psychological disease including sub-normality or the psychiatric department of a hospital;
 - a place for the aged, a rest home or a place for drug addicts or alcoholics;
 - a health hydro or nature cure clinic, a nursing or convalescent home, a special unit of a hospital used primarily as a place for drug addicts or alcoholics or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.
8. **Hong Kong** means the Hong Kong Special Administrative Region.
9. **Immediate Family Member** means an **Insured Person's** spouse, parents, parents-in-law, grandparents, children, siblings, grandchildren or legal guardians.
10. **Insured Person** means the person or persons named in the **Policy Schedule** or subsequent endorsement(s) (if any).
11. **Journey** means the overseas trip described in the **Policy Schedule**.
12. **Medical Expenses** means all **Usual, Reasonable and Customary Medical Expenses** necessarily incurred by an **Insured Person** as a result of **Bodily Injury** sustained or **Sickness** contracted, for **Confinement**, surgical, medical, or other diagnostic or remedial treatment given or prescribed by a **Physician**, including employment of a nurse, x-ray examination or the use of an ambulance as the result of an emergency.
13. **One Way Plan** means a policy under the plan codes HHO, CHO and UUU.
14. **Period of Insurance** means the period of insurance applicable to the relevant plan under this policy and:
 - a) for **Round Trip Plans** means:
 - (i) in relation to Section F (Trip Cancellation) of this policy only, the period commencing on the date the policy is purchased as specified in the **Policy Schedule**; or
 - (ii) in relation to all other Sections of this policy, the period commencing from (1) three (3) hours before an **Insured Person's** scheduled departure from **Hong Kong** to embark on a **Journey**; or (2) the time at which an **Insured Person** commences his or her travel from any place in **Hong Kong** directly to an immigration counter in **Hong Kong** to embark on a **Journey**, whichever is later; and
 - (iii) in relation to all Sections of this policy, the period ending (1) fourteen (14) days after an **Insured Person's** departure from **Hong Kong** to embark on a **Journey** (inclusive of the date of departure); (2) three (3) hours after an **Insured Person** passes through the **Hong Kong** immigration counter on their return to **Hong Kong** after a **Journey**; or (3) the date on which the policy is terminated, whichever is earlier; and
 - b) for **One Way Plans** means:
 - (i) in relation to Section F (Trip Cancellation) of this policy only, the period commencing on the date the policy is purchased as specified in the **Policy Schedule**; or
 - (ii) in relation to all other sections of this policy, the period commencing from the time an **Insured Person** passes through the Hong Kong immigration counter to embark on a **Journey**; and
 - (iii) in relation to all Sections of this policy, the period ending at the time an **Insured Person** passes through the immigration counter at the destination of a **Journey**.
15. **Permanent** means:
 - a) In relation to one or both limbs, loss of use lasting twelve (12) consecutive months from the date of **Accident** and being beyond hope of improvement or remedy by surgical or other treatment at the expiry of that period, or loss by physical separation at or above the wrist or ankle joint during the same period; or
 - b) In relation to any other type of loss, being beyond hope of improvement or remedy by surgical or other treatment at the end of twelve (12) consecutive months from the date of **Accident**.
16. **Permanent Total Disability** means an **Insured Person** is prevented from engaging in any occupation or employment for compensation or profit for which an **Insured Person** is reasonably qualified by education, training or experience, or if an **Insured Person** has no business or does not have any occupation, is prevented from attending to any duties which would normally be carried out by an **Insured Person** in his/her daily life, and such disability has continued for twelve (12) consecutive months and must be certified by a **Physician** to be total, continuous and **Permanent** for the remainder of the **Insured Person's** life.
17. **Personal Property** means personal items belonging to an **Insured Person** or for which he or she is responsible and taken by an **Insured Person** on a **Journey** or acquired by an **Insured Person** during the **Journey**, other than money, antiques, jewellery that is not being worn or carried by the **Insured Person** at the time of loss or damage, contracts, bonds, securities, animals, software, mobile telecommunications devices and accessories, means of transport and accessories.
18. **Physician** means a person other than an **Insured Person** or an **Immediate Family Member** who is a qualified medical practitioner licensed by the competent medical authorities of the jurisdiction in which treatment is provided and who, in providing treatment, practices within the scope of his or her licensing and training.
19. **Policy Schedule** means the document(s) which set out (i) an **Insured Person's** name and identity card or passport number; (ii) his or her itinerary for the **Journey**; (iii) the selected plan code under this policy; and (iv) the date on which the policy was purchased, as amended from time to time in accordance with these terms and conditions.
20. **Pre-existing Medical Condition** means any sickness or injury of which, in the six (6) consecutive months before the first day of the **Period of Insurance**, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or **Business Partner** presented signs or symptoms, or for which, in the same period, an **Insured Person**, **Immediate Family Member**, **Travel Companion** or **Business Partner** sought or received (or ought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a **Physician**.
21. **Public Conveyance** means any mechanically propelled carrier operated by a company or an individual licensed to carry passengers for hire.
22. **Resident Inpatient** means an **Insured Person** whose **Confinement** as a resident bed patient is necessary for the medical care, diagnosis and treatment of **Bodily Injury** or **Sickness** and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
23. **Riot** means the act of any person taking part together with or without others in any disturbance of the public peace (whether in connection with a **Strike** or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
24. **Round Trip Plan** means a policy under the plan codes HHR, CHR and UUR.
25. **Schedule of Benefits** means the schedule of benefits in Part I of this policy.
26. **Sickness** means illness or disease commencing during the **Period of Insurance**.
27. **Strike** means the willful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
28. **Sum Insured** means, in relation to each benefit available to an **Insured Person** under this policy, the maximum amount listed in the **Schedule of Benefits** or any endorsement(s) corresponding to that benefit.
29. **The Company** means ACE Insurance Limited.
30. **Travel Companion** means a person who accompanies an **Insured Person** for the entire **Journey**.
31. **Usual, Reasonable and Customary Medical Expenses** means charges for treatment, supplies or medical services medically necessary to treat an **Insured Person's** condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the charges are incurred. Charges that would not have been made if no insurance existed are excluded from this definition.

PART III: DESCRIPTION OF COVER

SECTION A – PERSONAL ACCIDENT

- a) **Accident** (18 to 80 years of age on the first day of the **Period of Insurance**):

If an **Insured Person** of between eighteen (18) and eighty (80) years of age on the first day of the **Period of Insurance** sustains **Bodily Injury** and, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, **The Company** will pay the percentage stated for that type of loss in the Loss Table in this Section A of the **Sum Insured** stated in Section A(a) of the **Schedule of Benefits**.

- b) **Accident** (under 18 years of age on the first day of the **Period of Insurance**):

If an **Insured Person** of under eighteen (18) years of age on the first day of the **Period of Insurance** sustains **Bodily Injury**, and, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, **The Company** will pay the percentage stated for that type of loss in the Loss Table in this Section A of the **Sum Insured** stated in Section A(b) of the **Schedule of Benefits**.

Section A Loss Table

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

Special Conditions to Section A:

- Where an **Insured Person** suffers more than one type of loss listed in the Loss Table in this Section A in the same **Accident**, **The Company's** liability under this Section A shall be limited to one payment for the type of loss which, of all the types of loss actually suffered, attracts the largest percentage stated in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
- The Company's** total liability under this Section A for all **Accidents** involving the same **Insured Person** occurring during the **Period of Insurance** shall not exceed the relevant **Sum Insured**.
- Where the use or enjoyment of an **Insured Person's** limb or organ was partially impaired before an **Accident** occurred, **The Company** may, in its sole discretion and after considering a medical assessment by **The Company's** appointed medical adviser of the extent to which any **Bodily Injury** was, in the medical adviser's opinion, caused solely and independently by that **Accident**, pay such percentage of the relevant **Sum Insured** as it considers reasonable. No payment shall be made for a limb or organ which was totally unusable before an **Accident** occurred.
- Exposure:** If an **Insured Person** is unavoidably exposed to the elements by reason of sustaining **Bodily Injury** and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, **The Company** will pay the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.
- Disappearance:** Where an **Insured Person's** body has not been found within one (1) year of the date of the disappearance, sinking or wrecking of the means of transport being used by the **Insured Person** on the date of the disappearance, sinking or wrecking:
 - It will be presumed that the **Insured Person** suffered **Accidental** death resulting from **Bodily Injury** at the time of such disappearance, sinking or wrecking; and
 - Subject to receiving an undertaking, signed by the deceased **Insured Person's** legal representatives, that if the presumption of **Accidental** death resulting from **Bodily Injury** is subsequently found to be wrong, any amount paid by **The Company** under this Section A will be immediately refunded to **The Company**.**The Company** will pay to the legal representatives of the deceased **Insured Person** the percentage stated for **Accidental** death in the Loss Table in this Section A of the relevant **Sum Insured** stated in Section A of the **Schedule of Benefits**.

Exclusions to Section A:

This Section A does not cover:

- Sickness**, disease or bacterial infection.

SECTION B – MEDICAL EXPENSES

- a) **Medical Expenses:**

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

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

- b) **Follow-up Medical Expenses** (applicable for **Round Trip Plan** only):

If an **Insured Person** incurs **Medical Expenses** overseas arising from **Bodily Injury** or **Sickness** and still requires treatment given or prescribed by a **Physician** for the same **Bodily Injury** or **Sickness** after returning to **Hong Kong**, **The Company** will continue to reimburse the **Insured Person** for **Medical Expenses** incurred and/or reasonable **Medical Expenses** charged by a **Chinese Medicine Practitioner** up to ninety (90) days after the **Insured Person's** return to **Hong Kong** or until the **Sum Insured** stated in Section B(b) of the **Schedule of Benefits** has been exhausted, whichever comes first.

Special Conditions to Section B:

- The Company** or the **Authorised Assistance Service Provider** must be notified of any **Medical Expenses** incurred overseas as a **Resident Inpatient** during the **Period of Insurance** within 30 days of them being incurred. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this policy for those **Medical Expenses**.
- The Company's** total liability under Section B(a)(i) and Section B(a)(ii) of the **Schedule of Benefits** for all **Medical Expenses** incurred during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section B(a) of the **Schedule of Benefits**.
- The Company's** liability under Section B(b) for each and every expense incurred shall not exceed the amount stated in Section B(b) of the **Schedule of Benefits**.
- The Company's** liability under Section B(b) for all expenses charged by **Chinese Medicine Practitioners** shall not exceed the amount stated in Section B(b)(i) of the **Schedule of Benefits**. The maximum daily amount incurred by **Chinese Medical Practitioners** shall be the amount stated in Section B(b)(ii) of the **Schedule of Benefits**.
- The Company's** total liability under this Section B for all **Medical Expenses** and all expenses charged by **Chinese Medical Practitioners** shall not exceed the **Sum Insured** stated in Section B(a) of the **Schedule of Benefits**.

Exclusions to Section B:

This Section B does not cover:

- Any expense included or contemplated in the cost of a **Journey** at the time it was paid for.
- Surgery or medical treatment which, in the opinion of the **Physician** attending the **Insured Person**, can reasonably be delayed until the **Insured Person** returns to **Hong Kong**.
- Any expense incurred after an **Insured Person** has failed, within a reasonable period, to follow a **Physician's** advice to return to **Hong Kong** to continue treatment for **Bodily Injury** suffered or **Sickness** contracted whilst overseas.
- Any expense incurred during a **Journey** after an **Insured Person** has been advised by a **Physician** prior to the departure of the **Journey** that he or she is unfit to travel.
- Any follow-up expense incurred more than ninety (90) days after the end of the **Period of Insurance**.
- Any expenses incurred under Section B(a) after twelve (12) months from the date the first expenses were incurred.
- Health check-ups or any investigation(s) not directly related to admission diagnosis, **Bodily Injury** or **Sickness** or any treatment or investigation which is not medically necessary.
- The cost of prostheses, contact lenses, spectacles, hearing aids, dentures and other medical equipment or optical treatment.

SECTION C – ACE ASSISTANCE - 24 HOUR WORLDWIDE ASSISTANCE SERVICES (applicable for Round Trip Plan only)

a) **Emergency Medical Evacuation And/Or Repatriation:**

Where a **Physician** certifies that **Bodily Injury** or **Sickness** renders an **Insured Person** unfit to travel or continue with their **Journey** or is a danger to their life or health, **The Company** will pay the actual cost of the **Insured Person's** emergency medical evacuation and/or repatriation and associated medical services and medical supplies.

b) **Return Of Mortal Remains:**

Upon the death of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, **The Company** will pay the actual cost for transporting the **Insured Person's** mortal remains from the place of death to **Hong Kong**, or the cost of local burial at the place of death as approved by the **Authorised Assistance Service Provider**.

c) **Compassionate Visit:**

If a **Physician** certifies that **Bodily Injury** or **Sickness** renders an **Insured Person** unfit to travel or continue with their **Journey** or is a danger to their life or health, **The Company** will pay, up to the **Sum Insured** stated in Section C(c) of the **Schedule of Benefits** (i) the cost of one (1) economy class round trip ticket for one (1) person to visit the **Insured Person** overseas, and (ii) the cost of one (1) ordinary room accommodation in any reasonable hotel overseas for a maximum period of five (5) consecutive nights, but not the cost of drinks, meals and other room services.

d) **Compassionate Death Travel Allowance**

Upon the death of an **Insured Person** as a direct and unavoidable result of **Bodily Injury** or **Sickness**, **The Company** will pay, up to the **Sum Insured** stated in Section C(d) of the **Schedule of Benefits** (i) the cost of one (1) economy class round trip ticket for one (1) person to go to the place of death to handle the issue related to the mortal remains of the **Insured Person**, and (ii) the cost of one (1) ordinary room accommodation in any reasonable hotel overseas for a maximum period of five (5) consecutive nights, but not the cost of drinks, meals and other room services.

e) **ACE Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services**

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

- Inoculation and Visa Requirement Information services
- Embassy Referral
- Interpreter Referral
- Loss of Luggage Assistance
- Loss of Travel Document Assistance
- Medical Service Provider Referral
- Monitoring of Medical Condition when Hospitalized
- Arrangement of Appointments with Doctors
- Arrangement of **Hospital** Admission

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

Special Conditions to Section C:

- i. Services under Section C are provided by the **Authorised Assistance Service Provider**. **The Company** or the **Authorised Assistance Service Provider** must be notified of the occurrence of any event which may give rise to a claim under Sections C(a) to (d) as soon as practicable after the occurrence of that event. **The Company** shall not be liable to pay any benefits under this Section C unless **the Company** or the **Authorised Assistance Service Provider** has been notified in accordance with this sub-section i.
- ii. The arrangements for, means and final destination of emergency medical evacuation and/or repatriation will be decided by the **Authorised Assistance Service Provider** and will be based entirely upon medical necessity.
- iii. Upon payment being made under this Section C, **The Company** shall be entitled to any monies refundable from an original return airfare.

Exclusions to Section C:

This Section C does not cover:

1. Any expense included or contemplated in the cost of a **Journey** at the time it was paid for.
2. Any expense incurred during a **Journey** after an **Insured Person** has been advised by a **Physician** prior to the departure of the **Journey** that he or she is unfit to travel.

SECTION D – PERSONAL PROPERTY

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

Special Conditions to Section D:

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

Exclusions to Section D:

This Section D does not cover:

1. Loss, theft or damage arising from an **Insured Person's** negligence including, but not limited to, leaving **Personal Property** unattended.
2. Any unexplained loss, theft or damage to **Personal Property** which was left unattended in a vehicle (except locked in the trunk) or **Public Conveyance** or in other public places.
3. Loss of, or damage to, any **Personal Property** due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, mechanical or electrical failure, any process of cleaning, restoring, repairing, alteration, confiscation or detention by customs or any other authority.
4. Loss or theft of, or damage to, hired or leased equipment or any **Personal Property** forwarded in advance of a **Journey** or separately mailed or shipped in a **Public Conveyance** other than a **Public Conveyance** carrying the **Insured Person** at the same time.
5. Loss claimed under Section H – BAGGAGE DELAY for the same incident.

SECTION E – LOSS OF TRAVEL DOCUMENTS (applicable for Round Trip Plan only)

The Company will reimburse an **Insured Person** up to the **Sum Insured** stated in Section E of the **Schedule of Benefits** for (i) the replacement cost of travel documents necessary for immigration clearance and/or travel tickets which are lost or stolen during the **Period of Insurance**, the absence of which would otherwise lead to delay of the **Journey**; and/or (ii) the reasonable additional cost of travel expenses and/or accommodation necessarily incurred by an **Insured Person** for the sole purpose of arranging the replacement travel documents and/or travel tickets referred to in (i).

Special Conditions to Section E:

- i. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section E. Failure to give the notice required by this condition precedent will result in **The Company** having no liability under this Section E.
- ii. Any claim under this Section E must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in **The Company** having no liability under this Section E.
- iii. **The Company's** total liability under this Section E for all loss during the **Period of Insurance** shall not exceed the **Sum Insured** stated in Section E of the **Schedule of Benefits**.

Exclusions to Section E:

This Section E does not cover:

1. Loss arising from an **Insured Person's** negligence including, but not limited to, leaving travel documents necessary for immigration clearance and/or travel tickets unattended.

SECTION F – TRIP CANCELLATION

In the event of:

- (i) The sudden and unexpected death of an **Insured Person**, an **Immediate Family Member**, intended **Travel Companion** or **Business Partner** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (ii) The **Bodily Injury** or **Sickness** of an **Insured Person** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (iii) The **Bodily Injury** or **Sickness** of an **Immediate Family Member**, intended **Travel Companion** or **Business Partner** occurring after this policy has been purchased and within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (iv) The unexpected compulsory quarantine of an **Insured Person** beginning after this policy has been purchased and continuing within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (v) The jury service of an **Insured Person** or an **Insured Person** being the subject of a witness summons, notice of which was received by that **Insured Person** after this policy has been purchased and continuing within ninety (90) days of the date the **Journey** is scheduled to begin; or
 - (vi) The unexpected occurrence of a **Strike**, **Riot** or civil commotion after this policy has been purchased at a destination scheduled in the **Journey** and continuing within one (1) week of the date the **Journey** is scheduled to begin; or
 - (vii) Serious damage to the **Insured Person's** primary place of residence in **Hong Kong** from fire, flood, earthquake or similar natural disaster occurring after this policy has been purchased and within one (1) week of the date the **Journey** is scheduled to begin and which reasonably requires the **Insured Person's** presence in **Hong Kong** on the scheduled departure date of the **Journey**;
- Resulting in cancellation of the **Journey**, **The Company** will reimburse, up to the **Sum Insured** stated in Section F of the **Schedule of Benefits**, the **Insured Person's** loss of travel and/or accommodation expenses paid in advance or forfeited by the **Insured Person**.

Special Condition to Section F:

- i. Where a **Journey** is cancelled as a result of **Bodily Injury** or **Sickness** of an **Insured Person**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as rendering that **Insured Person** unfit to travel or as being a danger to their life or health.
- ii. Where a **Journey** is cancelled as a result of **Bodily Injury** or **Sickness** of an **Immediate Family Member**, intended **Travel Companion** or **Business Partner**, that **Bodily Injury** or **Sickness** must be certified by a **Physician** as being a danger to the life of that **Immediate Family Member**, intended **Travel Companion** or **Business Partner**.
- iii. Failure to obtain the certifications required by this condition precedent will result in **The Company** having no liability under this Section F for the **Insured Person's** loss of travel and/or accommodation expenses paid in advance or forfeited.

Exclusions to Section F:

This Section F does not cover the whole or any part of travel and/or accommodation expenses which are:

1. Refundable to, or recoverable by, an **Insured Person** from any other source of indemnity or reimbursement.
2. Any amount which an **Insured Person** is not legally obliged to pay.
3. Cancelled as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.
4. Cancelled due to the negligence, misconduct or insolvency of the travel agent through whom the **Journey** was booked.
5. Cancelled due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.
6. Cancelled as a direct or indirect result of financial hardship experienced by an **Insured Person**, changes in an **Insured Person's** circumstances or contractual obligations or an **Insured Person's** general disinclination to proceed with the **Journey**.
7. Arising from a condition which, at the time of booking a **Journey**, existed or might reasonably have been anticipated as being likely to result in the **Journey** being cancelled.

SECTION G – TRAVEL DELAY

In the event that the **Journey** is delayed due to adverse weather, natural disaster, **Strike** involving the employees of the operator of a **Public Conveyance**, mechanical fault of a **Public Conveyance** or hijacking during the **Period of Insurance**, **The Company** will pay compensation up to the **Sum Insured** stated in Section G (a) of the **Schedule of Benefits**, calculated at the following rates:

- The amount stated in Section G (b) of the **Schedule of Benefits** for each six (6) consecutive hour period of delay.

Special Conditions to Section G:

- i. Each period of delay will be calculated by reference to the difference between the scheduled local arrival time stated in the **Insured Person's** original itinerary for the **Journey** and the **Insured Person's** actual local arrival time at the same destination.
- ii. Where a **Journey** involves a sequence of connecting flights, the total period of delay will be calculated by reference to the difference between the original scheduled and actual local arrival times of the last flight in the sequence.
- iii. An **Insured Person** must take reasonable steps to mitigate any period of delay. Failure to take reasonable steps to mitigate any period of delay as required by this condition precedent will result in **The Company** having no liability under this Section G.
- iv. Any claim under this Section G must be accompanied by written confirmation from the carrier associated with the delay stating the actual local arrival time at the stated destination and the reason for the delay in reaching that destination. Failure to provide the written confirmation required by this condition precedent will result in **The Company** having no liability under this Section G.
- v. **The Company's** total liability under this Section G during the **Period of Insurance** shall not exceed the maximum amount under Section G of the **Schedule of Benefits**.

Exclusions to Section G:

This Section G does not cover loss:

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

SECTION H – BAGGAGE DELAY

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

Special Condition to Section H:

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

Exclusions to Section H:

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

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

SECTION I – PERSONAL LIABILITY

In the event that an **Insured Person** becomes legally liable to pay compensation for an **Accident** occurring during the **Period of Insurance** which causes **Bodily Injury** to any other person or destruction of the property of others, **The Company** will pay that compensation on behalf of the **Insured Person** up to the **Sum Insured** stated in Section I of the **Schedule of Benefits**.

Exclusions to Section I:

This Section I does not cover compensation:

1. Arising from **Bodily Injury** sustained by an **Immediate Family Member** or by a person in the **Insured Person's** custody or control.
2. Arising from damage to property which belongs to the **Insured Person** or an **Immediate Family Member** or which is in the **Insured Person's** custody or control.
3. By way of damages for breach of any liability assumed under a contract.
4. For liability arising from the ownership, possession, lease or rental of any vehicle, aircraft, firearm or animal.
5. For liability arising from the undertaking of any trade or profession.
6. For any claim of whatever nature directly or indirectly caused by (a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from combustion of nuclear fuel, or (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

PART IV: GENERAL EXCLUSIONS

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS:

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

1. Any **Pre-existing Medical Condition**, congenital or heredity condition.
2. Travelling abroad contrary to the advice of a **Physician**, or for the purpose of obtaining medical treatment or services.
3. Suicide, attempted suicide or intentional self-infliction of **Bodily Injury**.
4. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
5. Dental care (unless resulting from **Accidental Bodily Injury** to teeth which were sound and natural before the **Accident**).
6. Mental or nervous disorders, insanity, psychiatric condition or any behavioural disorder.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, hostilities (whether war is declared or not), direct participation in a **Strike/Riot**/civil commotion or from the **Insured Person** performing duties as a member of armed forces, or armed service or disciplined forces (which shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc.), or as a volunteer and engaged in war or crime suppression.
8. Participation in (a) professional sports events where an **Insured Person** would or could earn income or remuneration from engaging in such sport, (b) any stunt activity or (c) racing, except on foot or mountaineering.
9. Prohibition or regulation by any government, or customs detention.
10. An unlawful, willful, malicious or reckless act or omission of an **Insured Person**.
11. The actions of an **Insured Person** while under the influence of alcohol or drugs to the extent of legal impairment.
12. Riding in any aircraft other than as a passenger in an aircraft.
13. Any dishonest or criminal activity.
14. An **Insured Person's** failure to mitigate the loss.
15. AIDS or AIDS Related Complex, any **Bodily Injury** or **Sickness** commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
16. The **Insured Person** engaging in manual labor or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.

PART V: EXTENSIONS (applicable for Round Trip Plan only)

1. Hijack Extension: where the **Journey** is delayed due to an **Insured Person** being a victim of a hijacking during the **Period of Insurance**, the **Period of Insurance** shall be automatically extended by a maximum period of twelve (12) consecutive months from the date of the hijacking or, until the **Insured Person** passes through **Hong Kong** immigration on their return to **Hong Kong**, whichever is earliest.
2. Travel Extension: where the duration of the **Journey** exceeds the **Period of Insurance** for any reason outside an **Insured Person's** control, the **Period of Insurance** shall be automatically extended without charge by a maximum period of ten (10) calendar days or until the **Insured Person** passes through **Hong Kong** immigration on their return to **Hong Kong**, whichever is the earliest.

PART VI: GENERAL CONDITIONS

1. **Entire Contract:** This policy, together with its endorsement(s), attachment(s) (if any), any application form completed by an **Insured Person**, together with any document(s) attached to that application form or referred to in it, comprise and constitute the entire contract of insurance. This policy shall not be modified except by written amendment signed by an authorized representative of **The Company**.
2. **Sum Insured:** Once the **Sum Insured** available to an **Insured Person** under any Section of this policy has been exhausted, that **Sum Insured** will not be reinstated and **The Company** will have no further liability under that Section to that **Insured Person**.
3. **Sum Insured:** Each and every benefit paid under this policy will reduce the relevant **Sum Insured** available to an **Insured Person** by the amount of benefit paid and only the balance of the relevant **Sum Insured** will be available for further claims by that **Insured Person**. **The Company's** total liability under each Section of this policy for each **Insured Person** shall not exceed the relevant **Sum Insured** as specified in the **Schedule of Benefits**. Benefits under the plan codes HHR and HHO are payable in Hong Kong Dollars (HKD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than Hong Kong Dollars (HKD) shall be converted into Hong Kong Dollars (HKD) on the date and at the rates the Company reasonably considers appropriate. Benefits under the plan codes CHR and CHO are payable in the Hong Kong Dollar (HKD) equivalent of the Sum Insured as quoted in Chinese Yuan (CNY) in the Schedule of Benefits. Any currency conversions for the purpose of calculating the amounts of benefits payable under these plan codes shall be made on the date and at the rates the Company reasonably considers appropriate. Benefits under the plan codes UUR and UO are payable in United States Dollars (USD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than United States Dollars (USD) shall be converted into United States Dollars (USD) on the date and at the rates the Company reasonably considers appropriate.
4. **Duplicate Coverage:** Each **Insured Person** agrees that, if a **Bodily Injury** or **Sickness** is covered by this policy and any other **ACE Air Travel Insurance** policy issued by **The Company**:
 - a. **The Company** shall only be liable to pay a benefit under the policy which produces the highest amount of benefit payment to the **Insured Person** for that **Bodily Injury** or **Sickness**; and
 - b. **The Company's** aggregate liability under all **ACE Air Travel Insurance** policies covering that **Bodily Injury** or **Sickness** shall be the amount of the benefit payment to the **Insured Person** described as payable under sub-paragraph a. of this General Condition 4; and
 - c. The payment of the premium to **The Company** for this policy constitutes good and sufficient consideration for the variation, in the manner and to the extent set out in this General Condition 4, of the other **ACE Air Travel Insurance** policies which cover that **Bodily Injury** or **Sickness** but under which no benefits are paid as a result of the operation of this General Condition 4.
5. **Notice and Sufficiency of Claim:** Written notice of claim must be given to **The Company** as soon as is reasonably possible and in any event within thirty (30) days from the first day of the event giving rise to the claim under this policy. Notice given by or on behalf of an **Insured Person** to **The Company** with information sufficient to identify the **Insured Person** shall be deemed valid notice to **The Company**. **The Company**, upon receiving a notice of claim, will provide to an **Insured Person** such forms as it usually provides for filing proof of claim. The **Insured Person** shall, at his/her own expense, provide such certificates, information and evidence to **The Company** as it may from time to time require in connection with any claim under this policy and in the form prescribed. Proof of all claims must be submitted to **The Company** within one-hundred-eighty (180) days from the first day of the event giving rise to a claim.
6. **Claims Investigation:** In the event of a claim, **The Company** may make any investigation it deems necessary and the **Insured Person** shall co-operate fully with such investigation. Failure by the **Insured Person** to co-operate with **The Company's** investigation may result in denial of the claim.
7. **Examination of Books and Records:** **The Company** may examine the **Insured Person's** books and records relating to this policy at any time during the **Period of Insurance** and up to three (3) years after the expiration of this policy or until final adjustment and settlement of all claims under this policy.
8. **Physical Examinations and Autopsy:** **The Company**, at its expense, has the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. It may also have an autopsy carried out unless prohibited by law.
9. **Other Insurance (applicable to Sections B, C, D, E, F, H and I):** If a loss covered by this policy is also covered under any other valid insurance policies (and regardless of whether that other insurance policy is stated to be primary, contributory, excess, contingent or otherwise), this policy will, subject to all of its terms and conditions, only cover that loss to the extent that it exceeds any amount recovered under any other insurance policies.
10. **Legal Action:** No legal action shall be brought to recover on this policy until sixty (60) days after **The Company** has been given written proof of loss. No such action shall be brought after three (3) years from the date of loss.
11. **Rights of Recovery:** In the event that authorization of payment and/or payment is made by **The Company** or on its behalf by its authorized representatives, to include the **Authorised Assistance Service Provider**, **The Company** reserves the right to recover against the **Insured Person** the full sum which has been paid, or for which **The Company** is liable, to the **Hospital** to which the **Insured Person** has been admitted, less the liability of **The Company** under the terms of this policy.

12. **Subrogation:** The Company has the right to proceed at its own expense in the name of **Insured Person** against third parties who may be responsible for an event giving rise to a claim under this policy.
13. **Assignment:** No assignment of interest under this policy shall be binding upon **The Company**.
14. **To Whom Benefits are Payable:** Any death benefits will be payable to the **Insured Person's** legal representatives. Any benefits payable under Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES will be payable to the **Authorised Assistance Service Provider**. All other benefits will be payable to the **Insured Person**.
15. **Geographical Scope and Time Limit:** For **Round Trip Plans**, the policy shall apply twenty-four (24) hours a day anywhere in the world during the **Period of Insurance** except for Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES, which shall apply anywhere in the world outside **Hong Kong** unless otherwise stated in any endorsement issued by **The Company**. For **One Way Plans**, the policy shall apply twenty-four (24) hours a day anywhere in the world outside **Hong Kong** during the **Period of Insurance** unless otherwise stated in any endorsement issued by **The Company**.
16. **Disclaimer:** Services under Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES are provided by the **Authorised Assistance Service Provider** and the **Authorised Assistance Service Provider** is solely responsible for these services. The **Authorised Assistance Service Provider** is not a subsidiary or an affiliate of ACE Insurance Limited and ACE Insurance Limited shall not be liable for any loss or damage caused by or relating to these services or any act of or omission by the **Authorised Assistance Service Provider**.
17. **Cancellation by The Company:** The Company may cancel this policy at any time by sending written notice, stating the effective date of cancellation, to the **Insured Person's** last known address as shown in **The Company's** records. Cancellation will not affect valid claims already notified to **The Company** in accordance with General Condition 5 of this policy.
18. **Premium:** The Company has no liability under this policy until the premium is paid. The premium is deemed to be fully earned on the date this policy is purchased. No refund of premium shall be allowed once the policy has been issued.
19. **Mediation:** Any dispute or difference arising out of, or in connection with, this policy must first be referred to mediation at the Hong Kong International Arbitration Centre (HKIAC) and in accordance with the HKIAC's mediation rules. If the mediation is abandoned by the mediator or otherwise ends without the dispute or difference being resolved, the dispute or difference must be referred to, and resolved by, arbitration at the HKIAC and in accordance with the HKIAC's domestic arbitration rules. If the dispute or difference arising out of, or in connection with, this policy requires medical knowledge (including, but not limited to, questions relating to the **Sum Insured** for any medical service or an operation not listed in the **Schedule of Benefits**) the mediator or arbitrator may, in **The Company's** reasonable discretion, be a registered medical practitioner or a consultant specialist, surgeon, or **Physician**. If **The Company** refuses to pay any claim under this policy and a dispute or difference arising from that refusal is not referred to mediation and, if necessary, arbitration, within twelve (12) months from the date of refusal, any claim against **The Company** arising from that dispute or difference will be barred.
20. **Fraud or Mis-statement:** Any false statement made by an **Insured Person** or concerning any claim shall result in **The Company** having the right to void this policy or repudiate liability under it.
21. **Jurisdiction:** This policy shall be governed by and construed in accordance with the laws of **Hong Kong**. Subject to General Condition 19, any dispute under this policy shall be settled in accordance with the laws of **Hong Kong**.
22. **Personal Data (Privacy) Ordinance (PDPO):** The Company wants to ensure that our **Insured Persons** are confident that any personal data collected by **The Company** is treated with the appropriate degree of confidentiality and privacy.
- This Personal Information Collection Statement sets out the purposes for which **The Company** shall collect and use personally identifiable information provided by an **Insured Person** ("Personal Data"), the circumstances when Personal Data may be disclosed and information regarding the **Insured Person's** rights to request access to and correction of Personal Data.
- a. **Purposes of Collection of Personal Data**
The Company will collect and use Personal Data for the purposes of providing competitive insurance products and services to an **Insured Person**, including considering his/her application(s) for any new insurance policies and administering policies to be taken out with **The Company**, arranging the cover and administering and managing his/her and **The Company's** rights and obligations in relation to such cover. **The Company** will also collect the Personal Data to be able to develop and identify products and services that may interest an **Insured Person**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of **The Company's** respective products and services.
- b. **Transfer of Personal Data**
Personal Data will be kept confidential and **The Company** will not sell an **Insured Person's** Personal Data to any third party. **The Company** shall limit the disclosure of an **Insured Person's** Personal Data but, subject to the provisions of any applicable law, an **Insured Person's** Personal Data may be:
- disclose to third parties who **The Company** believes are necessary to achieve the purposes set out in paragraph 1 above. For example, **The Company** may provide it to their relevant staff and contractors, agents and others involved in the above purposes such as contractors which **The Company** engages in processing an **Insured Person's** Personal Data, legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside **Hong Kong**);
 - made available to appropriate persons in **The Company's** parent and affiliated companies, or any company within the ACE Group local and overseas;
 - provided to the insurance intermediary through which an **Insured Person** accessed the System;
 - provided to others for the purposes of public safety and law enforcement; and
 - where agreed by an **Insured Person**, provided to his/her representatives.
- With regard to the above transfers of Personal Data, where applicable, the **Insured Person** consents to the transfer of his/her Personal Data outside of **Hong Kong**.
- c. **Access and correction of Personal Data**
Under the Personal Data (Privacy) Ordinance ("PDPO"), an **Insured Person** has the right to request access to and correction of Personal Data held by **The Company** about an **Insured Person** and **The Company** will grant an **Insured Person** access to and correct his/her Personal Data as requested by him/her unless there is an applicable exemption under the PDPO under which **The Company** may refuse to do so. An **Insured Person** may also request **The Company** to inform him/her of the type of Personal Data held by Us about him/her. Requests for access or correction of Personal Data should be addressed in writing to:
ACE Data Privacy Officer
25th Floor, Shui On Centre, 6 – 8 Harbour Road, Wanchai, Hong Kong
Tel: (852) 3191 6222
Fax: (852) 2519 3233
E-mail: Privacy.HK@acegroup.com
An **Insured Person's** request to obtain access or correction will be considered within forty (40) days of **The Company's** receipt of his/her request. **The Company** will not charge an **Insured Person** for lodging a request for access to his/her Personal Data and if **The Company** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.
23. **Clerical Error:** Clerical errors by **The Company** shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

PART VII: HOW TO MAKE A CLAIM

The claimant should submit a claim form together with travel documents and the following documents as appropriate to:

ACE Insurance Limited

25th Floor, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

Tel: (852) 3191 6611

Fax: (852) 2519 3233

Personal Accident Cover

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

Accidental Death

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

Medical Expenses

- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**;
- Original **Hospital** bill / receipt with itemized list issued by a **Hospital**.

Personal Property / Loss of Documents

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

Trip Cancellation

- All bills, receipts and coupons;
- Diagnosis and treatment, including patient name and date of diagnosis, certified by a **Physician**.

Travel Delay/Baggage Delay

- Official documentation from the airline/**Public Conveyance** including victim's name, date, time, duration and reason of delay;
- All bills and receipts.

Personal Liability

- Statement on the nature and circumstances of the incident or event (No admission of liability or settlement can be made or agreed upon without **Our** written consent);
- All associated documentation received in connection with the incident or event (including copies of summons, all court documents, solicitors' and other legal correspondence).

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

安達遨翔旅遊保險

保單條款

客戶服務熱線: (852) 3191 6611
24 小時緊急支援熱線: (852) 3723 3030

根據向本公司所支付保費，並按照本保單所載的條文及條款，本公司同意按照本保單所載的方式及範圍提供保障。

請詳閱本保單，如本保單所載資料有任何不確之處，請立即將本保單交回本公司以作修正。

第一部分：保障計劃

		計劃編號 (HHR) ^{註1}	計劃編號 (HHO) ^{註1}	計劃編號 (CHR) ^{註2}	計劃編號 (CHO) ^{註2}	計劃編號 (UUR) ^{註3}	計劃編號 (UUO) ^{註3}
	保額貨幣	來回程計劃 港幣 (HKD)	單程計劃 港幣 (HKD)	來回程計劃 人民幣 (CNY)	單程計劃 人民幣 (CNY)	來回程計劃 美元 (USD)	單程計劃 美元 (USD)
A. 個人意外							
(a) 意外 (18 歲至 80 歲)	保額	500,000	500,000	420,000	420,000	65,000	65,000
(b) 意外 (18 歲以下)		200,000	200,000	170,000	170,000	25,000	25,000
B. 醫療費用							
(a) 醫療費用	保額	200,000	100,000	170,000	85,000	25,000	12,000
(a) (i) 因身體損傷引致的醫療費用		200,000	100,000	170,000	85,000	25,000	12,000
(a) (ii) 因患病引致的醫療費用		200,000	不適用	170,000	不適用	25,000	不適用
(b) 覆診醫療費用	保額	20,000	不適用	17,000	不適用	2,500	不適用
(b) (i) 中醫限額		3,000	不適用	2,500	不適用	380	不適用
(b) (ii) 中醫每日最高限額		150	不適用	125	不適用	20	不適用
C. ACE ASSISTANCE - 24 小時環球支援服務							
(a) 緊急醫療運送		不設上限	不適用	不設上限	不適用	不設上限	不適用
(b) 遺體運返香港		不設上限	不適用	不設上限	不適用	不設上限	不適用
(c) 親友探望	保額	8,000	不適用	6,500	不適用	1,000	不適用
(d) 辦理身後事的旅遊津貼	保額	10,000	不適用	8,500	不適用	1,250	不適用
(e) ACE Assistance - 二十四(24)小時電話熱線及轉介服務		適用	適用	適用	適用	適用	適用
D. 個人財物							
(a) 最高限額	保額	1,000	1,000	850	850	120	120
(b) 每件／套／對物件的最高限額		1,000	1,000	850	850	120	120
E. 遺失證件	保額	5,000	不適用	4,200	不適用	600	不適用
F. 取消旅程	保額	2,000	2,000	1,700	1,700	250	250
G. 旅程延誤							
(a) 最高限額	保額	1,200	600	1,000	500	160	75
(b) 延誤時段	每 6 小時	300	300	250	250	40	40
H. 行李延誤	保額	2,000	1,000	1,700	850	250	120
I. 個人責任	保額	400,000	200,000	338,000	170,000	50,000	25,000

註 1: 計劃編號 HHR 及 HHO 的保障賠償將以港幣(HKD)賠付。當本公司需在計劃編號 HHR 及 HHO 內作出補償，本公司將選取最合理的日子及匯率將所有港幣(HKD)以外之貨幣招致的費用兌換為港幣(HKD)作出補償。

註 2: 計劃編號 CHR 及 CHO 的保障賠償將以港幣(HKD)賠付，保額為保障計劃上所列人民幣(CNY)的等值。本公司將選取最合理的日子及匯率將所有在計劃編號 CHR 及 CHO 內的保障賠償兌換為港幣(HKD)賠付。

註 3: 計劃編號 UUR 及 UUO 的保障賠償將以美元(USD)賠付。當本公司需在計劃編號 UUR 及 UUO 內作出補償，本公司將選取最合理的日子及匯率將所有美元(USD)以外之貨幣招致的費用兌換為美元(USD)作出補償。

第二部分：詞彙釋義

在本保單內，下列詞彙應具有以下涵義：

- 意外或意外的指偶然發生的突發、不可預見及意料之外的事件。
- ACE Assistance 或授權支援服務供應商指本公司所指定向受保人提供海外支援服務的獨立服務供應商。
- 身體損傷指純粹及完全由於意外造成並於受保期間持續的生理傷害。
- 商業伙伴指一名或多名人與受保人從事同一商業企業並共享利潤及分擔風險的人士。
- 中醫指根據《中醫藥條例》(第 549 章)正式註冊為跌打醫師、針灸師或中醫師的人士，惟有關人士不得為受保人或直系家庭成員。
- 住院或入住指須以住院病人形式持續入住醫院，且醫院亦收取病房及膳食費用。
- 醫院指合法組成及按照其國家法律營運的機構，並符合以下所有要求：
 - 營運的主要目的是以住院病人形式接待患病、抱恙或受傷人士，並為其提供醫療護理及療程；及
 - 在一名或多名駐診醫生的監督下接納以住院病人形式入院，而其中一位醫生必須隨時常值診症；及
 - 維持妥善設施以為上述人士提供醫學診斷及治療，並於機構內或由機構控管之地方內提供進行各主要手術之設備；及
 - 設有由護士人員提供及督導之全職護理服務；及
 - 任何時候均有最少一名合法執業的駐院醫生及一名合資格的護士當值；及
 - 「醫院」一詞之釋義不包括以下：
 - 精神病院，主要提供精神科或包括弱智等心理病治療之機構，以及醫院之精神科病院；
 - 老人院、療養院、戒毒中心或戒毒中心；
 - 健康中心或天然治療所、療養或復康院，醫院內的特別部門主要供有毒癮的病人或酗酒者使用，或供護理、復康、復原、延續護理設施或療養院。

8. **香港**指香港特別行政區。
9. **直系家庭成員**指**受保人**的配偶、父母、配偶之父母、祖父母、子女、兄弟姐妹、孫子女或法定監護人。
10. **受保人**指名列**保單承保表**或後續批註（如有）內的一名或多名人士。
11. **旅程**指**保單承保表**所述的海外旅程。
12. **醫療費用**指**受保人**因遭受**身體損傷**或**患病**，於接受**住院**、手術、醫療或由**醫生**給予或處方的其他診斷或療（包括聘請護士、X 光檢查或因緊急情況使用救護車）而必須引致的所有**正常、合理及慣常的醫療費用**。
13. **單程計劃**指計劃編號 HHO, CHO 及 UUU 的保單。
14. **受保期間**指下列期間為本保單內所列的有關計劃的受保期間：
 - a) **適用來回程計劃**指：
 - (i) 關乎本保單章節 F (取消旅程)，指由**保單承保表**所列購買本保單日子開始；或
 - (ii) 關乎本保單其他章節，於下列時間開始(1)**受保人**由**香港**開始**旅程**之三(3)個小時前，或(2)**受保人**由**香港**任何一處直接前往**香港**入境處以展開其**旅程**的時間，以較後的時間為準；至
 - (iii) 關乎本保單其他章節，於下列時間結束(1)**受保人**離開**香港**展開其**旅程**後十四(14)天，或 (2)由**受保人**於完成**旅程**返回**香港**通過**香港**入境處後最多三(3)個小時，或 (3) 本保單終止之日期（以最早者為準）結束。
 - b) **適用單程計劃**指：
 - (i) 關乎本保單章節 F (取消旅程)，指由**保單承保表**所列購買本保單日子開始；或
 - (ii) 關乎本保單其他章節，指由**受保人**通過**香港**入境處展開其**旅程**起開始；至
 - (iii) 關乎本保單其他章節，於**受保人**通過**旅程**目的地的入境處時結束。
15. **永久**指：
 - a) 就單或雙肢而言，由**意外**發生之日期起喪失功用連續十二(12)個月，且於該期間結束時情況仍無改善希望或無法透過手術或其他治療治癒，或因於該期間內自手腕或足踝關節以上從身體分離而喪失有關肢體；或
 - b) 就任何其他類型喪失而言，由**意外**發生之日期起計連續十二(12)個月結束時，仍無改善希望或無法透過手術或其他治療治癒。
16. **永久完全傷殘**指**受保人**不能從事憑藉其所受教育、培訓或經驗而合資格從事並賺取報酬或利潤的任何工作或受聘，或在**受保人**並無業務或任何工作的情況下，**受保人**不能進行他／她在日常生活中可正常進行的任何職責，且此等傷殘已維持連續十二(12)個月，並須經**醫生**證實於**受保人**的餘生屬於完全、持續及**永久**傷殘。
17. **個人財物**指屬於**受保人**或他／她在**旅程**中須負責及攜帶或由**受保人**於**旅程**期間取得的個人物品，惟不包括金錢、古董、合約、債券、證券、動物、軟件、流動電訊設備及配件、交通工具及配件或於遺失或損毀時受保人並未佩戴或攜帶的珠寶。
18. **醫生**指合資格執業的醫師，在提供治療予他人時，所處司法管轄區的主管醫療當局已發出牌照予他／她，他／她於提供治療已領有合資格執業的醫師牌照並提供其接受培訓的範圍內的醫療服務，惟有關人士不包括**受保人**及**直系家庭成員**。
19. **保單承保表**指(i)容許以姓名及身份證或護照號碼識別各**受保人**，(ii)載有**受保人**的**旅程**表，及(iii)顯示本保單內選定的計劃編號，及(iv)購買本保單的日期的一份（多份）文件，並不時按本保單條款更改。
20. **受保前已存在之傷損**指於**受保期間**首日前連續六(6)個月內，**受保人**、**直系家庭成員**、**同行伙伴**或**商業伙伴**出現跡象或症狀，或於同一期間，**受保人**、**直系家庭成員**、**同行伙伴**或**商業伙伴**已尋求或接受（或理應經已尋求或接受）**醫生**給予醫療、會診、處方藥物、診症或診斷的任何患病或傷害。
21. **公共交通工具**指由領有牌照可以出租方式運載乘客的公司或個人營運並以機械推動的任何運載工具。
22. **住院病人**指因**身體損傷**或**患病**必須作為**住院病人**入院接受醫療、診斷及治療的**受保人**（而非僅僅是任何形式的護理、療養、康復、休養或延展看護）。
23. **暴亂**指任何人士單獨或與他人共同參與擾亂公共治安的行為（不論是否與**罷工**或停工有關），或任何依法成立的政府機關為鎮壓或試圖鎮壓任何上述擾亂行為或將上述擾亂行為的影響降至最低而採取的行動。
24. **來回程計劃**指計劃編號 HHR, CHR 及 UUR 的保單。
25. **保障計劃**指本保單第一部分所載的**保障計劃**表。
26. **患病**指於**受保期間**身體不適或罹患疾病。
27. **罷工**指任何罷工工人或停工工人為推動罷工或抵制停工而蓄意作出的行為；或任何依法成立的機關為阻止或試圖阻止任何上述行為或將任何上述行為的影響降至最低而採取的行動。
28. **保額**指，就**受保人**根據本保單可享用的各項保障而言，**保障計劃**或該保障的任何相應批註中所列最高金額。
29. **本公司**指安達保險有限公司。
30. **同行伙伴**指在整個**旅程**中陪伴**受保人**的人士。
31. **正常、合理及慣常的醫療費用**指在醫療方面用於治療**受保人**的病症所需的治療、物品或醫療服務的費用，且該費用不高於產生有關費用地區的類似治療、物品或醫療服務費用的正常水平。此釋義並不包括假如並無保險則不會產生的費用。

第三部分：項目說明

章節 A — 個人意外

- a) **意外（適用於受保期間首日其年齡為 18 至 80 歲的人士）：**
若**受保人**於**受保期間**首日其年齡介乎十八(18)歲至八十(80)歲，遭受**身體損傷**，而直接及無可避免地於連續十二(12)個月內蒙受本章節 A 的損傷表所列類型的損失，**本公司**將按照本章節 A 的損傷表上所列損失類別的相應百分比，支付**保障計劃**章節 A(a)所列**保額**。
- b) **意外（適用於受保期間首日其年齡為 18 歲以下的人士）：**
若**受保人**於**受保期間**首日其年齡於十八(18)歲以下，遭受**身體損傷**，而直接及無可避免地於連續十二(12)個月內蒙受本章節 A 的損傷表所列類型的損失，**本公司**將按照本章節 A 的損傷表上所列損失類別的相應百分比，支付**保障計劃**章節 A(b)所列**保額**。

章節 A 損傷表

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

章節 A 的特別條款：

- i. 假若**受保人**在同一**意外**中遭遇超過一類章節 A 的損傷表所列的損失，**本公司**於本章節 A 的責任僅限於支付一種損失類別，即根據所有實際遭遇的損失類別中，在本章節 A 的損傷表列百分比為最高的一種損失類別，而**本公司**只會支付**保障計劃**章節 A 所列相關**保額**。
- ii. **本公司**根據本章節 A 就涉及同一**受保人**於**受保期間**內發生的所有**意外**而承擔的總責任不可超過相關**保額**。
- iii. 假若**受保人**的肢體或器官於意外發生前在運用上或感覺上已部分受損，則**本公司**可按其酌情決定及經考慮由**本公司**委任的醫療顧問所作的醫療評估後，按醫療顧問的意見認為純粹及單獨由該**意外**導致的任何**身體損傷**程度，支付其認為合理的相關**保額**百分比。**本公司**不會就**意外**發生前完全不能運用的肢體或器官支付費用。
- iv. **風險**：假若**受保人**因遭遇**身體損傷**而面對不可避免地致命風險因素，以及因此直接及不可避免地導致於連續十二(12)個月內身故，**本公司**將按照本章節 A 的損傷表內**意外**死亡所列百分比，支付**保障計劃**章節 A 所列相關**保額**。
- v. **失蹤**：假若**受保人**的遺體於**受保人**所使用的交通工具失蹤、沉沒、毀壞，當日起計一(1)年內未能尋回：
 - (a) 則假設**受保人**已於上述失蹤、沉沒或毀壞時因**身體損傷**而導致**意外**死亡；及
 - (b) 在收到由已故**受保人**的法定代表簽署的承諾書後（假若因**身體損傷**而導致**意外**死亡的假設其後被證實有誤，則**本公司**根據本章節 A 支付的任何款項將即時退還**本公司**）。**本公司**將按照本章節 A 的損傷表就**意外**死亡所列百分比，向已故**受保人**的法定代表支付**保障計劃**章節 A 所列相關**保額**。

章節 A 的不受保事項：

本章節 A 並不保障：

1. **患病**、疾病或細菌感染。

章節 B — 醫療費用

a) 醫療費用：

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

b) 覆診醫療費用(只適用於來回程計劃)：

假若**受保人**因**身體損傷**或**患病**而在海外引致**醫療費用**，並在返回**香港**後仍須**醫生**就同一**身體損傷**或**患病**給予治療或處方藥物，則**本公司**將繼續向**受保人**補償因此所引致的**醫療費用**及/或由**中醫**收取的合理**醫療費用**；直至**受保人**返回**香港**後九十(90)天或**保障計劃**第 B(b)項所列**保額**耗盡為止（以較早達到者為準）。

章節 B 的特別條款：

- 於**受保期間**於海外作為**住院病人**並引致的任何**醫療費用**，須在引致費用時起計 30 天內通知**本公司**或**授權支援服務供應商**。如未能按照此項先決條款規定而發出通知，**本公司**恕不承擔本保單項下有關**醫療費用**的任何責任。
- 本公司**根據本章節 B(a)(i)及本章節 B(a)(ii)於**受保期間**內引致的所有**醫療費用**的總責任，不可超過**保障計劃**第 B(a)項所列**保額**。
- 本公司**根據本章節 B(b)內引致的各項費用的責任，不可超過**保障計劃**第 B(b)項所列金額。
- 本公司**根據本章節 B(b)對於**中醫**收取的所有費用的責任，不可超過**保障計劃**第 B(b)(i)項所列金額。由**中醫**收取的每日最高金額應為**保障計劃**的第 B(b)(ii)項所列金額。
- 本公司**根據本章節 B 對所有**醫療費用**及由**中醫**收取的所有費用的總責任，不可超過**保障計劃**第 B(a)項所列金額。

章節 B 的不受保事項：

本章節 B 並不保障：

- 於支付旅程費用當時已包括或預期的任何費用。
- 按照診治**受保人**的**醫生**認為，可合理地延遲至**受保人**返回**香港**後才接受的手術或醫治。
- 受保人**未有於合理時間內遵從**醫生**的意見，返回**香港**繼續治療於海外遭受的**身體損傷**或**患病**，因而在其後引致的任何費用。
- 受保人**在**旅程**出發前，經**醫生**診斷認為不適宜旅行後，他／她在**旅程**內引致的任何費用。
- 受保期間**結束後九十(90)天以外引致的任何覆診費用。
- 引致首次費用之日期起計十二(12)個月後根據章節 B(a)引致的任何費用。
- 健康檢查或任何並非與診斷、**身體損傷**或**患病**直接有關的檢驗，或並非醫療上必需的任何治療或檢驗。
- 義肢、隱形眼鏡、眼鏡、助聽器、假牙及其他醫療設備或眼科治療的費用。

章節 C — ACE Assistance — 24 小時環球支援服務 (只適用於來回程計劃)

a) 緊急醫療運送：

醫生證實**受保人**的**身體損傷**或**患病**令其不適宜旅行或繼續其**旅程**或危及其生命或健康，**本公司**將支付與因運送**受保人**的相關醫療運送、醫療服務及醫療物品的實際費用。

b) 遺體運返：

於**受保人**因**身體損傷**或**患病**而直接及不可避免地導致其身故時，**本公司**將支付把**受保人**的遺體由死亡地點運返**香港**的實際費用，或經由**授權支援服務供應商**批准在死亡地點當地安葬的費用。

c) 親友探望：

若**醫生**證實**受保人**的**身體損傷**或**患病**令其不適宜旅行或繼續其**旅程**或危及其構生命或健康，**本公司**將支付(i) 一(1)張來回經濟客位機票的費用予一(1)位人士前往探望於海外的**受保人**，及(ii)於任何海外酒店內的一(1)間普通客房的合理住宿費用，以最多連續五(5)晚為限（但不包括飲料、膳食及其他房間服務的費用），惟金額上限為**保障計劃**章節 C(c)所列**保額**。

d) 辦理身後事的旅遊津貼：

若**受保人**於**受保期間**蒙受**身體損傷**或**患病**而直接及無可避免地引致死亡，**本公司**將支付下列各項，惟上限為**保障計劃**章節 C(d)所列的**保額**：

(i) (1)張來回經濟客位機票的費用予一(1)位直系家庭成員為身故的**受保人**處理有關事宜；及(ii) 任何海外酒店內的一(1)間普通客房的合理住宿的費用，以最多連續五(5)晚為限（但不包括飲料、膳食及其他房間服務的費用）。

e) ACE Assistance – 24 小時電話熱線及轉介服務

下列服務僅以轉介及安排的方式提供，且所有費用須由**受保人**支付：

- 預防注射及簽證規定的資訊服務
- 領使館轉介
- 傳譯員轉介
- 遺失行李支援
- 遺失旅遊證件支援
- 醫療服務供應商轉介
- 住院時醫療狀況監察
- 預約醫生安排
- 醫院入住安排

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

章節 C 的特別條款：

- 本章節 C 的服務由**授權支援服務供應商**提供。假若發生章節 C(a)至(d)內任何可能導致潛在索償的事件，須於發生事件後在切實可行情況下盡快通知**本公司**或**授權支援服務供應商**。如未能按本條款 i 規定發出通知，**本公司**恕不承擔於保單本章節 C 下的任何責任。
- 運送的安排、方式及最終目的地將由**授權支援服務供應商**決定，並完全以醫療必要性決定。
- 本公司**根據本章節 C 支付款項後，**本公司**有權收取來自原有回程機票的任何應退還款項。

章節 C 的不受保事項：

本章節 C 並不保障：

- 於支付**旅程**費用時已包括或預期的任何費用。
- 受保人**在**旅程**出發前，經**醫生**診斷認為不適宜旅行後，他／她在**旅程**內引致的任何費用。

章節 D — 個人財物

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

章節 D 的特別條款：

- 假若發生任何**個人財物**遺失、被盜或因第三方的蓄意行為而損毀的情況可能導致本章節 D 的索償的事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，**本公司**恕不承擔本章節 D 的任何責任。
- 根據本章節 D 提出的任何**個人財物**遺失、被盜或因第三方的蓄意行為而損毀的索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，**本公司**恕不承擔本章節 D 的任何責任。
- 假若遺失、盜竊或損毀在運送時發生，須於發現遺失或損毀起計二十四(24)小時內，立即將有關遺失或損毀通知**公共交通工具**的承運人。如未能發出此項先決條款規定的通知，**本公司**恕不承擔本章節 D 的任何責任。
- 本公司**對於在**受保期間**內遺失、盜竊或損毀的每件**個人財物**的最大責任，將以**保障計劃**第 D (b)項所列金額為限。
- 假若任何一件遺失、被盜或損毀的**個人財物**為一對或一套物品的一部分，**本公司**對該件及該對或該套物品的最大責任，將以**保障計劃**第 D (b)項所列金額為限。
- 本公司**根據本章節 D 對於在**受保期間**內所有遺失、盜竊或損毀的**個人財物**的總責任，不可超過**保障計劃**章節 D (a)所列**保額**。
- 於根據本章節 D 支付任何款項後，**本公司**有權獲得及保留任何尋回或損毀的**個人財物**的利益及價值，並按其絕對酌情權處理剩餘價值。

章節 D 的不受保事項：

本章節 D 並不保障：

1. 因**受保人**疏忽所致的遺失、被盜或損毀，當中包括但不限於將**個人財物**置於無人看管的狀態。
2. **個人財物**因被置於汽車（鎖於車尾箱除外）或**公共交通工具**內或其他公共地方且無人看管而導致任何原因不明的遺失、被盜或損毀。
3. 任何**個人財物**因蟲蛀、蟲蝕、磨損、大氣或氣候狀況、逐漸損耗、機件或電力故障、任何清潔、修復、修理、改造的程序、海關或任何其他機關的充公或扣押而導致的遺失或損毀。
4. 在**旅程**前託運或單獨郵寄或以**公共交通工具**（同時運載**受保人**的**公共交通工具**除外）運載的租借或租賃設備或任何**個人財物**的遺失、被盜或損毀。
5. 已根據章節 H - 行李延誤就同一事件提出索償的損失。

章節 E — 遺失證件（只適用於來回程計劃）

本公司將向**受保人**補償(i)**受保人**於**受保期間**內補領因遺失或被盜且如不補領則會導致**旅程**延誤的出入境檢查所需旅遊證件及／或車船機票的費用，及／或(ii)**受保人**僅為安排補領(i)所提及的旅遊證件及／或車船機票而引致的合理額外旅遊費用及／或必須的住宿費用，惟金額上限為**保障計劃**章節 E 所列**保額**。

章節 E 的特別條款：

- i. 假若發生任何可能導致本章節 E 的索償事件，須在發生有關事件的二十四(24)小時內通知當地警方或相應的當地執法人員。如未能發出此項先決條款規定的通知，**本公司**恕不承擔本章節 E 的任何責任。
- ii. 根據本章節 E 提出的任何索償須附上顯示已向警方或相應的當地執法人員報告損失的書面證明。如未能提供此項先決條款規定的書面證明，**本公司**恕不承擔本章節 E 的任何責任。
- iii. **本公司**根據本章節 E 對於在**受保期間**內所有損失的總責任，不可超過**保障計劃**章節 E 所列**保額**。

章節 E 的不受保事項：

本章節 E 並不保障：

1. 因**受保人**疏忽所致的損失，當中包括但不限於將出入境檢查所需的旅遊證件及／或車船機票置於無人看管狀態。

章節 F — 取消旅程

假若：

- (i) **受保人**、**直系家庭成員**或擬定**同行伙伴**或**商業伙伴**在購買本保單後及在**旅程**計劃開始日期前九十(90)天內突然身故；或
- (ii) **受保人**在購買本保單後及在**旅程**計劃開始日期前九十(90)天內遭受**身體損傷**或**患病**；或
- (iii) **直系家庭成員**、擬定**同行伙伴**或**商業伙伴**在購買本保單後及在**旅程**計劃開始日期前九十(90)天內內遭受**身體損傷**或**患病**；或
- (iv) **受保人**在購買本保單後及**旅程**計劃開始日期前九十(90)天內未能預計地被強制性隔離；或
- (v) 在購買本保單後及**旅程**計劃開始日期前九十(90)天內，**受保人**須出任陪審員或**受保人**收到出任證人傳票；或
- (vi) **旅程**的計劃目的地在**旅程**計劃開始日期前(1)週內發生未能預計的**罷工**、**暴亂**或內亂；或
- (vii) **受保人**的**主要住所**在購買本保單後及**旅程**計劃開始日期前(1)週內因火災、水災、地震或類似自然災害而嚴重損毀，且**受保人**就此理應於**旅程**計劃出發日期身在**香港**；而導致**旅程**必須取消，**本公司**將就**受保人**因預付或被沒收的旅行及／或住宿費用所致的損失，向**受保人**作出補償，惟上限為**保障計劃**章節 F 所列**保額**。

章節 F 的特別條款：

- i. 若**旅程**取消是由於**受保人**的**身體損傷**或**患病**，該**身體損傷**或**患病**須得到**醫生**證明該**身體損傷**或**患病**令**受保人**不適宜旅行或危及其生命或健康。
- ii. 若**旅程**取消是由於**直系家庭成員**、擬定**同行伙伴**或**商業伙伴**的**身體損傷**或**患病**，該**身體損傷**或**患病**須得到**醫生**證明該**身體損傷**或**患病**危及其生命。
- iii. 如未能提供此項先決條件規定的證明，**本公司**恕不承擔在章節 F，**受保人**因預付或被沒收的旅行及／或住宿費用所致的損失的責任。

章節 F 的不受保事項：

本章節 F 並不保障因下列原因，引致的旅行及／或住宿費用的全部或任何部分：

1. **受保人**可從任何其他來源獲得彌償或賠償退款或收回款項。
2. **受保人**並非依法須支付的有關款項。
3. 由於任何國家、地區或地方政府頒發禁令或規例而直接或間接取消。
4. 由於接受**旅程**預訂的旅行代理的疏忽、行為失當或周轉不靈而取消。
5. 由於人數不足導致旅遊經營商或批發商無法令旅行團成行而取消。
6. 由於**受保人**出現財務困難；或**受保人**的情況或所承擔的合約責任改變；或**受保人**不願繼續**旅程**而直接或間接取消。
7. 因在預訂**旅程**時，已存在或於當時可合理地預計可能導致**旅程**取消的事件或情況所致的損失。

章節 G — 旅程延誤

假若**旅程**因**受保期間**內出現惡劣天氣、自然災害、涉及**公共交通工具**營運商的僱員**罷工**、**公共交通工具**機件故障或遭到劫持而延誤，**本公司**將按照以下方式計算的比率支付賠償，惟上限為**保障計劃**章節 G (a)所列**保額**：

- 每連續六(6)個小時延誤按照**保障計劃**第 G (b)項所列金額賠償。

章節 G 的特別條款：

- i. 各連續延誤時數將參照**受保人旅程**的原定旅程表計劃抵達的當地時間，與**受保人**實際抵達同一目的地的當地時間之間的差異計算。
- ii. 若**旅程**涉及連串轉乘飛機，則總延誤時間將參照最後航班原定計劃抵達與實際抵達的當地時間之間的差異計算。
- iii. **受保人**須採取合理措施縮短任何延誤時間。如未能按照此項先決條款的規定採取合理措施縮短任何延誤時間，**本公司**恕不承擔本章節 G 的任何責任。
- iv. 任何根據本章節 G 提出的索償，須附上來自實際抵達所列目的地的當地時間發生延誤的相關承運人的確認書，當中須列明發生延誤抵達該目的地的原因。如未能提供此項先決條款規定的確認書，**本公司**恕不承擔本章節 G 的任何責任。
- v. **本公司**根據本章節 G 於**受保期間**內發生的所有損失而承擔的總責任不可超過章節 G 上所列的最高金額。

章節 G 的不受保事項：

本章節 G 並不保障下列損失：

1. **受保人**因延誤抵達其**旅程**原定旅程表所列任何出發地點所引致的損失，但由於在**受保期間**內公共**交通工具**的僱員**罷工**造成延誤抵達所致的損失除外。
2. 因在購買保險前已宣佈且於當時可合理地預計可能導致**旅程**延誤的事件或情況所致的損失。

章節 H — 行李延誤

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

章節 H 的特別條款：

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

章節 H 的不受保事項：

本章節 H 並不保障因下列原因購買必需盥洗用品及衣物費用：

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

章節 I – 個人責任

假如**受保人**因於**受保期間**內發生對任何其他人士造成**身體損傷**或損毀他人財物的**意外**，因而須承擔作出賠償的法律責任，**本公司**將代表**受保人**支付該賠償，惟上限為**保障計劃**章節 I 所列**保額**。

章節 I 的不受保事項：

本**章節 I**並不保障符合下列各項的賠償：

1. **直系家庭成員**或受到**受保人**監護或控制的人士遭受**身體損傷**引起。
2. 屬於**受保人**或**直系家庭成員**或受到**受保人**監護或控制的財物損毀引起。
3. 屬於違反根據合約須承擔的任何責任的賠償。
4. 因擁有、管有、租賃或租用任何運輸工具、飛機、火器或動物所產生責任。
5. 因進行任何交易或專業所產生的責任。
6. 因(a)來自任何核子燃料或任何燃燒核子燃料而產生的任何核廢料的離子輻射或輻射污染，或(b)任何因爆炸性核子裝配設施或該裝配設施的核子成分所產生的輻射、毒性、爆炸性或其他危險特性，而直接或間接導致的任何索償(不論任何性質)。

第四部分：一般不受保事項

適用於所有章節的一般不受保事項：

本保單並不保障因下列各項所致的損失或後繼損失或責任：

1. 任何**受保前已存在之傷病**、先天性或遺傳狀況。
2. 違反**醫生**意見而外出旅遊，或為了獲取醫治或醫療服務而外出旅遊。
3. 自殺、企圖自殺或故意引致自身的**身體損傷**。
4. 因懷孕、墮胎、分娩、流產、不育而引致的任何情況及其所致的其他併發症，整容手術或性病。
5. 牙醫護理（**意外**前為天然及健全的牙齒但因**意外身體損傷**所引致除外）。
6. 精神或神經失常、精神錯亂、精神狀況或任何行為失常。
7. 戰爭（不論宣戰與否）、侵略、外敵行動、內戰、革命、叛亂、暴動、敵對行為（不論宣戰與否）、直接參與**罷工／暴亂／內亂**，或因受保人履行身為軍隊、武裝部隊或紀律部隊（包括但不限於警員、海關職員、消防員、入境處職員／督察及懲教處職員／督察等）成員或身為戰爭或減罪行動志願者的職責。
8. 參與(a)職業體育賽事，而**受保人**可透過從事該運動而賺取收入或報酬、(b)任何特技活動或(c)競賽（徒步或登山的競賽除外）。
9. 任何政府的禁令或規例，或海關扣押。
10. **受保人**的非法、蓄意或惡意行為或魯莽行為或疏忽。
11. **受保人**因服用超越法定水平之酒精或藥物引起的有關損失。
12. 乘坐任何飛機，但作為飛機搭客除外。
13. 任何不誠實或犯罪活動。
14. **受保人**未有減輕損失。
15. 愛滋病或愛滋病相關綜合症、任何於人體免疫力減弱或相關疾病的陽性測試當時或其後開始的任何**身體損傷**或**患病**，或任何其他經性接觸傳染之疾病。
16. **受保人**從事體力勞動或危險工作，當中包括但不限於離岸鑽探、礦物採掘、處理爆炸品、地盤作業、特技工作及空中攝影。

第五部分：延期條款（只適用於來回程計劃）

1. 劫機延期：若**旅程**因**受保人**於**受保期間**內成為劫機受害者而延誤的情況下，**受保期間**將由劫機日期起計自動延長最多連續十二(12)個月，或直至**受保人**返回**香港**時通過**香港**入境處為止（以較早者為準）。
2. 旅行延期：若**旅程**期間因在**受保人**控制以外的任何原因而超過**受保期間**，**受保期間**將自動免費延長最多十(10)個曆日，或直至**受保人**返回**香港**時通過**香港**入境處為止（以較早者為準）。

第六部分：一般條款

1. 完整合約：本保單，連同其批註、附件（如有）、經**受保人**填妥的任何申請表格連同該申請表格附帶或於申請表格提及（如有）的任何文件，組成及構成完整的保險合約。除經**本公司**授權代表簽署的書面修訂外，本保單不得修改。
2. 保額：**受保人**根據本保單任何章節可獲賠償的**保額**—經耗盡，**保額**將不會重置，且**本公司**毋須根據該章節對該**受保人**承擔任何進一步責任。
3. 保額：根據本保單支付的各项保障將會減少**受保人**可獲賠償的相關**保額**，而相關**保額**只有剩下的結餘可用於支付該**受保人**可能會向**本公司**提出的任何餘下保障索償。**本公司**根據本保單每一章節對每名**受保人**的總責任，將不超過**保障計劃**上的相關**保額**。計劃編號 HHR 及 HHO 的保障賠償將以港幣(HKD)賠付。當**本公司**需在計劃編號 HHR 及 HHO 內作出補償，**本公司**將選取最合理的日子及匯率將所有港幣(HKD)以外之貨幣招致的費用兌換為港幣(HKD)作出補償。計劃編號 CHR 及 CHO 的保障賠償將以港幣(HKD)賠付，**保額**為**保障計劃**上所列人民幣(CNY)的等值。**本公司**將選取最合理的日子及匯率將所有在計劃編號 CHR 及 CHO 內的保障賠償兌換為港幣(HKD)賠付。計劃編號 UUR 及 UUU 的保障賠償將以美元(USD)賠付。當**本公司**需在計劃編號 UUR 及 UUU 內作出補償，**本公司**將選取最合理的日子及匯率將所有美元(USD)以外之貨幣招致的費用兌換為美元(USD)作出補償。
4. 重複保障：每一**受保人**同意，若他們的同一個**身體損傷**或**患病**同時受保於本保單及由**本公司**發出的另一份「安達遊翔旅遊保險」保單：
 - a. 當比較所有保障**身體損傷**或**患病**保單後，**本公司**會以就該**身體損傷**或**患病**提供最高保障金額的保單作為賠償；及
 - b. **本公司**在所有保障該**身體損傷**或**患病**的所有「安達遊翔旅遊保險」保單內總責任將為一般條款第 4 項內(a)點上提及的最高金額為準；及
 - c. 支付本保單保費予**本公司**將視作同意按照一般條款第 4 項所載方式及範圍為**身體損傷**或**患病**提供保障及按一般條款第 4 項不賠付其他「安達遊翔旅遊保險」保單的方式運作。
5. 索償通知及充分程度：索償的書面通知必須在合理的情況下盡早送交**本公司**，且在任何情況下，須於導致根據本保單提出索償的受保事件發生之日起計三十(30)天內送交**本公司**。由**受保人**或其代表或索償人送交**本公司**且載有足以證明**受保人**身份的通知，應視為已有效送交**本公司**的通知。**本公司**於接獲索償通知後，將向**受保人**提供**本公司**為備存索償證明而通常提供的該等表格。**受保人**或索償人須根據本保單及該等表格就有關提出任何索償的規定，以自費方式就此向**本公司**提供有關證明書、資料及證據。所有索償的證明必須於導致索償的受保事件發生之日起計一百八十(180)天內送交**本公司**。
6. 索償調查：於出現索償時，**本公司**可能作出其視為必要的任何調查，**受保人**應全面配合該調查。倘**受保人**未能配合**本公司**的調查，可能導致索償遭拒。
7. 檢查賬簿及記錄：**本公司**可能於**受保期間**內任何時間及直至本保單屆滿後三（3）年，或直至根據本保單提出的所有索償獲得最終調整及解決前，將會檢查於本保單有關的**受保人**賬冊及記錄。
8. 體格檢查及屍體剖驗：在索償處理期間，**本公司**有權自費於合理必要的情況下要求**受保人**接受檢查，除非法律禁止，否則亦可能要求進行屍體剖驗。
9. 其他保險（適用於章節 B、C、D、E、F、H 及 I）：倘若根據本保單受保的損失屬於任何其他有效保單的保障範圍（而不論該份其他保險是屬於主要、分擔、附加、特定或其他性質的保險），本保單會根據本保單條款及條款，保障該份其他保險所支付的金額，惟以有關損失金額為限。
10. 法律訴訟：**受保人**在向**本公司**發出書面損失證明後六十（60）天起，方可展開法律訴訟追討本保單的賠償。**受保人**於損失日期起三（3）年後不得提出有關訴訟。
11. 追討權：倘若**本公司**或其授權代表（包括**授權支援服務供應商**）代**受保人**作出授權支付及／或支付，則**本公司**保留權利向**受保人**追討已支付或**本公司**須向接納**受保人**入住的**醫院**支付的全部金額，惟將扣除**本公司**根據本保單條款責任須支付的金額。
12. 代位權：**本公司**有權以自費方式，以**受保人**的名義對導致根據本保單提出索償的事件可能負上責任的第三方提出訴訟。
13. 轉讓：本保單的任何權益轉讓對**本公司**並無約束。
14. 賠償的支付對象：身故賠償將支付予**受保人**的法定代表。根據章節 C – ACE Assistance – 24 小時環球支援服務應付的款項乃支付予**授權支援服務供應商**，除上述規定外，所有其他保障款項乃支付予**受保人**。
15. 地域限制及施行時間：就來回程計劃而言，地域限制及施行時間適用於**受保期間**中在世界各地的一日二十四（24）小時，惟章節 C – ACE Assistance – 24 小時環球支援服務除外，就該項而言，除非經**本公司**批註，否則適用於**香港**以外在世界各地的一日二十四（24）小時。就單程計劃而言，地域限制及施行時間適用於**受保期間**中在**香港**以外在世界各地的一日二十四（24）小時。
16. 免責條款：章節 C – ACE Assistance – 24 小時環球支援服務由**授權支援服務供應商**安排。**授權支援服務供應商**全面負責此 24 小時環球支援服務。**授權支援服務供應商**並非安達保險有限公司之聯營或附屬機構及安達保險有限公司概不負責有關或由**授權支援服務供應商**作出之任何行為或疏忽而引致之任何損失或損傷。
17. 取消保單：**本公司**可以根據**本公司**記錄所顯示**受保人**最後所知地址，以書面通知方式隨時取消本保單。該通知應註明該項取消的生效日期。該項取消不會影響於取消提出前已根據本保單一般條款第 5 項已向**本公司**提出的任何索償。

18. 保費：除非保費已支付，**本公司**在本保單內並無任何責任。保費於保險購買日期已被視為完全賺取。當保單續發後，保費將不獲退還。
19. 調解：凡出現因本保單產生或與本保單有關的任何爭議或歧異，均須首先提交香港國際仲裁中心，並按香港國際仲裁中心的調解規則進行調解。假若調解員放棄調解，或調解以任何方式結束但未能解決爭議或歧異，則該爭議或歧異必須提交香港國際仲裁中心，並按香港國際仲裁中心的本地仲裁規則透過仲裁解決。假若因本保單產生或與本保單有關的任何爭議或歧異需要醫療知識（包括但不限於與**保障計劃**並未列明的任何醫療服務或手術的**保額**有關的問題），則按照**本公司**的合理酌情權，調解員或仲裁員可以為註冊醫療人員或顧問或專科醫生、外科醫生或**醫生**。倘若**本公司**拒付根據本保單提出的任何索償，而因拒付產生的任何爭議或歧異並未於拒付日期起計十二(12)個月內提交調解及仲裁（如有必要），則因該爭議或歧異所引致而針對**本公司**的任何索償將不獲受理。
20. 欺詐或錯誤陳述：由**受保人**作出或有關任何索償的任何虛假陳述均會導致**本公司**有權廢除本保單或撤銷根據本保單提出的責任。
21. 司法管轄權：本保單受**香港**法律約束並據其解釋。依從一般條款第 19 項，本保單的任何爭議均須根據**香港**法律解決。
22. 《個人資料(私隱)條例》：**本公司**竭力確保我們的**受保人**對我們在收集個人資料方面的信心，**本公司**於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。
- 本個人資料收集聲明陳述**本公司**收集及利用由**受保人**提供以識別**受保人**個人的資料（“個人資料”）的目的、個人資料可能被公開的情況及他／她有權要求查閱及更改個人資料的詳情。
- a. **收集個人資料的目的**
本公司收集及使用**受保人**個人資料的目的，是為了向**受保人**提供具優勢的保險產品及服務，包括用作考慮**受保人**投保任何新的保險產品，及管理由**本公司**提供的保單，安排保障，及執行和管理**受保人**及**本公司**在該等保障下的權利及責任。同時，收集個人資料亦使**本公司**可以設計及識別能吸引**受保人**的產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用**本公司**相應的產品及服務的聯盟及其他計劃。
- b. **個人資料的轉讓**
個人資料將予以保密，而**本公司**亦絕對不會將**受保人**的個人資料售賣給第三者。**本公司**會對公開**受保人**個人資料作出限定；但在任何適用的法例條文下，**受保人**的個人資料可能：
- (i) 會被透露予**本公司**相信必須達成以上第一段所述目的之第三者。例如：**本公司**把**受保人**的個人資料提供予**本公司**相關的員工及承辦商、代理及其他涉及以上目的之人士，如與**本公司**從事處理**受保人**個人資料的承辦商、律師行、會計師、精算師、損失評估人員及索償調查員、**醫生**及其他醫療服務提供者、保險局或信貸局、政府機構、分保人及分保代理（當中可能包括在**香港**以外的第三方）；
 - (ii) 會給**本公司**的母公司及附屬聯營公司或安達保險集團在本地及海外的相關人員使用；
 - (iii) 會提供予保險中介人，**受保人**可以透過指定系統查閱有關資料；
 - (iv) 會給予有關人士以維持公眾安全及法紀；及
 - (v) 在**受保人**同意下提供予**受保人**的代表。
- 就以上個人資料的轉移，如有適用的地方，則代表**受保人**亦同意該資料在**香港**以外地方轉移。
- c. **查閱及更改個人資料**
根據個人資料（私隱）條例，**受保人**有權要求查閱及更改曾給予**本公司**的資料，另除非在個人資料（私隱）條例下有適用的豁免條款賦予**本公司**可拒絕遵從，否則**本公司**必須按**受保人**的要求，給**受保人**查閱及更改本身的個人資料。**受保人**亦可向**本公司**要求提供持有**受保人**個人資料的類別。
- 翻查或更改個人資料的要求，必須透過書面提出及郵寄致：
安達保險有限公司 - 個人資料私隱主任收
香港灣仔港灣道 6-8 號瑞安中心 25 樓
電話：(852) 3191 6222
傳真：(852) 2519 3233
電郵：Privacy.HK@acegroup.com
- 在**本公司**收到**受保人**查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，**本公司**一般將不會收取任何費用；但即使**本公司**在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。
23. 文書錯誤：**本公司**的文書錯誤不應令生效的保單因此失效，亦不應令失效的保單因此生效。

第七部分：如何索償

索償人應將索償表格，連同旅遊證件及下列文件（視乎事件而定）送交：

安達保險有限公司
香港灣仔港灣道6-8 瑞安中心25樓
電話：(852) 3191 6611
傳真：(852) 2519 3233

個人意外保障／燒傷保障

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

意外死亡

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

醫療費用

- 經**醫生**證明的診斷及治療，包括病人姓名及診斷日期；
- 由**醫院**簽發的**醫院**賬單／收據正本並列明詳細項目。

個人財物／遺失證件

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

取消旅程

- 所有賬單、收據及票券；
- 經**醫生**證明的診斷及治療，包括病人姓名及診斷日期。

旅程延誤／行李延誤

- 航空公司／**公共交通工具**所發出的正式文件，包括受害人姓名、日期、時間、延誤期間及延誤原因；
- 所有賬單及收據。

個人責任

- 意外或事件的性質及情況聲明(未經**本公司**書面同意，不得承認責任或達成和解)；
- 就意外或事件接收的所有有關文件(包括法院傳票副本、所有法院文件、律師函件及其他法律書信)。

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

(此乃中文譯本，如此中文保單內容與英文版本有任何差異，均以英文保單為準。)

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