

Sportily Sports Protection

Please read this policy carefully upon receipt and promptly request for any necessary amendments.

This policy together with the enclosed *schedule* and any *relevant documents* subsequently issued should be read as if they are one document and form the contract between *you* and *us*, and no variations shall be admitted except those acknowledged in writing by *us*.

Sportily Sports Protection enrollment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written or in digital format are the basis of this contract.

We agree, in consideration of *your* payment of the premium and in reliance upon the statements, warranties or declarations *you* have made and subject to the terms and conditions of this policy and the attached *schedule*, the *insured person* is insured under this policy if the *insured person* sustains *injury* from an *accident* in *Hong Kong* during any *period of insurance*, provided such *accident* occurs on or after the *policy effective date* of relevant *period of insurance*.

This policy is an annual personal *accident* policy which will be renewed subject to subsequent premium payments and *our* acceptance. *You* are required to settle the annual premium for the concurrent policy year.

Should *you* wish to change any information given on *your* enrolment form (regardless verbally, digitally or in written format), please inform *us* of the changes immediately as the changes may affect the *insured person's* insurance cover.

This policy is a legal document and should be kept in a safe place.

PART 1 – DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help *you* identify these words in this policy, we have printed them in italics throughout this policy. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Accident/Accidental

A sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person* when the *insured person* is participating in any one (1) of the sports listed in the Table of Covered Sports during the *period of insurance*.

Age

Means the attained age of the *insured person*.

Broken Bone

In the event that surgery is required, it means the first time diagnosis of a bone fracture *injury* sustained in an *accident* for which open surgery is considered *medically necessary* by a *medical practitioner* who is an orthopaedic surgeon, and provided that surgery is actually performed within thirty (30) days of diagnosis of such bone fracture.

In the event that surgery is not required, it means the first time diagnosis of a bone fracture *injury* sustained in an *accident* by a *medical practitioner* who is an orthopaedist, physiotherapist, *Chinese medicine bone-setter* or *acupuncturist* which is managed by non-surgical methods for a period of more than thirty (30) days.

In both cases, all of the following conditions must be met:

- (i) Diagnosis of bone fracture must be supported by appropriate imaging result; and
- (ii) Either onsite emergency medical treatment is received by the *insured person* in the *accident*, or the *insured person* is confined or treated for such condition as an out-patient within seven (7) days immediately following the *accident*.

In both cases, broken bone covers the following sites and bones only: Pelvis, heel, skull, collarbone, upper limb, elbow, wrist, lower jaw, vertebrae, shoulder blade, sternum, hand, foot, upper jaw, cheek bone, nose, ribs, coccyx, toes and fingers.

In both cases, the following conditions are excluded:

- (i) Fractures in the presence of an underlying condition such as osteoporosis, osteomalacia, bone tumours; or
- (ii) Fractures described in radiologist report as fatigue, stress, hairline, avulsion/chips or micro-fractures.

Confined/Confinement

The *insured person* is admitted to a *hospital* as a result of *injury* upon the recommendation of a *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge by the *hospital*.

Cardiac Arrest

Medical emergency sustained in an *accident* with absent or inadequate contraction of the left ventricle of the heart that immediately causes body-wide circulatory failure. Diagnosis of cardiac arrest must be confirmed and certified by a *medical practitioner* in the appropriate medical specialty or who is a cardiologist.

The following conditions are excluded:

- (i) Cardiac arrest in the presence of an underlying condition such as cardiovascular disease, congenital heart deformities.

Coma

A state of unconsciousness suffered due to an *accident*. The coma must be confirmed and certified by a *medical practitioner* in the appropriate medical specialty, and supported by evidence of all of the following:

- (i) No response to external stimuli for at least forty-eight (48) hours; and
- (ii) Life support measures are necessary to sustain life.

The following conditions are excluded:

- (i) coma resulting directly from self-inflicted injury, alcohol or drug misuse.

Chinese medicine bone-setter or acupuncturist

A person other than *you*, the *insured person* or *immediate family member*, who is registered under the Chinese Medicine Ordinance in the Laws of *Hong Kong* and practices in acupuncture or bone-setting on the basis of traditional Chinese medicine.

Congenital Condition(s)

Shall mean (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within six (6) months of birth.

Hong Kong

The Hong Kong Special Administrative Region of the People's Republic of China.

Hospital

An establishment which meets all the following requirements:

- (i) holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction); and
- (ii) operates primarily for the admission, care and treatment of sick, ailing or injured persons as in-patients; and
- (iii) provides 24-hour a day nursing service by registered or graduated nurses; and
- (iv) has a staff of one or more licensed *medical practitioner* available at all times; and
- (v) provides organized facilities for diagnosis and major surgical facilities; and
- (vi) is not primarily a clinic, nursing, rest or convalescent home or similar establishment or a place for alcoholics or drug addicts.

Immediate Family Member

The *insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild or legal guardian.

Injury

Bodily injury sustained in an *accident* directly and independently of all other causes.

Insured Person

The person named in the *schedule* or subsequently endorsed hereon as insured person.

Ligament Tear

In the event that surgery is required, it means the first time diagnosis of complete or partial ligament tear sustained in an *accident*, for which surgical intervention is considered *medically necessary* by a *medical practitioner* who is an orthopaedic surgeon and provided that surgery is actually performed within thirty (30) days of diagnosis of ligament tear. In the event that surgery is not required, it means the first time diagnosis of ligament tear sustained in an *accident* by a *medical practitioner* who is an orthopaedist, physiotherapist, *Chinese medicine bone-setter* or *acupuncturist* which is managed by non-surgical methods for a period of more than thirty (30) days.

For purposes of both of the above cases, diagnostic arthroscopy shall not be considered surgery.

In both cases, all of the following conditions must be met:

- (i) Diagnosis of ligament tear must be supported by imaging evidence; and
- (ii) Either onsite emergency medical treatment is received by the *insured person* in the *accident*, or the *insured person* is confined or treated for such condition as an out-patient within seven (7) days immediately following the *accident*.

Loss of Limb

Loss by physical separation at or above the wrist or ankle joint.

Loss of Use

Permanent total functional disablement or complete and *permanent* physical separation at the limb or organ.

Medical Practitioner

A person other than *you*, the *insured person* or *immediate family member*, who is a registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of *Hong Kong*.

Medically Necessary

Is a medical service which is

- (i) consistent with the diagnosis and is the customary medical treatment for the condition; and
- (ii) in accordance with standards of good and prudent medical practice; and
- (iii) not furnished primarily for the convenience of *medical practitioner* or any other medical service providers; and
- (iv) furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's injury* and are performed in the least costly setting required for treatment of a covered *injury*; and
- (v) not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy in the event of a *confinement*.

Period of Insurance

The period of time as stated in the *schedule* during which this policy is effective and we have accepted *your* premium.

Permanent

Lasting not less than twelve (12) consecutive months from the date of an *accident* and at the expiry of that period being beyond hope of improvement.

Policy Effective Date

The effective date of the policy as stated in the *schedule*, or the renewal date as stated in the latest renewal notice, whichever is the later, provided the premium has been paid.

Policy Inception Date

- (i) The first effective date of this policy as stated in the *schedule* upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or
- (ii) Policy reinstatement date, whichever is the later.

Pre-existing Condition

The *insured person* received medical treatment, diagnosis consultation or prescribed drugs, or a condition for which medical advice or treatment was recommended by a *medical practitioner* before policy inception date or the date of reinstatement, whichever is later.

Policyholder or You or Your

The policyholder shown in the *schedule* who is the proposer of this policy.

Relevant Documents

Relevant documents include *schedule*, enrollment form, declaration, riders, endorsements, attachments and amendments (regardless verbally, digitally or in written format).

Schedule

The schedule attached to and incorporated in this policy.

Tendon Rupture

In the event that surgery is required, it means the first time diagnosis of complete or partial tendon rupture, sustained in an *accident* for which surgical intervention is considered *medically necessary* by a *medical practitioner* who is an orthopaedic surgeon and provided that surgery is actually performed within thirty (30) days of diagnosis of rupture. In the event that surgery is not required, it means the first time diagnosis of tendon rupture sustained in an *accident* by a *medical practitioner* who is an orthopaedist, physiotherapist, *Chinese medicine bone-setter* or *acupuncturist* which is managed by non-surgical methods for a period of more than thirty (30) days.

In both cases, all of the following conditions must be met:

- (i) Diagnosis of tendon rupture must be supported by imaging evidence; and
- (ii) Either onsite emergency medical treatment is received by the *insured person* in an *accident*, or the *insured person* is confined or treated for such condition as an out-patient within seven (7) days immediately following the *accident*.

In both cases, the following conditions are excluded:

- (i) Ruptures caused due to any underlying or *pre-existing condition* such as acute or chronic tendinopathy
- (ii) Ruptures due to pre-existing tendonitis; or
- (iii) Ruptures due to systemic illness

Terrorism

An act of terrorism refers to any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), carry out any act, preparation or threat of action which is intended to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation for political, religious, ideological, or similar purposes. An act of terrorism must be confirmed and announced to the public by the relevant government. However, any event arising from war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, insurrection, military force or coup, or any act with the use of nuclear engineering shall be excluded from this definition.

Total Disablement

When as the result of an *injury* and commencing within twelve (12) consecutive months from the date of an *accident* the *insured person* is totally disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which the *insured person* is reasonably qualified by reason of his/her education, training or experience, or if the *insured person* has no business or occupation, total disablement means the inability of the *insured person* to perform any activities which would normally be carried out in the *insured person's* daily life.

We, Us or Our

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)

PART 2 – BENEFITS

Table of Benefits

Coverage	Sum insured (HKD)	
Geographical limit	Hong Kong	
1. Accidental death or permanent disablement	200,000	
2. Cardiac arrest or coma	100,000 per accident, up to one (1) accident per year	
3. Broken bone, ligament tear or tendon rupture	With surgery	Without surgery
	20,000 per accident	4,000 per accident
	Up to three (3) accidents per year	
4. Daily hospital cash benefit	300 per day Maximum ten (10) days per accident, up to three (3) accidents per year	

Section 1 - Accidental death or permanent disablement

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall within twelve (12) consecutive months result in:

- (a) *Accidental death*; or
- (b) One (1) of the *permanent disablement* listed below:
 - i. *Permanent total disablement*
 - ii. *Permanent and incurable paralysis of all limbs*
 - iii. *Loss of any one (1) limb (Loss of limb) or the permanent total loss of use of any one (1) limb*

we shall pay to the *insured person* the sum insured as stated in the Table of Benefits subject to the compensation conditions set out below.

Compensation Conditions for accidental death or permanent disablement

1. Benefit shall only be payable for either (a) or (b) in respect of the same *accident*.
2. When a limb which had been partially disabled prior to an *injury* covered under the policy and which becomes totally disabled as a result of such *injury*, the sum insured payable shall be determined by *us* having regard to the extent of disablement caused by the covered *injury*. However, no payment shall be made in respect of the loss of a limb which was totally disabled prior to the *injury* covered under the policy.
3. In the event that 100% of the sum insured is paid either under Section 1(a) or (b), this policy shall then immediately cease to be in force. No premium for the unexpired period will be refunded.

Special Provisions

1. Maximum Liability on Accidental Death and Permanent Disablement

Where the *insured person* is insured under multiple policies which contain accidental death and permanent disablement covers and are issued by *us* and/or *our* related companies, the maximum liability in respect of the *insured person* under all accidental death and permanent disablement covers shall not exceed HKD 10,000,000 in aggregate and each policy shall bear a proportionate share of the total loss.

Section 2 - Cardiac arrest or Coma

If during the *period of insurance*, an *insured person* sustains *cardiac arrest* and/or *coma* as a result of an *accident*, we shall pay to the *insured person* the sum insured as stated in the Table of Benefits subject to the compensation conditions set out below.

Compensation Conditions for cardiac arrest or coma

1. The benefit is payable once if the *insured person* sustains a *cardiac arrest* or *coma* as a result of same *accident*.
2. If a *cardiac arrest* or *coma* is due to causes which are related to a *cardiac arrest* or *coma* in a prior *accident* and benefit is paid in the prior *accident*, the *cardiac arrest* or *coma* shall be considered as a result of a continuation of the prior *accident* and no further benefit shall be payable. The *cardiac arrest* or *coma* will be considered as a result of a separate *accident* if the *accident* happens after three (3) years from the later of the following dates in respect of the *cardiac arrest* or *coma* resulting from a prior *accident*: - (1) date of last

discharge from *hospital*; (2) date of last curative treatment or surgical operation; (3) date of last consultation; or (4) date of last receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said *cardiac arrest* or *coma* is required.

Section 3 - Broken bone, ligament tear or tendon rupture

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall result in:

- (a) *broken bone*;
- (b) *ligament tear*; or
- (c) *tendon rupture*

we shall pay to the *insured person* the sum insured as stated in the Table of Benefits subject to the compensation conditions set out below.

Compensation Conditions for broken bone, ligament tear or tendon rupture

1. Benefit shall not be payable for more than one (1) of the events (a) to (c) in respect of the same *accident*.
2. The "with surgery" benefit amount of sum insured applies only if there is actual undergoing of surgical repair of the related *injury* while the *insured person* is *confined in hospital*, failing which only the "without surgery" benefit amount of sum insured will apply. Benefit shall only be payable for either "with surgery" or "without surgery" in respect of the same *accident*.
3. If a *broken bone, ligament tear or tendon rupture* is sustained at the same body part as in a prior *accident* and benefit is paid in the prior *accident*, no benefit shall be payable to such *broken bone, ligament tear or tendon rupture*. The *broken bone, ligament tear or tendon rupture* sustained at the same body part will be considered payable only if the *accident* happens after three (3) years from the later of the following dates in respect of the *broken bone, ligament tear or tendon rupture* resulting from a prior *accident*: - (1) date of last discharge from *hospital*; (2) date of last curative treatment or surgical operation; (3) date of last consultation; or (4) date of last receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said *broken bone, ligament tear or tendon rupture* is required.

Section 4 - Daily hospital cash benefit

In the event that the *insured person* is *confined in a hospital in Hong Kong* due to *injury* sustained from *accident* during the *period of insurance*, we will pay a daily allowance to the *insured person* in accordance to the Table of Benefits. The first day of *hospital confinement* must be within twenty-four (24) hours after the *accident* happened.

PART 3 – GENERAL EXCLUSIONS

This policy does not cover:

1. any *accident* occurred, or *hospital confinement* or out-patient consultation outside *Hong Kong*;
2. participation by the *insured person* in any one (1) of the sports listed in the Table of Covered Sports during the *period of insurance* against medical advice previously given by a *medical practitioner* or *Chinese medicine bone-setter or acupuncturist* (including advice given up to six (6) months prior to the date of application for this policy);
3. engaging in a sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport;
4. non-essential medical treatment or any medical treatment for *confinement* that is not recommended by a *medical practitioner*;
5. any *hospital confinement* for the purpose of rest and/or convalescence;
6. any kinds of dental treatment whatsoever;
7. any *pre-existing condition* or *congenital condition*;
8. any kind of disease or sickness; or any loss caused by an *injury* which is a consequence of any kind of disease;
9. cosmetic surgery, refractive errors of eyes or hearing-aids, and prescriptions therefor except necessitated by *injury*;
10. suicide, attempted suicide or intentional self-injury, insanity, mental disorder of any kind, psychosis, stress or depression, any condition under the influence of alcohol or drugs (other than those prescribed by *medical practitioner*); any condition resulting from pregnancy or venereal disease;
11. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power;
12. any illegal or unlawful act by *insured person* or *insured person's* direct participation in strike, riot or civil commotion or *terrorism*;

13. any expenses or consequential loss directly or indirectly arising from:
 - ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
 - the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component.
14. any *accident* that has occurred as a result of participation of sports during a pandemic or epidemic where the government has mandated compulsory quarantine or where self-isolation arrangements have been breached.

PART 4 – GENERAL PROVISIONS

1. Entire Contract

This policy including all the *relevant documents* will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of such amendment. For avoidance of doubt, the *relevant documents* will form part of the renewed policy contract and information contained are deemed to remain true and valid as at the time of renewal unless otherwise instructed by *you*.

2. Age Limit and Eligibility

Unless specifically mentioned to the contrary, the insurance afforded under this policy shall only apply to the *insured person* who is aged between six (6) to seventy (70) years old. The *insured person* must be a *Hong Kong* resident in *Hong Kong* holding a valid *Hong Kong* identity card (or a valid *Hong Kong* birth certificate for *insured person* at or under the age of twelve (12)) with a residential address in *Hong Kong*.

3. Status Change

You or the *insured person* must take full responsibility to inform *us* forthwith of any change in respect of the information provided in the enrollment form for this policy (regardless verbally, digitally or in written format) or upon renewal, otherwise *we* reserve the right to refuse or invalidate all claims under this policy.

4. Notice of Claim

Claims must be given to *us* within thirty (30) days from the date of the *accident* causing *injury* to the *insured person* or the completion and/or termination of treatment, whichever is later. All certificates, information and evidences required by *us* shall be furnished at the expenses of *you* or the *insured person's* or their personal representative shall be in such form and of such nature as *we* may prescribe. *We* shall be entitled to call for examination(s) by a medical referee at *our* expense. If *you* or the *insured person* do(es) not comply with this condition, *we* shall have the sole discretion to decide not to pay any benefits under this policy.

5. Proof of Loss

Written proof of loss must be furnished to *us* within thirty (30) days from the completion and/or termination of the treatment for which the claim is being made. Failure to furnish such proof as required by *us* within the prescribed time shall not invalidate any claims if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is otherwise required. All certificates, information and evidence in such form and of such nature and within such time as *we* may reasonably require shall be furnished without expense to *us*. If the supporting documents of a claim are in a language other than Chinese or English, the *insured person* must undertake to obtain certified translation of the documents in Chinese or English at the expense of *you* or the *insured person*.

6. Claims Admittance

In no case shall *we* be liable in respect of any claim after the expiry of twelve (12) months from the occurrence of the *injury* or *accident* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration.

7. Medical Examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* if *we* deem necessary and in the event of death of the *insured person* to have a post-mortem examination at *our* expense. The result of such examination shall be *our* property.

8. Payment of Claims

All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to the *insured person* after the receipt of due proof upon *our* approval. In the event of *accidental* death of the *insured person*, *we* will pay all the pending benefits to the estate of the *insured person*. All indemnities provided in this policy will be paid immediately after the receipt of due proof upon *our* approval, unless if the indemnity is in respect of *permanent total disablement*.

9. Misrepresentation or Non-disclosure

If *you*, or the *insured person*, or anyone acting for *you* or the *insured person* make(s) a statement in the enrollment form as required during the application process or in connection with any claim knowing the statement is false (regardless of whether it is made verbally, digitally or in writing), or fail to disclose *pre-existing conditions* or *congenital conditions* or fail to act in utmost good faith, *we* will not be liable for any claim and all covers under this policy shall cease immediately. *We* will not be liable to refund any premium paid.

10. Premium Charge

- i. This policy is an annual policy. *You* must pay the premium to *us* on an annual basis. All premiums after the first premium are payable to *us* on or before the due date. *You* are required to settle the annual premium for the concurrent policy year.
- ii. *We* reserve the right to revise or adjust the premium in accordance with *our* applicable premium rate at the time of policy renewal by giving thirty (30) days prior written notice to *you*.

11. Grace Period

We will allow *you* thirty-one (31) days grace period for the payment of each premium after the first premium. During grace period *we* will keep this policy in force. If after this period the premium remains unpaid, this policy will be deemed to have lapsed from the date that the unpaid premium was due.

12. Reinstatement of Policy

If *we* terminate this policy due to non-payment of premium, *we* may allow this policy to be reinstated if *you* provide *us* with a satisfactory written application for reinstatement including proof of insurability and subject to *our* approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this policy which occurs while this policy has lapsed. Any *pre-existing conditions* shall include all such conditions existing prior to the reinstatement date. The reinstated policy shall only cover *injury* caused to the *insured person* by any *accident* which occurs after the date of reinstatement.

13. Cancellation

- i. *We* have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing which will be sent to *your* latest e-mail address in *our* record. Under no circumstances *we* will be obligated to reveal *our* reasons for cancellation. Whenever this policy is cancelled, there will be no refund of premium on the unexpired period.
- ii. *You* have the right to cancel this policy by giving thirty (30) days' advance notice in writing to *us*. In such event, there will be no refund of premium on the unexpired period.

Notwithstanding the above, *you* have the right to cancel this policy by giving notice in writing with signature and return the policy to *us* within fourteen (14) days from the delivery of this policy document if *you* are not satisfied with this policy and *you* have not made any claim during this *period of insurance*. *We* will refund to *you* all the premiums *you* have paid without interest.

14. Termination of Policy

This policy shall automatically terminate on the earliest of the following:

- i. this policy ceases pursuant to the Clause 9 – Misrepresentation or Non-disclosure of this Part;
- ii. *you* fail to pay after expiry of the 31-day grace period in accordance with Clause 11 – Grace Period of this Part; or
- iii. either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 13 – Cancellation of this Part.
- iv. upon payment of the benefits to the *insured person* or estate of *insured person* under "1. *Accidental* death or *permanent* disablement" under Part 2.

15. Renewal

This policy may be renewed with *our* consent by payment of the premium in advance at *our* premium rate in force at the time of renewal. However, *we* reserve the right to decline the renewal, or to alter any terms and conditions, including but not limited to the premium rates or benefits or exclusions of this policy at the end of any *period of insurance*, either before or after *your* acceptance of such renewal. *We* will not be obligated to reveal *our* reasons for such amendments.

16. Legal Action

No legal action shall be brought to recover on this policy prior to the expiration of sixty (60) days after proof of claims has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within one (1) year from the expiration of the time within which proof of claims is required.

17. Subrogation

We have the right to proceed at *our* own expense in the name of the *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy, and the *insured person* shall concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by *us* for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which *we* are entitled by virtue of *our* right hereunder.

18. Alternative Dispute Resolution

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the Hong Kong International Arbitration Centre ('HKIAC') under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be *Hong Kong* law and the seat of arbitration shall be *Hong Kong*. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English.

It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under this policy and the *insured person* does not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, the *insured person's* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

19. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

20. Governing Law

This policy shall be governed by and interpreted in accordance with the laws and regulations of *Hong Kong*. Subject to the Alternative

Dispute Resolution clause herein, the parties agree to submit to the exclusive jurisdiction of the *Hong Kong* courts.

21. Statement of Purpose for Collection of Personal Data

All personal data collected and held by *us* will be used in accordance with *our* privacy policy, as notified to *you* from time to time and available at this website:

<https://www.zurich.com.hk/en/services/privacy>

You shall, and shall procure the *insured person* covered under the policy to, authorize *us* to use and transfer data (within or outside *Hong Kong*), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap. 486), Laws of *Hong Kong*, for the obligatory purposes as set out in *our* privacy policy as applicable from time to time. When information about a third party is provided by the *insured person* to *us*, the *insured person* warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to *us*, enabling *us* to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

22. Rights of Third Parties

Other than *you* or the *insured person*, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this Policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

23. Languages

There are two versions of this policy, one in English and one in Chinese. If there is any discrepancy between the English and the Chinese versions, the English version shall prevail.

CLAIMS PROCEDURE

Notify *us* through eClaim (www.zurich.com.hk/eclaim) within thirty (30) days from the date of the *accident* causing *injury* to the *insured person* or the completion and/or termination of treatment, whichever is later. In the event of *accidental* death, immediate notice thereof must be given to *us*.



Additional documents relevant to the claim may be required and to be forwarded upon *our* request.

Customer Service Hotline: +852 2968 2288 (Monday to Friday 9:00 a.m. to 5:30 p.m.)

Claims Hotline: +852 2903 9388 (Monday-Friday: 9:00 am - 5:30 pm; Saturday: 9:00 am - 1:30 pm.)

Table of Covered Sports

Sports	Type
Swimming	Aquatics
Diving	Aquatics
Canoeing	Aquatics
Windsurfing	Aquatics
Surfing	Aquatics
Artistic swimming	Aquatics
Fishing	Aquatics
Water skiing	Aquatics
Wakeboarding	Aquatics
Wakesurfing	Aquatics
Snorkelling	Aquatics
BMX freestyle	Extreme sports
Scooters freestyle	Extreme sports
Paragliding	Extreme sports
Skateboarding	Land sports
Rock climbing	Land sports
Hiking	Land sports
Running	Land sports
Pole vault	Land sports
Shot put	Land sports
Hammer throw	Land sports
Discus	Land sports
Javelin	Land sports
Tug-of-war	Land sports
Baseball	Ball games
Volleyball	Ball games
Sepak takraw	Ball games
Golf	Ball games
Football	Ball games
Softball	Ball games
Hockey	Ball games
Ice hockey	Ball games
Roller hockey	Ball games
Tchoukball	Ball games
Dodgeball	Ball games
Handball	Ball games
Rugby	Ball games
Basketball	Ball games

Sports	Type
American football	Ball games
Table tennis	Ball games
Tennis	Ball games
Badminton	Ball games
Korfball	Ball games
Bowling	Ball games
Billiard	Ball games
Gateball	Ball games
Cricket	Ball games
Cycle ball	Ball games
Lawn bowling	Ball games
Squash	Ball games
Lacrosse	Ball games
Shuffleboard	Ball games
Taekwondo	Martial arts
Karate	Martial arts
Judo	Martial arts
Aikido	Martial arts
Muay Thai	Martial arts
Sambo	Martial arts
Wrestling	Martial arts
Fencing	Martial arts
MMA	Martial arts
Free combat	Martial arts
Kickboxing	Martial arts
Cycling	Aerobic exercise
Yoga	Aerobic exercise
Rope skipping	Aerobic exercise
Dancing	Aerobic exercise
Aerobics	Aerobic exercise
Ice skating	Others
Roller skating	Others
Weightlifting	Others
Gymnastics	Others
Triathlon	Others
Archery	Others
Gym workout	Others
Equestrianism	Others

「全躍動」運動保障

請細閱本保單，如有任何修正請求，並請盡快提出。

本保單連同「附表」及嗣後發出的任何「有關文件」應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非獲「本公司」書面同意，否則合約內容不得更改。

而「閣下」完成及向「本公司」提供的「全躍動」運動保障投保表格及聲明，不論以口述（若是由「本公司」或「本公司」授權之代理錄音）或書面或數碼形式提供，均會構成本合約的依據。

「本公司」現與「閣下」協議，鑒於「閣下」支付保費及「本公司」信賴「閣下」各陳述、保證或聲明，以及遵從本保單及隨附之「附表」的條款與規章，「本公司」將於「保險期」內以保障表所載之保障項目承保「受保人」，如「受保人」於任何「保險期」內於「香港」因「意外」蒙受「損傷」，而該「意外」是於有關之「保險期」的「保單生效日」當日或之後發生，「受保人」將受本保單保障。

此乃全年個人意外保險保單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。「閣下」必須繳付同年度之全年保費。

「閣下」於投保表格內填報的資料如有任何更改（不論以口述或書面或數碼形式），請盡早通知「本公司」，以免影響「受保人」於本保單的保障內容。

此乃一份有法律效力的文件，敬請妥為保存。

第一部份 – 詞彙的定義

本保險單內某些詞彙具有指定含意，釋義已分別列明於下。為方便「閣下」識別有關詞彙，特將此等詞彙全部加上引號。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

「意外」

「受保人」於「保險期」內，參與任何一種於受保運動表所列的運動期間，任何不可預見或預料並導致「受保人」蒙受「損傷」之突發事件。

「年齡」

「受保人」所達的年齡。

「骨折」

如需進行手術，即表示經骨科專科「醫生」首次診斷後，確診於「意外」時造成的骨折，並因「醫療所需」必需進行手術治療。而有關手術須於確診後30日內進行。

如無需進行手術，即表示經「醫生」（包括但限於骨科專科「醫生」、物理治療師、「中醫跌打師或針灸師」）首次診斷後，確診於「意外」時造成的骨折需接受非手術性治療。而有關非手術性治療須長達30日以上。

上述兩種情況，均須符合以下所有條件：

- (i) 骨折之診斷須由影像證據證明；及
- (ii) 「受保人」於「意外」時接受現場所提供的緊急醫療，或「受保人」於「意外」後7天內接受「住院」或門診治療。

上述兩種情況，骨折只包括以下部位及骨骼：

盆骨、腳跟、頭骨、鎖骨、上肢、肘部、手腕、下顎、脊椎、肩胛骨、胸骨、手、足、上顎、顴骨、鼻、肋骨、尾骨、腳趾及手指

上述兩種情況，以下所列並不包括在內：

- (i) 因存在病症如骨質疏松症、骨軟化症、骨腫瘤導致的骨折；或
- (ii) 放射科「醫生」報告中描述的骨折為疲勞性骨折、壓力性骨折、線性骨折、撕除性骨折 / 碎裂或微骨折。

「住院」

「受保人」因「損傷」而須遵照「醫生」囑咐入住「醫院」接受治療並在出院前一直逗留於「醫院」內。住院須以「醫院」發出的每日病房及膳食費用單據作證明。

「心臟驟停」

於「意外」時出現的緊急醫療狀況，因心臟左心室沒有收縮或收縮不足而即時導致全身心血管系統衰竭。心臟驟停的診斷必須由相應醫學專業的「醫生」或心臟科專科「醫生」確認。

以下所列並不包括在內：

- (i) 因存在病症如心血管疾病、先天性心臟病導致的心臟驟停。

「昏迷」

昏迷是指因「意外」造成失去知覺的狀態。昏迷的診斷及有關證明必須由相關專科「醫生」確定，並需有下列證明：

- (i) 對外來刺激毫無反應，並持續最少48小時；及
- (ii) 需要利用生命維持系統。

以下所列並不包括在內：

- (i) 因自致的傷害、酒精或濫用藥物而引致的昏迷。

「中醫跌打師或針灸師」

指任何根據「香港」中醫藥條例註冊成為中醫並以傳統中醫藥學為基礎行醫應用在針灸或骨傷方面的人士，但不包括「閣下」、「受保人」或「直系親屬」。

「先天性疾病」

是指（a）任何於出生時或之前已存在的醫學、生理或精神上的異常，不論於出生時有關異常是否已出現、被確診或獲知悉；或（b）任何於出生後六個月內出現的新生嬰兒異常。

「香港」

中華人民共和國香港特別行政區。

「醫院」

符合下列條件的機構：

- (i) 持牌醫院（如所在國家或司法管轄區規定領有牌照）；
- (ii) 主要業務為接受患病、染恙或受傷人士「住院」及提供醫療護理服務；
- (iii) 駐有註冊護士或合格護士每天 24 小時提供看護服務；
- (iv) 一名或以上持牌「醫生」時刻駐院；
- (v) 提供有組織的設施為「住院」病人進行醫學診斷及大型外科手術；及
- (vi) 主要業務並非診所、護理院、療養院、復康院或同類機構，亦非戒酒所或戒毒所。

「直系親屬」

「受保人」的配偶、父母、配偶父母、祖父母、子女、兄弟姊妹、孫兒女或合法監護人。

「損傷」

「受保人」純粹因「意外」而非任何其他事故下所蒙受之身體損傷。

「受保人」

「附表」或批註內註明為受保人（“insured person”）之人士。

「韌帶撕裂」

如需進行手術，即表示經骨科專科「醫生」首次診斷後，確診於「意外」時造成的韌帶撕裂為完全或部份撕裂，並因「醫療所需」必需進行手術治療，而有關手術須於確診後 30 日內進行。

如無需進行手術，即表示經「醫生」（包括但限於骨科專科「醫生」、物理治療師、「中醫跌打師或針灸師」）首次診斷後，確診於「意外」時造成的韌帶撕裂需接受非手術性治療。而有關非手術性治療須長達 30 日以上。

就上述兩種情況而言，診斷性關節鏡檢查不會被視作為手術。

上述兩種情況，均須符合以下所有條件：

- (i) 韌帶撕裂之診斷須由影像證據證明；及
- (ii) 「受保人」於「意外」時接受現場所提供的緊急醫療，或「受保人」於「意外」後七天內接受「住院」或門診治療。

「失肢」

手腕或足踝處或以上的肢體部份的完全分離。

「殘廢」

肢體或器官的「永久」完全喪失功能或「永久」完全分離。

「醫生」

已根據《醫生註冊條例》「香港」法例第 161 章規定，註冊為醫生之人士，但不包括「閣下」、「受保人」或「直系親屬」。

「醫療所需」

以下列各項作為接受醫療服務的必要性：

- (i) 因應有關診斷及有關狀況的治療所需的常規醫治；及
- (ii) 符合良好及謹慎的行醫標準；及
- (iii) 非純為「醫生」或任何其他醫療服務供應商之方便；及
- (iv) 以最適合的程度有效地為「受保人」之「損傷」作出安全及足夠的治療及以最經濟之設備治療受保「損傷」；及
- (v) 在「住院」的情況下，其主要的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理治療。

「保險期」

「附表」內所訂明之保險有效期，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。

「永久」

「意外」發生之日起計，損害情況持續至少 12 個月，並於此段時間終結時沒有好轉之跡象。

「保單生效日」

在收受保費的前提下，列明於「附表」上之生效日期或列印在最近期的續保通知書上的續保日，以較後者為準。

「首個保單生效日」

是指：

- (i) 申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外；或
- (ii) 保單復效日，以較遲者為準。

「投保前已存在的傷疾」

指「受保人」於「首個保單生效日」或保單復效日，以較遲者為準前已曾接受「醫生」之治療、診症或傷疾處方服藥，又或「醫生」曾作出醫療建議或治療的任何狀況。

「閣下」

本保單之投保人及於「附表」內註明為保單持有人的人士。

「有關文件」

有關文件包括「附表」、投保表格、聲明、附加契約、批單、附件及修訂本（不論以口述或書面形式）。

「附表」

隨附本保單並構成保單一部份之附表。

「肌腱斷裂」

如需進行手術，即表示經骨科專科「醫生」首次診斷後，確診於「意外」時造成的肌腱斷裂為完全或部份斷裂，並因「醫療所需」必需進行手術治療，而有關手術須於確診後 30 日內進行。

如無需進行手術，即表示經「醫生」（包括但限於骨科專科「醫生」、物理治療師、「中醫跌打師或針灸師」）首次診斷後，確診於「意外」時造成的肌腱斷裂需接受非手術性治療，而有關非手術性治療須長達 30 日以上。

上述兩種情況，均須符合以下所有條件：

- (i) 肌腱斷裂之診斷須由影像證據證明；及
- (ii) 「受保人」於「意外」時接受現場所提供的緊急醫療，或「受保人」於「意外」後七天內接受「住院」或門診治療。

上述兩種情況，以下所列並不包括在內：

- (i) 因存在病症如急性或慢性肌腱病導致的斷裂；
- (ii) 因已存在的肌腱炎所導致的斷裂；或
- (iii) 因全身性疾病導致的斷裂

「恐怖活動」

任何個人或團體，不論獨自行動或代表任何組織或與任何組織有關連，為達到政治、宗教、信念或類似目的，作出任何意圖影響任何國家、政治部門，或由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇的行動。任何恐怖活動必須經有關政府確認及公開宣佈。惟本定義並不包括「戰爭」、侵略、外敵行動、敵對局面（不論曾正式宣戰與否）、內戰、叛亂、暴動、軍事力量或政變，或任何使用核子技術的行為。

「完全傷殘」

「受保人」遭遇「意外」而蒙受「損傷」，並且於事發後連續 12 個月內完全不能從事任何根據「受保人」的學歷、專業訓練或經驗而可賺取薪金或利益的工作。如「受保人」並無從事任何職業或工作，完全傷殘則指「受保人」喪失應付日常生活事務的能力。

「本公司」

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）。

第二部份 – 保障內容

保障表

保障	保障額 (港元)	
地域限制	「香港」	
1. 「意外」死亡或「永久」傷殘	200,000	
2. 「心臟驟停」或「昏迷」	每次「意外」100,000，每年最多一次「意外」	
3. 「骨折」、「韌帶撕裂」或「肌腱斷裂」	需進行手術	無需進行手術
	每次「意外」20,000	每次「意外」4,000
	每年最多三次「意外」	
4. 每日「住院」現金保障	每日300 每次「意外」最長十日，每年最多三次「意外」	

第一節 - 「意外」死亡或「永久」傷殘

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並於連續12個月內導致：

- 「意外」死亡；或
- 以下任何一項「永久」傷殘
 - 「永久」完全傷殘
 - 四肢「永久」癱瘓
 - 喪失任何一肢（「失肢」）或任何一肢「永久」完全「殘廢」

「本公司」將以保障表所列之賠償額賠償予「受保人」，並受以下賠償條款所規限。

「意外」死亡或「永久」傷殘賠償條款

- 在同一宗「意外」中只會賠償以上（a）或（b）項一次。
- 如「受保人」蒙受「損傷」前已出現肢體局部殘缺，而在「損傷」後變成完全殘缺，「本公司」會根據該「損傷」所引致的殘缺部份決定賠償額。倘於「損傷」前已出現的肢體完全殘缺，則有關之殘缺不獲保障。
- 如「受保人」已於本第一節（a）或（b）項其中一項中獲得百分之一的賠償額，本保單便會即時終止。有關保單年度剩餘之保費將不獲退還。

特別條款

1. 意外死亡及永久傷殘之最高賠償責任

如任何「受保人」同時受保於多張由「本公司」及/或與「本公司」有關的公司所簽發含有意外死亡及永久傷殘保障的保單，則所有含有意外死亡及永久傷殘保障的保單對「受保人」之合共總賠償額不可超過 10,000,000 港元，而每份保單的賠償將根據總賠償額按比例分配。

第二節 - 「心臟驟停」或「昏迷」

倘「受保人」在「保險期」內遭遇「意外」而蒙受「心臟驟停」及/或「昏迷」，「本公司」將以保障表所列之賠償額賠償予「受保人」，並受以下賠償條款所規限。

「心臟驟停」或「昏迷」賠償條款

- 如「受保人」在同一宗「意外」中蒙受「心臟驟停」及「昏迷」，只會賠償本保障一次。
- 若「心臟驟停」或「昏迷」是與先前「意外」中「心臟驟停」或「昏迷」的相關原因引致，並「本公司」已就先前「意外」支付有關保障，該「心臟驟停」或「昏迷」會被視為先前「意外」的延

續，而「本公司」將不會就該「心臟驟停」或「昏迷」再支付任何保障。如「意外」發生之日期與以下有關先前「意外」所導致的「心臟驟停」或「昏迷」的日期（以較後者為準）相隔三年或以上，則該「心臟驟停」或「昏迷」將被視為由另一「意外」所引致：-（1）最近的出院日期；（2）最後一次治療性手術日期；（3）最後一次接受診症日期；（4）最後一次接受治療，或服用藥物之日期，或接受特別餐單之日期且無須再就該「心臟驟停」或「昏迷」接受治療。

第三節 - 「骨折」、「韌帶撕裂」或「肌腱斷裂」

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並導致：

- 「骨折」；
- 「韌帶撕裂」；或
- 「肌腱斷裂」

「本公司」將以保障表所列之賠償額賠償予「受保人」，並受以下賠償條款所規限。

「骨折」、「韌帶撕裂」或「肌腱斷裂」賠償條款

- 在同一宗「意外」中不會賠償以上（a）至（c）項多於一次。
- 「需進行手術」所列明的保障額僅適用於「受保人」於「醫院」「住院」時接受與「損傷」相關的實際手術修復。否則，「本公司」將以「無需進行手術」所列明的保障額作出賠償。在同一宗「意外」中只會賠償「需進行手術」或「無需進行手術」項一次。
- 若「骨折」、「韌帶撕裂」或「肌腱斷裂」是與先前「意外」中「骨折」、「韌帶撕裂」或「肌腱斷裂」屬同一身體部位，並「本公司」已就先前「意外」支付有關保障，該「骨折」、「韌帶撕裂」或「肌腱斷裂」會被視為先前「意外」的延續，而「本公司」將不會就該「骨折」、「韌帶撕裂」或「肌腱斷裂」再支付任何保障。如「意外」發生之日期與以下有關先前「意外」所導致的「骨折」、「韌帶撕裂」或「肌腱斷裂」的日期（以較後者為準）相隔三年或以上，則該「骨折」、「韌帶撕裂」或「肌腱斷裂」將被視為由另一「意外」所引致：-（1）最近的出院日期；（2）最後一次治療性手術日期；（3）最後一次接受診症日期；（4）最後一次接受治療，或服用藥物之日期，或接受特別餐單之日期且無須再就該「骨折」、「韌帶撕裂」或「肌腱斷裂」接受治療。

第四節 - 每日「住院」現金保障

如「受保人」於「保險期」內因「意外」蒙受「損傷」而需於「香港」「醫院」「住院」，「本公司」將根據保障表所載支付每日現金津貼。首日的「醫院」「住院」日期必須為「意外」發生後24小時之內。

第三部份 – 不承保事項

本保單並不承保：

- 任何於「香港」以外的地點發生的「意外」，或「住院」或門診治療；
- 「受保人」於「保險期」間違反由「醫生」或「中醫跌打師或針灸師」曾給予的醫學意見（包括在本保單的申請日期前六個月內所提供的意見）參與任何一種於受保運動表所列的運動；
- 參加職業體育活動或「受保人」可能或可以賺取收入或報酬的體育活動；
- 非必要的醫療治療或任何未經「醫生」建議的醫療治療之「住院」；
- 於「醫院」「住院」目的為休息及/或療養；

6. 不論任何類型的牙科治療；
7. 「投保前已存在的傷疾」或「先天性疾病」；
8. 任何性質之疾病或病症；任何因疾病而引致之「損傷」；
9. 整容手術、糾正眼球折射的誤差或配用助聽器，以及有關的處方費用，除非因「損傷」導致之必須診治費用；
10. 自殺、企圖自殺或蓄意自我傷害、神經失常、任何神智不清、精神病、緊張或抑鬱、任何情況下受到酒精或藥物影響（除非由「醫生」處方）；任何與懷孕或性病有關或引致的狀況；
11. 戰爭、侵略、外敵行動、敵對局面（不論曾正式宣佈戰爭與否）、內戰、叛亂、革命、反叛、軍事、或篡權行動導致之任何事件；
12. 「受保人」的違法或非法行為或「受保人」直接參與罷工、騷亂、暴亂或「恐怖活動」；
13. 直接或間接由下列原因造成的任何費用或間接損失：
 - 任何核子燃料、核子燃燒後所產生的核子廢料所產生的電離子輻射或放射性污染；或
 - 任何核能裝置或元件所產生的放射性、有毒、爆炸性或其他危險物質。
14. 於因全球大流行的疫情或流行病而由政府發出的強制隔離安排生效或違反自我隔離安排期間，參加體育運動而發生的任何「意外」。

第四部份 – 基本條款

1. 整體協議

本保險單包括所有「有關文件」，乃立約各方之間的整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保險單如有任何修改，必須獲得「本公司」有關的負責人批准並簽發批單作實，方始生效。為免生疑，「有關文件」亦會組成續保合約的部份，除非收到「閣下」在續約時的通知，所有資料會於續保生效時被視為真確及有效。

2. 年齡及資格限制

除非另有注明，在本保單生效日時，「受保人」年齡必須介乎於6至70歲。

「受保人」必須為「香港」居民及持有有效之「香港」身份證明文件（或「年齡」12歲以下之「受保人」應持有有效之「香港」出世紙），且具有於「香港」的居住住址。

3. 現況改變

「閣下」或「受保人」就申請表上（不論以口頭、數碼型式或書面上）或續保時所提供予「本公司」之資料之任何變更，均須負全責通知「本公司」，否則「本公司」有權拒絕所有賠償或使其失效。

4. 索償通知

如要申請索償，必須於引致「受保人」損傷的「意外」發生後或完成及/或終止治療後30日內，以較後者為準，通知「本公司」。「本公司」所需之任何證明書、資料及證據，須依據「本公司」所定之形式及性質提交，而所需費用概由「閣下」或「受保人」或「閣下」/「受保人」的個人代表負責。「本公司」有權自費支付「受保人」於「本公司」指定的醫療機構進行檢查。如「閣下」或「受保人」不遵守本條款，「本公司」將全權酌情決定不會支付本保單的任何保障。

5. 損失證明

所有損失證明文件需於「本公司」完成及/或終止治療後30日內呈交給「本公司」。倘有合理的緣由不能於限期內將有關證明文件送

交「本公司」，但已盡可能於限期後立即送出，且不過逾180日之限，則不會被視為放棄申請賠償的權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交。「本公司」概不會負責任何費用。若所提交的證明文件並非中文或英文，「閣下」或「受保人」必須自費取得經核證的中文或英文證明文件譯本。

6. 索償時限

除非索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於蒙受任何「損傷」或「意外」後滿12個月方提出之有關索償支付賠償。

7. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。如「受保人」身故，「本公司」有權自費進行驗屍。「本公司」擁有該等調查結果之所有權。

8. 支付索償

本保單之所有索償將以港元支付及將在收到所有「本公司」承認之必須證明後支付予「受保人」。如「受保人」「意外」死亡，「本公司」會將所有尚未支付之賠償額支付予「受保人」的遺產承繼人。當「本公司」收受所需的證明文件並批核後，將根據本保單立即作出賠償，惟「永久」「完全傷殘」之賠償除外。

9. 虛報或漏報資料

若「閣下」或「受保人」或任何代表「閣下」或「受保人」之人士於申請過程中或就任何索償知情地作出任何虛假陳述（不論以口述或以書面或數碼形式）、或未如實地申報任何「投保前已存在之傷疾」或「先天性疾病」或未能遵行最高誠信，「本公司」概不就任何索償進行理賠責任，本保單規定之所有保障亦即時停止生效。「本公司」亦不會就已付保費作出任何退款。

10. 保費

- i. 本保單為年度保單。「閣下」可以以年繳方式付款予「本公司」。在首期保費支付後，所有往後的保費必須在到期日或之前支付。「閣下」必須負責繳付同年度之全年保費，保單方惟有效。
- ii. 「本公司」保留權利，根據保費到期日適用的保費率以作調整。「本公司」會於調整保費前30天內以書面通知「閣下」。

11. 寬限期

在首期保費後，「本公司」將於每次保費到期後給予「閣下」31日寬限期。在寬限期內，本保單仍維持生效，如於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費之日期起被視為逾時失效。

12. 重訂保單

若「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後「閣下」向「本公司」提交令「本公司」滿意之重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。但於保單失效期間發生之索償則不會獲得任何保障。任何「投保前已存在之傷疾」將包括於復效日前已出現之傷疾。重訂之保單只會保障「受保人」在復效日後所發生的「意外」而蒙受之「損傷」。

13. 取消保單

- i. 「本公司」有權於30日前通知「閣下」取消保單或任何章節或部份，通知書將以電郵形式發送至「閣下」於「本公司」記錄內的最新的電郵地址。在任何情況下，「本公司」並無責任透露有關之終止原因有關保單年度剩餘之保費將不獲退還。
- ii. 「閣下」可於30日前向「本公司」提出書面通知以取消此保單，有關保單年度剩餘之保費將不獲退還。

儘管有上述規定，如本保單未符合「閣下」需要及在該「保險期」內無索償紀錄，「閣下」有權在保單交付「閣下」後14日內以「閣下」簽署之書面通知「本公司」取消保單並向「本公司」交還保單。「本公司」將會把「閣下」已付之保費無息全數退還。

14. 保障終止

本保險單之保障將會在遇到下列較早發生的一項時自動終止：

- i. 根據本部份第9項 - 虛報或漏報資料所述之情況；
- ii. 「閣下」未能根據本部份第11項 - 寬限期所述之情況，在31日寬限期內付款；或
- iii. 任何一方根據本部份第13項 - 取消保單所述之情況，所以30日內書面通知取消本保單；或
- iv. 符合本保單第二部份 - 1. 「意外」死亡或「永久」傷殘所述之情況而「受保人」或「受保人」的遺產承繼人已獲得賠償。

15. 續訂保單

此保單將於「本公司」同意下及「閣下」已預先支付「本公司」訂明於續保時適用的保費後續保。不論「閣下」是否已接受續保，「本公司」保留權利於每段「保險期」完結前拒絕續保，或更改條款及條件，包括但不限於保費、保障、或不承保事項。「本公司」毋須披露有關修訂的原因。

16. 法律訴訟

當索償證明文件依據本保單規定送交「本公司」後，60日內不得向本保單進行法律訴訟以求賠償。此外，「閣下」亦不得在「本公司」要求其提供索償證明的指定限期屆滿一年後提出訴訟。

17. 代位權

「本公司」有權自費以「受保人」名義對任何有可能導致本保單索償的承保事件的第三者進行追討，「受保人」需同意執行並允許「本公司」因執行任何權利及補救，或從他人獲取援助或賠償的目的下所作出的合理要求的行為或事情。

18. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。如爭議各方未能於90日內透過調解解決爭議，爭議各方均應將有關爭議提交予香港國際仲裁中心，按照提交仲裁通知時有效的《香港國際仲裁中心機構仲裁規則》仲裁解決。本仲裁條款適用的法律為「香港」法律，而仲裁地應為「香港」。仲裁員人數為一名，而仲裁程序應以英語進行。

現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「受保人」追索本保單之任何責任，而並未

能於「本公司」所發出之通知12個月內按以上規定展開仲裁，「受保人」的賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

19. 遵從基本條款

如「受保人」違反本保險單任何條款，所有就本保險單提出的索償均告無效。

20. 管轄法律及司法裁判權

本保單受「香港」法律管轄及按其詮釋。而受本保單中之替代性爭議解決方案條文所限下，爭議各方同意受「香港」法院的專有司法裁判權。

21. 個人資料收集目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：www.zurich.com.hk/zh-hk/services/privacy。

「閣下」會，及會促使保單下的「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第486章《個人資料（私隱）條例》中所定義之個人資料。如「閣下」向「本公司」提供任何第三者資料，「閣下」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

22. 第三者權利

除了「閣下」或「受保人」或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更（包括任何解除責任或責任妥協）或終止均不須第三者同意。

23. 語言

本保單備有中文及英文版本。兩個版本如有任何歧義，概以英文版本為準。

賠償程序

於引致「受保人」「損傷」的「意外」發生後或完成及/或終止治療後30日內，以較後者為準，透過「e索償」網上平台

(www.zurich.com.hk/eclaim) 通知「本公司」。倘因「意外」死亡之索償，必須立即通知「本公司」。

如有需要，「本公司」將要求索償人提供額外之「有關文件」以供處理索償事宜用途。

客戶服務熱線：+852 2968 2288（星期一至星期五上午9時至下午5時30分）

索償熱線：+852 2903 9388（星期一至星期五上午9時至下午5時30分；星期六上午9時至下午1時30分）



受保運動表

運動	種類
游泳	水上運動
跳水	水上運動
獨木舟	水上運動
風帆	水上運動
滑浪	水上運動
韻律泳	水上運動
釣魚	水上運動
滑水	水上運動
花式滑水	水上運動
無繩滑水	水上運動
浮潛	水上運動
BMX 自由花式	極限運動
花式滑板車	極限運動
滑翔傘	極限運動
滑板	陸上運動
攀岩	陸上運動
遠足	陸上運動
跑步	陸上運動
撐竿跳高	陸上運動
鉛球	陸上運動
鏈球	陸上運動
鐵餅	陸上運動
標槍	陸上運動
拔河	陸上運動
棒球	球類運動
排球	球類運動
藤球	球類運動
高爾夫球	球類運動
足球	球類運動
壘球	球類運動
曲棍球	球類運動
冰球	球類運動
滾軸曲棍球	球類運動
巧固球	球類運動
躲避球	球類運動
手球	球類運動
檯球	球類運動
籃球	球類運動

運動	種類
美式足球	球類運動
乒乓球	球類運動
網球	球類運動
羽毛球	球類運動
合球	球類運動
保齡球	球類運動
桌球	球類運動
門球	球類運動
板球	球類運動
單車球	球類運動
草地滾球	球類運動
壁球	球類運動
袋棍球	球類運動
沙狐球	球類運動
跆拳道	武術
空手道	武術
柔道	武術
合氣道	武術
泰拳	武術
桑搏	武術
摔角	武術
擊劍	武術
混合格鬥技	武術
自由搏擊	武術
搏擊	武術
腳踏車	帶氧運動
瑜伽	帶氧運動
跳繩	帶氧運動
跳舞	帶氧運動
健康舞	帶氧運動
溜冰	其他
輪滑	其他
舉重	其他
體操	其他
三項鐵人	其他
射箭	其他
健身	其他
馬術	其他