



## EASY GO TRAVEL INSURANCE POLICY (for Kwoon Chung customers)

Please read these Insurance conditions carefully and do not hesitate to contact your insurance advisor or our company if you have any queries.

In consideration of the payment of premium and subject to the definitions, exclusions, limitations, provisions and terms contained herein, endorsed hereon, or attached hereto, We, Assicurazioni Generali S.p.A., Hong Kong Branch hereby insure and promise to pay indemnity for loss to the extent herein provided.

All periods of insurance shall begin at 12:00a.m., standard time, at the place where the Policy was issued or the time when the Policy was issued, whichever is later, and end in accordance with "General Provisions", Clause 4 - Termination of Coverage of this Policy.

### DEFINITIONS

Certain words and expressions in this Policy have specific meanings. These words or expressions have the same meaning in this Policy, the Schedule or any Endorsement or Memorandum hereof.

**"Accident"** means sudden and unforeseen event which happens unexpectedly and causes Injury.

**"Acquired Immune Deficiency Syndrome"** or **"AIDS"** shall have the meanings assigned to it by the World Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a sero-positive test for HIV.

**"Activities of Daily Living"** shall mean:

1. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility - the ability to move indoors from room to room on level surfaces;
5. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding - the ability to feed oneself once food has been prepared and made available.

**"Burns"** means tissue damage caused by the heat.

**"Chinese Bonesetter or Acupuncturist"** means any Chinese bonesetter or acupuncturist who is legally registered as a Chinese medicine practitioner under the Chinese Medicine Ordinance (Cap 549, Laws of Hong Kong), but excluding a Chinese bonesetter or acupuncturist who is the Insured Person or Immediate Family Member of the Insured Person.

**"Civil War"** means an internecine war, or a war carried on between or among opposing citizens of the same country or nations.

**"Company, We, Us, Our"** means Assicurazioni Generali S.p.A., Hong Kong Branch.

**"Fractured Leg or Patella with Established Non-Union"** means a complete break into two pieces of the patella or leg bone. The patella or the broken leg does not mend properly and function normally, and this condition will last for the remainder of the Insured Person's life.

**"Hospital"** means an establishment which meets all the following requirements:

1. holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
2. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides 24-hour a day nursing service by registered
4. has a staff of one (1) or more licensed Registered Medical Practitioner(s) available at all times;
5. provides organized facilities for diagnosis and major surgical facilities; and

6. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts.

**"Immediate Family Member"** means the Insured Person's spouse, parent, parent-in-law, grandparent, grandchild, sons, daughters, son-in-law, daughter-in-law, brothers, sisters, or legal guardian.

**"Injury"** means bodily injury which is solely caused by an Accident and independently of any other cause.

**"Insured Journey"**

- (1) Inbound Travel to Hong Kong (Applicable to PRC residents only) - means the period of travel starts when the Insured Person enters Hong Kong through an immigration counter in the territory of Hong Kong and ends when the Insured Person leaves Hong Kong through an immigration counter in the territory of Hong Kong or after 24 hours, whichever is earlier.
- (2) Outbound Travel to China (Applicable to Hong Kong residents only) - means the period of travel starts when the Insured Person leaves Hong Kong through an immigration counter in the territory of Hong Kong and ends when the Insured Person re-enters Hong Kong through an immigration counter in the territory of Hong Kong or after 24 hours, whichever is earlier.

**"Insured Person, You, Your"** means the person(s) insured and named in the Schedule of Benefits or subsequently endorsed hereon.

**"Loss of Fingers or Toes"** means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

**"Loss of Hearing"** means Permanent irrecoverable loss of hearing where one sixth of a+2b+2c+d is above 80 dB (a dB = hearing loss at 500 Hertz, b dB = hearing loss at 1,000 Hertz, c dB = hearing loss at 2,000 Hertz, d dB = hearing loss at 4,000 Hertz).

**"Loss of Limb"** means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

**"Loss of Sight of Eye"** means the entire and irrecoverable loss of sight.

**"Loss of Speech"** means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

**"Loss of Use"** means total functional disablement and is treated like the total loss of said limb or organ.

**"Malignant Neoplasm"** includes but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which may become known as immediate causes of death, an illness, or disability, in the presence of Acquired Immune Deficiency Syndrome.

**"Money"** means cash, stored value cards (such as Octopus cards) and electronic money which is exchanged electronically over a technical device such as a computer or mobile phone, currency notes, coins, cheques, postal orders, bankers' drafts, travellers cheques, travel tickets, saving certificates, stamps, gift tokens, telephone cards and the like.

**"Opportunistic Infection"** includes but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.

**"Period of Insurance"** means the period specified in the Schedule agreed by the Company.

**"Permanent"** means lasting twelve (12) consecutive months from the date of Accident and at the expiry of that period being beyond hope of improvement.

**"Permanent Total Disablement"** means when as the result of Injury and commencing within twelve (12) consecutive months from the date of Accident, an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation



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or profit for which he/she is reasonably qualified by reason of his/her education, training or experience; or if the Insured Person has no business or occupation at the time of Injury, Permanent Total Disablement means the inability to perform his/her Activities of Daily Living of like age and sex. Such disability has to be continued for a period of twelve (12) consecutive months and certified by a Registered Medical Practitioner to be total, continuous and Permanent for the remainder of the Insured Person's life.

“Policy” means this Policy and any other documents referred to in Clause 1 of “General Conditions” herein.

“Policyholder” means an institution or a person is an applicant of the Policy named in the Schedule of Benefits as Policyholder, is responsible for the payment of premium for this Policy and has completed an application form incorporating premium deduction authority to the Company's satisfaction.

“Pre-existing Condition” means any condition for which the Insured Person received from or were recommended by a Registered Medical Practitioner within a twelve (12) months period prior to the effective date of this Policy, any medical treatment, diagnosis, consultation or prescribed drugs leading to a claim under this Policy; or any Symptom which existed prior to the effective date of this Policy leading to a claim under this Policy. For the foregoing purpose, “Symptom” means a sign or an indication of disorder or disease experienced by an individual. Such pre-existing conditions shall be covered provided that the Insured Person(s) has been insured under this Policy for twelve (12) consecutive months.

“Registered Medical Practitioner” means any person qualified by degree in western medicine and legally authorized by the government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is the Insured Person, or an Immediate Family Member of the Insured Person.

“Schedule of Benefits” means the attachment to this Policy entitled “Schedule of Benefits” as may be amended by the Company from time to time.

“Second Degree Burn” means both the epidermis and the underlying dermis are damaged.

“Sum Insured” means the amount of sum insured as stated in the Schedule of Benefits.

“Third Degree Burn” means the damage to or destruction of the skin to its full depth and damage to the tissues beneath.

“War” means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

## BENEFITS

### A) ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

The Company agrees that if during the Period of Insurance and the Insured Journey the Insured Person sustains Injury as defined herein shall within twelve (12) consecutive months result in death, loss or disablement, the Company will pay the Insured Person the appropriate compensation for the Event stated in the Compensation Table below.

EVENT		COMPENSATION TABLE
		COMPENSATION (Percentage of Sum Insured)
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent and Incurable Paralysis of all Limbs	100%
4.	Permanent Total Loss of Sight of both Eyes	100%
5.	Permanent Total Loss of Sight of one Eye	100%
6.	Loss of or the Permanent Total Loss of use of two Limbs	100%
7.	Loss of or the Permanent Total Loss of use of one Limb	
	(a) Right Hand	100%

	(b) Left Hand	100%
	(c) One Foot	100%
8.	Loss of Speech and Hearing	100%
9.	Permanent and Incurable Insanity	100%
10.	Permanent Total Loss of Hearing in	
	(a) both Ears	75%
	(b) one Ear	15%
11.	Loss of Speech	50%
12.	Permanent Total Loss of the Lens of one Eye	50%
13.	Loss of or the Permanent Total Loss of use of four Fingers and Thumb of	
	(a) Right Hand	70%
	(b) Left Hand	50%
14.	Loss of the Permanent Total Loss of use of four Fingers of	
	(a) Right Hand	40%
	(b) Left Hand	30%
15.	Loss of or the Permanent Total Loss of use of one Thumb	
	(a) both Right Joints	30%
	(b) one Right Joint	15%
	(c) both Left Joints	20%
	(d) one Left Joint	10%
16.	Loss of or the Permanent Total Loss of use of Fingers	
	(a) three Right Joints	15%
	(b) two Right Joints	10%
	(c) one Right Joint	7.5%
	(d) three Left Joints	10%
	(e) two Left Joints	7.5%
	(f) one Left Joint	5%
17.	Loss of or the Permanent Total Loss of use of Toes	
	(a) all - one Foot	20%
	(b) great - both Joints	7.5%
	(c) great - one Joint	5%
18.	Fractured Leg or Patella with established non-union	15%
19.	Shortening of Leg by at least 5cm	10%
20.	Burns, Second Degree or Third Degree	
	(a) On 45% or more of body surface	100%
	(b) On 27% or more of body surface	60%
	(c) On 18% or more of body surface	50%
	(d) On 9% or more of body surface	30%
	(e) On 4.5% or more of body surface	20%
21.	Permanent Disability not otherwise provided for under Events 10 to 20 inclusive. Such Compensation/Percentage of Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Events 10 to 20 inclusive.	

## COMPENSATION

- Compensation shall not be payable for more than one Event as stated in the Compensation Table in respect of the same Accident. Should more than one Event occur from the same Accident, the Company shall only be liable for the Event with the greater Percentage of Sum Insured.
- If the sum of the total paid compensation for one or more Events equal to or exceeds one hundred percent (100%) of the Sum Insured whichever is the lesser, there shall be no further liability under the Policy for Injury sustained thereafter for the Insured Person. This coverage will then be terminated.
- When a limb or organ which had been partially disabled prior to an Injury covered under this Policy and which becomes totally disabled as a result of such Injury, the Percentage of the Sum Insured payable shall be determined by the Company having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of the loss of a limb or organ which was disabled prior to the Injury.
- If the Insured Person is left-handed and has specifically mentioned this on the application, the Percentage of Sum Insured set out above from Events 13 to 16 inclusive for the various disabilities of right hand and left hand will be transposed.



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- e. This Section does not cover for illness, sickness, disease, any pre-existing physical or mental defect or infirmity, bacterial or viral infections even if contracted by Accident. This does not exclude bacterial infection that is the direct result of an Accidental cut or wound.
- f. Once a claim under this coverage becomes payable, this coverage will then be terminated.

#### EXPOSURE AND DISAPPEARANCE

By the reason of any covered Accident during the Insured Journey, the Insured Person is unavoidably exposed to the elements (violent, severe or prolonged weather conditions) and as a direct and unavoidable result of such exposure sustains death, loss or disablement within twelve (12) months from the date of Accident, the Company will pay in accordance to the Event as stated in the Compensation Table. If the body of the Insured Person has not been found within twelve (12) months after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance either on ground or at sea in which the Insured Person was traveling at the time of the Injury, under such circumstances, it will be presumed that the Insured Person suffered loss of life resulting from Injury covered by this Policy at the time of such disappearance, sinking or wrecking. The Company will pay in accordance with the Event as stated in the Compensation Table, subject to the receipt of a signed undertaking by the personal representative(s) of the Insured Person's estate that any such payment shall be refunded to the Company if it is later discovered that the Insured Person did not suffer loss of life as a result of the Accident.

#### B) ACCIDENTAL MEDICAL EXPENSES

The Company shall reimburse the actual medical expenses incurred by the Insured Person during the Insured Journey after the happening of an Injury during the Insured Journey and not exceeding the amount of benefits stated in the Schedule of Benefit as a result of an Injury and paid by an Insured Person or on behalf of an Insured Person to a Registered Medical Practitioner, Chinese Bonesetter or Acupuncturist, physician, surgeon, nurse, Hospital and/or ambulance (excluding helicopter and any aircraft) service for medical, surgical, X-ray, Hospital or nursing treatment including the cost of medical supplies and ambulance (excluding helicopter and any aircraft) hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by the Injury. For reimbursement related to medical expenses paid to Bonesetter or Acupuncturist and/or for dental treatment, it is subject to HK\$200 per visit per day. For reimbursement under this benefit, it is subject to a deductible HK\$500 per accident. Provided that in the event of an Insured Person becoming entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source.

The reimbursement of medical expenses shall not be payable for more than one Injury occurring during the Insured Journey. Should more than one Injury occur during the Insured Journey, we shall only be liable for the event with the higher medical expenses not exceeding the amount of benefits stated in the Schedule of Benefits.

#### C) COVER FOR PERSONAL ITEMS

The Company will, subject to the Terms of this Policy, pay for accidental physical damage or loss of personal items (other than Money) and the replacement cost of personal travel documents being owned by and carried by the Insured Person during the Insured Journey up to the amount of benefit stated in the Schedule of Benefits. The Company will only cover the personal travel documents that are necessary for immigration clearance at the end of the Insured Journey (including passport, entry visas, travel license and other travel documents) in the event of Accidental loss during the Insured Journey.

The Company shall not be liable for more than the per item limit as stated in the Schedule of Benefit in respect of any one article, pair or set of articles and subject to deductible HK\$500 per accident.

The Company will not pay for the loss not reported to the local police, public authority, hotel, or public common carrier within 24 hours after the incident and certified with a police report or property irregularity report obtained from the airline or with a letter from the public authority, hotel or public common carrier.

In case of loss of or damage to any article or articles which are a part of a set, the measure of loss of such article or articles will be the rateable proportion of the total value of the set, and in no event such loss be construed to mean total loss of the set.

The Company has the option to indemnify the Insured Person by cash payment for the loss or damage or by repair or replacement.

The reimbursement of personal items shall not be payable for more than one Accident/incident occurring during the Insured Journey. Should more than one Accident/ incident occur during the Insured Journey, we shall only be liable for the Accident/ incident with the higher lost of personal items not exceeding the amount of benefits stated in the Schedule of Benefits.

#### EXCLUSIONS

The Company will not pay under section C of this Policy for loss or liability caused by or resulting from any or more of the following:

1. damage or loss of foodstuffs, pet or animal, business goods or sample, household furniture, antiques, artificial teeth or limbs, money, securities, tickets or documents;
2. damage or loss of contact lens, denture or prosthesis;
3. damage or loss of data of any kind;
4. damage or loss of hired or leased equipment or property;
5. damage or loss of sport equipment whilst is in use;
6. damage or loss of baggage or property left unattended intentionally in any public place as a result of the Insured Person's failure to take due care and precautions for the safeguard and security of such property;
7. any unexplained loss or mysterious disappearance;
8. loss or damage arising from or due to
  - i. wear and tear, depreciation, scratching, marring, denting, gradual deterioration, corrosion, oxidation, rust, atmospheric condition, action of light, process of heating, drying, cleaning or dyeing;
  - ii. insect, vermin, rot, mildew or fungus;
  - iii. alteration, repair or maintenance;
  - iv. breakdown or misuse;
  - v. faulty material, workmanship or design;
9. damage or loss arising from or due to confiscation, detention or destruction by customs, other authorities or government officials;
10. damage or loss more specifically insured by any other insurance policies or otherwise reimbursed by any relevant parties;
11. money, deeds, bonds, bills of exchange, promissory notes, securities for money, documents of any kind, manuscripts, medals and the like;
12. fine or penalties incurred due to non-replacement or late replacement of travel documents;
13. replacement of the travel documents by the Insured Person; or
14. loss not reported to the local police, public authority, hotel or Public Common Carrier within 24 hours after the incident and certified with a police report or property irregularity report obtained from the airline or with a letter from the public authority, hotel or Public Common Carrier.

#### GENERAL EXCLUSIONS

The Company will not pay under any section of this Policy for loss or liability caused by or resulting from any or more of the following:

1. War, invasion, act of foreign enemy, hostilities, or any warlike operations (whether war be declared or not), Civil War, revolution, rebellion, insurrection, military or usurped power direct participation in a riot, strike, civil commotion;
2. ionising, radiation or contamination by radioactivity from any nuclear fuel, from any nuclear waste, from the combustion of nuclear fuel or from any nuclear weapons material;
3. violation or attempted violation of the law or resistance to arrest;
4. While the Insured Person is serving on full time active duty in any disciplinary forces, armed force, naval, military or air force service or operations; any flying service;
5. flying or taking part in any other aerial activities;
6. suicide, attempted suicide or intentional self-inflicted injury while sane or insane;
7. childbirth, miscarriage, abortion, birth control, infertilization or pregnancy notwithstanding that such event may have been accelerated or induced by injury;
8. Acquired Immune Deficiency Syndrome (AIDS), any disease or Injury commencing in the presence of a sero-positive test for HIV and any related disease(s); venereal or sexually transmitted diseases;
9. psychosis, sleep disturbance disorder, mental or nervous disorders, treatment of alcoholism, or drug abuse or any other complications arising there from or from any drug accident;
10. the influence of alcohol or any non-prescribed drug;
11. any Pre-existing Condition;
12. cosmetic, plastic or any elective surgery, congenital disease or anomalies;
13. dental care or surgery unless necessitated by an Accident (excluding denture and related expenses) to sound and natural teeth;



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14. any kind of disease; or any loss caused by an Injury which is a consequence of any kind of disease;
15. engaging in a sport in a professional capacity or where You would or could earn income or remuneration from engaging in such sport, racing of any kind (except on foot) or mountaineering and competition;
16. testing of any kind of conveyance; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
17. fitting of glasses for eye refraction, or hearing aids; corrective aids and treatment of refractive errors unless necessitated by Injury caused by an Accident;
18. any additional cost of single or private room accommodation at a Hospital, charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipments; or
19. general or health check-up, convalescence, custodial or rest cure, vaccination and immunization injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary.

#### CONDITIONS FOR MAKING A CLAIM

Step 1 - Notify Us of any occurrence, incident or accident likely to give rise to a claim as soon as possible, but in any case, within 30 days after the event.

Step 2 - Fill in a Claim Form if required and supply the following documents as appropriate.

#### For Benefit A – Accidental Death and Permanent Disablement

- In case of accidental death:
  - Death certificate
  - Coroner's report
- In case of accidental permanent disablement:
  - Certificate issued by the Registered Medical Practitioner certifying the severity of disability.
  - Copy of medical examination report such as X-ray, MRI scan and any other relevant reports if medical examination is received.

#### For Benefit B - Accidental Medical Expenses

- Documents stating the diagnosis and treatments, including the Insured Person's name and date of diagnosis, certified by the Registered Medical Practitioner, Chinese Bonesetter or Acupuncturist
- Copy of medical examination report such as X-ray, MRI scan and any other relevant reports if medical examination is received
- Receipts with listed items issued by a clinic or a hospital

#### For Benefit C – Cover for Personal Items

- Copy of the statement to police or local authority
- Copy of notification to the public common carrier and its written official acknowledgment (and/or Property Irregularity Report/Form) stating the details of loss or damage occurring during transit
- Receipts including date of purchase, price, model and type of items lost or damaged

#### GENERAL PROVISIONS

##### 1. ENTIRE CONTRACT

The Policy, Schedule of Benefits, proposal form/application, riders, amendments and attachments (if any) constitute the entire contract of insurance. No alteration in the terms of this Policy and any attachments shall be valid unless endorsed hereon and signed by an officer or duly authorized attorney of the Company for this purpose appointed.

##### 2. AGE LIMIT

0 to 99 years old. In respect of an Insured Person who is aged under 18 or aged at 80 or above at the time of issue of this policy, the limits of Benefit A and B stated in the Schedule of Benefits will be reduced by 50%.

##### 3. DUPLICATE COVER

If the Insured Person is insured with Us by more than one travel insurance (except all group travel insurance which is actually paid by any company, group or association to insure the Insured Person) covering the same Journey, then We will only be liable to pay for the loss up to the limit of the policy which provides the greatest coverage.

##### 4. MISSTATEMENT OF FACTS

If any relevant facts pertaining to any person to whom insurance under this Policy relates shall be found to have been incorrectly reported to the Company, and if such misstatement affects the existence or the

amount of insurance, the true facts shall be used in determining whether insurance is in force under the terms of this Policy and in what amount.

#### 5. TERMINATION OF COVERAGE

a. This Policy will be terminated:

- i. when premium is not paid when due; or
- ii. when there is any fraud, misstatement, non-disclosure or concealment in respect of this Policy or any claim hereunder shall render this Policy null and void immediately. All the premiums paid and claims under this Policy shall be forfeited.

b. The Company may cancel this Policy by giving seven (7) days notice to the Policyholder by registered letter sent to his last known address; and the Company making to the Policyholder a return of premium proportionate to the unexpired part of the Period of Insurance. This Policy may be canceled at any time by the Policyholder on seven (7) days notice to the Company and in such event the Policyholder shall not be entitled to any return of all or part of premium.

#### 6. STATUS CHANGE

The Insured Person must take full responsibility to inform the Company forthwith of any change in respect of the information provided in the application for this Policy, otherwise the Company reserves the right to refuse or invalidate all claims under this Policy.

#### 7. TIME OF NOTICE OF CLAIM

Completed claim information and supporting document(s) must be given to the Company as soon as reasonably possible. If possible, claim should be submitted to the Company within thirty (30) days after occurrence of any event likely to give rise to a claim under this Policy. However immediate notice must be given to the Company in the event of Accidental Death.

#### 8. PROOF OF LOSS

All certificates information and evidence required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe. The Insured Person shall as often as required submit to medical examination on behalf of the Company at the Company's expense. In the event of the death of the Insured Person, the Company shall be entitled to have a post-mortem examination at its own expense.

#### 9. SUFFICIENCY OF NOTICE

Such notice by or on behalf of the Policyholder or the Insured Person given to the Company, with particulars sufficient to identify the Policyholder or the Insured Person shall be deemed to be noticed to the Company. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible.

#### 10. TIME FOR FILING PROOF OF LOSS

Affirmative proof of loss must be furnished to the Company at its said office in case of a claim within ninety (90) days after the date of relevant loss.

#### 11. MEDICAL EXAMINATION AND TREATMENT

The Company shall have the right and opportunity to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy at the Company's expense in case of death where it is not forbidden by law. The Insured Person shall as soon as possible after the occurrence of any Injury, obtain and follow the advice of a Registered Medical Practitioner and the Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

#### 12. PAYMENT OF INDEMNITIES

All indemnities provided in this Policy will be paid immediately after the receipt of due proof, except for the indemnity in respect of Permanent Total Disablement or for periodic payment. No indemnity shall be paid in respect of any claim until the total amount payable under this Policy in respect of the Injury giving rise to the claim shall have been ascertained and agreed.

#### 13. TO WHOM INDEMNITIES PAYABLE

Indemnity for loss of the Insured Person's life is payable to Insured Person's estate. All other indemnities of this Policy are payable to the



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Insured Person.

#### 14. LIMITATION OF TIME FOR BRINGING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of two (2) years after the time written proof of loss is required to be furnished.

#### 15. ASSIGNMENT

No notice of assignment of interest under this Policy shall be binding upon the Company. The Company does not assume any responsibility for the validity of an assignment. No provisions of the Company's charter, constitution or by-laws shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

#### 16. COMPLIANCE WITH POLICY PROVISIONS

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

#### 17. REINSTATEMENT OF POLICY

If this Policy lapses due to non-payment of premiums, it may be reinstated with the Company's approval. Benefits will not, however, be payable for any event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

#### 18. SANCTION CLAUSE

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition, or restriction, under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United States of America or any other country, state or territory which has jurisdiction in the matter.

#### 19. TERRITORIAL EXCLUSION CLAUSE

The Company shall not indemnify the Insured/policyholder for any liability: (i) in respect of any judgment, award, payment, legal costs and expenses or settlement delivered, made or incurred where legal actions are brought in a court of law within countries which operate under the laws of <Excluded Countries/Territories>, or any order made anywhere in the world to enforce such judgment, award, payment, legal costs and expenses or settlement either in whole or in part; (ii) incurred by the government of <Excluded Countries/Territories> or resulting from activities that involve or benefit the government of <Excluded Countries/Territories> or where the payment of such indemnity by the Insurer will benefit the government of <Excluded Countries/Territories>; (iii) in respect of any settlement agreed or incurred outside of a court of law, prior to any legal actions being brought, by, or to the benefit of, persons or entities resident in <Excluded Countries/Territories>. Entities shall include any parent company, direct or indirect holding company owned or controlled by the government of <Excluded Countries/Territories>, persons or entities resident in <Excluded Countries/Territories>.

For the purposes of this territorial exclusion clause, the Insured/policyholder hereby acknowledges and agrees that <Excluded Countries/Territories> shall be listed under Generali Corporate website at [https://www.generali.com.hk/EN\\_US/sanctioned\\_countries](https://www.generali.com.hk/EN_US/sanctioned_countries), with such list to be updated from time to time, and incorporated into the policy.

#### 20. CONTRACTS (RIGHTS OF THIRD PARTIES) ORDINANCE

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Right of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.



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### Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and / or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued and / or arranged by the **Company**, and / or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and / or related products and services to you, process claims under insurance policies issued and / or arranged by the **Company**, and / or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows:
- i) administering your insurance application, arranging and executing insurance contracts and / or related products and services, and managing your account with the **Company**;
  - ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**;
  - iii) exercising rights of subrogation (if applicable);
  - iv) collection of amounts outstanding (if any) from customers;
  - v) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the **Company**;
  - vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
  - vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;
  - viii) conducting data matching procedures;
  - ix) designing insurance and / or related products and services for customers' use;
  - x) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company) (hereinafter referred to as the "**Group Entities**");
  - xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies;
  - xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and / or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and
  - xiii) fulfilling any other purposes directly relating to (i) to (xii) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:
- i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;
  - ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;
  - iii) overseas locations or branches, as appropriate, of the **Company** and / or its **Group Entities**;
  - iv) persons to whom the **Company** and / or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c) (xii);
  - v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and / or its **Group Entities**;
  - vi) lawful successors or assigns of the **Company**; and
  - vii) persons who owe a duty of confidentiality to the **Company** and / or its **Group Entities**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and / or members of such industry associations or federations.
- f) In accordance with the *Personal Data (Privacy) Ordinance (Cap 486)*:
- i) any individual has the right to:
    - A) check whether the **Company** holds **Personal Data** about him / her and, if so, obtain a copy of such data;
    - B) require the **Company** to correct any **Personal Data** relating to him / her that is inaccurate; and
    - C) ascertain the **Company's** policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and
  - ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to **Personal Data** and / or correction of **Personal Data** and / or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows:
- Personal Data Protection Officer,  
Generali Life (Hong Kong) Limited / Assicurazioni Generali  
S.p.A. Hong Kong Branch (where applicable),  
21/F, 1111 King's Road, Taikoo Shing, Hong Kong.*
- Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.



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## 「輕鬆出行」旅遊保險保單(冠忠客戶)

請仔細閱讀本保單條款。倘若閣下有任何疑問，請隨時與閣下的保險顧問或本公司聯絡。

以支付保費為代價，並根據本保單所載的、批註或隨附的定義、不承保範圍、限制、規定和條款，我們忠意保險有限公司香港分行特此保障並承諾在本保單規定的範圍內對損失作出賠償。

所有保險期間應從保單簽發地點標準時間凌晨12:00或保單簽發時間(以較遲者為準)開始，並根據本保單的「一般條件」第4條-終止本保單保障的規定結束。

### 定義

本保單中的某些字詞和表達具有特定涵義。該等字詞或表達在本保單、保單承保表或本保單的任何批註或備忘錄中均具有相同的涵義。

「意外」指意料之外發生的突發及無可預見的事件造成身體損傷。

「後天免疫力缺乏症」或「愛滋病」應具有世界衛生組織賦予的含義，包括機會性感染、惡性腫瘤、人類免疫力缺乏病毒(HIV)、腦病(失智症)、HIV衰竭綜合症或任何HIV血清測試呈陽性的疾病或病症。

### 「日常生活活動」應指：

1. 洗澡 - 在浴缸或淋浴中沖洗的能力(包括進入和離開浴缸或淋浴)或以其他方式進行令人滿意的洗澡;
2. 穿衣 - 穿上、脫下、固定和解開所有服裝的能力，並按情況穿上任何支架、義肢或其他手術裝置;
3. 移動 - 從床上移至到直立椅子或輪椅上的能力，反之亦然;
4. 行動 - 在室內平地上從一個房間移動至另一個房間的能力;
5. 如廁 - 可以使用廁所或以其他方式管理腸道和膀胱功能，以保持令人滿意的個人衛生水平;
6. 進食 - 可以自行進食已準備及獲提供食物的能力。

「燒傷」指因熱力而引起的組織損傷。

「跌打醫師或針灸師」指根據《中醫藥條例》(香港法例第549章)合法註冊為中醫的任何跌打醫師或針灸師，但不包括受保人或受保人直系親屬。

「內戰」指自相殘殺的戰爭、或同一國家或民族的對立公民之間發生的戰爭。

「本公司、我們、我們的」指忠意保險有限公司香港分行。

「折斷腿部或臍骨而無法癒合」指臍骨或腿部骨完全折成兩段；並因此受保人的餘生中都不能妥善修復及正常運作。

「醫院」指符合以下所有要求的機構：

1. 持有醫院牌照(如在當地國家或政府管轄範圍須取得牌照);
2. 主要為接收、照顧和治療住院病人、病人或傷員而運作;
3. 由註冊護士提供二十四小時護理服務;
4. 隨時有一名或多名持牌註冊醫生提供服務;
5. 提供有組織的診斷設施及進行大型手術的設施; 及
6. 不是主要用作診所、護理、休息或療養院，或類似機構，也不是酗酒者或吸毒者的場所，附屬服務者除外。

「直系家庭成員」指受保人的配偶、父母、配偶父母、祖父母、孫、兒子、女兒、女婿、媳婦、兄弟、姐妹或法定監護人。

「身體損傷」指完全由意外引起且非涉及任何其他原因而引致的身體損傷。

### 「受保旅程」

- (1) 就前往香港的旅行而言(僅適用於中國居民)- 指的是受保人的旅程從香港境內的出入境櫃檯進入香港，並在受保人從香港境內的出入境櫃檯離開香港或在24小時後結束，以較早者為準
- (2) 對於前往中國的出境旅行(僅適用於香港居民)- 指的是受保人的旅程開始從香港境內的出入境櫃檯離開香港，並在受保人再次通過香港境內的出入境櫃檯重返香港或在24小時後結束，以較早者為準。

「受保人、閣下、閣下的」指保單承保表中指定及保障的人士或隨後在本保單批註指定的人士。

「喪失手指或腳趾」指手指關節或腳趾之趾趾關節以上的位置完全分離。

「失聰」指永久無法恢復的聽力損失，即 $a+2b+2c+d$ 的六分之一高於80分貝(a分貝=500赫茲時的聽力損失，b分貝=1000赫茲時的聽力損失，c分貝=2000赫茲時的聽力損失，d分貝=4000赫茲時的聽力損失)。

「喪失肢體」指手部喪失手腕或以上的部位，或腳部喪失腳踝或以上的部位。

「失明」指永久及無法治癒的完全失明。

「喪失言語能力」指言語中無法說出以下四種語音中的任何三種：唇音、牙槽唇音、齶音和軟齶音。喪失言語能力亦指聲帶功能完全喪失或因腦部言語中樞神經的損傷而導致失語症。

「失去功能」指完全功能性殘疾，視為完全喪失所述的肢體或器官。

「惡性腫瘤」包括但不限於[卡波西肉瘤、中樞神經系統淋巴瘤]及/或現在已知或可能會被發現為直接導致死亡、疾病或殘疾的其他惡性腫瘤，並伴有後天免疫力缺乏症。

「貨幣」指現金、儲值卡(如八達通卡)和通過技術設備(如電腦或移動電話)進行電子兌換的電子貨幣、紙幣、硬幣、支票、郵政匯票、銀行本票、旅行支票、旅行券、儲蓄券、郵票、禮品代幣、電話卡等等。

「機會性感染」包括但不限於[肺囊蟲肺炎、慢性腸炎病原體、病毒及/或傳播性真菌感染]。

「受保期」指本公司在保單承保表中本公司同意的指明期限。

「永久」指自意外發生之日起計，身體損傷情況持續12個月，且在此段期間終結時完全沒有改善的希望。

「永久完全殘疾」指受保人因身體損傷而在意外發生之日起計連續12個月內完全及永久殘疾，妨礙受保人為報酬或利潤從事任何根據其教育、培訓或經驗而有合理資格從事的業務或工作。倘若發生身體損傷時受保人並無業務/工作，永久完全殘疾的定義則為不能從事與其年齡和性別相當的日常生活活動。此類殘疾必須連續十二(12)個月，並由註冊醫生證明是於受保人餘生為完全、持續及永久性的。

「本保單」指本保單及本保單「一般條件」第一條中提及的任何其他文件。

「保單持有人」指本保單的申請人並於保單承保表中列為保單持有人的機構或個人，負責繳交本保單保費並已按讓本公司滿意的方式填妥包含保費扣除授權的申請表。

「投保前已存在的狀況」指受保人在本保單生效日期之前的十二(12)個月內接受了註冊醫生的建議，接受了任何醫療、診斷、諮詢或處方藥物，從而導致本保單下的索賠；或在本保單生效日期之前存在任何症狀導致本保單下的索賠。就前文而言，「症狀」是指一個人所經歷的障礙或疾病的徵兆或跡象。只要受保人在本保單連續投保十二(12)個月，此類已存在的病症將得到保障。

「註冊醫生」指已獲取西醫學學位，並獲得該司法管轄區政府合法授權在其執業的地區提供醫療及常規服務的任何人士，但不包括受保人或受保人的直系親屬。

「保單承保表」指本保單中標題為「保單承保表」的附件，本公司可不時修改該附表。

「二級燒傷」指表皮及其下面的真皮均受到破壞。

「保障金額」指保單承保表中註明的保障金額。



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「三級燒傷」指全部皮膚受到損傷或破壞，以及皮膚下組織受損。

「戰爭」指戰爭(不論有否宣戰)或任何類似戰爭的行動，包括任何主權國家使用軍事力量以實現經濟、地理、民族主義、政治、種族、宗教或其他目的。

## 保障

### A) 意外死亡及永久殘疾

本公司同意，在受保期及受保旅程期間，如受保人遭受本保單所定義的身體損傷，並在連續十二(12)個月內導致死亡、損失或殘疾，本公司將向受保人支付以下賠償表所列事件的適用賠償。

賠償表

事件	賠償 (保障金額百分比)
1. 意外死亡	100%
2. 永久完全殘疾	100%
3. 四肢永久癱瘓及無法痊癒	100%
4. 永久完全喪失雙眼視力	100%
5. 永久完全喪失單眼視力	100%
6. 喪失任何雙肢或任何雙肢完全失去功能	100%
7. 喪失任何一肢或任何一肢完全失去功能	
(a) 右手	100%
(b) 左手	100%
(c) 一足	100%
8. 完全喪失言語能力及聽力	100%
9. 永久及無法痊癒之精神錯亂	100%
10. 永久完全失聰	
(a) 雙耳	75%
(b) 單耳	15%
11. 喪失言語能力	50%
12. 永久完全喪失一眼晶狀體	50%
13. 喪失或永久完全喪失四隻手指及拇指功能	
(a) 右手	70%
(b) 左手	50%
14. 喪失或永久完全喪失四隻手指功能	
(a) 右手	40%
(b) 左手	30%
15. 喪失或永久完全喪失一隻拇指功能	
(a) 兩個右關節	30%
(b) 一個右關節	15%
(c) 兩個左關節	20%
(d) 一個左關節	10%
16. 喪失或永久完全喪失手指功能	
(a) 三個右關節	15%
(b) 兩個右關節	10%
(c) 一個右關節	7.5%
(d) 三個左關節	10%
(e) 兩個左關節	7.5%
(f) 一個左關節	5%
17. 喪失或永久完全喪失腳趾功能	
(a) 所有腳趾- 一隻腳	20%
(b) 腳拇趾- 兩個關節	7.5%
(c) 腳拇趾- 一個關節	5%
18. 折斷腿部或髕骨而無法癒合	15%
19. 腿部縮短 5 厘米或以上	10%
20. 二級或三級燒傷	
(a) 身體表面 45%或以上	100%
(b) 身體表面 27%或以上	60%
(c) 身體表面 18%或以上	50%
(d) 身體表面 9%或以上	30%
(e) 身體表面 4.5%或以上	20%
21. 第 10 項至第 20 項事件(包含首尾兩項)未提及的永久殘疾。賠償金額/保障金額的百分比由本公司在認為與第 10 項至第 20 項事件(包含首尾兩項)規定的賠償不矛盾的情況下全權酌情決定。	

## 賠償

- 就同一項意外，將不會賠償多於一項賠償表中所列的事件。如同一宗意外中發生多於一項事件，本公司只對佔保障金額百分比比較大的事件負責。
- 如果一項或多項事件的已付賠償總額等於或超過保障金額的百分之一百(100%)，以較低者為準，本保單將不再對於受保人在此

後遭受的身體損傷負責。此保障將被終止。

- 如果在保單承保的身體損傷發生前，某肢體或器官已喪失部分功能，並且由於該身體損傷而完全喪失功能，應付的保障金額的百分比將由本公司根據該身體損傷造成的喪失功能程度確定。惟就該身體損傷前已經喪失功能的肢體或器官而言，損失該肢體或器官將不予以支付。
- 如果受保人是左撇子，並且在申請中特別提到了這一點，上述第13項至第16項事件(包含首尾兩項)中針對各種右手和左手殘疾所規定的保障金額百分比將互換。
- 本部份不承保疾病、病痛、疾病、任何投保前已存在的身體或精神缺陷或虛弱、細菌或病毒感染，即使是由意外引起的。這並不排除因意外割傷或傷口而直接導致的細菌感染。
- 當保障範圍項下的申索成為應付款，此保障將被終止。

## 曝露及失蹤

受保人在受保行程中發生的任何受涵蓋的意外，因而不可避免地暴露在大自然中(狂暴、惡劣或長時間的天氣狀況)，而此類曝露在意外發生日期起十二(12)個月內直接及不可避免地導致受保人死亡、損失或殘疾，本公司將根據賠償表中所列的事件予以賠償。如果受保人受到身體損傷時乘坐的飛機或其他交通工具在地面或海上失蹤、沉沒或失事之日起十二(12)個月內沒有發現受保人的屍體，在此類情況下，將推定受保人在該失蹤、沉沒或失事時因本保單所涵蓋的身體損傷而喪生。本公司將按照賠償表上的事件進行賠償，但必須收到受保人的遺產代理人簽署的承諾書，承諾如果後來發現受保人並沒有因該意外而喪生，則應將任何此類賠償退還給本公司。

## B) 意外醫療開支

本公司須就受保人在受保旅程中及發生身體損傷後產生的實際醫療費用予以賠償，而該費用不得超過保單承保表中列明因身體損傷可得的保障金額，而該費用是由受保人或受保人的代表向註冊醫生、跌打醫師或針灸師、內科醫生、外科醫生、護士、醫院及/或救護車(不包括直升機和任何飛機)支付的醫療、手術、X光照片、醫院或護理治療服務，包括醫療物資及租用救護車的費用(不包括直升機和任何飛機)，但不包括牙科治療的費用，除非該治療是對健全的自然牙齒所必需的，並且是由該身體損傷導致的。就向跌打醫師或針灸師支付的醫療費用及/或牙科治療費用的償付而言，每天每次不得超過200港元。對於本保障的報銷，每次事故的自付費為500港元。上文的先決條件為如果受保人有權從任何其他來源獲得全部或部分此類費用的退款，本公司將只負責從該其他來源獲得退款金額的超額部分。

在受保旅程中發生多於一次的身體損傷所產生的醫療費用將一概不予賠償。如果在受保旅程中發生多於一次的身體損傷，我們只對醫療費用較高的事件負責，且不過超過保單承保表中列明的保障金額。

## C) 個人物品保障

在符合本保單條款的前提下，公司將對受保人在受保旅程期間擁有及持有的個人物品(貨幣除外)的意外損壞或損失以及補辦個人旅遊證件的費用進行賠償，賠償金額最高可達保單承保表中列出的保障金額。在受保旅程中發生意外遺失的情況下，本公司將只保障在受保旅程結束時辦理入境手續所需的個人旅遊證件(包括護照、入境簽證、旅行許可證和其他旅行證件)。

本公司就任何一件、一對或一套物品所承擔的責任不應超過保單承保表上所列每項物品的限額，且每宗意外的自付費為500港元。

對於未在事發後24小時內向當地警方、公共機構、酒店或公共承運商報告的損失，並以警方報告或從航空公司獲得的行李事故證明書，或以公共機構、酒店或公共承運商的信函為證明，本公司將不予賠償。

如果屬於一套物品的任何一件或多件物品丟失或損壞，該物品的損失將以該套物品總價值按比例分配的部份衡量，且在任何情況下，此類損失概不能解釋為該套物品的全部損失。

本公司可以選擇以現金支付或修理或更換的方式賠償受保人的損壞或損失。

對於在受保旅程中發生的多於一次的意外/事故，將不就個人物品的損失提供償付。如果在受保旅程中發生了多於一宗意外/事故，我們只對個人物品損失較多的意外/事故負責，但不過超過保單承保表中列明的保障金額。

## 不保事項

本公司不會根據本保單C部就以下任何一項或多項事項引起的損失或責任付款：

- 食品、寵物或動物、商業貨品或樣品、家具、古董、植牙或義肢、貨



- 幣證券、票據或文件的損壞或損失;
- 隱形眼鏡、假牙或義肢的損壞或損失;
  - 任何類型的數據的損壞或損失;
  - 租用或租賃的設備或財物的損壞或損失;
  - 使用中的運動設備的損壞或損失;
  - 由於受保人沒有採取適當的照顧和預防措施來保護和保障行李或財產的安全，從而導致行李或財產被故意留在任何公共場所無人看管的損害或損失;
  - 無法解釋的損失或離奇的消失;
  - 由下列原因導致或引起的損壞或損失:
    - 損耗及磨損、折舊、劃痕、毀壞、凹痕、逐漸變質、腐蝕、氧化、生鏽、大氣條件、光照、加熱、乾燥、清潔或染色過程;
    - 昆蟲、害蟲、腐爛、發黴或真菌;
    - 變更、維修或維護;
    - 故障或誤用;
    - 有缺陷的材料、工藝或設計;
  - 因海關、其他機構或政府官員沒收、扣押或銷毀而造成的損壞或損失;
  - 由任何其他保單更具體地承保或由其他相關人士賠償的損壞或損失;
  - 貨幣、契據、債券、匯票、本票、貨幣證券、任何類型的文件、手稿、獎章和類似物品;
  - 因受保人未補領或延遲補領旅遊證件而招致的罰款或罰金;
  - 受保人更換旅遊證件; 或
  - 事件發生後24小時內未有向當地警方、公共機關、酒店或公共承運商報告，亦無經警方報告或航空公司的行李事故報告書或公共機關、酒店或公共承運商的信函證明的損失。

#### 一般不保事項

本公司不會根據本保單任何部分就以下一項或多項事件引起或導致的損失或責任付款：

- 戰爭、入侵、外敵行為、敵對行動或類似戰爭的行動（不論宣戰與否）、內戰、革命、叛亂、起義、軍事或篡奪權力，或直接參與罷工、暴亂或民眾騷亂;
- 來自任何核燃料、核廢料、核燃料燃燒（就此不保條款而言，燃燒將包括任何自我維持的核裂變或核聚變過程）、任何核武器材料或任何核材料或放射性物質的放射活動所導致的電離輻射或污染;
- 犯罪、企圖犯罪或拒捕;
- 受保人於任何紀律部隊、武裝部隊、海軍、空軍或任何類型的飛行服務中全職服役;
- 飛行或參與其他航空活動;
- 於神智清醒或精神錯亂下自殺、意圖自殺或蓄意自我傷害;
- 分娩、流產、墮胎、節育、受孕或懷孕，儘管此類事件可能是由身體損傷加速或誘發的;
- 後天免疫力缺乏症（愛滋病）、任何最初期症狀為愛滋病及任何相關疾病的血清測試呈陽性的疾病或傷害開始時，性病或經性傳播的疾病;
- 精神病、睡眠障礙、精神或神經紊亂、酗酒或吸毒的治療或由此產生的任何其他併發症或任何藥物意外的治療;
- 酒精或非處方藥物的影響;
- 任何投保前已存在的狀況;
- 美容、整形或任何選擇性手術、先天性疾病或畸形;
- 牙科護理或手術，除非該護理或手術是因意外身體損傷損害自然健康牙齒（假牙及相關開支除外）而必須進行;
- 任何種類的疾病；或因任何種類的疾病引起的傷害所造成的任何損失；
- 以專業人士身分參與任何類型的運動，或閣下將會或可能透過參與此類運動、任何形式的競賽（徒步除外）或登山及比賽中獲得任何收入或報酬;
- 測試任何種類的運輸工具；從事工業潛水、開採石油、採礦或空攝影等離岸活動;
- 安裝眼球屈光的眼鏡或助聽器的安裝；屈光不正的矯正器及治療，因意外引致身體損傷而必要者除外;
- 醫院單人或私人病房的任何額外費用，特殊或私人護理費用，非醫療個人服務，如收音機、電話等；購買或使用特殊支架、裝置或設備的費用；或
- 一般或健康檢查、療養、監護或休養治療、疫苗接種和免疫注射，與治療或診斷實際殘疾無關的測試或任何非醫學上必需的治療。

#### 提出索償條件

第一步 - 儘快通知我們任何可能引起索償的情況、事故或意外，但在任何情況下，應在事件發生後30天內通知我們。

第二步 - 填寫索償表格(如有需要)並按適用情況提供以下文件。

#### 適用於A類保障 - 意外死亡及永久殘疾

- 在意外死亡的情況下:
  - 死亡證明書
  - 驗屍報告
- 在意外永久殘疾的情況下:
  - 註冊醫生發出證明殘疾嚴重性的證書。
  - 如受保人曾接受醫療檢查，醫療檢查報告，如X光報告、磁力共振報告及其他相關報告。

#### 適用於B類保障 - 意外醫療開支

- 由註冊醫生、跌打醫師或針灸師證明列出診斷和治療並包括受保人姓名和診斷日期的文件
- 如受保人曾接受醫療檢查，醫療檢查報告，如X光報告、磁力共振報告及其他相關報告
- 由診所或醫院發出載有【列明項目】的收據

#### 適用於C類保障 - 個人物品保障

- 對警方或本地政府機構作出的口供副本
- 給公共承運商的通知副本及其正式認收書(及/或行李事故報告書/表格，說明運輸過程中發生損失或損壞的細節)
- 載有損失或損壞物品購買日期、價格、型號和類型的收據

#### 一般條件

##### 1. 完整合約

本保單、保單承保表、建議書/申請書、附加條款、修正及附件（如有）構成整份保險合約。本保單和任何附件條款的任何更改一概無效，除非該更改經本公司負責人或為此目的委任的正式授權人士簽署及於本保單上批註或附於本保單。

##### 2. 年齡限制

0-99歲。就本保單發出時年齡小於18歲或於80歲或以上的受保人而言，保單承保表中A類保障及B類保障上限減少50%。

##### 3. 重複保障

如受保人多於一份由我們提供的旅遊保險（除了由任何所有公司、團體或協會實際支付為受保人投保的團體旅遊保險外）涵蓋於同一旅程，我們只負責支付賠償的損失為保單限額內的最高保障金額。

##### 4. 錯誤陳述

如果發現與本保單項下的保險有關的任何人的任何相關事實被錯誤地報告給本公司，而如此類錯誤陳述影響到保險的存在或保險金額，在確定本保單條款下的保險是否有效以及保險金額時，應使用真正事實。

##### 5. 終止本保單保障

- 本保單將於以下情況終止
  - 保費於到期應付時未繳付；或
  - 如本保單或依據本保單提出的任何索償的投保單及聲明中的任何欺詐、錯誤陳述、不披露或隱瞞，將使本保單無效，而根據本保單支付的所有索償、保費或其任何部分將被沒收。
- 本公司可以通過郵寄掛號信至保單持有人最後為人所知的地址，向保單持有人發出七（7）天通知取消本保單；本公司應按比例退還受保人實際已付的保費中未到期的部分。保單持有人可透過發出七（7）天通知取消本保單，而在此情況下，保單持有人無權要求退還全部或部分保費。

##### 6. 狀況變更

受保人必須承擔全部責任，在本保單申請中所提供的資料發生任何變化時立即通知本公司，否則本公司保留權利拒絕本保單項下所有索償或使其失效。

##### 7. 索償通知期限

完整的索償資料和證明文件必須在合理的時間內儘快送交本公司。如可行的話，應在任何可能引起本保單項下索償的事件發生後三十（30）天內向本公司提交索償。惟如發生意外死亡，必須立即通知本公司。



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#### 8. 損失證明

本公司所要求的所有證書、資料和證據均應由索賠人出資提供，並應採用本公司規定的形式和性質。受保人應按本公司要求頻率接受醫學檢查，費用由本公司承擔。如果受保人死亡，本公司有權自費對其進行驗屍。

#### 9. 通知的充分性

由保單持有人或受保人或代表保單持有人或受保人向本公司發出足以識別保單持有人或受保人詳情的通知應被視為已通知本公司。只要能證明沒有合理的可能發出該通知，並且通知已在合理的可能範圍內儘快發出，未能在本保單規定的時間內發出通知不會令任何索償無效。

#### 10. 損失證明提交時限

肯定性的損失證明須於相關損失的九十(90)天內送交本公司上述辦事處。

#### 11. 藥物檢查及治療

當本保單項下的索償仍然待決時，本公司應有權利和機會在合理要求的情況下對受保人進行檢查，同時也有權利和機會在法律不禁止的情況下對死者進行驗屍，費用由本公司承擔。受保人在發生任何傷害後，應儘快獲得並遵循註冊醫生的建議，本公司對受保人未獲得或遵循該建議並使用可能處方的裝置或補救措施而產生的任何後果不承擔責任。

#### 12. 支付賠償

本保單中規定的所有賠償將在收到適當的證據後立即支付，但有關永久完全殘疾的賠償或定期付款的賠償除外。在確定及同意根據本保單就引起索償的身體損傷所應支付的總金額前，不會就任何索償支付賠償。

#### 13. 應付賠償金額

任何因身故而支付的賠償金額應支付至受保人的遺產。本保單其他所有賠償金額均應支付予受保人。

#### 14. 提起訴訟時間限制

依據本保單的要求提供書面損失證明後滿六十(60)天之前，不得對本公司在法律上或衡平法上提出訴訟以就本保單項下的任何應付賠償作出追討。本公司要求提供書面損失證明之日起計滿兩(2)年後，不得提起該等訴訟。

#### 15. 轉讓

本保單下的權利轉讓通知一概對本公司沒有約束力。本公司對轉讓的有效性概不承擔任何責任。本公司的憲章、章程或細則的任何規定都不得用於維護本保單下產生的任何索賠，除非該規定被完整納入本保單中。

#### 16. 遵守保單條文

保單持有人或受保人未能遵守本保單中的任何條文，將使本保單項下的所有索償無效。

#### 17. 復效

倘保費逾期未繳導致本保單失效，可經本公司批准後復效。惟對於在保單失效期間發生的可能引起本保單項下索賠的任何事件，將不予賠償，而且預先存在的條件應重新適用，如同本保單在該復效日期開始。

#### 18. 制裁條款

若提供本保單項下任何保障、支付有關索償或提供有關利益會令本公司抵觸聯合國決議案的任何制裁、禁制或限制，或歐盟、美國或任何其他就此問題有司法管轄權的國家、州或地區之貿易或經濟制裁、法律或規例，則本公司不得被視為承保本保單，且亦無須就有關索償作出任何賠償或提供任何利益保障。

#### 19. 排除地區適用條款

本公司不會就以下所述任何責任對受保人或保單持有人作出賠償：

(i) 有關任何於<不受保國家/地區>法律下運作的國家內法庭展開的訴訟而所作出或產生的任何判決、裁決、付款、法律費用和支出或和解的責任，或有關於世界上任何地方為執行全部或部分該等判決、裁決、付款、法律費用和支出或和解而作出的命令的責任；(ii) <不受保國家/地區>之政府招致的責任，或因應涉及<不受保國家/地區>之政府或對其有利的行動所造成的責任，或若本公司支付任何賠償會對<不受保國家/地區>之政府有利時產生的責任；(iii) 或在任何法律訴訟展開前，<不受保國家/地區>之人士或實體所同意或有利於該等人士或實體而同意或產生的法庭外和解的責任；實體包括任何母公司、<不

受保國家/地區>之政府直接或間接擁有或控制的控股公司及於<不受保國家/地區>居住或常駐的人士或實體。

20. 就此排除地區適用條款而言，受保人/保單持有人謹此確認並同意，<不受保國家/地區>之清單列載於忠意保險之公司網站 ([https://www.generali.com.hk/ZH\\_HK/sanctioned\\_countries](https://www.generali.com.hk/ZH_HK/sanctioned_countries)) 上，而該清單會不時更新，且會被納入本保單內。《合約(第三者權利)條例》不是本保單一方的任何人士或實體無權根據《合約(第三者權利)條例》(香港法例第623章)強制執行本保單的任何條文。



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### 收集個人資料聲明

- a) 閣下須要不時向忠意人壽（香港）有限公司/忠意保險有限公司香港分行〔如適用〕（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下向**本公司**提供的**個人資料**全屬自願。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) **個人資料**可被用於以下用途：
- (i) 處理閣下的保險申請，安排並執行保險合約或相關產品與服務，並管理閣下在**本公司**的賬戶；
  - (ii) 處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜；
  - (iii) 行使代位權（如適用）；
  - (iv) 向客戶追收尚欠金額（如有）；
  - (v) 經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險；
  - (vi) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；
  - (vii) 提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；
  - (viii) 進行資料核對程序；
  - (ix) 設計保險及/或相關產品與服務供客戶使用；
  - (x) 推銷**本公司**及/或**本公司**的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司）（下文合稱為「**集團實體**」）的保險及/或其他相關產品與服務；
  - (xi) **本公司**、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；
  - (xii) 為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，或**本公司**及/或**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及
  - (xiii) 實現與上述(i)至(xii)直接有關的任何其他用途。
- d) 由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及/或該等**個人資料**所涉及的任何其他有關人士：
- (i) 中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方；
  - (ii) 相關的保險業協會或聯會，及/或該等協會或聯會的成員；
  - (iii) **本公司**及/或以適用的**集團實體**海外辦事處或分行；
  - (iv) 根據上述(c) (xii)的規定，**本公司**及/或**集團實體**負有義務須向其作出披露的人士；
  - (v) 任何根據法律約束之下，**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；
  - (vi) **本公司**的合法繼承人或受讓人；及
  - (vii) 對**本公司**及/或**集團實體**負有保密責任的人士。
- e) **本公司**可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。
- f) 根據第 486 章《個人資料（私隱）條例》：
- i) 任何人士均有權：
    - A) 查詢**本公司**有沒有持有其**個人資料**，如有的話，可取得一份該等資料；
    - B) 要求**本公司**改正其任何不正確的**個人資料**；及
    - C) 查明關於**本公司**的**個人資料**政策和處事常規，並可獲通知有關**本公司**所持**個人資料**的種類；及
  - ii) **本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。
- g) 如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的種類，請向以下人員提出要求：
- 個人資料保護主任  
忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行  
〔如適用〕  
香港英皇道1111號21樓
- 附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。