

Zurich i-Gen Baby Surgical Cash Insurance Plan

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*. The enrolment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written are the basis of entering into this contract.

We agree, in consideration of *your* payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached *schedule*, to pay the benefits defined to the *insured person* who sustained *sickness* or *injury* or incurs charges within the scope of coverage provided hereinafter upon recommendation of a *medical practitioner*.

We will insure *the insured person* under those sections shown in the *schedule* during any *period of insurance* for which we have accepted *your* premium, provided that all of the terms and conditions of this policy are complied with. This policy is an annual medical 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* change any information given on *your* enrolment form (regardless in verbal or 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. 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 bodily <i>injury</i> to the <i>insured person</i> during the <i>period of insurance</i> .
Age	Age at last birthday.
Civil War	An internecine war or a war carried on between or among opposing citizens of the same country or nation.
Child	The child(ren) born as a direct result of childbirth from the <i>expectant mother</i> for the pregnancy which continuing at the <i>policy inception date</i> .
Congenital Abnormalities	Abnormalities existing at the time of birth or neo-natal abnormalities developing before the <i>insured person</i> attains the age of twelve (12) years.
Day Patient	A patient who is admitted to a <i>hospital</i> or day patient unit for the purpose of undergoing a <i>surgery</i> , but does not require an overnight stay.
Disability	All medical conditions resulting from <i>sickness</i> or <i>injury</i> arising from the same cause, including any and all complications arising therefrom or closely related thereto, except that if the <i>insured person</i> completely recovers from prior curative <i>surgery</i> and remains free from further investigation, monitoring and/or treatment (including drugs, medicines, injection, special diet or advice for the condition) of the disability for at least ninety (90) days following the latest discharge from <i>hospital</i> or the last consultation at the <i>medical practitioner's</i> office, whichever is the later, any subsequent disability from the same cause shall be considered as a new <i>disability</i> .
Effective Date for the Child	The time when insurance cover for the <i>child</i> under this policy becomes effective is on the fifteenth (15) day from the date of <i>child</i> birth or the date of notification received by <i>us</i> in accordance with Clause 3 of Part 5 – General Provisions, whichever is later.
Expectant Mother	Female who must be between <i>age</i> eighteen (18) to forty-five (45) years and is pregnant with gestation day eighty-five (85) to day two hundred and fifty-two (252) (both days inclusive) at the time of the <i>policy inception date</i> .

Hong Kong	Hong Kong Special Administrative Region of the People's Republic of China.
Hospital	<p>An institution which</p> <ul style="list-style-type: none"> (i) is licensed in accordance with the applicable laws of the jurisdiction in which it is located; (ii) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick person; (iii) has staff of one (1) or more physician available at all times; (iv) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the physician in charge; (v) maintains <i>inpatient</i> facilities; and (vi) maintains a daily medical record for each of its patients. <p><i>Hospital</i> does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the elderly or alcoholics or drug addicts or for treatment of mental disorders, or a nursing home, or similar establishment.</p>
Immediate Family Members	Your or the <i>insured person's</i> spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.
Inpatient	A patient in a <i>hospital</i> who occupies a bed and will be evidenced by a daily room and board charge issued by a <i>hospital</i> .
Injury	Bodily injury to the <i>insured person</i> caused solely by an <i>accident</i> and independently of all other causes.
Insured Person	<p>The name(s) listed under the "Insured Name" in the <i>schedule</i> who is either the <i>expectant mother</i> or the <i>child</i>, subject to:</p> <ul style="list-style-type: none"> (i) the <i>expectant mother</i> shall be the sole insured person of this policy from the <i>policy inception date</i> until the occurrence of any one (1) of the insured events as stated under Section A in Part 3 or the fifteenth (15) day from the date of <i>child</i> birth, whichever is the earlier; and (ii) the <i>child</i> shall be the sole insured person from the <i>effective date for the child</i> until the expiry of the <i>period of insurance</i>.
Intensive Care Unit	A part of a <i>hospital</i> which is designated as an intensive care unit by the <i>hospital</i> providing one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The part or unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and <i>medical practitioners</i> , and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.
Medically Necessary	<p>Necessary for having or the necessity to have a medical service which is:</p> <ul style="list-style-type: none"> (i) consistent with the diagnosis and customary medical treatment for the condition; (ii) in accordance with standards of good and prudent medical practice; (iii) not furnished primarily for the convenience of registered <i>medical practitioner</i> or any other medical service providers; (iv) furnished at the most appropriate level sufficient to safely and adequately treat the <i>insured person's disability</i> and are performed in the least costly setting required for treatment of a covered <i>disability</i>; and (v) not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment including medication or <i>surgery</i>.
Medical Practitioner	A person other than <i>you</i> or <i>immediate family member</i> , who is a registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of <i>Hong Kong</i> . In the event of treatment or <i>surgery</i> received outside of <i>Hong Kong</i> , it shall mean a person other than <i>you</i> or <i>immediate family member</i> , who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.
Minor Surgery	The surgical procedures as set out in the <i>Schedule of Minor Surgery</i> ; or <i>surgery</i> with equivalent gravity and severity to be considered as a minor surgery as determined by <i>us</i> .
Outpatient	The <i>insured person</i> is receiving medical care or treatment in an outpatient department or emergency treatment room of a <i>hospital</i> , medical centre or clinic of a <i>medical practitioner</i> .
Period of Insurance	The period of time as stated in the <i>schedule</i> during which this policy is effective and we have accepted your premium as stated in the <i>schedule</i> .
Policy Effective Date	The effective date of the policy as stated in the <i>schedule</i> , or the latest date of renewal, whichever is the later, provided that the premium has been paid.
Policy Inception Date	<p>It shall mean:-</p> <ul style="list-style-type: none"> (i) the first effective date of this policy as stated in the <i>schedule</i> 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

For the expectant mother:

Any *injury, sickness* or condition and/or directly related conditions for which the *expectant mother* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which she was aware of or could reasonably be expected to be aware of prior to the *policy effective date* or the date of reinstatement or *upgrade effective date*, whichever is later.

For the child:

Any *injury, sickness* or condition and/or directly related conditions for which the *child* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which *you* or the *child* were aware of or could reasonably be expected to be aware of prior to the *effective date for the child* or the date of reinstatement or *upgrade effective date*, whichever is later.

Relevant Documents

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

Schedule

The schedule(s) attached to and incorporated in this policy of insurance.

Schedule of Minor Surgery

The attachment to this policy entitled "Schedule of Minor Surgery". The "Schedule of Minor Surgery" may be revised or adjusted by us from time to time. Any such changes will take place upon the policy effective date.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state during the period of insurance.

Specialist

A registered medical practitioner other than you, the insured person or immediately family member, legally registered in the Specialist Register of the Medical Council of Hong Kong. Where a treatment is performed out of Hong Kong, it shall mean a person other than you, the insured person, or immediate family member, duly qualified and registered to practise specialist care according to the equivalent specialty laws in the country in which the claim arises

Surgery

Surgery is performed by a medical practitioner for the purpose of structurally altering the human body by the incision or destruction of tissues to treat sickness or injury, unless otherwise as specified under Clause 2.1 of Section B of Part 3 – The Benefits in this policy.

Upgrade

An increase in the level of benefit and/or plan level.

Upgrade Effective Date

00:00 Hong Kong time on the date we agree to provide an upgrade of your policy and such date is shown on your policy schedule recording that upgrade.

Waiting Period

Waiting period shall be applicable to the child only with the following meaning:

- (i) Thirty (30) days from the effective date for the child under this policy, or the upgrade effective date, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit will be payable for any sickness or condition sustained by the child with the signs or symptoms first manifested or occurred within such waiting period. For the avoidance of doubt, waiting period is not applicable to benefits caused by injury; and
- (ii) Thirty-six (36) months from the effective date for the child, or upgrade effective date or effective date of any additional benefit(s) which is subsequently added (applicable to the upgrade portion or additional benefit(s) only), or last reinstatement date, whichever is the latest. During such period, no benefit will be payable in respect of surgery required as a result of any pre-existing conditions or congenital abnormalities.

War

A contest by force between two (2) or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of peaceful relations and ii) a general contention by force, both authorized by the sovereign.

We, Us or Our

Zurich Insurance Company Ltd.

You or Your or Yours

The name shown in the schedule as "Insured" who is the owner of this policy and subject to the provisions stated under this policy.

PART 2 – Table of benefits

Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.

Section A – Table of Benefits for the *Expectant Mother*

Benefit per expectant mother per pregnancy (HKD)		
	Standard Plan	Enhanced Plan
Insured Events*		
(1) Specified Postpartum Conditions: <ul style="list-style-type: none"> • <i>intensive care unit</i> treatment caused by postpartum haemorrhage or postpartum eclampsia • hysterectomy caused by postpartum haemorrhage 	4,000	7,500
(2) Miscarriage; or Legal abortion due to medical reason	5,000	8,500
*the benefit of any insured event occurred outside of Hong Kong shall be reduced to fifty (50) percent of the benefit payable.		

Section B – Table of Benefits for the *Child*

Benefit per child per disability (HKD)		
	Standard Plan	Enhanced Plan
(I) Surgical Cash Benefits**		
(1) non-minor surgery	8,000	15,000
(2) minor surgery	4,000	7,500
(3) surgery caused by pre-existing conditions or congenital abnormalities	2,400	4,500
**the benefit of any surgery performed outside of Hong Kong shall be reduced to fifty (50) percent of the benefit payable.		
Overall maximum limit per policy year	24,000	45,000
(II) Vaccination Benefit		
Two (2) oral doses of vaccine for Rotavirus (only applicable to the child aged from week six (6) to week twenty-four (24))		

Part 3 – The Benefits

Section A – Benefits for the *Expectant Mother*

1. Specified Postpartum Conditions

If upon recommendation of the attending *specialist* in obstetrics & gynaecology, the *expectant mother* requires *intensive care unit* treatment caused by postpartum haemorrhage or postpartum eclampsia or undergoes a *medically necessary* hysterectomy caused by postpartum haemorrhage, we will pay a lump sum cash benefit as stated under item (1) of Section A of Part 2 – Table of Benefits according to the plan selected.

This benefit shall not be payable in the event that the *expectant mother* was aware of or could reasonably be aware of, or advised by a *medical practitioner* within one (1) year prior to the *policy inception date* that she was experiencing any of the following conditions:

- (i) haemophilia;
- (ii) average blood pressure of higher than systolic pressure 150 mm HG and diastolic pressure 110 mm HG (>150/110 mm Hg); or
- (iii) on medication to control blood pressure.

2. Miscarriage or legal abortion due to medical reason

We will pay a lump sum cash benefit as stated under item (2) of Section A of Part 2 – Table of Benefits according to the plan selected, if upon confirmation of the attending *specialist* in obstetrics & gynaecology, the *expectant mother* was suffered from the following conditions :-

- (i) miscarriage, provided there was spontaneous natural death of fetus in the womb of the *expectant mother*; or
- (ii) legal abortion due to medical reason, provided that the need of an abortion was confirmed by at least two (2) attending *specialists* (in which one of them must be the attending *specialist* in obstetrics & gynaecology) that the termination of pregnancy was *medically necessary*. For the avoidance of doubt, abortion due to psychological, behavioral, cultural, socio-economical or mental health reason are specifically excluded from this policy.

All benefits payable under this Section A shall:

- (i) be applicable to the *expectant mother* only;
- (ii) cease automatically upon the occurrence of any one (1) of the insured events stated herein or the fifteenth (15) day from the date of *child* birth, whichever is the earlier; and
- (iii) be reduced to fifty (50) percent for insured events occurred outside *Hong Kong*.

Section B – Benefits for the Child

(I) Surgical Cash Benefits

1. Surgical cash benefit for non-minor surgery

If upon recommendation of a *medical practitioner*, a *child* undergoes a non-minor surgery at a *hospital* as an *inpatient*, *day patient* or *outpatient* as a result of *disability* and such surgery is *medically necessary*, we will pay a lump sum surgical cash benefit as stated under item (1) of the plan selected in Section B of Part 2 – Table of Benefits.

All surgeries undertaken in a *hospital* as a registered *inpatient* case shall be considered as non-minor surgeries except those more specifically stated as *minor surgeries* under the *Schedule of Minor Surgery*.

2. Surgical cash benefit for minor surgery

If upon recommendation of a *medical practitioner*, a *child* undergoes a *minor surgery* at a *hospital* as an *inpatient*, *day patient* or *outpatient* as a result of *disability* and such surgery is *medically necessary*, we will pay a lump sum surgical cash benefit as stated under item (2) of the plan selected in Section B of Part 2 – Table of Benefits.

2.1 All types of endoscopies (with or without biopsy) and/or polypectomy, required upon recommendation of *medical practitioner* as a result of *disability*, are to be considered as *minor surgery*; whereas no benefit shall be payable for the following endoscopies (with or without biopsy) unless carried out under general anaesthetic:

- capsule endoscopy
- nasal sinus endoscopy
- pharyngoscopy
- laryngoscopy
- colposcopy
- hysteroscopy

2.2 All surgeries undertaken at *outpatient* or *day patient* setting are considered as *minor surgeries*.

2.3 All surgeries listed under the *Schedule of Minor Surgery* are considered as *minor surgeries*.

3. Surgical cash benefit for pre-existing conditions or congenital abnormalities

If upon recommendation of a *medical practitioner*, a *child* undergoes a surgery at a *hospital* as an *inpatient*, *day patient* or *outpatient* as a result of *disability* caused by *pre-existing conditions* or *congenital abnormalities*, and such surgery is *medically necessary*, we will pay a lump sum surgical cash benefit as stated under item (3) of the plan selected in Section B of Part 2 – Table of Benefits.

All benefits payable under this Section B shall:

- (i) be applicable to the *child* only;
- (ii) become effective on the *effective date for the child* and shall cease on the expiry of the *period of insurance*;
- (iii) not exceed the benefit as stated under the plan selected in Section B of Part 2 – Table of Benefits for any one (1) *disability*;
- (iv) where more than one (1) *surgery* is required for the same *disability*, we will only pay for the *surgery* with the highest compensation. In the event that we have paid for a *surgery* with a lower sum insured for the same *disability*, we shall pay for the remaining balance after deducting the surgical cash benefit that we have already paid;
- (v) not exceed the "overall maximum limit per policy year" as stated under the plan selected in Section B of Part 2 – Table of Benefits; and
- (vi) be reduced to fifty (50) percent for any *surgery* performed outside *Hong Kong*.

(II) Vaccination Benefit

We will procure a vaccination service for the *child* (aged from week six (6) to week twenty-four (24)) comprising of two (2) oral doses against rotavirus. The vaccination is rendered by a service provider(s) which is/are nominated by us. We reserve the right to change the service provider without prior notification. We do not guarantee provision of services by any particular service provider and in no event shall we be liable for any goods or services provided by the nominated service provider. This vaccination has restriction on the age of the child (aged from week six (6) to week twenty-four (24)) for administration, in the event you do not notify us within sixty (60) days from the date of *child* birth by providing us with a copy of the birth certificate or its equivalent, we do not guarantee the redemption letters to be issued on time and thus we shall not be liable for any alternative solution for the delay in the vaccine redemption.

Part 4 – Exclusions

This policy will not cover any claim arising directly or indirectly from:

- 1. Air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier;**
- 2. Alcohol, drug and substance abuse**
Sickness or injury or directly or indirectly arising from abuse of alcohol, drugs or other addictive substances and any costs associated from such dependency or abuse;
- 3. Any treatment or expenses incurred within the *waiting period* except those caused by *injury*;**
- 4. Chemical and nuclear contamination**

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
- 5. Congenital abnormalities subject to any requirement imposed by the *waiting period*;**
- 6. Criminal actions**

Participating in any illegal activity, including but not limited to robbery, drug abuse or assault;
- 7. Professional sport**

Engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
- 8. Pre-existing condition subject to any requirement imposed by the *waiting period*;**
- 9. Psychiatric condition**

Any functional disorder or psychiatric condition of the mind, including but not confined to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioral disorders;
- 10. Self-infliction**

Suicide, attempted suicide, intentional self-injury, insanity;
- 11. Specific procedures**
 - childbirth, miscarriage, abortion, pregnancy and other complications arising from pregnancy unless otherwise specified under Section A in Part 3 – The Benefits of this policy, contraceptive or contraceptive devices, fertility, infertility, inability to conceive treatment or male sexual dysfunction (and the consequences of male sexual dysfunction) and surgeries for sterilization or the reversal of sterilization of either sex;
 - cosmetic *surgery* (including any surgeries necessary as a result of cosmetic treatment and any treatment necessary as a result of *accident*); treatment for superficial varicose veins, spider veins;
 - dental *surgery* of any nature;
 - developmental delays or learning and/or language *disabilities*;
 - HIV (Human Immunodeficiency Virus) and/or HIV-related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named;
 - procedures relating to venereal diseases or sexually transmitted disease;
 - procedures which solely involve needle injections or needle procedures;
 - refractive errors of the eyes;
 - supportive treatment of renal failure, including dialysis;
 - *surgery* relating to the symptoms of weight increase; treatment for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions; or
 - the insertion of hormonal implants;
- 12. Treatment by any person other than a registered *medical practitioner***
- 13. War and kindred risk**
War, invasion, act of foreign enemy, hostilities (whether war be declared or not), *civil war*, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion.

Part 5 – 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

- (i) The entry *age* of the *expectant mother* must be between eighteen (18) years old and forty-five (45) years old at the *policy inception date*. Cover for the *expectant mother* shall automatically cease upon the occurrence of any one (1) of the insured events as stated under Section A in Part 3 – The Benefits, or on the fifteenth (15) day of the date of *child* birth, whichever is the earlier. Cover for the *child* under this policy, if any, shall commence on the *effective date for the child* and this policy is renewable up to the *child's age* of fifty-five (55) years old and all benefits under this policy shall terminate on the anniversary of the *policy effective date* following the *insured person's* fifty-sixth (56) birthday.
- (ii) The *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* Identity Card, with a permanent address and live in *Hong Kong* as a usual country of residence.
- (iii) The *child* is not allowed to be covered under more than one (1) Zurich i-Gen Baby surgical cash medical insurance plan issued by *us*. If the *child* is covered under more than one (1) such policy:
 - (a) the *child* will be deemed to be insured only under the policy which provides the highest amount of benefits; or
 - (b) if the benefit amount is the same under each policy, the *child* will be deemed to be insured only under the policy which was issued first by *us*.

In any case, we will refund the premium paid from the *policy inception date*, without interest, to *you* under the policies that are not giving cover. Such policies are deemed to be void from their respective *policy inception dates* and we have no liability whatsoever to *you* and/or the *insured persons* in respect of any such policies.

3. Notification of the Birth of Child

- (i) *You* must inform *us* of the birth of the *child* within sixty (60) days of the date of birth by providing *us* with a copy of the birth certificate or its equivalent. The *effective date for the child* shall be the fifteenth (15) day from the date of *child* birth.
- (ii) If *you* do not notify *us* within sixty (60) days from the date of *child* birth, the *effective date for the child* shall be the date we receive written notification (together with a copy of the birth certificate or its equivalent) from *you*.
- (iii) In the event we do not receive notification of the *child* birth on the anniversary of the *policy inception date*, the policy shall terminate at such anniversary and we reserve the right not to renew the policy upon expiry.

4. Status Change

You must take full responsibility to inform *us* forthwith of any change in respect of the information provided in the enrolment form for this policy (regardless in verbal or written format), otherwise we reserve the right to refuse or invalidate all claims under this policy or not invite *you* to renew the policy upon expiry.

5. Notice of Claims

On the happening of any event which may give rise to a claim under this policy, *you* shall give notice with all available particulars to *us* as soon as possible and in any case within thirty (30) days from the date of any insured event. Failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible for *you* to give such notice.

6. Proof of Loss

- (i) *You* must furnish *us* affirmative proof of loss, including original receipts showing the diagnosis in support of a claim, together with a fully completed claim form supplied by *us* within thirty (30) days after termination of treatment for the insured event for which the claim is being made.
- (ii) We will not be liable in any event until satisfactory proof is furnished to *us*. Claimant will furnish such information, assistance, documents, medical evidence and reports signed by the registered *medical practitioner* and in such form and of such nature as we may prescribe at claimant's own expense.
- (iii) We shall have the right at *our* expense to examine the *insured person*, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy.

7. Claims Admittance

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

8. Medical Examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by us whenever required.

9. Payment of Claims

All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to you after the receipt of due proof, and in the event of your death, to your estate.

10. Misrepresentation or Non-disclosure

If you or anyone acting for you make(s) a statement in the enrolment form and declaration or in connection with any claim knowing that the statement to be false, or fail to disclose *pre-existing conditions* or *congenital abnormalities*, or fail to act in utmost good faith, we will not be liable for the claim and all cover under this policy shall cease immediately. We will not be liable to refund any premium paid.

11. Premium Charge

- (i) This policy is an annual policy. You shall pay the premium to us on an annual basis for the first policy year from the *policy inception date*; you may pay the premium to us on annual or monthly basis for subsequent policy renewals upon prior written notice to us and our acceptance. 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) For the first policy year starting from the *policy inception date*, a fixed premium is charged for the *expectant mother* according to our applicable premium rate at the time of application. In the subsequent policy renewal, premium is charged for each *child* except that the premium rate should be adjusted automatically as the *child* reaches age eighteen (18) years at the time of renewal but we reserve the right to revise or adjust the premium table according to our applicable premium rate at the time of the premium due date by giving thirty (30) days' written notice to you and the *child*.
- (iii) In the event that the *child* dies within fourteen (14) days from the date of birth and provided that no benefit is payable or was paid under this policy, a refund of premium equivalent to fifty percent (50%) of the annual premium paid for the current policy year shall be made to you and this policy shall be terminated immediately.

12. Grace Period

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

13. Reinstatement

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. The reinstated policy shall only provide coverage to the *insured person* due to *injury* after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than thirty (30) days after the date of reinstatement.

14. Renewal

The policy shall remain in force for a maximum of one (1) year from the *policy effective date* and this policy will be automatically renewed at the discretion of us. Yet we reserve the right to alter the terms and conditions, including but not limited to the premiums or exclusions of this policy at the time of renewal of any *period of insurance* of this policy by giving thirty (30) days' written notice to you, on the condition that the maximum benefit is not adjusted as permitted under this policy. We will not be obligated to reveal our reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to you before the *policy effective date* of any *period of insurance*.

15. 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 by registered post to your last known address. Under no circumstances we will be obligated to reveal our reasons for cancellation. Whenever this policy is cancelled by us, pro-rata premium for the period starting at the time of cancellation to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy.
The payment or acceptance of any premium subsequent to such termination shall not create any liability on us but we shall refund any such premium received by us.
- (ii) You have the right to cancel this policy by giving thirty (30) days' advance notice in writing to us.
 - (a) For the first policy year from the *policy inception date*, we will not refund any premium paid under this policy unless otherwise specified in Clause 11 of Part 5 – General Provisions.

- (b) For subsequent policy renewals, we will refund the unearned premium actually paid by *you* provided that no claim has been made during the period starting from the *policy effective date* to the date on which the cancellation takes effect ("Policy Period"). The earned premium shall be calculated in accordance with the table below but in no event shall the earned premium be less than *our* customary minimum premiums. If this policy is pay on monthly payment mode, we have the right to charge *you* the remaining balance of the annual premium for the current policy year in accordance with the charges indicated below.
- (iii) In case (i) and (ii)(b) above, if there is a claim or service used during the current policy period, there will be no refund of premium on the unexpired period and *you* are liable to settle the annual premium of the Policy Year.

Policy Period	Charges of Premium
2 months (<i>our</i> customary minimum premiums)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

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 all the premiums *you* have paid to *you* without interest.

16. Termination of Policy

Coverage under this policy shall automatically terminate on the earliest of the dates specified below:

- (i) upon the occurrence of any one (1) of the insured events as stated under Section A in Part 3 – The Benefits;
- (ii) the *insured person* no longer fulfills the eligibility as stated in Clause 2 – Age Limit and Eligibility under Part 5 – General Provisions;
- (iii) subject to the above Clause 10 – Misrepresentation or Non-disclosure under Part 5 – General Provisions;
- (iv) the premium due date in accordance with Clause 12 – Grace Period under Part 5 – General Provisions; or
- (v) under the circumstances mentioned in Clause 11 – Premium Charge or Clause 15 – Cancellation.

17. Change of Benefits

You may apply for change of benefits or *upgrade* by giving thirty (30) days' notice in writing before the anniversary of the *policy effective date*. A health declaration with details on any *injury, sickness, symptoms* or conditions which are then known to exist by *you* or the *insured person* or any treatment or medication the *insured person* is having or will be having shall be submitted to *us*. Such application shall be subject to *our* approval and we reserve *our* right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions (applicable to the *upgrade* portion only) of this policy.

18. Misstatement of Age or Sex

If the *insured person's age* or sex has been misstated, any premium difference would be returned or charged according to the correct *age* or sex. In the event the *insured person's age* has been misstated and if, according to the correct *age*, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that the *insured person* is not eligible for coverage shall be limited to the refund of the premiums paid for such period covered by this policy.

19. Clerical Error

Our clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

20. Legal Action

No legal action shall be brought to recover on this policy prior to the expiration of sixty (60) days after written 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 two (2) years from the expiration of the time within which proof of claims is required.

21. 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.

22. 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. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of *Hong Kong* as amended from time to time. The arbitration shall be conducted in *Hong Kong* by a sole arbitrator to be agreed by the parties. 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 you or the *insured person* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of the *our disclaimer, your claim or 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.

23. Rights of Third Parties

Other than you or the *child* 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.

24. Compliance with Policy Provisions

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

25. 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: www.zurich.com.hk/eng/cs_nonlifepolicyservices_privacy.htm.

26. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of the *Hong Kong* courts.

Part 6 – Claims Procedure

- Step 1: Notify us in writing within thirty (30) days upon first treatment of *disability*;
Step 2: Fill in a claim form and supply the following original documents as appropriate.

1. For insured events as stated under Section A in Part 3 – The Benefits or surgery performed in a hospital

Hospital statement showing:

- name of the patient;
- period of confinement;
- diagnosis; and
- detailed description of the *surgery* done

2. For surgery performed in an outpatient or day patient setting

Attending *medical practitioner's* receipt showing:

- name of the patient;
- date of consultation;
- diagnosis; and
- detailed description of the *surgery* done

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 version, the English version shall prevail.

- End -

蘇黎世「孕寶保」手術現金保險計劃

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

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，合約內容不得更改。而「閣下」填妥及遞交的投保表格及聲明，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」支付保費及信賴各陳述、保證或聲明，以及遵從本保單及隨附之「附表」的條款與規章，如任何「受保人」因「疾病」或「損傷」而招致在下文所訂承保範圍內由「醫生」建議之費用，「本公司」將支付指定的保障。

「本公司」將於收訖「閣下」所繳的保費後，在「保險期」內為「受保人」提供「附表」內訂明各節的保障，惟「閣下」必須履行本保單所列出的所有條款與條件。此乃全年醫療保險保險單，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 – 定義

本保單內某些詞彙具有指定含意，釋義已分別列明如下。為方便識別有關詞彙，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雙之分，均應視為概括性的描述，並無區別。

- 「意外」 於「保險期」內，任何不可預見或預料並導致「受保人」蒙受身體「損傷」之突發事件。
- 「年齡」 上次生日的年齡。
- 「內戰」 相同國家的公民或民族互相對抗而發生互相攻擊的戰爭或戰爭。
- 「兒童」 在「首個保單生效日」時由「準母親」持續懷孕而直接因該分娩出生之兒童。
- 「先天性異常」 於出生時存在的異常，或「受保人」十二歲前由初生兒發展成的異常。
- 「日間病人」 因進行「手術」而需要到「醫院」或日間護理中心，但不需要過夜的病人。
- 「傷疾」 因同一「疾病」或「損傷」引致之所有醫療狀況，包括任何及所有因此而引起之併發症或密切有關之症狀，除非「受保人」因該傷疾已於最近一次治療性手術後完全康復，並在最後一次的出院日期或最後一次到「醫生」診所接受診療之日期的九十天(以較遲者為準)內，已不需因該傷疾進行檢查、觀察及/或接受任何治療(包括藥物、注射、特殊食療或病情諮詢)，該傷疾隨後之治療則會被視為另一次「傷疾」。
- 「兒童的生效日」 本保單下之「兒童」保障有效期，指在「兒童」出生後的第十五天或本公司根據第五部分 - 基本條款第3項收到通知後生效之時，以較遲者為準。
- 「準母親」 「年齡」介乎十八至四十五歲並且在「首個保單生效日」時懷孕期為八十五至二百五十二天(包括頭尾兩天)之女性。
- 「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) 根據所在國家或司法管轄區規定領取牌照之持牌醫院；及
(ii) 主要業務為接受患病、染恙或受傷人士住院及提供診斷、醫療護理及外科手術設備服務；及
(iii) 有一名或以上的持牌「醫生」時刻駐院；及
(iv) 駐有合資格護士或註冊護士每天二十四小時提供看護服務；及
(v) 具有完善的「住院病人」設備；及
(vi) 保存有病人的每日醫療記錄。

「醫院」並不包括主要業務為診所、照料類別的診所、自然療法診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構，或護理院，或類似的機構。

- 「直系親屬」 「閣下」或「受保人」的配偶、父母、配偶父母、祖/外祖父母、兒女、兄弟姊妹、孫兒女或合法監護人。
- 「住院病人」 於「醫院」佔用床的病人，並須出示「醫院」發出的每日房間及膳食費用單據以作證明。
- 「損傷」 「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。
- 「受保人」 「附表」訂明為“Insured Name”並受本保單保障的「準母親」或「兒童」，並受以下管制：
(i) 「準母親」為本保單在「首個保單生效日」起之唯一受保人，直至在第三部分 - 保障第1節所列明的任何一項受保事件發生或在「兒童」出生日後第十五日，以較早發生者為準。
(ii) 「兒童」為「兒童的生效日」起之唯一受保人，直至「保險期」屆滿。
- 「深切治療部」 在「醫院」內特定以提供護士病人一對一護理，向病人提供專門的復甦、觀察及治療的單位。此單位必須24小時駐有經驗護士、護理人員及「醫生」，同時備有復甦工具、觀察儀器，以容許持續地評估病人的重要身體機能，例如心跳、血壓、血液化驗等。
- 「醫療必需」 指接受醫療服務的必要性，並依下列條件考量：
(i) 因應有關診斷及有關狀況的一般治療所需；及
(ii) 符合良好及謹慎的行醫標準；及
(iii) 非純為註冊「醫生」或任何其他醫療服務供應商提供方便；及
(iv) 以最適合的程度有效地為「受保人」之「傷疾」作出安全及足夠的治療及以最經濟之設備進行治療受保「傷疾」；及
(v) 於沒有醫療治療的情況下(包括藥物或接受任何「手術」)，使用醫療服務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。
- 「醫生」 已根據《醫生註冊條例》(香港法例第161章)規定，註冊為醫生之人仕，惟「閣下」或「直系親屬」除外。如於「香港」以外之地區接受治療或「手術」，則指擁有合格西醫學位，並已獲准在其執業的地區合法授權提供醫療及外科「手術」服務的人士，惟「閣下」或「直系親屬」除外。
- 「小型手術」 列於「小型手術表」上的手術程序，或由「本公司」界定為跟已列出的小型「手術」有同等複雜性及嚴重性的「手術」。
- 「門診」 「受保人」在「醫生」的診所或辦事處、或「醫院」門診部或急症室接受醫療服務或治療。
- 「保險期」 「附表」內所訂明之保險有效期，而「本公司」已接納該保險期間之保費。
- 「保單生效日」 在收妥保費的前提下，列明於「附表」上之生效日期或最近的一個續保日，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。
- 「已存在之傷疾」 適用於「準母親」：
在「保單生效日」、復效日或「提升保障生效日」(三者取其較遲)之前已存在的任何「損傷」、「疾病」或病況，及/或「準母親」已呈現病徵或已接受診療、診斷、治療或醫療意見，或已服用處方藥物一段時間而她已知悉或理應知道的相關病況。
適用於「兒童」：
在「兒童的生效日」、復效日或「提升保障生效日」(三者取其較遲)之前已存在的任何「損傷」、「疾病」或病況，及/或「兒童」已呈現病徵或已接受診療、診斷、治療或醫療意見，或已服用處方藥物一段時間而「閣下」或「兒童」已知悉或理應知道的相關病況。
- 「有關文件」 有關文件包括「附表」、投保表格(不論以口述或書面形式)、聲明、附加契約、批單、附件及修訂本。
- 「附表」 隨附本保單並構成保單一部份之附表。
- 「小型手術表」 附帶在本保單上，標示為小型手術表的一份文件。「本公司」將不時更新小型手術表，如有任何更新，將在「保單生效日」起作出改動。

「疾病」	在「保險期」內健康出現不正常之病理變異。
「專科醫生」	指由合法註冊「香港」醫務委員會以專科登記的「醫生」。若索償或治療於「香港」以外的地方發生，專科醫生指在發生索償的國家具有其他同等資歷的人士並登記從事專科治療。惟「閣下」、「受保人」或「直系親屬」除外。
「手術」	除非另外註明在第三部份 – 手術現金保障內第二節的第2.1項，手術是由「醫生」以切割或切除組織的方法改變人體結構，以達致治療「疾病」或「損傷」。
「提升保障」	指提升保障及/或計劃級別。
「提升保障生效日」	指「本公司」同意「閣下」保單「提升保障」當日「香港」時間00:00時，即「本公司」發予「閣下」訂明「提升保障」詳情之保單「附表」或批單所註明的日期。
「等候期」	只適用於「兒童」之等候期是指： (i) 本保單之「兒童」之生效日、或任何附帶批單或其後增加的「提升保障生效日」(只限增加保障部份)，或保單復效日開始計算的三十日內，以較遲者為準。「本公司」不會就「兒童」在此期間首次出現病徵之「疾病」作出任何賠償。為避免疑慮，等候期不適用於「損傷」引致之保障；及 (ii) 就「已存在之傷疾」或「先天性異常」而言，等候期為「兒童」之生效日、或任何附帶批單或其後增加的「提升保障生效日」(只限增加保障部份)，或保單復效日開始計算的三十六個月內，以較遲者為準。在此時期內，「本公司」不會就「已存在之傷疾」或「先天性異常」所引起的「手術」提供任何保障。
「戰爭」	兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而(i)終止和平關係；及(ii) 陷入武裝敵對局面。
「本公司」	蘇黎世保險有限公司。
「閣下」	「附表」上註明為“受保人”的本保單持有人並受本保單列明之條款限制之人士。

第二部份 – 保障表

以下各項計劃及保障必須於「附表」內訂明為有效的計劃及保障，方為適用。

第一節 – 「準母親」保障表

每名「準母親」每次懷孕之保障額 (港元)		
	標準計劃	優越計劃
受保事件*		
(1) 指明產後狀況： • 因產後出血或產後子癇而需要接受「深切治療部」治理 • 因產後出血而需要切除子宮	4,000	7,500
(2) 流產；或 因醫療原因之合法人工流產	5,000	8,500
*任何於「香港」境外發生的受保事件的保障額將減少至上述保障額的百分之五十。		

第二節 – 「兒童」保障表

每名「兒童」每宗「傷疾」之保障額 (港元)		
	標準計劃	優越計劃
(I) 手術現金保障**		
(1) 非「小型手術」	8,000	15,000
(2) 「小型手術」	4,000	7,500
(3) 「已存在之傷疾」或「先天性異常」導致之「手術」	2,400	4,500
**任何於「香港」境外進行的「手術」的保障額將減少至上述保障額的百分之五十。		
每保單年度的最高保障額	24,000	45,000
(II) 疫苗保障		
兩(2)劑輪狀病毒口服疫苗 (只適用於「年齡」介乎六週至二十四週的「兒童」)		

第三部份-保障

第一節 - 「準母親」保障

1. 指明產後特別狀況

如主診之婦產科「專科醫生」建議「準母親」因產後出血或產後子癇而需要接受「深切治療部」治理或因產後出血而進行有「醫療必需」的切除子宮手術，「本公司」會按第二部份 - 保障表內第一節的第(1)項內所選擇的計劃的保障額提供一筆過的手術現金。

就以下列明之狀況，如「準母親」在「首個保單生效日」前一年內已知悉或理應知道、或已接受「醫生」診療的情況下，將不會在本保障獲得賠償：

- (i) 血友病；
- (ii) 血壓平均值高於收縮壓在一百五十毫米汞柱以上及舒張壓在一百一十毫米汞柱以上(> 150/110 mm Hg)；或
- (iii) 使用藥物控制血壓。

2. 流產或因醫療原因之合法人工流產

如主診之婦產科「專科醫生」確實「準母親」蒙受以下列明之狀況，「本公司」會按第二部份 - 保障表內第一節的第(2)項內所選擇的計劃的保障額提供一筆過的手術現金：

- (i) 流產，因胎兒於「準母親」的子宮內突發及自然地死亡；或
- (ii) 因醫療原因之合法人工流產，而人工流產是有「醫療必需」下由不少於兩位「專科醫生」(其中一位必需是主診之婦產科「專科醫生」)確實。為免生疑，因心理、行為、文化、社會經濟、或精神健康為原因的人工流產將不會在本保障獲得賠償。

所有保障必需符合以下列明項目方可在本第一節獲得賠償：

- (i) 只適用於「準母親」；
- (ii) 在第三部分 - 保障內第一節所列明的任何一項受保事件發生或在「兒童」出生日起的第十五日自動終止，以較前者為準；及
- (iii) 任何於「香港」境外發生的受保事件的保障額將減少至百分之五十(50%)。

第二節 - 「兒童」保障

(I) 手術現金保障

1. 非「小型手術」的手術現金保障

如因「傷疾」的原故，「兒童」由「醫生」建議以「住院病人」身份入住「醫院」、在「日間病人」或「門診」規格下進行具有「醫療必需」的非「小型手術」，「本公司」會按第二部份 - 保障表內第二節的項目(1)所選擇的計劃的保障額提供一筆過的手術現金。

除了特別列明在「小型手術表」內的「小型手術」外，所有登記為「住院病人」並在「醫院」規格下進行的「手術」，皆被視為非「小型手術」。

2. 「小型手術」的手術現金保障

如因「傷疾」的原故，「兒童」由「醫生」建議以「住院病人」身份入住「醫院」、在「日間病人」或「門診」規格下進行具有「醫療必需」的「小型手術」，「本公司」會按第二部份 - 保障表內第二節的項目(2)所選擇的計劃的保障額提供一筆過的手術現金。

2.1 所有由「醫生」建議因「傷疾」引致而進行的內窺鏡，無論包括或不包括活組織切片檢驗及/或息肉切除術，都被視為「小型手術」。而下列的內窺鏡，無論包括或不包括活組織切片檢驗，除非是在全身麻醉情況下進行，否則將不受保在此保單內：

- 膠囊內窺鏡
- 鼻腔鼻竇內窺鏡
- 咽頭鏡
- 喉頭鏡
- 陰道鏡
- 子宮鏡

2.2 所有在「門診」或「日間病人」規格下進行的「手術」，皆被視為「小型手術」。

2.3 所有在「小型手術表」內列明的「手術」，皆被視為「小型手術」。

3. 「已存在之傷疾」或「先天性異常」引導致之手術現金保障

如因「傷疾」的原故，「兒童」由「醫生」建議以「住院病人」身份入住「醫院」、在「日間病人」或「門診」規格下就「已存在之傷疾」或「先天性異常」進行具有「醫療必需」的「手術」，「本公司」會按第二部份 – 保障表內第二節的項目(3)所選擇的計劃的保障額提供一筆過的手術現金。

所有保障必需符合以下列明項目方可在本第二節獲得賠償：

- (i) 只適用於「兒童」；
- (ii) 於「兒童的生效日」當日開始生效及於「保險期」屆滿時自動終止；
- (iii) 就任何一宗「傷疾」的保障額，將不會高於第二部份 – 保障表內第二節所選擇的計劃的最高保障額；
- (iv) 就一宗「傷疾」需要進行多於一次「手術」，則「本公司」只會就當中享有最高保障額的一項「手術」提供保障。若「受保人」已就同一宗「傷疾」的較低保障額的「手術」獲得手術現金保障後，則「本公司」將會在扣減已付保障額，向「受保人」提供手術現金保障的差額；
- (v) 保障將不超過於第二部份 – 保障表內所定的每保單年度的最高保障額；及
- (vi) 任何於「香港」境外進行的「手術」的保障額將減少至百分之五十(50%)。

(II) 疫苗保障

「本公司」為「兒童」提供兩劑對抗輪狀病毒的口服疫苗(「年齡」介乎六週至二十四週)。疫苗由蘇黎世保險有限公司指定的服務供應商提供。「本公司」保留權利轉用不同服務供應商而不需要預早通知。「本公司」並不保證任何服務供應商所提供的服務及「本公司」概不負責任何指定的服務供應商提供的貨品或服務。本疫苗設有「兒童」接種年齡的限制(「年齡」介乎六週至二十四週)，若「閣下」沒有在「兒童」出生起六十日內連同「兒童」的出世紙副本或對等文件通知「本公司」有關「兒童」的出生，「本公司」不保證換領信件能按時發出，而「本公司」概不負責任何因延遲導致錯過接種疫苗的替代方案。

第四部份 – 一般不承保事項

本保單將不會承保因下列事故直接或間接引致之索償：

1. 飛行，除非以乘客身份乘搭由持牌商業航空公司營運的正式持牌航機；

2. 酗酒、濫藥或其他成癮的事物

由酗酒、濫藥或其他成癮的事物直接或間接地引起之「疾病」或「損傷」，及任何因該依賴或濫用所引致的費用；

3. 任何於「等候期」內所引起的治療或費用(除非因「損傷」引致)；

4. 化學物及核子污染

任何核子燃料或核子武器物料燃燒後所產生的核子廢料所引致的電離子輻射或放射性污染；

5. 在不抵觸「等候期」所訂明的條件下之「先天性異常」；

6. 犯罪行為

參予任何犯罪行為，包括但不限於搶劫、濫用藥物或襲擊；

7. 職業運動

以職業形式參予任何形式的競賽或運動，或「受保人」只參與此等運動或競賽可賺取報酬；

8. 在不抵觸「等候期」所訂明的條件下之「已存在之傷疾」；

9. 精神疾病

精神失常或神經系統失調，包括但不限於精神病、神經官能症、任何類別抑鬱症、焦慮症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症；

10. 自我傷害行為

自殺、企圖自殺、蓄意自我傷殘、精神錯亂；

11. 特定治療

- 任何因分娩、流產、人工流產、妊娠引致的懷孕狀況及其他有關併發症(除非於本保單第三部分 - 保障下指明)· 避孕或避孕儀器· 男女兩性的先天缺陷或不正常、生育、不育、未能懷孕治療或性功能障礙治療(包括男性性功能障礙影響)及兩性絕育「手術」或還原絕育的「手術」；
- 美容或整容「手術」(包括任何因美容治療引致的「手術」及任何因「意外」所致所引致的治療)；有關淺靜脈曲張、蜘蛛網狀靜脈的治療；
- 任何性質的牙科「手術」；
- 發育延遲或學習及/或語言「傷疾」；
- 人體免疫力衰竭病毒(HIV)及/或任何HIV有關疾病引起· 包括愛滋病(AIDS)及/或不論如何引起或如何定名之變種、衍生或變故病體的治療；
- 任何關於性病或透過性接觸傳染的疾病；
- 任何純粹以針注射或用針的程序；
- 眼部屈光不正；
- 有關腎衰竭的支持性治療· 包括透析治療；
- 有關體重增加的任何手術· 肥胖的治療或所有以增加或減少體重為目的之治療· 不論有沒有疾病或共存疾病的出現；或
- 植入荷爾蒙植入物的治療；

12. 並非由註冊「醫生」所進行的治療；

13. 戰爭或同類的危險

「戰爭」、侵略、外敵入侵、敵對局面(不論正式宣戰與否)、「內戰」、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂。

第五部份 – 基本條款

1. 整體協議

所有包括在本保單的「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。本保單如有任何修改· 必須獲得「本公司」受權人員的批准並簽發批單作實· 方始生效。為避免生疑· 「有關文件」亦會組成續保合約的部份· 除非收到「閣下」的通知· 所有資料會於續保時被視為真確及有效。

2. 「年齡」及資格限制

- (i) 除非另有訂明相反規定· 「準母親」於「首個保單生效日」的「年齡」必須介乎十八至四十五歲。「準母親」的保障將會第三部分 - 保障內第一節所列明的任何一項受保事件發生或在「兒童」出生日起第十五日自動終止· 以較前者為準。本保單之「兒童」保障(如適用)· 將在「兒童的生效日」開始· 並可續保至「兒童」五十五歲· 本保單之所有保障將於「受保人」五十六歲生日後緊隨的「保單生效日」的週年日終止。
- (ii) 「受保人」必須為「香港」市民或居於「香港」而持有有效的「香港」身份證· 並且有固定「香港」住址並以「香港」為慣常居住國家。
- (iii) 「兒童」不能在「本公司」內享有多於一份蘇黎世「孕寶保」手術現金保險計劃· 若「兒童」受保於多於一份該等保障：
 - (a) 「兒童」將被視為只享有提供較高保障額的一份手術現金保障計劃；或
 - (b) 若多於一份的手術現金保障均提供同樣的保障額· 則「兒童」只被視為享有由「本公司」較早生效的一份保障計劃。

在以上情況下· 「本公司」會將不再有效的保單之保費從有關保單生效日起退回· 並不附帶任何利息。有關保單將在「首個保單生效日」起被視為從未生效· 而「本公司」將不就有關保單對「閣下」有任何責任。

3. 「兒童」出生通知

- (i) 「閣下」必需於「兒童」出生起六十日內連同「兒童」的出世紙副本或對等文件通知「本公司」。「兒童的生效日」將會以「兒童」出生日起第十五日開始。
- (ii) 如「閣下」沒有在「兒童」出生起六十日內通知「本公司」有關「兒童」的出生· 「兒童的生效日」將會以「本公司」收到「閣下」的書面通知(連同「兒童」的出世紙副本或對等文件)當日生效。

(iii) 在「本公司」沒有在「保單生效日」的週年日或以前收到有關「兒童」出生通知的情況下，本保單將會於該週年日終止並且「本公司」保留不邀請保單續保的權利。

4. 現況轉變

如「閣下」在投保表格內所提供之資料有任何轉變，「閣下」必須通知「本公司」有關之變更(不論以口述或書面形式)，否則「本公司」有權拒絕所有賠償或使其失效，或在保單逾期時不獲續保。

5. 索償通知

在任何情況下就本保單有任何索償，「閣下」應盡快及在任何受保事件發生後三十天內，向「本公司」提交所有索償所需資料，若未能如期提交，可使索償無效，除非「閣下」能證明有關資料並未能合理地如期提交。

6. 損失證明

(i) 「受保人」必須在索償的受保事件治療完畢後三十天內向「本公司」提交確實損失證明，包括收據正本和明細列項賬單及顯示診斷資料正本，連同填妥的索償表格，方可辦理索償。

(ii) 「本公司」必須收到符合「本公司」要求的證明，而索償人亦必需自費提供「本公司」指定形式及性質的資料、協助、文件、「醫生」簽發的醫療證明及報告，「本公司」方會履行責任作出賠償。

(iii) 「本公司」有權在辦理本保單任何索償的過程中，按情況適當和需要自費檢驗「受保人」。

7. 索償時限

除索償已被「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「傷疾」後滿十二個月方提出之有關索償支付賠償。

8. 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。

9. 支付索償

所有保單的賠償將為港元並在收受所需證明文件後，付予「閣下」，若「閣下」身故，則會付予「閣下」之遺產承繼人。

10. 虛報資料或不披露

如「閣下」或任何代表「閣下」的人士於投保表格或就任何索償知情地作出任何虛假聲明，或未披露「已存在之傷疾」或「先天性異常」，或沒有如實申報，「本公司」概不就任何索償履行賠償責任，本保單規定之所有保障亦即時停止生效。「本公司」亦不會退回已繳保費。

11. 保費

(i) 本保單為一年期保險單。「閣下」必需在「首個保單生效日」的首年支付全年保費；「閣下」可以年繳或月繳形式支付隨後的保費續保，但必需在保費到期日或之前以書面通知「本公司」並且獲得「本公司」接受方可。「閣下」支付首期保費後，隨後的續保保費必須在保費到期日或之前付款。「閣下」必須繳交保單全年之保費。

(ii) 「準母親」的定額保費會按投保申請當時適用的保費表適用於「首個保單生效日」起的首年。而隨後續保時會按每名「兒童」收取保費而保費會根據「兒童」「年齡」達到十八歲時自動調整，而「本公司」保留在保費到期日變更或調整保費之權利。若有任保費改動，「本公司」亦將於保費到期日前三十天內向「閣下」及「兒童」發出書面通知。

(iii) 如「兒童」於出生起十四天內死亡及沒有曾經或將會於本保單索償，「閣下」可獲退還相等於該保單年度已繳之全年保費的百分之五十(50%)，而本保單將會被即時終止。

12. 寬限期

「閣下」付訖首期保費後，「本公司」將於每次保費到期時給予「閣下」三十一天寬限期。在寬限期內，本保單仍維持有效，如「閣下」於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。

13. 重訂保單

如「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後向「本公司」提交令「本公司」滿意的重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂當日起計三十日後開始患上的「疾病」，惟「損傷」除外。

14. 續訂保單

本保單在保險生效後，最長可生效一年，但「本公司」可酌情自動續保本保單。然而「本公司」保留在任何「保險期」續保時更改條款及條件的權利，包括但不限於保費、保障、或不承保事項，並給予「閣下」三十天的書面通知。「本公司」毋須披露有關修訂的原因。在任何一個「保險期」內，如「受保人」在生效日期前尚未接受此修訂，本保單最終將不能續保。

15. 取消保單

- (i) 「本公司」有權以三十日書面通知「閣下」取消保單或任何章節或部份，通知書將以掛號郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關取消之原因。保障取消時，若在有關取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。
- (ii) 「閣下」可於三十日前向「本公司」提出書面通知以取消此保單。
 - (a) 在「首個保單生效日」起的首個保單年度，「本公司」將不會退還本保單任何已支付的保費，惟第五部分 - 基本條款第11項指明除外。
 - (b) 在隨後的保單年度，如在該「保單生效日」至保單終止當天(保障期)無索償紀錄，已繳交之全年保費將根據下列適用的比率計算扣減，但在任何情況下不可低於「本公司」慣常收取的最低保費。如保單以按月方式繳付全年保費，「本公司」亦有權按以下比率向「閣下」收取剩下之全年保費。
- (iii) 於上述(i)或(ii)(b)情況下，如該保單年度已獲得本保單賠償或接受服務，有關之未到期的保費將不獲退還及「閣下」必須繳交該保單全年之保費。

保障期	收費比率
2 個月 (即慣常收取的最低保費)	40%
3 個月	50%
4 個月	60%
5 個月	70%
6 個月	75%
超過 6 個月	100%

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」後十四日內以「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。

16. 保障終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

- (i) 第三部分 - 保障內第一節所列明的任何一項受保事件發生；
- (ii) 「受保人」不再符合第五部份 - 基本條款第2項 - 「年齡」及資格限制所述之情況；
- (iii) 根據第五部份 - 基本條款第10項 - 虛報資料或不披露所述之情況；
- (iv) 根據第五部份 - 基本條款第12項 - 寬限期中所述之保費到期日；
- (v) 根據第五部份 - 基本條款第11項 - 保費或第15項 - 取消保單所述之情況。

17. 更改保障

「閣下」可於「保單生效日」的週年日前三十天以書面申請更改或「提升」保障。申請必須連同詳細之健康聲明，詳列任何「受保人」於申請更改保障時已知或已有之「損傷」、「疾病」、病徵或身體狀況，或「受保人」正在接受或將會接受之治療或藥物。申請必須經「本公司」批核。「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項(只限增加保障部份)。

18. 虛報「年齡」或性別

如「受保人」虛報其「年齡」或性別，「本公司」會按其正確「年齡」或性別應付之保費而退回或收取保費的差額。倘「受保人」投保時的正確「年齡」未符合保單的要求或已超出限制，「本公司」於任何情況下只會退回保費而不負責任何承保責任。

19. 筆誤

「本公司」的筆誤不會令生效的保單因而失效，或令失效的保單因而生效。

20. 法律訴訟

依據本保單規定，當索償證明文件送交「本公司」後，六十日內不得進行法律訴訟以求賠償。此外，「受保人」亦不得在「本公司」要求其提供索償證明的指定限期屆滿兩年後提出訴訟。

21. 代位權

「本公司」有權自費以「受保人」名義對任何導致索償的承保事件的第三者進行追討。

22. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可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。所有未能解決之爭議，一律按照「香港」法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在「香港」進行，並由爭議各方同意之單一仲裁人裁定。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「閣下」或「受保人」並未能於「本公司」所發出之通知十二個月內按以上規定展開仲裁，「閣下」之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。

23. 第三者權利

除「閣下」或「兒童」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。

24. 遵從保單條款

如違反本保單任何條款，所有就本保單提出的索償均告無效。

25. 個人資料收集目的

「本公司」將根據「本公司」不時通知「閣下」並上載於網頁 (www.zurich.com.hk/eng/cs_nonlifepolicyservices_privacy.htm) 的私隱政策使用所有已收集及持有個人資料。

26. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」的專有司法裁判權。

第六部份 – 賠償程序

步驟 1：在首次治療「傷疾」後三十天內，以書面通知「本公司」；

步驟 2：填寫賠償申報表及提交下列所需正本證明文件。

1. 在「醫院」進行第二部分 - 保障表第1節列明的受保事件或「手術」

載明下列資料的「醫院」結單：

- 病人姓名
- 「住院」日期
- 診症；及
- 「手術」詳情

2. 在「門診」或「日間病人」的規格下進行的「手術」

載明下列資料的主診「醫生」收據：

- 病人姓名
- 診症日期
- 診症；及
- 「手術」詳情

(此保單分別有英文及中文版本，而中文版本乃是本保單之譯本，只供參考之用，如中文與英文有異，均以英文為準)

- 完 -

Schedule of Minor Surgery 「小型手術表」

We reserve the right from time to time to revise or adjust the *Schedule of Minor Surgery*. Any such changes will take place upon policy anniversary.

「本公司」會定期調整「小型手術表」內列出之「小型手術」並保留更新「小型手術表」之權利。任何調整將於本保單「保單週年日期」適用。

EYE AND OCULAR ADNEXA 眼睛	
Eyelid surgery	眼瞼手術
Removal of corneal foreign body	清除角膜異物
Repair of cornea	角膜修補術
All conjunctival or corneal operations except corneal grafting, severe corneal wound repair and keratoplasty	所有結膜或角膜手術，不包括角膜植入、嚴重角膜傷口修補及角膜造形術
Removal of style, chalazion or pterygium (one or both sides)	切除瞼腺炎、瞼板腺囊腫或翼狀胬肉(一側或兩側)
Probing with/without syringing of lacrimal canaliculi / nasolacrimal duct	用探針擴張淚小管 / 鼻淚管兼 / 不兼沖洗
NOSE / EAR / LUNG 鼻 / 耳 / 喉 / 肺	
Antral puncture and lavage	鼻竇穿刺及灌洗
Myringotomy (with/without insertion of tube)	耳鼓膜穿刺術(包括/不包括植管)
SKIN, SUBCUTANEOUS TISSUE AND BREAST 皮膚、皮下組織及乳房	
Excision of lesion of skin or subcutaneous tissue	皮膚病變組織或皮下組織切除
Suture or excision and suture of wound(s) on skin	皮膚上縫合或皮膚上組織切除及傷口縫合
Incision and/or drainage of lesion of skin including abscess	切口及/或引流皮膚病變組織包括膿腫
Removal of foreign body from skin and subcutaneous tissue	皮膚或皮下組織異物取出
Wedge excision or avulsion of nail including chemical ablation, unilateral or bilateral	單側或兩側嵌甲切除及/或撕脫包括化學消融
Curettage/cryotherapy/cauterisation/laser treatment of lesion of skin	皮膚或皮下病變組織切除/ 冷凍治療 / 電灼治療 / 激光治療
Biopsy of breast lump	乳房腫塊活細胞檢查
ENDOCRINE AND LYMPHATIC SYSTEM 內分泌及淋巴系統	
Biopsy of neck or lymph node	頸或淋巴活細胞檢查
Fine needle aspiration (FNA) cytology or lymph node needle biopsy	細針抽吸細胞術 / 淋巴結針管抽取活組織檢驗
Drainage of lesion or abscess of lymph node	淋巴結膿腫引流
MUSCULOSKELETAL SYSTEM 骨骼肌肉系統	
Biopsy of muscle or soft tissue	肌肉或軟組織活細胞檢查
Surgical toilet to deep wound under local anaesthetic	局部麻醉下為深傷口進行手術創口洗滌
Trigger finger or thumb release	扳機指或姆指鬆解手術
Release of De Quervain's disease	迪克文氏腱鞘炎
FEMALE GENITAL SYSTEM 女性生殖系統	
Cervix cryosurgery/cauterization/laser/conization/knife-cone biopsy	子宮頸冷凍手術/燒灼術/雷射手術或錐形切除術/子宮頸錐狀切片
Excision of cervical lesions	子宮頸患處切除
GENERAL 一般	
Any surgeries undertook at outpatient or day patient setting	任何在門診或日症設備環境下進行之手術
Any endoscopy with/without biopsy & with/without polypectomy (except as stated under Provision 2.1 of PART 3-SURGICAL CASH BENEFITS)	任何內窺鏡包括/不包括活組織檢查及包括/不包括瘻肉切除(已列明在保單第三部份-手術保障之第 2.1 項除外)