

personal accident

we share your life's uncertainties



SmartCare Prime
gives you peace of mind

SmartCare Prime is designed to provide a wide range of cover to protect both you and your family in case of an accident happening anywhere in the world, 24 hours a day.

Summary of Benefits and Premium Table

(effective from 19 September 2011 until further notice)

Benefits		Silver Plan	Gold Plan	Platinum Plan
		Maximum Limit (HK\$)		
1	Accidental Death Benefit is payable for death occurring within 12 months from the date of accident.	\$500,000	\$1,000,000	\$1,500,000
2	Permanent Disablement Benefit is payable according to the scale of the permanent disablement occurring within 12 months from the date of accident.	\$500,000	\$1,000,000	\$1,500,000
3	Accidental Medical Expenses			
	(i) Medical Expenses The actual reimbursement of the medical expenses occurring within 12 months from the date of accident. Extension: Medical expenses for registered Chinese Herbalist, Bonesetter or Acupuncturist (\$150 per consultation once per day).	\$15,000	\$30,000	\$50,000
	(ii) Double Medical Indemnity for Third Degree Burn Double up the medical expenses is payable for third degree burn as a result of an accident.	\$1,000	\$2,000	\$3,000
4	Daily Hospital Cash A daily hospital cash is payable if Insured Person is confined to a hospital, subject to minimum hospital confinement of 5 consecutive days, as a result of an accident (max. 365 days).	\$27,375 (\$75/day)	\$54,750 (\$150/day)	\$164,250 (\$450/day)
5	Free Additional Benefits			
	(i) Double Indemnity - for traffic accident whilst riding as a passenger or landslide, flood, explosion or fire Double up the accidental death or permanent disablement is payable for Insured Person suffer death or permanent disablement (i) as a <u>passenger</u> in a traffic accident, whether it is a "MTR", railway train, tram car, taxi, public light bus, public bus, rental car, ferry or schedule airlines as well as private car; OR (ii) as a result of landslide, flood, explosion or fire.	\$1,000,000	\$2,000,000	\$3,000,000
	(ii) Immediate Cash Relief A cash relief benefit is payable for death due to an accident.	\$50,000	\$75,000	\$100,000
(iii) 24-Hour AXA Assistance Hotline Service (Worldwide Service) The Insured Person can contact AXA Assistance 24-Hour Hotline Service for emergency assistance on advisory or referral services. In the event of medical evacuation or repatriation due to an accident, expense incurred will be paid subject to the maximum limit provided under the accidental medical expenses.				
Annual Premium for				
	Insured Only	\$750	\$1,230	\$2,160
	Spouse	\$635	\$1,035	\$1,835
	Child	\$375	\$615	\$1,080

N.B.

- Free of charge for 1 child will be provided to each Insured Person.
- Child refers to Insured's unmarried child aged between 1 and 17 years old.
- Each Insured Child will receive 50% of the policy benefits.
- Minimum premium per policy is \$500.

redefining / standards



plans to choose from

Platinum, Gold or Silver Plan

We offer you a choice of three levels of coverage. Each Plan is packaged comprehensively in order to provide you a total peace of mind. In addition, you will enjoy saving of premiums should you choose to cover your spouse and your children.

eligibility

- All Hong Kong residents aged between 18 and 65 can apply.
- Persons engaging in professional, administrative, and clerical duties generally; or in occupations of a superintending nature or which may involve occasional light manual work.

main exclusions

Some of the exclusions under this Plan are:

- Suicide or intentional self injury
- Any kind of sickness or disease
- Unnecessary medical or surgical treatment
- Cosmetic surgery for purposes of beautification
- Venereal disease or insanity, AIDS
- Pregnancy or childbirth
- Acts committed under the influence of drugs or alcohol
- Duties as part of the police, fire services or military
- Strike, riot, civil commotion (except passive risks)
- Injury due to war, nuclear weapons, radioactivity
- Any acts violating the law
- Engaging or participating in a professional capacity or where you should or could earn income or remuneration from engaging or participating in such sport
- Engaging or participating in any kind of speed contest or racing (other than on foot)
- Flying other than as a fare-paying passenger

NB: Please refer to the policy for complete details. A specimen policy can be made available upon request.

All amounts are in Hong Kong Dollars.

Levy collected by the Insurance Authority will be imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061.

motor
property
leisure & travel
healthcare
personal accident
business packages
liability
marine

To apply or for more details, please contact your agent or broker, or you can contact us on

2523 3061

www.axa.com.hk

為你分憂 照顧你不時之需



「卓越」全意保
令你倍感安心

「卓越」全意保 是特定為你及你的家庭而設的個人意外保險計劃，無論你身在世界各地，本計劃都會提供24小時至周全的保障，令你及你的家人安枕無憂。

承保範圍及保費表

(此保費由2011年9月19日生效，直至另行通知為止。)

保障範圍		銀計劃	金計劃	白金計劃
		最高限額 (港幣)		
1	意外死亡 因意外受傷並於12個月內死亡，可獲意外死亡賠償。	\$500,000	\$1,000,000	\$1,500,000
2	永久傷殘 因意外受傷並於12個月內被註冊醫生診斷為永久傷殘，可根據意外傷殘的受傷程度而獲得賠償。	\$500,000	\$1,000,000	\$1,500,000
3	意外醫療費用			
	(i) 醫療費用 於意外發生後的12個月內，賠償有關醫療費用。 附加保障： 於註冊中醫、跌打醫師或針灸醫師的診療費用 (每日每次最高賠償總額為\$150)。	\$15,000	\$30,000	\$50,000
	(ii) 三級程度燒傷可獲雙倍醫療賠償 因意外導致身體達三級程度燒傷，本計劃將提供雙倍醫療賠償。	\$1,000	\$2,000	\$3,000
4	每日住院現金津貼 因意外而需住院連續超過5日，可獲每日住院現金津貼 (最長可達365日)。	\$27,375 (\$75/日)	\$54,750 (\$150/日)	\$164,250 (\$450/日)
5	免費額外保障			
	(i) 雙倍賠償保障 - 乘搭交通工具途中遇到交通意外或因山泥傾瀉、水災、爆炸、火災 (i) 若受保人乘搭地下鐵路、火車、電車、的士、小巴、巴士、出租汽車、渡輪、飛機或私家車時遇到交通意外；或 (ii) 因山泥傾瀉、水災、爆炸或火災而導致死亡或永久傷殘，受保人可獲得雙倍賠償。	\$1,000,000	\$2,000,000	\$3,000,000
	(ii) 意外死亡撫恤金 因意外而導致死亡，可獲得意外死亡撫恤金。	\$50,000	\$75,000	\$100,000
(iii) 安盛24小時支援熱線 (全球服務) 受保人可享用安盛24小時全球支援熱線所提供的諮詢或轉介服務。若遇緊急醫療運送或遣返，本計劃可提供在「意外醫療費用」內的保障額。				
每年保費				
投保人本人		\$750	\$1,230	\$2,160
配偶		\$635	\$1,035	\$1,835
子女		\$375	\$615	\$1,080

備註：

- 免費子女保障：每名投保人最多可享一名子女保費豁免。
- 子女必須為未婚人士及年齡介乎1歲至17歲。
- 每名合資格子女可獲賠償保單保障額的一半。
- 每份保單最低保費為\$500。

可選擇計劃

「白金計劃」、「金計劃」及「銀計劃」

三項不同級別的保障計劃供你選擇。每項計劃皆能為你提供最適切的保障，令你無後顧之憂。此外，若你同時為你的配偶及子女投保，可享保費優惠。

投保條件

- 凡18至65歲居港人士均可投保
- 從事專業、行政及文職工作的人士；或從事督導性質的人士或職責涉及輕微體力勞動工作者

主要不保事項

此計劃主要不受保事項包括：

- 自殺或蓄意自殘
- 任何疾病
- 不必要的醫療及手術治療
- 美容及整容手術
- 性病或神智失常、愛滋病
- 懷孕或分娩
- 受藥物或酒精影響
- 從事警務、消防或軍事工作
- 直接參與罷工、暴動、騷亂
- 戰爭、核武、輻射導致的傷亡
- 參與非法活動
- 以職業身份參與體育運動
- 從事或參與任何種類的速度競賽或賽車（賽跑除外）
- 除購買機票成為乘客以外的一切航空活動

註：一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。

所有金額均以港元計算。

本中文簡譯，概以英文原文為準

保單將會按適用之徵費率徵收保險業監管局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電AXA安盛(852) 2523 3061。

汽車系列
財物系列
消閒及旅遊系列
醫療系列
個人意外系列
綜合商業系列
責任系列
貨物水險系列

有意投保人士或欲進一步了解本保險計劃的內容，歡迎致電貴保險代理、經紀或致電向本公司查詢。

2523 3061

www.axa.com.hk



redefining / standards

AXA General Insurance Hong Kong Limited

23/F, One Kowloon, 1 Wang Yuen Street
Kowloon Bay, Kowloon, Hong Kong

☎ (852) 2523 3061

📠 (852) 2810 0706

✉ axahk@axa-insurance.com.hk

🌐 www.axa-insurance.com.hk

Policy

SmartCare Prime

Policy coverage attaching to and forming part of Policy of Insurance

Welcome to Your AXA General Insurance Hong Kong Limited **SmartCare Prime** Personal Accident Insurance Policy.

Your Policy consists of
the proposal form (if any)
the Policy wording in this jacket
the Schedule

Your Schedule shows
details of Your cover
the Period of Insurance
the sums insured
any special terms that may apply to Your Policy

Following payment of the premium stated in the Schedule We will, in the event of Accident, Injury, or loss happening during the Period of Insurance anywhere in the world, provide Insurance as described in the following pages for those Sections You have chosen.

Please read this jacket together with Your Schedule to make sure You know what cover is provided.

If You require more cover or different cover please consult Your insurance advisor or AXA General Insurance Hong Kong Limited.

Definitions

Certain words in the Policy have special meanings. These words have the same meaning wherever they are used in the Policy or the Schedule or subsequently endorsed hereon. These are given below or defined at the beginning of the appropriate Section.

Accident	means a sudden unforeseen and fortuitous event.
Child	refer to the Insured's unmarried dependent Child/children age below 18 and greater than 1 year old.
Daily Activities	means eating, dressing, bathing, using the lavatory and moving in/out of a bed in all cases without assistance.
Disability/Disabilities	means any of the Disability(ies) (including accidental death) listed in the Compensation Table which must be resulted from an Injury of the Insured Person.
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	An establishment which meets all the following requirements: <ul style="list-style-type: none"> ▪ holds a license as a Hospital (if licensing is required in the state or governmental jurisdiction); ▪ operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; ▪ provides 24-hour a day nursing service by registered or graduated nurses; ▪ has a staff of one or more licensed physicians available at all times; ▪ provides organized facilities for diagnosis and major surgical facilities; and ▪ is not primarily a clinic, nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.
Hospital Patient	a patient necessarily and continuously confined to a Hospital, under the care of a Qualified and Licensed/Registered Medical Practitioner for more than 24 hours, confinement being certified as necessary by the attending Qualified and Licensed/Registered Medical Practitioner.
Injury	means a bodily injury sustained by an Insured Person caused solely and directly by an Accident and does not include any illness or naturally occurring medical conditions or degenerative process.
Insured Person	means a person who is named as an "Insured Person" or a "Member Insured" shown in the Schedule or subsequently endorsed hereon and aged from 18 to 65 on the commencement date of the Period of Insurance.
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 rendering the Insured Person absolutely deaf in both ears irremediable by surgical or other means of treatment.

Limb

refers to a hand or foot.

Loss of Limb

means complete severance through at or above the wrist or ankle joint or the total and Permanent functional disablement of an entire hand, arm, foot or leg.

Loss of Sight of Eyes

means the total and irrecoverable Loss of all sight of an eye rendering the Insured Person absolutely blind in that eye beyond remedy by surgical or other treatment.

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 rendering the Insured Person absolutely Loss of Speech beyond remedy by surgical or other treatment.

Loss of Use

means total functional disablement and is treated like the total loss of said Limb or organ.

Medical Expenses

means the actual reasonable and customary cost necessarily incurred, in respect of the Insured Person as a result of Injury sustained, for Medical Expenses paid by the Insured Person or by You on behalf of the Insured Person to a duly Qualified and Licensed/Registered Medical Practitioner for medical, surgical, X-ray, Hospital confinement, nursing treatment or other diagnostic or remedial treatment given or prescribed by a Qualified and Licensed/Registered Medical Practitioner including the cost of medical supplies and surface ambulance (excluding helicopter and any aircraft) hire as the result of an emergency, but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by Injury.

Permanent

means lasting 12 consecutive months from the date of Accident and at the expiry of that period being beyond hope of improvement.

Permanent Total Disablement

means as the result of Injury and commencing within 12 consecutive months from the date of the Accident, the Insured Person is totally and permanently disabled and prevented from engaging in or attending any business or occupation. If the Insured Person has no employment or occupation at the time of Injury, Permanent Total Disablement means the inability to perform to all of the Daily Activities in his/her like age and sex which would normally be carried out by the Insured Person in his/her daily life. Provided such Disability has continued for a period of 12 consecutive months and certified by a Qualified and Licensed/Registered Medical Practitioner to be total, continuous and Permanent for the remainder of the Insured Person's life.

Qualified and Licensed/Registered Medical Practitioner

means a medical practitioner qualified by a medical degree and duly licensed or registered to practice medicine and who, in rendering such treatment (surgery or medical procedures for the sole purpose of cure or relief of Injury), is practicing within the scope of his or her licensing and training in the geographical area of practice.

Spouse

refer to The Insured's Spouse.

We/Us/Our/the Insurer/the Company

means AXA General Insurance Hong Kong Limited.

You/Your/Yourself/the Insured

means the person named as the policyholder or the Insured shown in the Schedule or subsequently endorsed hereon. Provided that the policyholder or the Insured is between 18 and 65 years of age.

Section 1 - Accidental Death

We will pay the amount shown in the Schedule or subsequently endorsed hereon if during the Period of Insurance the Insured Person shall sustain Injury caused by an Accident and resulting in death within 12 consecutive months from the date of Accident.

Section 2 - Permanent Disablement

We will pay the amount shown in the Schedule or subsequently endorsed hereon if during the Period of Insurance the Insured Person shall sustain Injury caused by an Accident and resulting in Disabilities (total or partial) as described in the Compensation Table within 12 consecutive months from the date of Accident.

DISABILITY	COMPENSATION (Percentage of sum insured)
1. Permanent Total Disablement	100%
2. Permanent and incurable paralysis of all Limbs	100%
3. Permanent total Loss of Sight of both Eyes	100%
4. Permanent total Loss of Sight of one Eye	100%
5. Loss of or the Permanent total Loss of Use of two Limbs	100%
6. Loss of or the Permanent total Loss of Use of one Limb	100%
7. Permanent Loss of Speech and Loss of Hearing	100%
8. Permanent and incurable insanity	100%
9. Permanent total Loss of Hearing in	
(a) both ears	75%
(b) one ear	20%
10. Permanent Loss of Speech	50%
11. Permanent total loss of the lens of one eye	50%
12. Loss of or the Permanent total Loss of Use of four Fingers and thumb of	
(a) right hand	70%
(b) left hand	50%
13. Loss of or the Permanent total Loss of Use of four Fingers of	
(a) right hand	40%
(b) left hand	30%
14. 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%
15. 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%
16. 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%
(d) any other toe	3%
17. Fractured Leg or Patella with Established Non-Union	15%
18. Shortening of leg by at least 5cm	10%
19. Permanent disablement not falling under Disability 1 to 18 inclusive, We may, at Our absolute discretion, pay the Insured Person a sum of compensation which shall be calculated by Us and by reference to the degree of such a Disability and being in its opinion not inconsistent with the Disability 1 to 18 inclusive.	

Section 3 - Accidental Medical Expenses

3.1 Medical Expenses

We will pay the actual Medical Expenses up to but not exceeding the maximum amount specified in the Schedule, incurred within 12 consecutive months as from the date of an Accident by the Insured Person, if during the Period of Insurance the Insured Person shall sustain Injury caused by such Accident.

EXTENSION:

1. We will indemnify the Medical Expenses incurred by the Insured Person and paid to the registered Chinese Herbalist, Bonesetters or Acupuncturists provided that the maximum liability of Us shall not exceed \$150 per consultation once per day. Claim must be accompanied with an official payment receipt, We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "registered Chinese Herbalist, Bonesetters or Acupuncturists" under sub-limit for respective Plan during the Period of Insurance.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Accidental Medical Expenses" during the Period of Insurance.

3.2 Double Medical Indemnity for Third Degree Burn

The sum insured under Section 3.1 - Medical Expenses shall be doubled if the Injury for which a valid claim exists is caused by or as a result of an Accident and is diagnosed by a Qualified and Licensed/Registered Medical Practitioner to have suffered from a Third Degree Burn.

DEFINITIONS:

- (a) "Burns" means tissue damage caused by the agent as heat only.
- (b) "Degree" means the unit of measurement for the Burns customarily used by the local government in the place where this Policy is issued.

- (c) "A Third Degree Burn" means the damage or destruction of the skin to its full depth and damage to the tissues beneath.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Double Medical Indemnity for Third Degree Burn" under sub-limit for respective Plan, during the Period of Insurance.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Double Medical Indemnity for Third Degree Burn" during the Period of Insurance.

Section 4 - Daily Hospital Cash

We will pay a daily hospital cash, if during the Period of Insurance, the Insured Person shall sustain Injury caused by an Accident resulting to a Hospital confinement as a Hospital Patient, up to 365 days, during any one year.

No payment will be paid if an Insured Person is confined to a Hospital as a Hospital Patient for less than 5 consecutive days. If an Insured Person is confined to a Hospital as a Hospital Patient for 5 days or more, the daily hospital cash will be paid as from the first day the Insured Person is confined as a Hospital Patient.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Daily Hospital Cash".

Section 5 - Free Additional Benefits

5.1 Double Indemnity - for traffic Accident whilst riding as a passenger or landslide, flood, explosion or fire

The benefit payable under Section 1 - Accidental Death or Section 2 - Permanent Disablement item 1 to 8 under the "Compensation Table" shall be doubled if the death or Injury for which a valid claim is payable under Section 1 or Section 2 of this Policy is caused (i) by a traffic Accident of "MTR", railway train, tram car, taxi, public light bus, public bus, rental car, ferry or schedule airlines as well as private car in which the Insured Person at the time of the Injury is traveling as an ordinary passenger or (ii) as a result of landslide, flood, explosion or fire.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Double Indemnity on Accidental Death" or "Double Indemnity on Permanent Disablement" under sub-limit for respective Plan.

In any circumstances, the total amount shown in the Schedule the "Double Indemnity on Accidental Death" or "Double Indemnity on Permanent Disablement" under sub-limit for respective Plan, represents the maximum amount We will pay under Section 1 and/or Section 2.

5.2 Immediate Cash Relief

A cash relief payment will be made to the deceased's beneficiary in the event of death of the Insured Person resulting from which a valid claim is payable under Section 1 of this Policy.

We will not pay more than the total amount shown in the Schedule or subsequently endorsed hereon for "Immediate Cash Relief".

5.3 24-Hour AXA Assistance Hotline Service (Worldwide Service)

The Insured &/or the Insured Person during the Period of Insurance could contact AXA Assistance 24-hour hotline service for emergency assistance at:

Hong Kong (852) 2861 9285

Please provide the following information when contacting AXA Assistance:

- Insured Person's name and his/her passport or identity card number, and
- Policy number and inception date of the Policy, and
- The name of the place and the telephone number where AXA Assistance can reach the Insured &/or the Insured Person or his/her representative, and
- A brief description of the Accident and the nature of the assistance required

The following emergency evacuation services and benefits are available:

- (1) Telephone medical advice or referral appointment
- (2) Medical evacuation
- (3) Repatriation after treatment / Repatriation of mortal remains
- (4) Compassionate visit / Return of unattended dependent Child
- (5) Arranging of Hospital admission
- (6) Travel assistance

Service provided is primarily on advisory or referral basis. Expenses incurred should be paid by the Insured &/or the Insured Person other than items (2), (3), (4) and (5) which are subject to:

- the total amount/sum insured provided under Section 3 - Accidental Medical Expenses
- terms and conditions contained in this Policy
- the incidents due to an Accident
- Insured Person is outside Hong Kong at the time of Accident

Our 24-Hour AXA Assistance hotline service is coordinated by the service provider, We shall not be responsible for any act or failure to act on the part of the service provider.

General Provisions

The following general provisions are applicable throughout the whole Policy:

1. Should "Spouse" and/or "Child" is/are also included as an Insured Person, subject to the terms and condition herein, the benefits entitled to by "Spouse" shall be at the same level as entitled to by the "Insured", and the benefits entitled to by each "Child" shall be at 50% of the level of benefits as entitled to by the "Insured".
2. Payment shall not be made under more than one of Section 1 and Section 2.
3. If compensation has been made under Section 2 and accidental death occurs within the subsequent 12 consecutive months, then We shall pay the difference (if any) between the compensation payable under Section 2 and the compensation payable for the Section 1.
4. Where the aggregate amount of compensation paid in respect of the Insured Person is equal to 100% of the sum insured, We shall be under no further liability under this Policy in respect of the same Insured Person for Injury sustained thereafter. Where the aggregate amount of compensation paid in respect of the Insured Person is less than 100% of the sum insured, the Disability as stated in the Compensation Table applicable to that Insured Person shall be reduced to the amount of original sum insured that remains unpaid. Our maximum liability under Section 2 is 100%.

5. When a Limb or organ which had been partially dysfunctional or disabled prior to an Injury covered under this Policy and which becomes totally dysfunctional or disabled as a result of such Injury, the Percentage of sum insured payable shall be determined by Us in its sole discretion having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of the loss of or the Permanent total Loss of Use of one Limb or organ which was totally dysfunctional or disabled prior to the Injury.
6. Compensation payable in respect of "right hand" and "left hand" under Disability 12 to 15 inclusive of the Compensation Table shall be reversed if the Insured Person is left-handed.
7. If the Insured Person suffers from a loss of or the Permanent total Loss of Use of Limb and a Toe(s) or a Finger(s) of the same Limb which gives rise to compensate being payable under the Compensation Table, the Insured Person will only be entitled to the compensation in respect of the loss of or the Permanent total Loss of Use of one Limb under the Compensation Table.

General Extensions

The following general extensions are applicable throughout the whole Policy:

1. Exposure

If following an Accident the Insured Person is unavoidably exposed to the natural elements and as a direct result of such exposure suffers accidental death, such accidental death shall be considered as constituting a claim under Section 1 of this Policy.

2. Disappearance

Accidental death shall not in any way be presumed by reason of the disappearance of the Insured Person except in the event of the total loss by sinking or wrecking of the ship or aircraft in which the Insured Person was traveling at the material time. Accidental death payment 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 Us if it is later discovered that the Insured Person is found to be living and do not suffer Accident death as a result of the Accident.

General Exclusions

1. The following general exclusions are applicable throughout the whole Policy:
 - (a) Any unlawful act of an Insured &/or Insured Person or his wilful exposure to danger (other than in an attempt to save human life), intentional self Injury, suicide or attempted suicide, while sane or insane.
 - (b) 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.
 - (c) Medical or surgical treatment except where such treatment is rendered necessary by Injury within the scope of this Policy.
 - (d) Treatment related to cosmetic surgery for purposes of beautification no matter the treatment is rendered as a result of burns.
 - (e) Venereal disease or insanity, AIDS (Acquired Immune Deficiency Syndrome) & ARC (AIDS Related Complex) & HIV (Human Immunodeficiency Virus) infection.
For the purpose of this exclusion, the term AIDS shall have the meanings assigned to it by the World Health Organization including opportunistic infection (includes but not limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection), malignant neoplasm (includes but not 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 AIDS), encephalopathy (dementia), HIV wasting syndrome or any disease or illness in the presence of a sero-positive test for HIV.
 - (f) Pregnancy or childbirth or miscarriage or abortion or infertility.
 - (g) Effect or influence of alcohol or drugs not prescribed by a Qualified and Licensed/Registered Medical Practitioner.
 - (h) Travel or flight in any device for aerial navigation, other than solely as a passenger on a certificated passenger aircraft operated by a regularly established airline or any regularly scheduled, non-scheduled, special or chartered flight.
 - (i) Whether on a full time or part time, regular or temporary in military or police duties or fire service or other armed service or operation of any country.
 - (j) Declared or undeclared war or any act thereof, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military or usurped power.
 - (k) Strike, riot and civil commotion but it shall not apply to passive risks. Passive risk shall be deemed to mean Insured Person being killed or injured because they were accidentally in a place when an act of strike, riot and civil commotion occurred.
 - (l) Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel.
 - (m) Radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
 - (n) Insured Person engaging or participating in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging or participating in such sport.
 - (o) Insured Person engaging or participating in any kind of speed contest or racing (other than on foot).
 - (p) Any loss caused by an Injury which is a consequence of any kind of disease.
 - (q) General and health check-ups or any investigation not directly related to admission diagnosis, sickness or Injury, or any treatment or investigation which is not medically necessary.
2. Sanction Limitation and Exclusion Clause
Under no circumstances shall this insurance contract be deemed to provide cover and no liability be incurred 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 insurers to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

General Conditions

The following general conditions are applicable throughout the whole Policy:

You must comply with the following general conditions to have the full protection of Your Policy. If You do not comply with them, We may cancel the Policy or refuse to deal with Your claim.

1. This Policy and the Schedule or subsequently endorsed hereto shall be read together as one entire contract. Any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule or subsequently endorsed hereto shall bear such specific meaning wherever it may appear. No amendment or alternation to this Policy shall be valid until approved in writing by Us and evidenced by an endorsement hereto or being attached hereto as part of this Policy and such endorsement must be signed by Us.

2. Change of Occupation

The Policy shall cease to be in force if there be any alternation in the occupation or job nature of the Insured Person unless specified otherwise in the Schedule or subsequently endorsed hereto.

3. Claims

If any Accident, resulting in Injury to the Insured Person which may give rise to a claim, You or the Insured Person must

- (a) give written notification to Us within 30 days after the occurrence of any loss with full particulars of both the occurrence and the Injury
- (b) send to Us immediately any writ or summons and as soon as possible any letter, claim or other document
- (c) notify Us immediately of any impending prosecution, inquest or fatal inquiry
- (d) ensure that proper medical and surgical advice is obtained and followed by You or Insured Person or Insured Person's family members as soon as possible after any Accident or Injury
- (e) at Your expense, or at the expense of any person representing You, provide Us with all reports, certificates, information and other documents as We may reasonably require.

We are entitled to request

- an examination by a medical referee appointed by Us for a non-fatal Injury
- a post-mortem examination in the event of death

4. Cancellation

We may cancel the Policy by sending 7 days notice by registered letter to You at Your last known address. We will return a proportionate part of the premium providing no claims have been made.

You may also cancel the Policy at any time by sending 7 days written notice. If there has been no claim during the current period We will return a proportionate part of the premium.

5. Notification of Changes

You shall

- (a) give written notice to Us within a reasonable time of any change in the occupation of the Insured Person and/or any change in Your business nature covered by this Policy (and We will advise You if there is any additional premium required by Us)
- (b) before each renewal of this Policy, give Us written notice of any illness diseases physical defect or infirmity of the Insured Person by which he/she has become affected or which has come to his/her knowledge.

6. Change of Beneficiary Assignment

The right to change beneficiary is reserved to the Insured &/or Insured Person. No change of beneficiary or assignment of interest under this Policy shall be binding upon the Company unless the original or a duplicate notification thereof is received and endorsed by the Company, which does not assume any responsibility for the validity thereof.

7. Fraud

If You or anyone acting for You makes a claim under the Policy knowing the claim to be false or fraudulently inflated We will not pay the claim and all cover under the Policy will be forfeited.

8. Payment of Benefits

Any benefits payable under this Policy will be paid to the Insured &/or Insured Person or to the Insured's &/or Insured Person's beneficiary. Receipt of the benefit by the Insured &/or Insured Person or The Insured's &/or Insured Person's beneficiary shall discharge Our liability under this Policy.

Payment shall not be made under more than one of Section 1 and Section 2.

9. Arbitration

All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators, one to be appointed by each of the parties in writing, or in case the Arbitrators do not agree, of an Umpire appointed by the Arbitrators in writing before entering upon the reference, and the making of the award shall be a condition precedent to any liability of Us or any right of action against Us in respect of any claim. If any such difference shall relate to the degree of Permanent disablement for the purpose of this Policy the arbitrator or arbitrators and umpire shall be qualified medical practitioners.

10. Other insurance(s) [Applicable to Section 3 only]

Any treatment in respect of same Accident or Injury for which compensation is payable under any government law or under the Employees' Compensation Ordinance, or for which benefits are payable under any other group or individual insurance policy, the Insured Person has to claim any compensation provided by such laws or other policies first before seeking any further reimbursement from Us.

If the Insured Person effects any other policies which carry similar provision as mentioned in the above paragraph, We will only pay Our rateable proportion.

11. Renewal

- (a) We shall not be bound to accept any renewal premium or to send any notice of the renewal premium becoming due.
- (b) This Policy shall not be renewable in respect of any Insured Person after the end of the Period of Insurance during which the Insured Person has attained the age of 65, unless it is agreed by Us (and We will advise You if there is any additional premium required by Us).

12. Jurisdiction

The Policy shall be governed and construed in accordance with the laws of Hong Kong Special Administrative Region.

13. This Policy is subject to minimum premium of \$500.

14. Insurance provided under this Policy with respect to all Sections shall apply 24 hours a day anywhere in the world, unless specified in the Policy Schedule.

How to Make a Claim

You should

1. Check that the cause of the Injury, Accident or loss is covered.
2. Follow the conditions in this Policy.
3. Complete the claim form obtainable from the Company. Claim form can also be downloaded from Our Company website.
4. In connection with any Injury, Accident or loss which may give rise to a claim under the Policy it is most important that You
 - (a) tell Us and provide full details in writing within 30 days after the occurrence of any loss with full particulars of both the occurrence and the Injury
 - (b) send Us any writ, summons or other legal document.

We will

1. Where necessary, arrange for someone to call as soon as possible. This person will be one of Our staff or representative appointed by Us.
2. In other cases let You know if We need any more information.

Important - Please follow these guidelines as they will assist Us in processing Your claim.

Please always state Your Policy reference and/or claim number in all communications.

Should You have any query or need further advice, please call Us on 2523 3061.

Once Your claim is registered with Us, a personal Claim Handler will be appointed to assist You.

Personal Information Collection Statement

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing:

The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2. above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1. above to all or any of the persons described in 3. above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
23/F, One Kowloon, 1 Wang Yuen Street
Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

Caring for Our Customers

We at AXA General Insurance Hong Kong Limited make every effort to provide a good standard of service to all Our policyholders. If on any occasion Our service falls below the standard You would expect Us to meet, the procedure below explains what You should do

- Your first point of contact should always be Your insurance agent or broker. Alternatively, You may submit Your feedback to the AXA Manager in charge of the matter You are raising.
- If, following contact with the above, You feel that You require further assistance then please write to

Chief Executive Officer
AXA General Insurance Hong Kong Limited
23/F, One Kowloon, 1 Wang Yuen Street
Kowloon Bay, Kowloon, Hong Kong

An acknowledgement that Your complaint has been received will be sent to You within two working days following which Your complaint will be investigated. If We have Your telephone number We will call You.

- AXA General Insurance Hong Kong Limited is a member of the Insurance Claims Complaints Bureau. If Your complaint concerns a claim and after following the above procedure Your claim has not been resolved to Your satisfaction, You may write to the Insurance Claims Complaints Bureau at the following address

Insurance Claims Complaints Bureau
29/F, Sunshine Plaza
353 Lockhart Road
Wanchai, Hong Kong

If the Insurance Claims Complaints Bureau decides that Our handling of Your claim has been unreasonable or technically incorrect, their decision is binding on Us by the terms of an agreement We have signed.

Important - Please remember to quote Your Policy reference in any communication.

Note: All Amounts are in Hong Kong Dollars.

Customer Service Hotline:

Please keep this policy in good order. Should You have any enquiries, please contact Your insurance agent or broker or call Us on:

2867 8688 for policy coverage enquiries

2867 8555 for claims enquiries

Hotline Office Hour: Monday to Friday 9:00am - 1:00pm, 2:00pm - 5:30pm

(except Public Holidays)