

JuniorShield Child Illness Protection JuniorShield 子女危疾保障

Policy Wording
保單條款

CHUBB®

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JuniorShield Child Illness Protection Policy Wording, Hong Kong SAR.

JuniorShield 子女危疾保障保單條款，香港特別行政區。Published 09/2021。

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1. Important Information About This Policy Wording

General Advice

You should consider the appropriateness of this product having regards to Your objectives, financial situation and needs. You need to decide if the limits, type and level of cover are appropriate for You.

2. About The Insurer

Chubb Insurance Hong Kong Limited (a company incorporated in Hong Kong and having its registered office address at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong)(Chubb) is the insurer of this product. In this Policy Wording, "We", "Us", "Our" means Chubb Insurance Hong Kong Limited. Our contact details are:

O +852 3191 6800
F +852 2560 3565
E Inquiries.HK@chubb.com

3. Cover We Can Offer

When You applied for this insurance, You completed an application either over the phone or by mail/fax. We have relied upon the information supplied to decide the terms of cover We will provide. The information You have provided shall form the basis of this contract of insurance. We provide cover to the Insured Person on the terms contained in the application, the Policy Wording and any other document including the most recent Policy Schedule that We issue to You.

The Policy Schedule will contain important information relevant to Your insurance including the Commencement Date, Your premium, the limits that You want for particular covers, and whether any standard terms need to be varied by way of endorsement.

All of these make up Your "Policy" with Us.

4. Important Information Regarding Your Policy

Your Policy

Your Policy Wording and Policy Schedule describe the insurance contract between You and Us.

In return for You paying Us the premium, We insure the Insured Person for the Events subject to the terms, conditions and exclusions in Your Policy Wording and Policy Schedule.

Please read Your Policy

It is important that You carefully read and understand Your Policy Wording and Policy Schedule because they describe the terms, conditions and exclusions that apply to Your insurance under Your Policy.

Checking Your Policy

Please check Your Policy Wording and Policy Schedule to make sure all the information on them is correct. Please let Us know straight away if any alterations are needed. Please contact Us if You change Your address or account details.

Contacting Us

If You have any queries or need to contact Us, please telephone Us on: +852 3191 6222 or write to Us at Chubb Insurance Hong Kong Limited, PO Box 60074 Tsat Tsz Mui Post Office, Hong Kong.

Keeping Your Documents safe

You should keep Your Policy Wording and Policy Schedule in a safe place in case You need to refer to them in the future.

Certain types of cover under Your Policy require You to provide receipts and other documentary evidence to Us. You should keep those documents in a safe place in case We need them to settle a claim.

5. Cover Under Your Insurance Policy

Who and What is insured?

The Insured Person is insured for the Events subject to the terms, conditions and exclusion in Your Policy

6. The Meaning of Certain Words

The following words when used with capital letters in Your Policy Wording or the Policy Schedule have the meaning given below.

Accident means bodily injury caused solely and directly by violent accidental external and visible means, as evidenced by a visible bruise or wound on the body, and not by sickness, disease or gradual physical or mental wear and tear.

Anniversary Date means the date exactly twelve (12) calendar months after the Commencement Date of this Policy and the same date in each consecutive year thereafter.

Commencement Date means 12:01 a.m. Hong Kong time on the date We agree to provide insurance under the Policy and which is shown on Your Policy Schedule.

Critical Illnesses means any one of the critical illnesses or juvenile critical illnesses as defined in Section 7

Doctor means a person other than You or Your relative who is a properly qualified medical practitioner licensed by the competent medical authorities of the country which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

Event(s) means an occurrence that could give rise to a claim for a benefit under Your Policy during the Period of Insurance.

Insured Person means Your child(ren), who is/are named as an insured person on the Policy Schedule, aged between fifteen (15) days of age or above or under eighteen (18) years of age on the Commencement Date or, as appropriate, the Upgrade Effective Date; and under eighteen (18) years of age upon any Renewal Date of this Policy; and such person shall reside in Hong Kong and be the holder of a valid Hong Kong Identity Card on the Commencement Date until the end of the Period of Insurance.

Like Categories means characteristics of the insured risk that are similar in nature including but not limited to age, gender, claims experience and occupation classification that are used for calculating and determining the premiums.

Nominated Account means any credit card or bank account held by You (that can be accepted by Us), which will be used to pay premium of Our Policy or to credit any refundable amount to You; such Nominated Account must be maintained at a financial institution in Hong Kong and denominated in the currency of Hong Kong.

Partner means Your de-facto partner who has been living permanently with for three (3) months or more at the time of the Event.

Period of Insurance means one (1) month from the Commencement Date or the latest Renewal Date whichever is the later.

Policy means Your Policy Wording and Policy Schedule describing the insurance contract between You and Us.

Policy Schedule means the schedule which We send You at the commencement of Your Policy along with Your Policy Wording, as may be amended or replaced by Us from time to time, which sets out the level of benefits due to You under Your Policy.

Policy Wording means this document.

Policy Year means each continuous twelve (12) month period of insurance under this Policy, the first of which starts on the Commencement Date and thereafter on each Anniversary Date.

Pre-Existing Medical Condition means:

- (a) Any condition for which a Doctor was consulted or for which treatment or medication was prescribed prior to the Commencement Date; or

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- (b) A condition, the manifestation or symptoms of which a reasonable person in the circumstances would be expected to be aware of at the Commencement Date.

Where an Upgrade is the additional of another Insured Person or increase in a level of benefit, all reference in this definition to Commencement Date should be read as being Upgrade Effective Date in relation to such person or increased benefit portion respectively.

Renewal Date means one (1) month from the Commencement Date and, subsequently, the same day of each successive month.

Specially Designated List means names of a person, entities, groups, corporate specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, Australia, United Nations, European Union or United Kingdom.

Upgrade means an increase in a level of benefit.

Upgrade Effective Date means 12:01 a.m. Hong Kong Time on the date We agree to provide an Upgrade of Your Policy and which is shown on Your Policy Schedule recording that Upgrade.

Usual Country of Residence means the country in which the Insured Person is usually living at the Commencement Date under the Policy and it will be regarded as Hong Kong unless otherwise specifically declared by the Insured Person. As a condition precedent to liability, We must be informed in writing of any permanent change in the Usual Country of Residence, which shall be deemed to mean the Insured Person living or intending to live in another country for a period in excess of three (3) consecutive months. We reserve the right to continue cover on terms and conditions We consider appropriate to the new country of residence or to decline cover under the Policy.

We/Us/Our means Chubb Insurance Hong Kong Limited.

You/Your means the owner of this policy and is named as policyholder on the Policy Schedule.

7. Definitions of Critical Illnesses and Juvenile Critical Illness

Critical Illness

1. **Bacterial Meningitis** means bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit persisting for at least six (6) consecutive months, such diagnosis to be confirmed by a consultant neurologist.
2. **Benign Brain Tumour** means a non-cancerous tumour in the brain which either requires surgical excision or causes significant permanent neurological deficit persisting for at least six (6) consecutive months. For the avoidance of doubt, the following shall not fall within the definition of "Benign Brain Tumour" and are not covered:
 - (a) Cysts, granulomas, malformations in or of the arteries or veins of the brain.
 - (b) Haematomas and tumours in the pituitary gland or spine.
3. **Blindness** means the total and irrecoverable loss of sight of both eyes due to traumatic injury or disease. The diagnosis must be clinically confirmed by and appropriate eye specialist.
4. **Cancer** means a malignant tumour characterized by uncontrolled growth and the spread of malignant cells. This includes Leukaemia, Hodgkin's Disease, Non Hodgkin's Lymphoma and invasive Melanoma which exceeds 0.75mm in depth. It does not include:
 - (a) Melanoma that is not invasive and has not exceeded 0.75mm in depth
 - (b) Any other skin cancer
 - (c) Carcinoma in situ (Carcinoma in situ is a malignant tumour arising from surface epithelial cells which are restricted to the epithelium, and have not penetrated the basement membrane).
 - (d) Kaposi's Sarcoma
 - (e) AIDS related cancers.

Coverage is effective if the cancer is diagnosed by a Doctor and confirmed by a registered pathologist on the basis of the histopathologic or cytopathologic patterns of the lesion which correlate with the clinical and imaging findings. The

cancer must be positively diagnosed by the pathologist using fixed tissue or appropriate cellular preparations (smears). The diagnosis must be established based on the cellular architecture of the preparations obtained from the lesions in conjunction with the clinical diagnosis.

5. **Coma** means a state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously with the use of life support systems for a period of at least ninety-six (96) hours and resulting in a neurological deficit which in the opinion of Our chief medical officer is of a permanent nature.
6. **Coronary Artery Bypass Surgery** means open heart surgery undergone to correct narrowing or blockage of two (2) or more coronary arteries by the use of saphenous vein grafts or internal mammary grafting in persons with limiting angina symptoms. Angiographic evidence of the underlying disease must be provided. For the avoidance of doubt, non-surgical procedures such as balloon angioplasty or laser techniques shall not fall within the definition of "Coronary artery Bypass Surgery" and are not covered.
7. **Heart Valve Replacement** means the actual undergoing of the replacement of one or more heart valves with artificial valves due to stenosis or incompetence. For the avoidance of doubt, heart valve repair and valvotomy shall not fall within the definition of "Heart Valve Replacement" and are not covered.
8. **HIV Resulting from Blood Transfusion**
Infection with any Human Immuno-deficiency Virus (HIV) through a blood transfusion given as part of medical treatment received in the Insured Person's Usual Country of Residence, after the start of the Policy. There must be clear evidence satisfactory to the Company's medical adviser that the infection was acquired in this way and provided further that the institution which provided the transfusion admits liability and the Insured Person is not a haemophiliac
9. **Kidney Failure** means end stage renal disease which presents chronic and irreversible loss of function of both kidneys as a result of which the Insured Person is required to undergo regular renal dialysis or kidney transplantation.
10. **Liver Failure** means chronic end stage liver failure which is permanent and irreversible and characterized by permanent jaundice, oesophageal varices, ascites and hepatic encephalopathy. For the avoidance of doubt, liver disease caused by or attributed to drug overdose or excessive alcohol ingestion shall not fall within the definition of "Liver Failure" and is not covered.
11. **Loss of Hearing** means total, bilateral and irreversible loss of hearing in both ears for all sounds as a result of acute sickness or accident. Medical evidence must be supplied by an appropriate (Ear, Nose and Throat) specialist and must include audiometric and sound-threshold test.
12. **Loss of Limbs** means the irreversible severance from the body of two (2) or more limbs where severance is above the wrist or ankle joint.
13. **Loss of Speech** means total and irrecoverable loss of the ability to speak due to damage to vocal chords which must be established for a period of twelve (12) consecutive months. Medical evidence must be supplied by an appropriate (Ear, Nose and Throat) specialist to confirm permanent loss of speech and damage to vocal cords. For the avoidance of doubt, loss of speech directly or indirectly due to psychiatric related causes shall not fall within the definition of "Loss of Speech" and is not covered.
14. **Major Burns** means burns which result in full thickness skin destruction of at least 20% of the total skin area.
15. **Major organ Transplantation** means the actual undergoing of a transplant of the heart, lung, liver, pancreas or bone marrow as a recipient. For the avoidance of doubt, transplantation of isolated pancreatic islets shall not fall within the definition of "Major Organ Transplantation" and is not covered.
16. **Motor Neurone Disease** means unequivocal diagnosis of "Motor Neurone Disease" by a consulting neurologist supported by obvious and definitive evidence of appropriate and relevant neurological signs with permanent neurological deficits.
17. **Multiple Sclerosis**
Confirmation by a consultant neurologist registered in the Insured Person's Usual Country of Residence of a definite diagnosis of Multiple Sclerosis producing at least moderate neurological abnormalities which have persisted for a continuous period of six (6) months.

- 18. Muscular Dystrophy** means a hereditary muscular dystrophy confirmed by a consulting neurologist resulting in the inability of the Insured Person to perform without assistance in respect of three (3) or more of the following:
- (a) Bathing
 - (b) Dressing
 - (c) Using the lavatory
 - (d) Eating
 - (e) Movement in or out of bed or chair.
- 19. Myocardial Infarction** means the death of a portion of the heart muscle as a result of inadequate blood supply to the areas. The diagnosis must be based on all of the following:
- (a) A history of typical chest pain;
 - (b) New electrocardiographic changes; and
 - (c) Elevation of cardiac enzyme levels.
- 20. Paralysis** means complete and permanent loss of use of two (2) or more limbs through neurological damage for the remainder of the Insured Person's life.
- 21. Parkinson's Disease** means unequivocal diagnosis of Parkinson's Disease by a consultant neurologist where all the following conditions of the disease are fulfilled:
- (a) It cannot be controlled with medication;
 - (b) It is idiopathic in nature (all other forms of Parkinsonism are excluded);
 - (c) It shows signs of progressive impairment; and
 - (d) The inability of the Insured Person to perform without assistance in respect of three (3) or more of the following: bathing, dressing, using the lavatory, eating and movement in or out of bed or a chair.
- 22. Primary Pulmonary Arterial Hypertension** means primary pulmonary arterial hypertension as established by clinical and laboratory investigations include cardiac catheterization. All the following diagnostic criteria must be met:
- (a) Dyspnoea and fatigue
 - (b) Increase left arterial pressure (by at least 20 units)
 - (c) Pulmonary resistance of at least 3 units above normal
 - (d) Pulmonary artery pressures of at least 40 mm Hg
 - (e) Pulmonary wedge pressure of at least 8 mm Hg
 - (f) Right ventricular end-diastolic pressure of at least 8 mm Hg
 - (g) Right ventricular hypertrophy, dilation and signs of right heart failure and decompensation.
- 23. Severe Brain Damage** means impairment or loss of intellectual capacity as a result of brain damage sustained in an accident, following which permanent supervision or assistance is required to maintain existence.
- 24. Stroke** means any cerebrovascular incident producing neurological sequelae lasting for more than forty-eight (48) hours and including infarction of brain tissue, cerebral haemorrhage or embolization from an extra cranial source. Evidence of permanent neurological deficit must be produced. For the avoidance of doubt, transient ischemic attacks shall not fall within the definition of "Stroke" and is not covered.
- 25. Surgery to Aorta** means the actual undergoing of and open heart surgery for disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purposes of the definition, aorta shall mean the thoracic and abdominal aorta, but not its branches. A surgery performed to cure traumatic injury to the aorta shall not be regarded as "Surgery to the Aorta" and is not covered.
- 26. Terminal Illness** means the Insured Person must be suffering from a disease which in the opinion of a licensed medical consultant and supported by Our chief medical officer, is likely to lead to death within six (6) months from the date of notification of a claim under this Policy.
- 27. Juvenile Critical Illness**
- 27.1 Autism**

A severe emotional disturbance of childhood characterised by qualitative impairment in reciprocal social interaction and in

communication, language and social development, with self-destructive behaviour and abnormal movements of body.
Criteria for autism:

A total of six (6) or more manifestations from a), b) and c) below:

- a) Qualitative impairment of social interaction (at least two manifestations):
 - (i) Marked impairment in the use of multiple types of non-verbal behaviour such as eye to eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - (ii) Failure to develop peer relationships appropriate to developmental level.
 - (iii) Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by lack of showing, bringing, or pointing out objects of interest).
 - (iv) Lack of social or emotional reciprocity.
- b) Qualitative impairment of communication (at least one manifestation):
 - (i) Delay in, or lack of, development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime).
 - (ii) In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.
 - (iii) Stereotyped and repetitive use of language or idiosyncratic language.
 - (iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
- c) Restrictive and stereotyped patterns of behaviour, interests, and activities (at least one behavioural manifestation):
 - (i) All-encompassing preoccupation with one or more restricted, repetitive, and stereotyped patterns of interest that is abnormal either in intensity or focus.
 - (ii) Apparently inflexible adherence to specific, non-functional routines or rituals.
 - (iii) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
 - (iv) Persistent preoccupation with parts of objects.

Diagnosis must be confirmed by a pediatric psychiatrist and the condition must have continued without interruption for a period of at least six months after diagnosis.

Asperger syndrome and atypical autism are specially excluded.

27.2 Insulin Dependent Diabetes Mellitus (Type I Diabetes Mellitus)

Insulin Dependent Diabetes Mellitus (Type I Diabetes Mellitus) where all of the following diagnostic conditions must be met:

- a) there is an on-going absence of insulin production by the pancreas due to auto-immune disease; and
- b) exogenous insulin administration is medically necessary to maintain normal glucose metabolism as diagnosed by a consultant; and
- c) endocrinologist; and
- d) the condition has persisted for at least six months following such diagnosis.

27.3 Intellectual Impairment due to Sickness and/or Accidental Bodily Injury

Intellectual Impairment with sub-average general intellectual functioning, mental handicap, or learning disorder, as determined by a paediatric neuro-psychological assessment, resulting, directly and independently of all other causes, from accident(s) or sickness(es).

Payment will only be made if the resulting severity of mental handicap is an IQ below 70 and the Insured must be at age four or above with unequivocal proof that the disability results directly and independently of all other causes, from accidental bodily injury or illness, and that the condition has continued without interruption for a period of at least six consecutive months after diagnosis.

Intellectual impairment resulting from congenital illness(es) will be excluded.

27.4 Kawasaki Disease with Heart Complication

Kawasaki disease with heart complications characterised by mild anaemia, with a white-blood-cell count above normal level, an elevated erythrocyte sedimentation rate which indicates blood vessel inflammation and a sharp rise in number of platelets.

All of the following diagnostic conditions must be met:

- a) there is persistent dilation or aneurysm formation in one or more coronary arteries for at least six millimetres in diameter; and
- b) the dilation or aneurysm has persisted for at least six months after the initial diagnosis of this disease.

27.5 Osteogenesis Imperfecta

A genetic disorder characterised by brittle, osteoporotic, easily fractured bones. Diagnosis must be confirmed by a specialist in pediatrics as type III Osteogenesis Imperfecta with the occurrence of all of the following:

- a) the result of skin biopsy is positive for diagnosis of Osteogenesis Imperfecta – Type III; and
- b) the result of X-ray studies reveals multiple fractures of bones and progressive kyphoscoliosis; and
- c) the result of physical examination of the Insured Person by a specialist in pediatrics that the Insured Person suffers from growth retardation and hearing impairment as a result of the disease.

27.6 Rheumatic Fever with Valvular Impairment

Acute rheumatic fever where all of the following diagnostic conditions must be met:

- a) diagnosis by a consultant cardiologist or paediatrician confirming presence of the diagnostic criteria specified by the revised Jones criteria on the Insured Person; and
- b) moderate incompetence of at least one heart valve has developed as a sole consequence of rheumatic fever, supported by echocardiogram.

27.7 Severe Asthma

Severe asthma which is characterised by at least three of the following criteria:

- a) History of status asthmaticus within the past two years.
- b) Significant and continuous reduction in exercise tolerance.
- c) Chest deformities resulting from chronic hyperinflation.
- d) The need for medically prescribed oxygen therapy at home.
- e) Continuous daily use of oral corticosteroids for a minimum period of at least six months.

27.8 Severe Epilepsy

Severe Epilepsy diagnosed by a consultant neurologist or paediatrician confirmed by electroencephalography (EEG) with the use of other investigations including magnetic resonance imaging (MRI) and Positron Emission Tomography (PET) as appropriate and where the following diagnostic conditions must be met:

- a) the seizures are generalised and involve a loss of consciousness and tonic clonic movements; and
- b) the condition has been present for at least twelve months; and
- c) despite optimal drug therapy on the recommendation of a consultant neurologist or paediatrician there are at least six seizures per Policy year which are documented by reliable medical sources; and
- d) brain surgery has been performed to control the seizures.

Febrile convulsions, Petit Mal (Absence) seizures and infantile spasms are specifically excluded.

27.9 Severe Haemophilia A and B

Severe haemophilia A (VIII deficiency) or haemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than one percent (1%). Diagnosis must be confirmed by a specialist in haematology.

27.10 Still's Disease

A systemic onset juvenile idiopathic arthritis characterised by high fever and signs of systemic illness that exists for months before the onset of arthritis.

The following conditions must be met:

- a) the diagnosis must be confirmed by a pediatric rheumatologist; and
- b) replacement surgery for hip joint and knee joint is advised by the pediatric rheumatologist due to extensive destruction of joints caused by Still's Disease.

8. Benefits

A. Critical Illness Lump Sum Benefit

If an Insured Person is diagnosed with any one of the listed Critical Illnesses or as requiring one of the surgeries defined as a Critical Illness during the Period of Insurance and a Doctor certifies this, We will pay you the Critical Illness Lump Sum Benefit showed on the Policy Schedule.

The Critical Illness Lump Sum Benefit will not be paid if:

- (a) The condition was caused directly or indirectly by a sickness or injury for which the Insured Person should have received relevant medical treatment or advice from a Doctor prior to the Commencement Date of Your Policy; or
- (b) The condition occurs during the first seventy-five (75) days after the Commencement Date unless that is caused by Accident; or
- (c) The Insured Person has been diagnosed with one of the Critical Illnesses or has undergone one of the surgeries defined as a Critical Illness and he/she lives for a period of less than thirty (30) days after the diagnosis; or

Any Upgrade of the Critical Illness Lump Sum Benefit will not commence until seventy-five (75) days after the Upgrade Effective Date, except when caused by an Accident as defined.

9. General Exclusions

Your Policy will not apply to any Even arising directly or indirectly out of :

- (a) suicide, attempted suicide or deliberate self-inflicted injury by the Insured Person regardless of the state of his/her mental health; or
- (b) any criminal or illegal act committed or attempted by the Insured Person; or
An Insured person being under the influence of intoxicating liquor, including having a blood alcohol content over the prescribed legal limit whilst driving, or being under the influence of any other drug unless it was prescribed by a Doctor and taken in accordance with the Doctor's advice and is not for the treatment of addiction to illegal drugs; or
- (c) An Insured Person engaging in any professional sport meaning his/her livelihood is substantially dependent on income received as a result of his/her playing sport; or
- (d) An Insured Person engaging in any motor sports as a rider, driver and/or a passenger; or
- (e) any consequences of war (whether declared or not), invasion or civil war, any act of terrorism, taking part in a riot, or civil commotion, or any operation with or service in any disciplined forces, armed services, armed forces, naval, military or airforce of any country.
For the avoidance of doubt, disciplined forces shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/ inspectors etc; or
- (f) Insured Person being a pilot or crew member of any aircraft, or engaging in any aerial activity except as a passenger in any
- (g) properly licensed commercial passenger aircraft; or
- (h) pregnancy, childbirth, miscarriage, abortion or complications arising from any of these; or
- (i) cosmetic surgery; or
- (j) Pre-existing medical conditions; or
- (k) Human Immunodeficiency Virus (HIV) or other forms of virus, Acquired Immune Deficiency Syndrome (AIDS), and AIDS- Related Complex (ARC) other than if contracted as a result of blood transfusion given by a Doctor; or
- (l) congenital anomalies, infertility, sterilization or
- (m) any mental or nervous disease or disorder, or functional disorders of the mind; or
- (n) Insured Person participating in or conducting training for any of the following activities;
 - Boxing, caving, horse riding
 - any kind of climbing, or mountaineering using rope or guides;
 - pot-holing;
 - parachuting, any kind of gliding, ballooning, bungee-jumping or micro-lighting;
 - any activities involving any type of explosions (including but not limited to any activity involving the use of fireworks or firecrackers);
 - winter-sports which means sports that are done on snow or ice (including but not limited to skiing, snowboarding, ice skating, tobogganing);
 - any kind of hunting; or
 - any kind of race other than on foot.
- (o) Unreasonable failure to seek or follow medical advice.
- (p) Conditions directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
 - the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
 - any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
 - the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion
 - in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.
 - any chemical, biological, bio-chemical, or electromagnetic weapon.
- (q) Any loss or expenses with respect to Cuba or a specially designated person, entity, group or company on the Specially Designated List or which if reimbursed or paid by Us would result in Us being in breach of trade or economic sanctions or other such similar laws or regulations.

10. General Conditions

Where does Your Policy apply?

Your Policy insures the Insured Person twenty-four (24) hours a day anywhere in the world.

How do We handle fraud or incorrect statement?

The Policy is issued based on the completeness and accuracy of information You give Us during the policy enrolment. If there is any fraud, mis-statement or concealment during such enrolment, or if You or the Insured Person or Your legal representative makes a dishonest claim, We will cancel this Policy immediately and will not pay any benefit. All claims under this Policy will be forfeited.

What will happen if You mis-state Insured Person's age?

If You have mis-stated the Insured Person's age, then Our liability during the period the Insured Person is not eligible for cover is limited to the refund of the premium which You have paid for the period upon Your request without interest.

What will happen if You use Your Policy for other purposes?

If You sell or transfer this Policy, or use it for any other kind of purpose, We will not recognize this. At all times, You need to ensure that it is kept in Your possession or control.

What will happen to this Policy if there are clerical errors?

If there is any clerical error in Your Policy, that clerical error shall be corrected and Your Policy will continue as if the clerical error had not occurred. If Your Policy is wrongly cancelled due to a clerical error, We will reinstate Your Policy and Your Policy will continue as if the clerical error had not occurred. If this Policy is terminated for any reason other than a clerical error made by Us, Your Policy cannot be reinstated.

If You have more than one JuniorShield Child Illness Protection Plan

Insured Person is not allowed to be covered under more than one JuniorShield Child Illness Protection Plan Policy. If an Insured Person is covered under more than one such Policy:

- We will consider the Insured Person to be insured under the Policy which provides the highest amount of benefit; or
- We will consider the Insured Person to be insured under the Policy which was issued first if the benefit amount is the same.

In any case, We will refund the premium paid from the Commencement Date, without interest, to You under the Policy that does not provide You cover.

Hong Kong Law

Your Policy is governed by the laws of Hong Kong. Any dispute or action in connection with Your Policy shall be conducted and determined in the courts of Hong Kong.

Hong Kong Currency

All payments by You to Us and Us to You or someone else under Your Policy must be in Hong Kong currency.

Premium

The premium of the Insured Person is based on his/her age at the date the Policy commences.

We may change the premium of Your Policy from the Renewal Date if We notify You of the change prior to that date. If You do not receive a renewal notice then Your premium will not change.

Fourteen (14) Day Free Policy Examination Period

You have fourteen (14) days after final cover is activated to decide if the Policy meets Your needs. You may cancel Your Policy simply by advising Us in writing within those fourteen (14) days to cancel it. If You do this, We will refund any premiums You have paid during this period.

Benefit Limits

The maximum total amount payable per Event under Your Policy for each benefit is the sum specified on Your Policy Schedule for that benefit.

If the Insured Person suffers from more than one of the Critical Illnesses at the same time; We will only pay for any one (1)

condition and the highest applicable benefit amount under Benefit Item A shown on Your Policy Schedule shall be payable.

Except as provided above or specified otherwise, all other benefits payable under Your Policy shall be paid in addition to any other insurance benefit to which You may be entitled.

Co-operation

As a condition precedent to Our liability, You or Your representatives shall co-operate fully with Us and Our medical advisers and will fully and faithfully disclose all material facts and matters which You and the Insured Person know or ought to know and will upon request execute any document to empower Us to obtain relevant information, at your expense, from any Doctor or hospital or other source.

Reasonable Precautions and Material Changes

The Insured Person shall take all reasonable precautions to prevent and minimise any accident, injury or death and We must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, sporting activity or otherwise which may increase the possibility or likely quantum of a claim under the Policy. We reserve the right to continue cover on terms and conditions We consider appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

Commencement and Period of Your Policy

Your Policy begins from the Commencement Date or the latest Renewal Date whichever is the later and continues for the Period of Insurance.

Renewal of Your Policy

Applicable for monthly premium payment mode:

Subject to Our right to make any amendments to the premium rate, coverage, terms and conditions of this Policy as We deem appropriate on renewal, this Policy shall be renewed automatically on each Renewal Date for one (1) month. If either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with "Cancellation of Your Policy" Clause.

If no such notice has been given by either party, Your payment of the premium on each Renewal Date will result in a Policy with the same terms and conditions automatically coming into existence for one (1) month from that Renewal Date.

In the event We exercise Our right to decline renewal or to make any amendments to the premium rate, coverage, terms and conditions of this Policy, We shall do this only within the Like Categories which have been issued under this plan and inform You of this thirty (30) days prior to the Renewal Date.

Applicable for annual premium or Two-Year Annual Premium Pay In-advance payment mode:

Subject to Our right to make any amendments to the Premium rate, coverage, terms and conditions of this Policy as We deem appropriate on renewal, this Policy shall be renewed automatically on each Renewal Date for one (1) month until the expiry of twelve (12) months from the Commencement Date or subsequent Anniversary Date. If either party wishes not to renew the Policy at the end of any Period of Insurance, notice of cancellation must be given in accordance with "Cancellation of Your Policy" Clause. If no such notice has been given by either party, Your payment of the premium on each Renewal Date will result in a Policy with the same terms and conditions automatically coming into existence for one (1) month until the expiry of twelve (12) months from the Commencement Date or subsequent Anniversary Date.

In the event, We exercise Our right to decline renewal or to make any amendments to the premium rate, coverage, terms and conditions of this Policy, We shall do this only within the Like Categories which have been issued under this plan and inform You of this thirty (30) days prior to the Renewal Date.

Expiry of Your Policy

Your Policy expires at the end of the Period of Insurance.

Notice and Sufficiency of Claims:

Written notice of a claim must be given to Us as soon as is reasonably possible and in any event within thirty (30) days from the first day of the Event. Notice given by or on behalf of an Insured Person to Us with information sufficient to identify the Insured Person shall be deemed valid notice to Us. We, upon receiving a notice of claim, will provide to an Insured Person such forms as it usually provides for filing proof of claim. The Insured Person shall, at his/her own expense, provide such certificates, information and evidence to Us as it may from time to time require in connection with any claim under this Policy and in the form prescribed. Proof of all claims must be submitted to Us within one-hundred-eighty (180) days from the first day of the Event giving rise to a claim, otherwise, We reserve the right to deny the claim application.

We, at our own expense, have the right to have the Insured Person examined as often as reasonably necessary while a claim is pending. This may also include an autopsy being carried out unless prohibited by law.

Subrogation:

We have the right to proceed at Our own expense in the name of Insured Person against third parties who may be responsible for an Event.

Breach of Terms and/or Conditions:

JuniorShield Child Illness Protection Policy Wording, Hong Kong. Published 09/2021

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If the Insured Person is in breach of any of the terms and/or conditions or provisions of the Policy, We may decline to pay a claim, to the extent permitted by law.

Third Party Obligation

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

Interpretation of this Policy

Please note that the English version of this Policy is the official version. This Policy has been provided to you in both English and Chinese languages for ease of reference only. The English version of the Policy will prevail if any dispute arises regarding the interpretation of any part of the Policy.

Remuneration of third parties

In taking out this insurance with Us, You acknowledge that We may have a relationship with a third party who We may pay for referring You/Your business to Us. We may pay them commission which is a percentage of the premium of the insurance policy which You hold with Us. The commission is already incorporated into the premium payable by You and the amount can vary, depending on the type of arrangement We have with the third party and the type of product You purchase.

Compliance with Applicable Economic and Trade Sanctions Laws

This Policy does not cover or pay any claims arising directly or indirectly from, any loss or expenses with respect to Cuba or a specially designated person, entity, group or company on the Specially Designated List or which if reimbursed or paid by Us would result in Us being in breach of trade or economic sanctions or other such similar laws or regulations.

Specially Designated List means names of a person, entities, groups or corporations specified on a list who are subject to trade or economic sanctions or other such similar laws or regulations of the United States of America, United Nations, European Union or United Kingdom.

11. Cancellation Of Your Policy / When You can cancel

You can cancel Your Policy at any time.

You must give Us one (1) month written cancellation notice in advance if You want to cancel Your Policy. The cancellation will

take effect at 12:00am (midnight) Hong Kong Time on the next premium due date after the expiry of Your written cancellation. If You cancel Your Policy, We will refund the premium for Your Policy less an amount which covers the period for which the Insured Person was insured. However, We do not refund any premium if We have paid a benefit under Your Policy.

When We can cancel

In addition to any other legal rights We may have under this Policy or otherwise, We may cancel Your Policy by giving You written notice if any Insured Person or You or Your legal representative:

- (a) breach the duty of utmost good faith;
- (b) make a misrepresentation to Us before or at the time Your Policy was entered into;
- (c) breach a provision of Your Policy;
- (d) make a fraudulent claim under any policy of insurance;
- (e) engage in any act or omission which under Your Policy You are required to notify Us of, but You do not notify Us; or
- (f) engage in any such act or omission which under the terms of Your Policy authorises Us to refuse to pay a claim either in whole or in part.

We will give You a notice in writing to Your address on file.

If We cancel, We will refund the premium for Your Policy less an amount to cover the period for which the Insured Person was insured. Any premium refund under Your Policy will not carry any interest.

Automatic cancellation

Your Policy is cancelled automatically and without any written notice from Us if You do not pay any premium due to Us within thirty one (31) days of when it is due. Then cancellation takes effect from the date the premium You have paid Us ceases to cover the insurance under this Policy.

The coverage available to any Insured Person named in the Policy Schedule will cancel automatically when:

- (a) that Insured Person is unable to meet the definition of Insured Person as defined in the Policy Wording; this will be JuniorShield Child Illness Protection Policy Wording, Hong Kong. Published 09/2021.

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- (b) confirmed in writing. Any unused premium paid will be refunded; or that Insured Person suffers from any one of the listed Critical Illnesses or as requiring one of the surgeries defined as a Critical Illness and the Critical Illness Lump Sum Benefit is claimable under this Policy. The cancellation will take effect from 12:00a.m. (midnight) Hong Kong Time on the day when the benefit amount is payable to You; or
- (c) that Insured Person dies.

Your Policy will cancel automatically when You die.

12. Claims

Procedure for making a claim

You, or any Insured Person, or Your legal representative should submit a claim within thirty (30) days of the event taking place to Chubb Claim Centre (www.chubbclaims-dbs.com.hk). You or they can simply scan the below QR code to access the Chubb Claim Centre on your smartphone or tablet.



Alternatively, You or they can complete a claim form and submit together with the following documents as appropriate to Chubb Insurance Hong Kong Limited within thirty (30) days of the event taking place. Please call 3191 6222 for further assistance.

* For English submission only.

- (i) original receipts for any expenses incurred; and
- (ii) diagnosis and treatment, including patient name and date of diagnosis, certified by a Doctor; and
- (iii) any other documentary evidence required by Us under Your Policy.

We may also have the Insured Person medically examined at Our expense when and as often as We may reasonably require after a claim has been made. We may also arrange an autopsy if We reasonably require one.

Processing and payment of claims

We must take all reasonable steps to pay a valid claim promptly.
If We pay the benefit due to Your Accidental Death, We will pay this amount to Your estate.
Unless specified otherwise, We will pay amounts under Your Policy to You.
No payment under this Policy shall carry interest.

Making claims after Your Policy is cancelled

If Your Policy is cancelled this does not affect Your rights or the Insured Person's rights to make a claim under Your Policy if the Event occurred before the date of cancellation.

13. Dispute Resolution

If You are not happy with the way in which Your Policy was sold to You or any other aspect of Your Policy, please contact:

The Customer Service Manager
Chubb Insurance Hong Kong Limited
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
T +852 3191 6222
F +852 2519 3233
E cs.hk@chubb.com

We have developed an internal procedure for dispute resolution in accordance with "The Code of Conduct for Insurers". If at any time You have an unresolved complaint about Our products or services, You can use Our internal dispute resolution process. Your query or complaint will then be reviewed and We will respond within fifteen (15) working days. If You are unhappy with the outcome of Our internal review of Your complaint, You may take Your complaint, at no cost to You, to the Insurance Authority or Insurance Complaints Bureau for assistance. Contact details are given below:

Insurance Authority
19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong
F +852 3899 9993

Insurance Complaints Bureau
29th Floor, Sunshine Plaza, No. 353 Lockhart Road, Wanchai, Hong Kong.
F +852 2520 1967

14. Personal Information Collection Statement

The Company (“We/Us”) want to ensure that Our **Insured Persons (“You”)** are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which We collect and use personally identifiable information provided by You (“Personal Data”), the circumstances when Personal Data may be disclosed and information regarding Your rights to request access to and correction of Personal Data.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. We also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

(b) Direct Marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist Us to achieve the purposes set out in paragraphs a and b above. For example, We provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which You accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

(d) Access and correction of Personal Data

Under the **Personal Data (Privacy) Ordinance (“PDPO”)**, **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of Personal Data should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King’s Road,
Quarry Bay, Hong Kong
O +852 3191 6800
F +852 2560 3565
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

請注意本保單以英文版本為正式版本。本保單同時設有中英文版本，惟僅供閣下作參考用途而已。如因對本保單內任何地方的詮釋而引起任何爭議，均以英文版本為準。

1. 本保單內文的重要事項

一般建議

閣下必須詳細考慮本產品是否切合自己的要求、財務狀況及需要。此外，閣下亦需要認真閱讀保障的各項限制條款、種類及保額以決定本計劃是否合適。

2. 承保公司

安達保險香港有限公司(於香港註冊成立，其註冊辦事處地址為：香港鰂魚涌英皇道 979 號太古坊一座 39 樓)(安達保險)為本保險產品的承保公司。在本保單內文內，“我們”或“我們的”皆指安達保險香港有限公司。以下是聯絡我們的方法：

電話 +852 3191 6800

傳真 +852 2560 3565

電郵 Inquiries.HK@chubb.com

3. 我們可以提供的保障

在閣下投購此保險時，已經透過電話或郵件/傳真完成申請手續。我們已依據閣下給予的資料按保單的條款提供保障。閣下提供的資料將構成本保險合約的基礎。我們會依據在申請表、保單內文、及任何其他文件，包括我們簽發給閣下最新的承保表內的條款，向受保人提供保障。

承保表記載與閣下保險有關的重要資料，包括生效日、閣下需繳付的保費、閣下保障的保障金額及透過背書更改的任何標準條款。

以上提及的全部將構成閣下與我們之間的保單。

4. 有關閣下保單的重要資料

閣下的保單

閣下的保單內文及承保表記載了閣下與我們之間的保險合約。

作為閣下繳付保費的代價，我們將依據閣下的保單內文及承保表內的條款、細則及不保事項的規定，為受保人提供受保事件的保障。

請閱讀閣下的保單

小心閱讀及了解閣下的保單內文及承保表是十分重要的，因為它們記錄了閣下保單內所列明保險的條款、細則及不保事項。

檢查閣下的保單

小心檢查閣下的保單內文及承保表，確保記載的所有資料皆正確無誤。如需作任何更改，請通知我們。如閣下需更新住址或銀行戶口的資料，請聯絡我們。

聯絡我們

如閣下有任何疑問或需要聯絡我們時，可致電 +852 3191 6222 或以書面郵寄香港七姊妹郵政局郵政信箱 60074 號安達保險香港有限公司。

安全保管閣下的文件

閣下必須把自己的保單內文及承保表放置於一個安全的地方，確保日後能隨時查閱。

閣下的保單內部份類別的保障要求閣下向我們提供收據及其他證明文件。閣下必須把這些文件放置在一個安全的地方，以便我們處理索償時能使用。

5. 閣下在此保單下的保障

誰是受保人及保障是什麼？

受保人可依據閣下之保單內的條款、細則及不保事項的規定獲得受保事件的保障。

6. 詞彙的釋義

以下名詞在閣下的保單內文或承保表中有其特定釋義。

“意外”指受保人純粹及直接因外來及可見之暴力意外因素導致並有可見的挫傷或傷痕作證明，而非任何疾病、病症、身體機能逐漸退化或精神損耗引致的身體損傷。

“週年日”指由本保單生效日起計十二(12)個曆月及此後每一週年的同日。

“生效日”指我們同意提供保單內保障的日期，該日期已列於承保表內。保障將於該日的香港時間凌晨十二時零一分(12:01 a.m.)起生效。

“危疾”指已於第 7 部份定義的下列任何一種危疾或兒童危疾。

“醫生”指合資格執業的西醫醫師，在提供治療予他人時，所處司法管轄區的主管醫療當局已發出牌照予他／她，他／她於提供治療時已領有合資格執業的醫師牌照並提供其接受培訓的範圍內的醫療服務，惟有關人士不包括受保人及直系家庭成員。

“受保事件”指在受保期間，發生能向本保單索償的事件。

“受保人”指閣下之子女，其姓名已列於承保表內作為受保人，其年齡在生效日或提升生效日(如適用)當日必須在出生後十五(15)天或以上及在十八(18)歲以下；及在本保單的任何一個續保日時仍在十八(18)歲以下；及在生效日至受保期間居於香港及持有有效的香港身份證。

“相似類別”指有著類似性質的受保風險特點，包括但不只限於年齡、性別、索賠經驗及職業分類等用作計算及厘定保費的受保風險特點。

“指定賬戶”指由閣下持有的信用卡賬戶或銀行賬戶(而為我們接受的)，該選定賬戶用作支付我們的保單之保費，或收取任何退款；該指定賬戶必須於香港開立及維持有效運作，及以港元進行交易。

“伴侶”指在受保事件發生時已與閣下有事實伴侶關係及已同住一起三(3)個月或以上的同居伴侶。

“受保期間”指由生效日或最近的續保日，以較後者為準，起計的一(1)個月。保單指閣下的保單內文及承保表，當中列明閣下與我們之間的保險合約。

“保單”指閣下的保單內文及承保表，當中列明閣下與我們之間的保險合約。

“承保表”指我們在閣下的保單生效時連同閣下的保單內文發送給閣下的文件，或不時發出修訂或更替的文件以便列明閣下在本保單內可享有的保障金額。

“保單內文”指本文件。

“保單年”指首次由生效日起計及此後以每年的週年日起計，在本保單內每連續十二(12)個月的受保時期。

“之前已存在病症”指：

- (a) 在保單生效日前，已向註冊醫生求診或已接受治療護理或獲藥物配方的任何症狀；或
- (b) 於保單生效日時，任何一名正常人士理應留時到該症狀、表面症狀或病徵。

當提升指附加新受保人時或提升保障限額，對該新受保人而言或對新增保障限額的部份，本定義中所有出現生效日的地方必須解讀為提升生效日。

“續保日”指由本保單生效日及此後每月同日，起計的每一(1)個月。

“特別指定名單”指於美國、澳洲、聯合國、歐盟或英國之經貿制裁或其他近的法律或條例內相關的名單上所列之人士、實體、團體或企業。

“提升”指提升保障限額。

“提升生效日”指為我們接納閣下提升的當日，該日期將列於承保表內。提升保障將於該日的香港時間凌晨十二時零一分(12:01a.m.)起生效。

“我們/我們的”指安達保險香港有限公司。

JuniorShield 子女危疾保障保單條款，香港特別行政區 09/2021。

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“閣下/閣下的”指本保單的持有人，已在承保表上列作保單持有人

7. 危疾及兒童危疾的定義

危疾

1. 細菌性腦(脊)膜炎指由細菌感染引致腦或脊髓發炎，並導致永久性神經虧損。有關診斷必須獲神經病科專科顧問確認，並證明永久性神經虧損已持續不少於六(6)個月。
2. 良性腦腫瘤指非惡性腦腫瘤，而必須接受手術切除或引起嚴重及連續達六(6)個月或以上之永久性缺憾。為免爭議，「良性腦腫瘤」不包括下列各項：
 - (a) 腦內的囊腫、肉芽瘤、動靜脈畸型
 - (b) 腦下垂體或脊柱的血腫和腫瘤
3. 失明指因創傷或疾病引致不能康復的雙眼完全永久性失明。此病症必須根據專科醫生診斷及證明。
4. 癌症指惡性腫瘤，特徵為出現不受控制及擴散的惡性細胞。包括：血癌、霍奇金氏病、非霍奇金氏淋巴瘤和屬侵蝕性及深度超過 0.75 毫米的黑色瘤。但不包括：
 - (a) 非侵蝕性及深度不超過 0.75 毫米的黑色瘤
 - (b) 任何其他皮膚癌
 - (c) 原位癌(原位癌是一惡性腫瘤，在表面上皮細胞出現並止於上皮內，而不穿過底層薄膜)
 - (d) 卡普氏肉瘤
 - (e) 與愛滋病有關的癌症

當癌症經醫生診斷，並由一註冊病理學家在把臨床及影像結果與組織損傷所呈現的組織病理或細胞病理的圖案對照後作確定，保障才會生效。癌症必須由病理學家利用特定組織或適當的細胞測試(抹片測試)後呈現陽性反應而判定。此診斷必須在具備對組織損傷所做測試後的細胞圖析及臨床診斷才可確立。失明指因創傷或疾病引致不能康復的雙眼完全永久性失明。此病症必須根據專科醫生診斷及證明。開腦手術指於麻醉情況下，剖開頭皮接受腦部手術。為免爭議，不包括因意外而引致的開腦手術。

5. 昏迷指一種失去知覺狀態，對外來刺激及本身體內生理需要失去反應，需要持續利用維生設備不少於九十六(96)小時來維持生命。並經我們之主任醫生認為屬永久性的神經系統缺損。
6. 冠狀動脈手術指接受剖開心臟手術以小腿靜脈或前胸動脈糾正兩(2)條或以上收窄或閉塞之冠狀動脈，受保人必須提供血管造影圖片以證明其確有潛在疾病。為免爭議，「冠狀動脈手術」不包括非剖心之手術性技巧，例如氣球血管成形術、激光治療阻塞。
7. 心瓣置換指因一塊或多塊心臟瓣膜的缺陷而確實進行人工心瓣膜替換手術。為免爭議「心瓣置換」不包括瓣膜修復手術或切開手術。
8. 因輸血感染愛滋病毒指保單開始生效後，在受保人常居地接受治療時，透過輸血感染任何人體免疫力缺乏病毒。受保人必須向本公司之醫學顧問提交令其滿意的清晰證明，以證實愛滋病乃由上述途徑感染，並獲得提供輸血服務的有關機構承擔責任，同時證明受保人並非血友病患者。
9. 腎衰竭指因左右腎臟持續衰竭之末期腎病，以致受保人必須接受永久洗腎治療或接受換腎。
10. 肝衰竭指慢性及不能挽救末期肝衰竭，有持續性黃疸症，食道靜脈曲張，腹水及肝性腦病等症狀。「肝衰竭」不包括因濫用藥物或酒精而引起的繼發肝病。
11. 失聰指急性疾病或意外導致的永久性失完全失去聽覺，需經由耳、鼻、喉專科醫生驗證及包括聽力測定和聲域測試。
12. 斷肢指手腳之任何兩(2)肢自手腕或足踝以上永久折斷。
13. 喪失語言能力指經由耳、鼻、喉專科醫生證實因聲帶之損傷或疾病引致永久性喪失說話能力持續達十二(12)個月。為免爭議，「喪失語言能力」不包括與精神病學的相當之喪失。
14. 嚴重燒傷指全身身體皮膚三級燒傷達 20%或以上。
15. 主要器官移植指確實接受心臟、肺、肝臟、胰臟或骨髓移植。為免爭議，「主要器官移植」不包括胰臟之胰島細胞移植。
16. 運動神經原疾病指由神經科專科醫生明確驗證，根據明顯、合理的神經病症狀而被診斷為「運動神經原疾病」。

JuniorShield 子女危疾保障保單條款，香港特別行政區 09/2021。

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17. 多發性硬化指經受保人常居地註冊之神經病科醫生明確診斷之多發性硬化，以致最少持續六(6)個月出現中度神經功能異常的狀態。由神經科專科醫生明確驗證，根據明顯、合理的神經病症狀而被診斷為「運動神經原疾病」。
18. 肌肉營養不良症指由神經科專科醫生確認患有遺傳性肌肉營養不良症引致受保人無法在不受輔助下完成三(3)項或以上的下列事情：
- (a) 洗澡
 - (b) 穿衣
 - (c) 如廁
 - (d) 進食
 - (e) 上落床或椅子
19. 心肌梗塞指因心臟血液供應不足，引致部份心臟肌肉壞死。診斷標準包括：
- (a) 最近的典型的胸痛病歷；
 - (b) 心電圖產生新近的變化；及
 - (c) 新近出現心肌酵素提高的情況。
20. 癱瘓指因神經受損傷以致受保人有生之年完全及永久喪失兩(2)肢或以上之功能。
21. 帕金森症指由神經科專科醫生明確的診斷並具備下列情況：
- (a) 無法以藥物療法控制；
 - (b) 屬原發性帕金森症(不包括其他原因引致之帕金森症)；
 - (c) 呈現漸增的惡化徵兆；及
 - (d) 日常生活活動評定確定受保人無法在不受輔助之下完全三(3)項或以上的下列事情：洗澡、穿衣、如廁、進食、上落床或椅子。
22. 原發性肺動脈高血壓指經由臨床及包括心導管在內各類檢查而確定為原發性肺動脈高血壓，其符合以下的診斷標準：
- (a) 呼吸困難與疲勞
 - (b) 左心房壓上升(最少增加二十(20)個單位)
 - (c) 肺阻力比正常值高出最少三(3)個單位
 - (d) 肺動脈壓至少達四十(40)毫米水銀柱以上
 - (e) 肺血管楔壓至少達八(8)毫米水銀柱以上
 - (f) 右心室未舒張壓力至少達八(8)毫米水銀柱以上
 - (g) 右心室肥大、擴張及有右心衰竭的症狀和代償機能喪失。
23. 嚴重腦部受損指因意外導致腦部受傷而智力受損或喪失，並必須長期依賴他人照料或協助才能維持生存。
24. 中風指任何導致逾四十八(48)小時神經性後遺症之腦血管疾病，包括腦梗塞、顱內血管出血或顱外血栓而成之腦內栓塞。惟必須出示永久神經虧損之確據，為免爭議，短暫腦缺血不包括在內。
25. 主動脈手術指因主動脈疾病而確實經受切除或置換之外科手術。包括胸及腹部的主動脈，非其分支。「主動脈手術」不包括主動脈創傷之手術。
26. 末期疾病指據醫生意見及我們之主任醫生証實，受保人身患疾病以致由通知本保單索償起計，可能僅剩不超過六(6)個月之壽命。
27. 兒童危疾
- 27.1. 自閉症
一種嚴重的兒童精神障礙疾病，出現社交互動、溝通能力發展、語言發展和社交發展的明顯障礙，並表現出自我傷害行為和不正常的身體動作。
自閉症指標：
下列第a)、b)及c)項內呈現其中六種或以上情況：
a) 社交上的明顯障礙（至少呈現以下其中兩種情況）
i) 在使用多種非語言溝通技巧如眼對眼凝視、面部表情、身體姿勢及手勢來輔助社交互動上有明顯障礙
ii) 不能發展出與其發展階段相稱的同儕關係

iii) 缺乏自發性地尋求與他人分享快樂、興趣、或成就的能力(例如對自己喜歡的東西不會炫耀、帶出、或指給別人看)

iv) 缺乏社交或情感的互動性

b) 溝通能力的明顯障礙 (至少呈現以下其中一種情況)

i) 口語的發展遲緩或完全缺乏(未有試圖透過使用其他的溝通模式如以手勢或以模仿來輔助)

ii) 有足夠語言能力，但與他人開展或維持對話的能力有明顯障礙

iii) 呆板而重覆的使用語句或使用特異的字句

iv) 缺乏與其發展階段相稱的各式各樣的自發性假扮角色遊戲或模仿社交活動遊戲

c) 重複性及局限性的行為、興趣及活動模式 (至少表現出以下其中一種行為)

i) 全面地全神貫注於一種或一種以上的局限性、重覆性及呆板性的興趣模式，並呈現異常的強烈度或專注度

ii) 固執地遵循一些特定而無意思的常規行為或儀式

iii) 重覆地作出一些小動作 (例如：拍打或扭曲手或手指，或複雜的全身動作)

iv) 持續專注於物體的某部份必須由兒童精神科醫生確診，而上述情況在確診後必須持續不少於六個月。

本保障不包括亞氏保加症及非典型自閉症。

27.2. 胰島素依賴型糖尿病(一型糖尿病)

胰島素依賴型糖尿病(一型糖尿病) 並符合以下所有確診條件：

a) 因自體免疫性疾病導致胰臟長期不能分泌胰島素；及

b) 經內分泌科專科醫生確診醫療上有需要依賴外來的胰島素以維持正常血糖代謝；及

c) 此情況在確診後必須持續不少於六個月。

27.3 因疾病或意外受傷導致智力受損

經由兒童神經心理學的評估，確定直接純粹因意外或疾病而非其他原因導致智力受損，出現整體智力功能低於常人、智力缺陷或學習障礙。

賠償只會支付予受保人已年滿四歲，有確切證據證明其智力缺陷必須直接純粹因意外或疾病而非其他原因而導致其智商(IQ)低於70，此情況在確診後必須持續不少於六個月。

由先天性疾病導致的智力受損將不包括在保障範圍內。

27.4 川崎病併有心臟併發症

川崎病併有心臟併發症，呈現輕度貧血、白血球量高於正常水平、反映血管炎症的紅血球沉降率升高及血小板數目急升。

必須符合以下所有確診條件：

a) 一條或以上的冠狀動脈持續擴張或形成動脈瘤，直徑最少為六毫米；及

b) 此擴張或動脈瘤在確診後必須持續不少於六個月。

27.5 成骨不全症

指一種遺傳病，其特徵為骨骼脆弱、骨質疏鬆及容易骨折。必須由兒科專科醫生確診為成骨不全症第三型，並符合以下所有條件：

a) 就成骨不全症第三型之確診進行的皮膚活組織檢查的測試結果為陽性；及

b) X 光片結果顯示多處骨折及漸進性脊柱後側凸畸形；及

c) 兒科專科醫生為受保人進行身體檢查的結果顯示受保人因此疾病導致成長遲緩及聽覺受損。

27.6 風濕性心臟疾病

急性風濕熱並符合以下所有確診條件：

a) 必須由心臟專科醫生或兒科專科醫生根據已修訂的JONES標準確診患上急性風濕熱；及

b) 純粹因風濕熱導致最少一個或以上心臟輕度關閉不全。

27.7 嚴重哮喘

呈現最少三種下列特徵的嚴重哮喘：

a) 過去兩年內曾有急性重症哮喘病發的紀錄

b) 持續而顯著的運動耐力下降

c) 因肺部慢性過度充氣引致的胸部畸形

d) 經醫生處方需要在家使用氧氣治療

e) 不少於六個月持續性需要每日使用口服皮質類固醇藥物治療哮喘

27.8 嚴重癲癇症

經由神經專科醫生或兒科醫生通過腦電圖 (EEG) 配合其他適當的調查包括磁力共振掃描 (MRI) 和正電子發射斷層掃描 (PET) 確診的嚴重癲癇症，並符合以下所有確診條件：

a) 全身性癲癇發作，伴有意識喪失和強直陣攣動作；及

- b) 此情況已經持續不少於十二個月；及
 - c) 儘管在神經專科醫生或兒科醫生的建議下已經使用了最適當的藥物治療，根據可靠的醫療記錄，在十二個月內有不少於六次癲癇發作；及
 - d) 已進行腦外科手術以控制癲癇發作。
- 本保障不包括發高燒而引起的痙攣，失神發作和嬰兒痙攣症。

27.9 嚴重甲型血友病及乙型血友病
嚴重甲型血友病(缺乏VIII 凝血因子)或嚴重乙型血友病(缺乏IX 凝血因子)，而凝血因子VIII 或凝血因子IX 的活性水平少於一個百分比。必須由血液科專科醫生確診。

27.10 斯蒂爾病
一種系統性病發幼兒自發性關節炎，在關節炎病發前數月，呈現發高燒及系統性疾病的病徵。須符合以下所有條件：
a) 由兒童風濕科專科醫生確診；及
b) 因該病引致廣泛性關節破壞，以致兒童風濕科專科醫生建議需要接受腕部及膝關節置換手術。

8. 保障

A. 危疾一筆過保障

若受保人在受保期間因被診斷患上任何一項列明的危疾或須進行在危疾定義內規定的手術，並獲醫生證明，我們會向閣下支令於承保表上列明的危疾一筆過保障。

危疾一筆過保障將不會獲發，當：

- (a) 受保人在保單生效日前，有關的症狀是由疾病或損傷直接或間接引致，而受保人應該已接受醫生給予的相關醫療治療或建議；或
- (b) 在生效日起計首七十五(75)天期間出現有關的症狀，惟意外事件引致除外；或
- (c) 受保人版診斷患上一種危疾或須進行在危疾定義內規定的手術，而受保人在診斷後存活，段少於三十(30)天的期間；或

任何危疾一筆過保障的提升，只會在提升生效日當天起計的七十五(75)天後才會開始生效，惟意外事件引致除外。

9. 不保事項

閣下的保單不適用於由以下任何一個情況直接或間接而引致的受保事件：

- (a) 不論受保人的精神狀態如何，自殺、企圖自殺或蓄意作出自殘行為；或
- (b) 受保人參與或嘗試進行的任何犯法或非法的行為；或
- (c) 受保人受酒精影響，包括駕駛車輛時，血液之酒精含量超過法定水準，或受任何其他藥物影響，但按照醫生配方及指示服食而並非因治療沉溺藥物者，則屬例外；或
- (d) 受保人從事的任何專業運動，即受保人需倚賴透過參與該項運動以賺取生活費用；或
- (e) 受保人以司機及/或乘客身份參與的任何汽車比賽；或
- (f) 任何戰爭行為(正式宣戰與否亦然)，侵略或內戰、參與暴動或內亂，任何恐怖活動，在任何國家，從事下列職業的期間或執行下列職業的任務期間，所指的職業包括：紀律部隊、持械的人員、武裝部隊、海軍、陸軍或空軍。為免爭議，紀律部隊包括但不限於警隊、海關關員、消防隊、入境事務處主任/督察及懲教處主任/督察等；或
- (g) 受保人為機師、或航空服務人員，或參與任何航空活動；但不包括乘坐由已正式註冊的航空公司之民航客機的乘客；或
- (h) 懷孕、分娩、流產、墮胎或由此而引起之併發症；或
- (i) 整容手術；或
- (j) 之前已存在病症；或
- (k) 人體免疫力衰減症(HIV)或有關病毒，愛滋病(AIDS)及愛滋病相關症群期(ARC)，但經醫生進行輸血時感染者除外；或
- (l) 先天性不正常狀態，不育及不能受孕；或
- (m) 任何精神疾病、神經疾病或失常，或思想功能失常病徵；或
- (n) 受保人參與或進行以下任何一種活動的訓練：
 - 打拳、探洞、騎馬；
 - 需要利用繩索或嚮導的任何攀石或攀山活動；
 - 探洞；
 - 跳降傘、任何類型的高空滑翔、乘坐氣球、高空躍跳或滑翔機；
 - 任何類型的爆炸活動(包括但不限於使用煙花或爆竹的任何活動)；
 - 冬季運動指雪上或冰上運動(包括但不限於滑雪、單板滑雪、溜冰、雪橇)；
 - 任何形式的打獵；或
 - 徒步以外的任何競賽；

- (o) 在不合理情況下，沒有尋求或遵守醫療意見或指示。
- (p) 因以下事故直接或間接導致或引致或與以下事故相關之死亡、傷殘、損失、損害、損毀、任何法律責任、費用或開支，不論此等情況乃同時或以任何其他次序由任何事故或事件所引致：
- 任何核子燃料、核子廢料或核子燃料燃燒造成的電離子輻射或放射性污染；
 - 任何核子裝置、反應器或其他核子機組或其核子元件之輻射性、毒性、爆炸性或其他危險性或污染物質；
 - 任何應用原子或核子分裂，及/或核聚變或其他同類反應，或輻射性能量或物質之武器或裝置；
 - 任何輻射物質造成之輻射性、毒性、爆炸性或其他危險或污染物質。當輻射同位素正在預備、預置、運載、儲存或使用於商業、農業、醫療、科技或其他類似的和平用途時，則本項之不承保範圍並不包括該等輻射同位素，惟核子燃料除外；
 - 任何化學、生物、生化或電磁武器。
- (q) 任何與古巴有關之損失或費用；或任何與特別指定名單所列人士、實體、團體或公司有關之損失或費用；或任何導致我們司違反經貿制裁規定或相關法律或條例之損失或費用。

10. 一般條款

閣下的保單在哪裏適用？

受保人在全球任何地方每日二十四(24)小時均可享有閣下的保單內所提供的保障。

我們如何處理詐騙或失實聲明？

本保單是基於閣下在投購保單時所提供資料的完整性及準確性而簽發。如當中有任何詐騙、蓄意的失實聲明或隱瞞，又或閣下或受保人或閣下的法律提出不誠實的索償時，我們會立即取消並作廢本保單及不會支付任何保障。在本保單下所有已繳交的保費將被沒收及將喪失索償權利。

如閣下誤報受保人的年齡時，我們會如何處理？

在閣下誤報受保人的年齡時，我們對受保人在不符合本保單的受保條件時的責任只限於退回任何閣下已繳交的保費，惟不付任何利息。

如閣下利用保單作其他用途時會如何？

如閣下售賣或轉讓本保單，或利用其作任何其他用途時，我們將不會承認本保單。在任何時候，閣下均必須確保本保單由閣下妥善保存或管理。

如有筆誤，本保單將會如何？

如閣下的保單內有任何筆誤，我們須更正該筆誤以使閣下的保單在無筆誤的情況下持續生效。倘若閣下的保單因該筆誤而被錯誤地取消，我們將重新續訂閣下的保單並視閣下的保單在無筆誤的情況下持續生效。若本保單因筆誤以外的原因被我們終止，閣下的保單將不會被重新續訂。

受保人不可同時受保多於一份 JuniorShield 子女危疾保障。如受保人受保多於一份此類保單：

- 受保人將會被視作只受保於該份提供最高保障金額的保單；或
- 如每份保單提供的保障相同時，則會以我們首次簽發的保單。

在任何情況下，任何重覆投購的保單會由生效日開始失效，我們將會在不付利息下全數退回已繳交的保費給閣下。香港法律閣下的保單是受香港法律管轄。任何與閣下的保單有關之訴訟必須在香港法庭進行及裁決。

香港貨幣

任何由閣下向我們支付、或由我們支付予閣下或在閣下保單內的其他人士的款項均須以港元結算。

保費 保費是依據受保人在保單開始生效時的歲數而決定。

十四(14)天免費保單審閱期

在保障正式生效後，閣下可享有十四(14)天的時間考慮本保單是否滿足閣下的需要。閣下可以在此十四(14)天內以書面通知我們取消閣下的保單。在收到閣下通知取消保單後，我們會把在此期間已繳付的任何保費退回給閣下。

但如閣下及/或任何受保人在免費保單審閱期內提出索償，則將不會獲退回款項。

保障限額

JuniorShield 子女危疾保障保單條款，香港特別行政區 09/2021。

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我們在閣下的保單內的個別受保事件的最高賠償額，將以列於閣下承保表內該保障金額為上限。

若受保人從其他保險獲全部或部分醫療費用的賠償，我們只會支令所獲賠償與實際醫療費用的差額，閣下在任何途徑取得的賠償將以實際的醫療費用的一百巴仙(100%)為限。

若受保人於同一時間被診斷患上超過一種危疾或癌症時，我們只會就其中一(1)種症狀作出賠償並向閣下支付列於閣下的承保表內保障項目 A 中最高賠償金額的保障。

除上述規定或另有規定外，閣下在領取閣下保單內所發放的賠償或保障的同時，亦可享有任何其他保險的保障。

合作

我們承保的先決條件乃閣下或閣下的代表與我們及其醫學顧問全面合作，並且全面及忠實地披露閣下及受保人知悉或應知的一切重要事實及事宜，在我們有需要時，提供適當文件以授權我們向任何醫生、醫院或其他來源獲取相關的資料，而有關的開支由閣下承擔。

合理預防措施及重要改變

受保人應採取所有合理預防措施，以防止及盡量避免發生任何意外、損傷或死亡事件。如受保人的工作、職業、體育活動或其他事宜的相關重要資料或情況有任何改變，以致索償的可能性提高，則必須立即以書面通知我們。如受保人的重要資料或情況轉變，我們保留權利制訂其認為適當的條款與規章方繼續承保，又或拒絕繼續承保本保單。

閣下保單的生效日期及保障期間

閣下的保單由生效日或最近期的續保日開始生效，以較後者為準；並在受保期間內繼續生效。

閣下的保單續保

適用於以月繳作繳付保費方式:

在我們認為有需要的情況下，我們有權於續保時修訂保費、保障範圍、條文及條款，本保單將在每一續保日時自動續保一(1)個月。如任何一方在任何受保期間完結時不想繼續續保本保單，必須依據“取消閣下的保單”條款發出取消保單通知。

如任何一方均無發出該等通知，在閣下於續保日時繼續付保費的情況下，一份具有相同條款及細則的保單將由續保日起自動生效一(1)個月。

若我們行使本保單授予我們的拒絕續保或修訂保費、保障範圍、條文及條款的權利時(我們只會行使於相似類別之保單中)，我們會在續保日的三十(30)天前通知閣下。

適用於以年繳或預繳兩期保費作繳付保費方式:

在我們認為有需要的情況下，我們有權於續保時修訂保費、保障範圍、條文及條款，本保單將在每一續保日時自動續保一(1)個月，直至由生效日或此後的週年日起計十二(12)個月完結時。如任何一方在任何受保期間完結時不想繼續續保本保單，必須依據“取消閣下的保單”條款發出取消保單通知。

如任何一方均無發出該等通知，在閣下於續保日時繼續付保費的情況下，一份具有相同條款及細則的保單將由續保日起自動生效一(1)個月，直至由生效日或此後的週年日起計十二(12)個月完結時。

若我們行使本保單授予我們的拒絕續保或修訂保費、保障範圍、條文及條款的權利時(我們只會行使於相似類別之保單中)，我們會在續保日的三十(30)天前通知閣下。

閣下保單到期:

閣下的保單於受保期間完結時會終止。

索償通知及充份程度:

索償的書面通知必須在合理的情況下盡早送交給我們，且在任何情況下，須於受保事件發生之第一日起計三十(30)天內送交。由受保人或其代表送交給我們且載有足以證明受保人身份的通知，應視為已有效送交給我們的通知。我們於接獲索償通知後，將向受保人提供給我們備存索償證明而通常提供的該等表格。受保人須根據本保單及該等表格就有關提出任何索償的規定，以自費方式就此向我們提供有關證明書、資料及證據。所有索償的證明必須於導致索償的受保事件發生之第一日起計一百八十(180)天內送交我們。在索償處理期間，我們有權自費於合理必要的情況下要求受保人接受檢查，除非法律禁止，否則亦可能要求進行屍體剖驗。

代位權:

我們有權以自費方式，以受保人的名義對受保事件可能負上責任的第三方提出訴訟。

違反一般條款:

JuniorShield 子女危疾保障保單條款，香港特別行政區 09/2021。

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如受保人違反本保單的一般條款，在法律容許的範圍內，我們可能拒絕支付索賠。

第三者權利

任何不是本保單某一方的人士或實體，不能根據《合約（第三者權利）條例》（香港法例第623章）強制執行本保單任何條款。

本保單的詮釋

請注意本保單以英文版本為正式版本。本保單同時設有中英文版本，惟僅供閣下作參考而已。因對本保單內任何地方的詮釋而引起任何爭議，均以英文版本為準。

第三方報酬

在與我們取得這筆保險時，閣下知道閣下的保險可能是由第三方轉介給我們，而我們可能會就此在閣下給付的保費中支出某百分比是作為佣金付予第三方。佣金已包含在閣下給付的保費中，同時就不同的保險產品及轉介方案佣金亦會有所不同。

遵守適用的經濟和貿易制裁條例

本保險不適用於與古巴有關之損失或費用；或特別指定名單所列人士、實體、團體或公司；或因經貿制裁規定或相關的法律或條例而限制我們/本公司提供保險之情況，包括但不限於支付賠償。

特別指定名單指於美國、澳洲、聯合國、歐盟或英國之經貿制裁或其他近似的法律或條例內相關的名單上所列之人士、實體、團體或企業。

11. 取消閣下的保單

閣下在何時可以取消保單

閣下可於任何時間取消保單。

如閣下欲取消保單，必須在**一(1)個月**前以書面通知我們。在我們收到閣下的書面通知後，取消保單的生效時間將在下一個保費到期日的香港時間(午夜)十二時(12:00 am)開始。

如閣下取消保單，則我們在減去受保人於仍受保障期間所需繳付的保費後，餘數會退回給閣下。然而，如我們在閣下的保單內曾支付保障，則我們不會退回任何保費。

我們在何時可以取消閣下的保單

除了在本保單內或在其他情況下給予我們應有的合法權利外，當出現以下情況時，我們會書面通知閣下取消保單，如任何受保人或閣下或閣下的法律代表：

- (a) 違反絕對誠信的責任；
- (b) 在達成閣下保單合約的事前或當時作出失實聲明；
- (c) 違反閣下保單的條文；
- (d) 在任何保險保單內提出虛假的索償；
- (e) 在保單內規定閣下必須通知我們而閣下卻沒有遵行的任何行為或疏忽；或
- (f) 作出任何行為或疏忽，令我們可根據閣下保單內規定拒絕支付全部或部份賠償。

我們會向閣下在我們文件案內的地址發出書面通知。

如我們取消閣下的保單，則在減去受保人於仍受保障期間所需繳付的保費後，餘數會退回給閣下，惟不付任何利息。

自動取消

當在保費到期的三十一(31)天內閣下不繳付保費，閣下的保單將會被自動取消，而我們亦毋須發出任何書面通知，該取消保單將由閣下向我們停止繳付本保單的保費的當天生效。

承保表內任何列為受保人的保障在以下情況下會被自動終止，當：

- (a) 該受保人不再符合保單內文受保人的釋義；我們將發出書面確認，任何沒提供保障的時段的保費將會退回；或
- (b) 該受保人患上任何一項列明的危疾或須進行在危疾定義內規定的手術並可在閣下的保單獲得危疾一筆過保障賠償。取消會於支付保障賠償予閣下的當日香港時間凌晨十二時(12:00 am)(午夜)開始生效；或
- (c) 該受保人身故。

當閣下身故，閣下的保單亦會自動取消。

12. 索償

提出索償的步驟

閣下或任何受保人或閣下的法律代表應於事發後三十(30)天內於安達索償中心* (www.chubbclaims-dbs.com.hk) 提交索償申請。閣下或他們亦可透過智能電話或平板電腦掃描以下的 QR 碼登入安達索償中心。



再者，閣下或他們可將索償申請表，連同下列文件(視乎事件而定)於事發後三十(30)天內送交至安達保險香港有限公司。如需協助，請致電 3191 6222。

*只支援英文輸入。

- (i) 任何費用的正本收據；及
- (ii) 經醫生證明的診斷，包括病人姓名及診斷日期；及
- (iii) 我們就閣下的保單而要求的任何其他證明文件。

在我們認為合理及需要的情况下，可在索償提出後，要求以自費的方式向受保人作出身體檢查。在我們認為合理及需要的情况下，亦會安排驗屍。

處理及支付索償

我們必定會按正常程序儘快支付獲批為有效索償的賠償。

若我們因閣下之意外死亡而須支付保障，我們將會把賠償數額支付作為閣下遺產的一部份。

除上述規定或另有規定外，我們將會把閣下保單內所定的賠償數額支付給閣下。

在本保單內的賠償概不付任何利息。

取消保單後提出索償

如閣下已取消保單，但受保事件是在保單取消日期前發生的話，則閣下或受保人在保單內可享有的索償權力將不會受影響。

13. 解決爭議

如閣下對在投購保單的過程中或對保單的任何其他方面有不滿時，請聯絡：

安達保險香港有限公司
客戶服務經理
香港鰂魚涌英皇道 979 號
太古坊一座 39 樓
電話 +852 3191 6222
傳真 +852 2519 3233
電郵 cs.hk@chubb.com

我們已依據承保商專業守則建立了一套內部流程處理爭議。在任何時候，如閣下有一些關於我們產品或服務的投訴仍未獲解決，歡迎閣下使用我們的內部解決爭議程式。屆時閣下的查詢或投訴將會獲得調查，而我們亦會在十五(15)個工作天內回應。若閣下或受保人對我們最終的回應不滿意，可免費向保險業監管局或向保險投訴局尋求協助。聯絡資料如下：

保險業監管局
香港黃竹坑香葉道 41 號 19 樓
傳真：+852 3899 9993

保險投訴局
香港灣仔駱克道 353 號三湘大廈 29 樓
傳真：+852 2520 1967

14. 個人資料收集聲明

本公司(「我們」)竭力確保受保人(「閣下」)對我們在收集個人資料方面的信心，我們於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述我們收集及利用由閣下提供以識別閣下個人的資料(「個人資料」)的目的、個人資料可能被公開的情況及閣下有權要求查閱及更改個人資料的詳情。

(a) 收集個人資料的目的

我們收集及使用閣下個人資料的目的，是為了向閣下提供具優勢的保險產品及服務，包括用作考慮閣下投保任何新的保險產品，及管理由我們提供的保單，安排保障，及執行和管理閣下及我們在該等保障下的權利及責任。同時，我們亦會收集及使用閣下個人資料以設計及識別能吸引閣下的產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用我們相應的產品及服務的聯盟及其他計劃。在閣下的同意下我們亦可能使用閣下的個人資料作其他用途。

(b) 直接促銷

只會在得到閣下的同意，我們會使用閣下的聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或 SMS 短訊方式聯絡閣下以便提供有關我們的保險產品的宣傳推廣。

(c) 個人資料的轉讓

個人資料將予以保密，而我們亦絕對不會將閣下的個人資料售賣給第三者。我們會對公開閣下個人資料作出限定；但在任何適用的法例條文下，閣下的個人資料可能：

- (i) 會被透露予我們相信必須達成以上第 a 及第 b 段所述目的之第三者。例如：我們把閣下的個人資料提供予我們相關的員工及承辦商、代理及其他涉及以上目的之人士，如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀(當中可能包括在香港以外的第三方)；
- (ii) 會給我們的母公司及附屬聯營公司或安達在本地及海外的相關人員使用；
- (iii) 會提供予保險中介人，閣下可以透過指定系統查閱有關資料；
- (iv) 會給予有關人士以維持公眾安全及法紀；及
- (v) 在閣下同意下提供予其他第三者。

就以上個人資料的轉移，如有適用的地方，則代表閣下亦同意該資料在香港以外地方轉移。

(d) 查閱及更改個人資料 根據個人資料(私隱)條例，閣下有權要求查閱及更改曾給予我們的資料，另除非在個人資料(私隱)條例下有適用的豁免條款賦予我們可拒絕遵從，否則我們必須按閣下的要求，給閣下查閱及更改本身的個人資料。閣下亦可向我們要求提供持有閣下個人資料的類別。

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

安達個人資料私隱主任
香港鰂魚涌英皇道 979 號
太古坊一座 39 樓
電話 +852 3191 6800
傳真 +852 2560 3565
電郵 Privacy.HK@chubb.com

在我們收到閣下查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，我們一般將不會收取任何費用；但即使我們在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

About Chubb Hong Kong SAR

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, Financial Lines and Consumer Lines designed for large corporates, mid-sized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by being consistent and responsive, by offering marketing leading claims services and innovative products, and providing market leadership built on financial strength.

More information can be found at
www.chubb.com/hk

Contact Us

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關於安達香港

安達為全球最大的上市財產及責任保險公司，經營一般保險及人壽保險業務，透過收購其前身公司，已立足香港特別行政區超過 90 年。安達香港的一般保險業務（安達保險香港有限公司）為大型及中小企業客戶、以及個人客戶設計及提供特定的保險產品，包括財產險、責任險、海上險和個人保險服務。多年來，安達憑著其雄厚財務實力及市場領導地位，開創新的保險產品，提供優質理賠服務，建立長遠穩健的客戶關係，與時並進。

如欲獲取更多資料可瀏覽
www.chubb.com/hk。

聯絡我們

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JuniorShield Child Illness Protection Policy Wording, Hong Kong SAR

JuniorShield 子女危疾保障保單條款，香港特別行政區。Published 09/2021。

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