



GROUP BUSINESS TRAVEL INSURANCE POLICY

Please read this insurance carefully and see that it meets your requirements.

If you find anything missing or have any query, please do not hesitate to contact your insurance adviser or our Company.

The Group Travel Insurance Policy is an insurance contract between Assicurazioni Generali S.p.A. (hereinafter referred to as "the Company") and the Insured named in the Schedule. The contract is evidenced by this document and is hereinafter referred to as "this Policy".

Section 1 - Medical Expenses

Section 2 - Emergency Medical Evacuation

Section 3 - Repatriation of Remains

Section 4 - Accidental Death & Permanent Disablement

Section 5 - Hospital Allowance

Section 6 - Trip Cancellation

Section 7 - Trip Curtailment

Section 8 - Travel Delay & Re-Route

Section 9 - Baggage Delay

Section 10 - Personal Baggage or Personal Effects

Section 11 - Personal Money

Section 12 - Personal Document

Section 13 - Staff Replacement / Compassionate Visit

Section 14 - Personal Liability

The insurance coverage is stated in the COVER and EXTENSIONS of this Policy and is further subject to the DEFINITIONS, the GENERAL EXCLUSIONS and the GENERAL CONDITIONS.

The Proposal, this Policy, the Schedule and any Endorsement or Memorandum or Amendment hereon will be considered as one document and any word or expression to which a specific meaning has been attached in any of them will bear such meaning throughout. In this Policy, unless the context otherwise requires, the singular includes the plural and vice versa, and a reference to one gender includes a reference to the other genders.

In consideration of the statements made in the Proposal, which will be the basis of this Policy and is deemed to be incorporated herein, and of the due payment of the Premium and subject to all the exclusions, conditions, and other terms of this Policy (hereinafter collectively referred to as "Terms of this Policy"), the Company hereby insures the Insured Person named in the Schedule against loss within the Geographical Limit stated in the Schedule during the Period of Insurance. The Company will not pay any benefit hereunder for any loss that is directly or indirectly caused by any of the exclusions listed in the EXCLUSIONS of this Policy.

Subject to Clause [2] of the CONDITIONS, this Policy will become effective and commence (at 12:00 a.m., Hong Kong time) on the first date of the Period of Insurance as shown in the Schedule. It will be in force in accordance with and subject to the Terms of this Policy for the Period of Insurance.

In witness whereof, the Company has issued this Policy at Hong Kong. This Policy will not be binding upon the Company unless the Schedule attached hereto is signed by an authorised representative of the Company.

DEFINITIONS

Certain words in this Policy have special meanings. These words have the same meaning wherever they are used in this Policy, the Schedule or any Endorsement or Memorandum hereon. These are given below or defined in the appropriate part of this Policy.

Accident, Accidental

means a sudden and unforeseen and unexpected event which happening by chance.

Black Alert

means the travel black alert issued by the Security Bureau of the Hong Kong Government under the Outbound Travel Alert (OTA) System. This definition may be changed by the Company from time to time based on changes to the OTA System communicated by the Security Bureau of the Hong Kong Government.

Bodily Injury

means physical bodily injury which is Accidental and is the direct and independent cause of the loss for which claim is made during the Period of Insurance.

Business Trip

means a trip which is on assignment by or at the direction of the Policyholder subject to a maximum of one hundred (100) days. Such trip shall be deemed (a) to commence at the time the Insured Person is traveling directly from the place of residence or regular employment in the Stationed Location to the immigration counter within four (4) hours before the scheduled departure time of the Public Common Carrier in which the Insured Person has arranged to travel for the purpose of commencement of the such trip; and (b) to cease at the time he/ she is traveling directly from the immigration counter in the Station Location to his/ her place of residence or regular employment within four (4) hours after the actual arrival time of the Public Common Carrier in the which the Insured Person has arranged to travel upon the completion of such trip; or the date on which the Policy is terminated, whichever is the earliest.

Civil War

means an internecine war, or a war carried on between or among opposing citizens of the same country or nation.

Emergency Assistance Provider

means the service provider nominated by the Company.

Fractured Leg or Patella with established non-union

means a complete break into two pieces; the broken leg does not mend properly and function normally, and this condition will last for the remainder of the Insured Person's life.

Hijack or Hijacking

means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance and its crew, in which the Insured Person is traveling.

Hong Kong

means the Hong Kong Special Administrative Region.

Hospital

means institution lawfully operated for the care and treatment of injured persons with organised facilities for diagnosis and surgery, having twenty-four (24) hours per day nursing services by legally qualified registered nurses and medical supervision under legally qualified Registered Medical Practitioners, but not including any institution used primarily as a clinic, a nursing or convalescent home, a place of rest, a geriatric care facility, a mental institution, a rehabilitation or extended care facility, or a place for the care or treatment of alcoholics or drug addicts.

Illness

means sickness or disease first contracted and commenced by the Insured Person during the Business Trip that requires the treatments by a Registered Medical Practitioner.

Immediate Family Member

means the Insured Person's spouse, parents, parents-in-law, grandparents, grandchildren, sons, daughters, brothers or sisters, nieces or nephews.

Indemnity

means amounts the Insured Person shall be legally obligated to pay to an injured party for (a) loss or damage to property of others; (b) expenses incurred for first aid or land/marine ambulance service; or (c) expenses incurred in the conduct of suit, lawyer's fees for arbitration, compromise or conciliation, all incurred by the Insured Person with the consent of the Company.

Insured Person

means the person or persons named in the Schedule and for whom the required premium has been paid.

Loss of Fingers or Toes

means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

Loss of Hearing

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

Loss of Limb

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

Loss of Sight

means complete blindness which is Permanent and incurable.

Loss of Speech

means the inability to articulate any three of the four sounds which contribute to speech, as follows: the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds. Loss of Speech also means total loss of use of vocal cords or damage to the speech centre in the brain, resulting in Aphasia.

Loss of Use

means total functional disability and is treated like the total loss of said limb or organ.

Medically Necessary Expenses

means expenses incurred within ninety (90) days of sustaining Bodily Injury or Illness paid by the Insured Person to a legally Registered Medical Practitioner, physician, surgeon, nurse, hospital and/or ambulance service for medical, surgical, X-ray, hospital or nursing treatment including the cost of medical supplies and ambulance hire but excluding the cost of dental treatment unless such treatment is necessarily incurred to sound and natural teeth and is caused by Bodily Injury, and excluding any expenses incurred under the Section of

(Policy Form Code : GBTIP/201804)

P.1

Emergency Medical Evacuation and Repatriation of Remains of this Policy. All treatment must be prescribed by a Registered Medical Practitioner in order for expenses to be reimbursed under this Policy.

Permanent

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

Permanent Total Disablement

means when as the result of injury and commencing within twelve (12) consecutive months of the date of the accident an Insured Person is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his/her education, training or experience, or if he/she has no business or occupation from attending to any duties which would normally be carried out by him/her in his daily life, the Company will pay, provided such disability has continued for period of twelve (12) consecutive months the Principal Sum less any other amount paid or payable under this Policy as the result of the same accident. The disability must be total, continuous and permanent at the end of the period. This condition must be certified by a Registered Medical Practitioner.

Policyholder

means the organization/people stated in the corresponding item in the Schedule.

Pre-existing Condition

means the Insured Person received medical treatment, diagnosis consultation or prescribed drugs, or a condition for which medical advice or treatment was recommended by a physician during twelve (12) months prior to the commencement date of the particular Business Trip.

Public Common Carrier

means any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire.

Replacement Staff

means a person who is going to take over the Insured Person's assignment in the scheduled Business Trip.

Registered Medical Practitioner

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

Schedule

means the Schedule attached to and incorporated in this Policy.

Serious Bodily Injury or Serious Illness

means Bodily Injury or Illness which requires treatments by a Registered Medical Practitioner and which results in the Insured Person being certified by that Registered Medical Practitioner as being dangerous to life and unfit to travel or continue with his/her Business Trip.

Stationed Location

means a country, province or city in where the Insured Person resides. Such location should be stated in the Policy and subject to prior declaration and approval by the Company.

Transfer

means the least expensive means of scheduled Public Common Carrier transportation available and necessary to effect Emergency Medical Evacuation, Return of Mortal Remains or Staff Replacement/ Compassionate Visit, less any monies refundable for the original return fare.

Transfer Expenses

means direct out of pocket expenses determined to be reasonable and necessary to provide the Insured Person with Emergency Medical Evacuation, Return of Mortal Remains or Staff Replacement / Compassionate Visit, less any monies refundable for the original return fare.

War

means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

COVER

Section 1 - Medical Expenses

In the event of an Insured Person suffering Accidental Bodily Injury or sudden Illness on the Business Trip, the Company will, subject to the Terms of this Policy, pay the reasonable and Medically Necessarily Expenses actually incurred by the Insured Person on the Business Trip outside the Stationed Location during the Period of Insurance up to the Limit of Indemnity.

Extension (under Section 1)

Follow-up medical treatment

The Company will, subject to the Terms of this Policy, pay the reasonable and Medically Necessarily Expenses actually incurred in Hong Kong for a maximum period of ninety (90) days of the Insured Person's return as a direct result of Accidental Bodily Injury or sudden Illness sustained on the Business Trip during the

Period of Insurance for which treatment has been initially sought overseas. Such follow-up medical expenses will include expenses payable to Chinese bonesetter, acupuncturist and Registered or Listed Chinese Medicine Practitioner up to the Limit of Indemnity.

Limit of Indemnity (under Section 1)

The maximum benefit payable under this Section and its Extension in respect of any one Insured Person will be limited to the Principal Sum stated in the Schedule during Business Trip.

Memorandum (under Section 1)

If the Insured Person is entitled to indemnity under any other insurance policies or sources, the benefit payable will be limited to the balance of expenses not covered by such insurance policies or sources.

Exclusions (applicable to Section 1)

This Section does not cover any

- a) subsequent medical or surgical treatments received outside Hong Kong after the Insured Person has returned to Hong Kong.
- b) medical or surgical treatments, when in the opinion of the Registered Medical Practitioner treating the Insured Person, which can be reasonably delayed until the Insured Person returns to Hong Kong.
- c) dental treatments not resulting directly from Accidental Bodily Injury.
- d) non essential treatments as determined by the Company.

Section 2 - Emergency Medical Evacuation

In the event of an Insured Person sustaining Accidental Serious Bodily Injury or sudden Serious Illness (insured by this Policy) outside Stationed Location during the Business Trip and calling the Emergency Assistance Provider, the Emergency Assistance Provider will, subject to the Terms of this Policy and in accordance with the recommendation of its authorised medical representatives, arrange and pay for the Medically Necessary Expenses to

- a) Transfer of the Insured Person to one of the nearest Hospital, or
- b) Transfer of the Insured Person with necessary medical supervision to a Hospital more appropriately equipped for the particular Serious Bodily Injury or Serious Illness, or
- c) repatriation of the Insured Person with necessary medical supervision to the Hospital if the medical condition of the Insured Person has been stabilised by local medical facilities and is certified by the authorised medical representatives as being fit to fly.

All decisions as to the final destination and the means of transfer, evacuation or repatriation including but not limited to air ambulance, service ambulance, scheduled commercial flight, road ambulance or any other appropriate means will be made by the Emergency Assistance Provider and will be based solely upon medical necessity. The Insured Person will surrender any unused portion of the travel ticket to the Emergency Assistance Provider.

This Policy will not cover any transfer, evacuation or repatriation that is not arranged by the Emergency Assistance Provider and no benefit will be payable of such expenses that are recoverable from any other sources or insurance policies.

Section 3 - Repatriation of Mortal Remains

In the event of an Insured Person sustaining death as a result of Bodily Injury or Illness (insured by this Policy) outside Stationed Location during the Business Trip, the Emergency Assistance Provider will, subject to the Terms of this Policy, arrange and pay for the necessary repatriation expenses of the Insured Person's mortal remains or ashes to Stationed Location on condition that any unused portion of the travel ticket will be surrendered to the Emergency Assistance Provider. All decisions as to the means of repatriation will be made by the Emergency Assistance Provider.

This Policy will not cover any repatriation that is not arranged by the Emergency Assistance Provider and no benefit will be payable if such expenses are recoverable from any other sources or insurance policies.

Section 4 - Accidental Death & Permanent Disablement

If within twelve (12) consecutive months from the date of accident on which the Bodily Injury, as a result of a covered Accident solely and independently of any other cause happens, and result in the death, loss or disability of the Insured Person on the Business Trip, the Company will, subject to the Terms of this Policy, pay the percentage of Principal Sum according to the Compensation Table here-in-attached of this Policy.

- a) The aggregate of all the benefits payable under Section 4 during the Period of Insurance will not exceed the amount of the Principal Sum.
- b) If a Bodily Injury causes Permanent Total or Partial Disability and subsequently results in the death of the Insured within twelve (12) consecutive months from the date of accident, the Company will, subject to the Terms of this Policy, pay the benefit under Accidental Death only, and no payment will be made under Permanent Total or Partial Disability for the same Bodily Injury.

Limit of Indemnity (under Section 4)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to the Principal Sum stated in the Schedule per Accident.

Memoranda (under Section 4)

- a) **Exposure and Disappearance**
If the body of the Insured Person has not been found within twelve (12) consecutive months as a direct result of disappearance, sinking or wrecking of the Public Common Carrier, an aircraft or other conveyance either on ground or at sea in which the Insured Person was traveling as a fare-paying passenger on the Business Trip and the body of the Insured Person has not been found within twelve (12) months of the date of disappearance, the death of the Insured Person as the sole and direct result of such Accident may reasonably be presumed upon receipt of evidence to the Company's satisfaction. The Company will then pay the benefit under Section 4 provided that the Insured Person's legal personal representatives or the beneficiary will sign an undertaking to refund the benefit to the Company should the Insured Person be subsequently found to be living.
- b) The Company will not pay for more than one of the Items 1 to 9 listed in the Compensation Table. Should more than one of the above Items occurs from the same accidental Bodily Injury, the Company will only be liable for the Item with the greatest benefit. When 100% of benefit becomes payable, the Company will have no further liability under this Section in respect of the Insured Person.
- c) The Company will pay for the death or Permanent Disability only if such Death or Permanent Disability occurs within twelve (12) months of the date of accident. Death or Permanent Disability sustained by an Insured Person will not be presumed solely on account of the disappearance of the Insured Person. When a limb or an organ that was partially useless prior to an accident becomes completely useless as a result of such accident, the benefit payable will be equivalent only to the extent of loss occasioned by the accident. No payment however will be made in respect of the loss of a limb or an organ that was useless prior to the accident.
- d) Satisfactory proof to the Company of Death or Permanent Disability sustained by an Insured Person for which a claim is made hereunder will be provided upon demand at the Insured Person's own expenses.
- e) The Limit of Indemnity under this Section will be reduced by the amount of benefit paid from the date of accident.

Exclusions (applicable to Section 4)

- This Section does not cover any
- a) Death, Permanent Disability or Bodily Injury arising directly or indirectly from sickness, disease or Illness of any kind.

Section 5 - Hospital Allowance

In the event the Insured Person being confined to a Hospital or a registered inpatient for treatment of a Bodily Injury or Illness sustained during the Business Trip outside the Stationed Location, the Company will, subject to the Terms of this Policy, pay a daily hospitalization allowance up to the Principal Sum stated in the Schedule for the Period of Insurance.

Limit of Indemnity (under Section 5)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to the Principal Sum as stated in the Schedule during Business Trip.

Memoranda (under Section 5)

- a) The Company will pay the allowance only if the period of hospitalization is longer than twenty-four (24) hours and which the Hospital makes a charge for room & board for the treatment of Bodily Injury or Illness to the Insured Person.

Section 6 - Trip Cancellation

In the event of an Insured Person having to cancel the Business Trip prior to its commencement in consequence by the followings:

- 1) Death, Serious Bodily Injury or Serious Illness of the Insured Person, Immediate Family Member, Close Business Partner occurring within thirty (30) days;
- 2) witness summons, jury service or compulsory quarantine of the Insured Person occurring within thirty (30) days; or
- 3) sudden outbreak of natural disaster, strike, riot or civil commotion at the planned destination occurring within thirty (30) days; or
- 4) unexpected issuance of a Black Alert at the planned destination within seven (7) days; or
- 5) serious damage to the Insured Person's principal home in Stationed Location resulting from fire, flood or similar natural disaster, such as typhoon or earthquake, within seven (7) days that requires the Insured Person's continued presence in the premises on the departure date;

the Company will, subject to the Terms of this Policy and the Limit of Indemnity, pay for the non-refundable and unused transportation and/or accommodation expenses which have paid in advance and for which the Insured Person is legally liable.

Limit of Indemnity (under Section 6)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to the Principal Sum as stated in the Schedule during Business Trip.

Memoranda (under Section 6)

- a) The Insured Person will take all possible steps to recover the outlay for transportation and accommodation.
- b) If the Insured Person is entitled to the indemnity or refund by the government program, the Public Common Carrier, the travel agent, the provider of any service forming part of the booked itinerary, any other insurance policies or sources for the same Accident or a number of Accidents arising out of one occurrence, the benefit payable by the Company under this Section will be limited to the balance of the indemnity or refund by such sources.

Exclusions (applicable to Section 6)

This Section does not cover any cancellation arising from or due to

- a) government's regulation, control or act.
- b) bankruptcy, liquidation, error, omission or default of the Public Common Carrier, the travel agent or other provider of any service forming part of the booked itinerary.
- c) epidemic, natural disaster, strike, riot, civil commotion or other circumstances giving rise to a claim under this Section known to have existed at the time of application for this Policy.
- d) disinclination to travel or the financial circumstance of the Insured Person.
- e) failure to notify the Public Common Carrier, the travel agent or other provider of any service forming part of the itinerary of the need to cancel or abandon the travel arrangement when it is found necessary to do so.
- f) any loss that is covered by any other existing scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

Section 7 - Trip Curtailment

In the event of an Insured Person having to cancel the Business Trip after its commencement consequent upon the Insured Person having to return to Stationed Location necessitated by the followings:

- 1) Death, Serious Bodily Injury or Serious Illness or hijack of
 - i) the Insured Person;
 - ii) the Immediate Family Member or Close Business Partner who is a resident in Stationed Location; or
- 2) sudden outbreak of natural disaster, strike, riot or civil commotion at the planned destination which prevent the Insured Person from continuing with his/her schedule Business Trip.
- 3) unexpected issuance of a Black Alert at the planned destination which prevent the Insured Person from continuing with his/her scheduled Business Trip.

the Company will, subject to the Terms of this Policy and the Limit of Indemnity, pay for the additional and unused transportation and/or accommodation expenses which have paid in advance and for which the Insured Person is legally liable.

Limit of Indemnity (under Section 7)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to the Principal Sum as stated in the Schedule during Business Trip.

Memoranda (under Section 7)

- a) The Insured Person will take all possible steps to recover the outlay for transportation, accommodation and package tour.
- b) If the Insured Person is entitled to the indemnity or refund by Section 8 - Travel Delay and Re-route of this Policy, the government program, the Public Common Carrier, the travel agent, the provider of any service forming part of the booked itinerary, any other insurance policies or sources for the same accident or a number of accidents arising out of one occurrence, the benefit payable by the Company under this Section will be limited to the balance of the indemnity or refund by such sources.
- c) In respect of curtailment claim for package tour expenses, the calculation of benefit payable by the Company will be in proportion to the unused days.

Exclusions (applicable to Section 7)

This Section does not cover any curtailment arising from or due to

- a) government's regulation, control or act.
- b) bankruptcy, liquidation, error, omission or default of the Public Common Carrier, the travel agent or other provider of any service forming part of the booked itinerary.
- c) strike, riot, civil commotion or other circumstances giving rise to a claim under this Section known to have existed at the time of application for this Policy.
- d) disinclination to travel or the financial circumstance of the Insured Person.
- e) failure to notify the Public Common Carrier, the travel agent or other provider of any service forming part of the itinerary of the need to cancel or abandon the travel arrangement when it is found necessary to do so.
- f) any loss that is covered by any other existing scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

Section 8 - Travel Delay and Re-Route

In the event of an Insured Person being delayed by a booked Public Common Carrier for at least six (6) hours from the time specified by the Public Common Carrier as a result of sudden outbreak of strike, industrial action, adverse weather condition, natural disaster, hijack or equipment failure of such Public Common Carrier during the Business Trip, the Company will, subject to the Terms of this Policy, pay a benefit in accordance with the Limits of Indemnity for each full six (6) hours that the Insured Person is delayed.

If as a consequence of such delay, the schedule Public Common Carrier is cancelled and the Insured Person has to re-route his/her itinerary, the additional transportation expenses necessarily incurred for such re-route will be reimbursed up to the Principal Sum stated in the Schedule.

Limits of Indemnity (under Section 8)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to Principal Sum stated in the Schedule during Business Trip.

Memoranda (under Section 8)

- a) The period of delay will be calculated from either i) or ii):
- the original scheduled departure time of the Public Common Carrier until the recommendation of the first available alternative transportation offered by such Public Common Carrier; or
 - the original arrival time specified in the itinerary provided by the Public Common Carrier until the actual arrival time of the first available alternative transportation offered by such Public Common Carrier.
- Insured Person can only claim for either departure or arrival delay but no for both.
- b) The Insured Person must obtain written confirmation from the Public Common Carrier stating the period of delay and the reason in order to claim under this Section.

Exclusions (applicable to Section 8)

This Section does not cover any delay arising from or due to

- government's regulation, control or act.
- bankruptcy, liquidation, error, omission or default of the Public Common Carrier, the travel agent or other provider of any service forming part of the booked itinerary.
- strike, industrial action, riot, civil commotion or other circumstances giving rise to a claim under this Section known to have existed at the time of application for this Policy.
- failure of the Insured Person to check-in according to the itinerary supplied to him/her.
- late arrival of the Insured Person at the airport or port after check-in or booking in time.
- the Insured Person not get on-board on the first available alternative transportation offered by the Public Common Carrier.

Section 9 - Baggage Delay

In the event of an Insured Person's checked-in baggage being delayed or being lost for at least six (6) hours after the arrival of the Insured Person at the scheduled destination outside Stationed Location during the Business Trip, the Company will, subject to the Terms of this Policy, pay for the expense of emergency purchases of essential clothing or toiletries necessarily and reasonably incurred by the Insured Person outside Stationed Location up to the Limit of Indemnity.

Limit of Indemnity (under Section 9)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to Principal Sum as stated in the Schedule during Business Trip.

Memoranda (under Section 9)

- The period of delay will be calculated from the actual arrival time of the Public Common Carrier.
- The Insured Person must obtain written confirmation from the Public Common Carrier stating the period of delay and the reason in order to claim under this Section.
- This benefit can only utilize once during any one Business Trip and does not apply when the Insured Person is taking a Business Trip back to Stationed Location.
- The Insured Person cannot claim for under both benefits of Section 10 - Personal Baggage or Personal Effects and Section 9 - Baggage Delay for the same loss.

Exclusions (applicable to Section 9)

This Section does not cover any delay or loss

- arising from or due to confiscation, detention or destruction by customs, other authorities or government officials.
- of luggage sent in advance, mailed or shipped separately.

Section 10 - Personal Baggage or Personal Effects

The Company will, subject to the Terms of this Policy, pay for sudden Accidental physical loss of or damage to personal baggage or personal effects (other than money) being carried by an Insured Person during the Business Trip up to the Limits of Indemnity.

Limits of Indemnity (under Section 10)

The amount payable by the Company in respect of any one article (or one set), Sports equipment or Lap-Top Computer shall not exceed the maximum limit as stated in the Schedule.

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to Principal Sum as stated in the Schedule during Business Trip.

Memoranda (under Section 10)

- The Company may make payment or at the Company's option reinstate or repair subject to due allowance for depreciation, wear and tear.
- In case of loss of or damage to any article or articles which are a part of a set, the measure of loss of or damage to such article or articles will be the rateable proportion of the total value of the set, and in no event such loss or damage be construed to mean total loss of the set.
- In respect of loss of or damage to property whilst in the custody of hotel or Public Common Carrier, the Insured Person must obtain written confirmation from the hotel or Public Common Carrier stating the loss or damage.
- If the Insured Person is entitled to the indemnity by Section 9 - Baggage Delay of this Policy, any other sources for the same accident or a number of accidents arising out of one occurrence, the benefit payable by the Company under this Section will be limited to the balance of the indemnity from such sources.

Exclusions (applicable to Section 10)

This Section does not cover any

- loss of or damage to
 - foodstuffs, pet or animal, business goods or sample, household effects, antiques, artificial teeth or limbs, money, securities, tickets or documents, motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, snow skis.
 - contact lens, denture or prosthesis.
 - data of any kind.
 - hired or leased equipment or property.
 - baggage sent in advance, souvenir or property mailed or shipped separately.
 - baggage or property left unattended in any public place as a result of the Insured Person's failure to take due care and precautions for the safeguard and security of such property.
- loss or damage arising from or due to
 - wear and tear, depreciation, scratching, marring, denting, gradual deterioration, corrosion, oxidation, rust, atmospheric condition, action of light, process of heating, drying, cleaning or dyeing.
 - insect, vermin, rot, mildew or fungus.
 - alteration, repair or maintenance.
 - breakdown or misuse.
 - faulty material, workmanship or design.
- loss or damage arising from or due to confiscation, detention or destruction by customs, other authorities or government officials.
- loss not report to the local police, public authority, hotel or Public Common Carrier within twenty four (24) hours after the incident and support by a valid police report or Property Irregularity Report if occurred in airline;
- unexplained loss or mysterious disappearance.
- loss or damage more specially insured by any other insurance policies or otherwise reimbursed by Public Common Carrier or a hotel.

Section 11 - Personal Money

The Company will, subject to the Terms of this Policy, pay for loss of cash, bank note traveler's cheque or money order carried by an Insured Person as a result of robbery, burglary or accidental loss occurring during the Business Trip up to the Limit of Indemnity.

Limit of Indemnity (under Section 11)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to Principal Sum stated in the Schedule during Business Trip.

Exclusions (applicable to Section 11)

This Section does not cover any

- shortage due to error, omission, exchange or depreciation in value.
- loss or damage arising from or due to confiscation, detention or destruction by customs, other authorities or government officials.
- loss not reported to the local police or public authority within twenty-four (24) hours of after the incident.
- unexplained loss or mysterious disappearance.
- loss more specially insured by any other insurance policies.

Section 12 - Personal Documents

In the event of sudden Accidental physical loss of or damage to Hong Kong Identity Card, passport, entry visa, travel tickets, or other travel documents while outside the Stationed Location that are necessary for immigration clearance and leads to delay of the Business Trip, the Company will, subject to the Terms of this Policy, pay for the replacing cost of such personal documents, as well as additional travel expenses and hotel accommodation incurred to replaced loss of travel documents and such loss must be reported to the Police having jurisdictions at the place of the loss no more than twenty-four (24) hours after the incident. Any claim must be accompanied by written documentation from such police up to the Limit of Indemnity.

Limit of Indemnity (under Section 12)

The maximum benefit payable under this Section in respect of any one Insured Person will be limited to Principal Sum stated in the Schedule during Business Trip.

Exclusions (applicable to Section 12)

This Section does not cover any

- fine or penalty incurred due to non-replacement or late replacement of the documents by the Insured Person.
- loss or damage arising from or due to confiscation, detention or destruction by customs, other authorities or government officials.
- loss not reported to the local police or public authority within twenty-four (24) hours of after the incident.
- unexplained loss or mysterious disappearance.
- loss or damage more specially insured by any other insurance policies.

Section 13 - Staff Replacement/Compassionate Visit

In the event of an Insured Person sustaining Accidental Serious Bodily Injury or sudden Serious Illness or is dead (insured by this Policy) during the Business Trip resulting in Hospital confinement outside Stationed Location, the Company will, subject to the Terms of this Policy, arrange and pay for the reasonable hotel accommodation and traveling expenses necessarily incurred by one Replacement Staff or one of the Immediate Family Member to travel to the place to visit the injured Insured Person.

All decisions as to the selection of airline and the selection of hotel will be made by the Emergency Assistance Provider.

This Policy will not cover any visit that is not arranged by the Emergency Assistance Provider.

Section 14 - Personal Liability

The Company will, subject to the Jurisdiction Clause and the Terms of this Policy, indemnify the Insured Person against all sums for which the Insured Person may be legally liable in his/her personal capacity in respect of

- a) Accidental death or Bodily Injury (whether fatal or not); or
- b) Accidental loss of or damage to property to the third party occurring on the Business Trip during the Period of Insurance up to the Limit of Indemnity.

Jurisdiction Clause

The indemnity provided by this Section will not apply in respect of judgements which are not in the first instance delivered by or obtained from a court of competent jurisdiction within Hong Kong nor to orders obtained in the said court for the enforcement of judgements made outside Hong Kong whether by way of reciprocal agreement or otherwise.

Limit of Indemnity (under Section 14)

The maximum amount payable under this Section in respect of any one Insured Person will be limited to the Principal Sum stated in the Schedule during Business Trip.

If the Company is liable to indemnify more than one party, the total amount of indemnity to all such parties will not exceed the same Limit of Indemnity.

Memoranda (under Section 14)

- a) In respect of a claim to which the indemnity expressed in this Section applies, the Company will, subject to the Limit of Indemnity, pay
 - 1) all costs and expenses recovered by any claimant from the Insured Person;
 - 2) all costs and expenses incurred with the written consent of the Company.
- b) In the event of death of the Insured Person, the Company will, in respect of the liability incurred by the Insured Person, indemnify the Insured Person's legal personal representatives in the terms of and subject to the limitations of this Section, provided that such legal personal representatives will as though they were the Insured Person observe, fulfill and be subject to the Terms of this Policy in so far as they can apply.
- c) The Insured Person must not make any offer or promise of payment or admit his/her fault to any other party or become involved in any litigation without the Company's prior written approval. The Company has the right to take over the conduct of any proceeding, settle or defend the claim on behalf of the Insured.

Exclusions (applicable to Section 14)

The Company will not be liable in respect of

- a) death or Bodily Injury to any person being
 - 1) a member of the family; or
 - 2) at the time of sustaining such injury
 - i) an employee of the Insured Person, or
 - ii) engaged in and upon the service of the Insured Person.
- b) loss of or damage to property belonging to or in the charge of or under the control of the Insured Person, any member of the family, any employee or any person in and upon the service of the Insured Person.
- c) liability arising out of or incidental to
 - 1) Insured Person's profession, business or trade.
 - 2) ownership, occupation or use of any land, building or premises.
 - 3) ownership, possession or use of lift, elevator, motor vehicle, aircraft, watercraft or mechanically and/or electrically propelled vehicle, firearms, pet or animal.
 - 4) infringement of plan, copyright, patent, trade mark or registered design.
 - 5) libel or slander.
- d) liability which attaches by virtue of an agreement but which would not have attached in the absence of such agreement. Damage relating to any liability assumed under contract.
- e) fine, penalty or punitive damages of any kind.
- f) damage to property which belongs to the Insured Person or is in his/her care custody or control.
- g) damage relating to the wilful, malicious, or unlawful act on the part of the Insured Person.
- h) any criminal proceedings.
- i) liability more specially insured by any other insurance policies.

GENERAL EXCLUSIONS (applicable to all Sections)

This Policy will not cover

- a) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion.
- b) ionising, radiation or contamination by radioactivity from any nuclear fuel, from any nuclear waste, from the combustion of nuclear fuel or from any nuclear weapons material.
- c) committing crime, taking part in unlawful act or illegal activity, resistance to arrest or fighting of any kind (except in bona fide self-defense)
- d) suicide, attempted suicide, intentional self-injury or wilful exposure to danger (other than in an attempt to save human life).
- e) Human Immunodeficiency Virus (HIV), HIV related illness including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), any mutant derivatives or variations however caused.
- f) mental defect or infirmity of any kind.

- g) pregnancy, miscarriage, childbirth or complications arising from any of them.
- h) engaging in regular or temporary service or duty with any disciplinary forces, military, naval, air force or armed force services of any kind.
- i) flying or taking part in any other aerial activities except whilst traveling as a passenger in, boarding or alighting from a licensed aircraft and not as pilot or aircrew nor for the purpose of any trade or technical operation in or on the aircraft.
- j) engaging in any kind of sport in a professional capacity or where the Insured Person would or could earn any income or remuneration from engaging in such kind of sport, from engaging in such kind of sport, racing of any kind (except on foot) or mountaineering and competition.
- k) any Pre-existing, congenital or heredity conditions;
- l) any medical treatment received during a Business Trip which was made for the purpose of receiving medical treatment or if the Business Trip was undertaken while the Insured Person was unfit to travel;
- m) traveling abroad contrary to the advice of a Registered Medical Practitioner, or for the purpose of obtaining medical treatment or services.
- n) dental care (unless resulting from Accidental Bodily Injury to sound and natural teeth).
- o) Actions of the Insured Person while under the influence of alcohol or drugs to the extent of legal impairment.
- p) The Insured Person is not taking all reasonable efforts to safeguard his/her property or to avoid injury or minimize any claim under this Policy.

GENERAL CONDITIONS (applicable to all Sections)

1) Entire Contract and Changes

This Policy, including the Schedule, the Proposal, the Endorsement and any other documents attached hereto, constitute the entire contract of insurance. No change in this Policy will be valid unless and until approved by the Company in writing and unless such approval is endorsed hereon or attached hereto. No agent of the Company has authority to change this Policy or to waive any of its provisions.

2) Premium Payment and Period of Cover

The Premium is due and payable on the Effective Date by the Insured. This Policy will not be valid and binding unless and until the Premium has been promptly and duly paid to the Company. Subject to cancellation of this Policy by either the Company or the Insured in accordance with Clauses [15] or [16] of the CONDITIONS, this Policy will be valid for the Period of Insurance. For the avoidance of doubt, this Policy remains valid and in force during the grace period provided for under Clause [19] of the CONDITIONS.

3) Reinstatement of Policy

If default occurs on the payment of the Premium, subject to Clause [19] of the CONDITIONS, the subsequent acceptance of the Premium by the Company, within six (6) months when the Premium falls due, will reinstate this Policy. However, if the Company requires an application for reinstatement, this Policy will be reinstated upon approval of such application by the Company, but only to cover loss resulting from a Bodily Injury thereafter sustained. Reinstatement will be conditional upon satisfactory written proof submitted to the Company that the Insured is insurable on the same basis as when this Policy was first issued.

4) Notices

The Insured will

- a) give immediate written notice to the Company of any change in name, the City of Residence, or the Occupation stated in the Schedule;
- b) notify the Company before renewal of this Policy of any Bodily Injury, sickness, disease, physical defect or infirmity, or health condition of which the Insured has become aware of during the Period of Insurance.

In consideration of the above changes, the Company may require the Insured to pay an additional Premium. If the Insured refuses to pay any additional Premium, all the coverage provided by this Policy will cease immediately on the day of such change. If the Insured does not advise the Company of such change, no benefit will be payable under this Policy in respect of any claim arising out of or in the course of such change.

5) Notice of Claim

In case of a Bodily Injury which may give rise to a claim under this Policy, written notice must be given to the Company as soon as reasonably possible, and in any event within thirty (30) days after the date of accident causing such Bodily Injury. The Insured must as early as possible place himself/herself under the care of a Registered Medical Practitioner. In the event of the death due to a Bodily Injury, immediate notice thereof must be given to the Company by the Beneficiary and reasonable notice must be given to the Company before interment or cremation. The results of any post-mortem examination or inquest should also be forwarded to the Company.

6) Sufficiency of Notice

Notice sent and payments made to the Company must be sent to the Hong Kong address of the Company stated in this Policy or as otherwise notified by the Company from time to time. Notice given by or on behalf of the Insured or Beneficiary as the case may be, to the Company with information sufficient to identify the Insured, will be deemed to be a valid notice.

7) Claim Forms

The Company, upon receipt of a notice of claim under this Policy, will have the right to request the Insured to submit a claim form (as prescribed by the Company) for the purposes of filing proof of loss. If the Company has not requested for the submission of such claim form within fifteen (15) days of the receipt of the notice of claims, the Insured will be deemed to have complied with the time limit for claims notification. For

the avoidance of doubt, the Insured is still obliged to provide satisfactory evidence in support of his/her claim as may be requested by the Company from time to time.

8) Claims and Proof of Loss

The Insured will at his/her own expense provide to the Company such certificate, information and evidence as the Company may from time to time require in connection with any claim under this Policy and in the form prescribed by the Company. Written proof of loss must be furnished to the Company at its said office as follows:

- a) in case of a claim for loss of time from disability within ninety (90) days after the termination of the period for which the Company is liable;
- b) in case of any other claims, within one hundred and eighty (180) days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is subsequently furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity, later than twelve (12) months from the time written proof of loss is otherwise required.

9) Time of Payment of Claims

Payments should be made within thirty (30) days after the claim has been approved by the Company subsequent to the receipt of satisfactory proof of loss and the results of any investigations or medical examinations in relation to the claim. For the avoidance of doubt, the submission of satisfactory proof of loss is condition precedent to the Company's liability to make any payment of benefit under this Policy.

10) Payment of Claims

Subject to the Terms of this Policy, the Principal Sum will be payable to the Beneficiary designated in the Proposal in respect of the death of the Insured. If no such designation or provision is then effective, such Principal Sum will be payable to the estate of the Insured Person. Any other accrued benefits unpaid at the Insured's death may, at the option of the Company, be paid either to the Beneficiary (if such designation remains valid and effective) or to the Insured's estate. All other benefits under this Policy will be payable to the Insured. The receipt of the Insured or of his/her legal personal representative, or of any Beneficiary effectively designated by the Insured at the time of death, in respect of any benefit payable under this Policy will be a full and effectual discharge of all liability of the Company.

11) Medical Examinations and Autopsy

The Company at its own expense will have the right to request the Insured to attend medical examinations arranged by it when and as often as it may reasonably require when a claim is still pending hereunder. The Company at its expense will have the right to make an autopsy in case of the death of the Insured where it is not forbidden by law before it is liable to pay any benefit hereunder.

12) Legal Actions

No action at law or in equity will be brought against the Company to recover any benefit payable under this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action will be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

13) Change of Beneficiary and Assignment

The Insured may at any time replace the Beneficiary by, or assign this Policy to, any person or corporate body, by submitting a notice in writing to the Company. Such replacement or assignment will not take effect or be binding on the Company unless and until the written notice has been received by the Company. For the avoidance of doubt, the Company will not be responsible for verifying the authenticity of such notice and any payment made by the Company under this Policy prior to the receipt of such notice will fully discharge the Company to the extent of such payment.

14) Age Limit

The Insured must be between eighteen (18) to seventy (70) years old at the inception of this Policy. If this Policy is issued prior to the Insured's seventieth (70th) birthday, this Policy is renewable subject to Clauses [18] of the CONDITIONS.

15) Cancellation by the Company

- a) The Company may cancel this Policy at any time by giving thirty-one (31) days prior notice in writing to the Insured. Such notice will be delivered or sent (by ordinary prepaid post) to the address of the Insured last notified to the Company.
- b) The Company will be entitled to cancel this Policy at any time with immediate effect in the event of fraud, material misstatement, concealment or breach of utmost good faith on the part of the Insured in connection with a claim submitted to the Company or any other matters affecting or in relation to the underwriting of this Policy or any other policy issued by the Company to the Insured.

16) Cancellation by the Insured

The Insured may cancel this Policy at any time by giving notice in writing to the Company. Such cancellation notice will be effective upon the date of written acknowledgement of its receipt by the Company or on such later date as may be specified by the Insured. In the event of such cancellation, the Insured will be entitled to a refund of Premium for the unexpired Period of Insurance in accordance with Clause [17] of the CONDITIONS provided that no claims has been paid or is due to be payable under this Policy upon the effective date of cancellation.

17) Consequences of Cancellation

The effective time of cancellation of this Policy will be (12:01 a.m., Hong Kong time) on the effective day of cancellation as determined in accordance with Clauses [15] and [16] of the CONDITIONS.

The Insured will be entitled to a refund of Premium if

- a) the Premium has been fully settled at the commencement of this Policy; and
- b) the cancellation of Policy is made pursuant to Clauses [15(a)] or [16] of the CONDITIONS; and
- c) no claim has been paid or is due to be payable under this Policy upon the effective date of cancellation.

Subject to Clause [23(a)] of the CONDITIONS, the amount of the refund will be calculated in accordance with the following:

Period of Cover (upon termination) not	Percentage (%) of Premium refundable
2 months	60%
3 months	50%
4 months	40%
5 months	30%
6 months	25%
Over 6 months	NIL

For the avoidance of doubt, the Insured will not be entitled to any refund of Premium if this Policy is cancelled by the Company pursuant to Clause [15(b)] of the CONDITIONS.

Cancellation of this Policy will be without prejudice to any claims made prior to the effective time of cancellation as determined in accordance with Clauses [15] and [16] of the CONDITIONS.

18) Renewal Conditions

The Company will have full discretion to, decide whether it will invite renewal of this Policy and if it does so, the Company will have the right to decide the terms and premium for such renewal. A notice inviting renewal may be sent to the Insured before the expiry of the Period of Insurance failing which the cover under this Policy will lapse at the expiry of the Period of Insurance and Clause [19] of the CONDITIONS will not be applicable. This Policy will lapse absolutely upon the expiry of the Period of Insurance notwithstanding the foregoing and Clause [19] of the CONDITIONS if during the Period of Insurance, the Insured has attained the age of seventy (70).

19) Grace Period

A grace period of thirty-one (31) days will be granted from the date when the Premium for the renewal thereof falls due. This Policy will remain in force during the grace period notwithstanding any outstanding Premium thereof. Upon the expiry of the grace period, this Policy will automatically lapse if the Premium due remains unpaid. Notwithstanding the foregoing, the grace period will not apply if, at least seven (7) days before the expiry of the Period of Insurance, the Company mails or delivers a written notice to the Insured informing him/her that the Company will not renew this Policy. For the avoidance of doubt, if the Insured suffers a Bodily Injury or loss covered under this Policy during the grace period, the Company will be liable for the payment of benefit under this Policy in accordance with the Terms of this Policy net of any premiums due and unpaid.

20) Governing Law

This Policy will be governed by and interpreted in accordance with the laws of Hong Kong.

The indemnity provided by this Policy will not apply in respect of judgements which are not in the first instance delivered by or obtained from a court of competent jurisdiction within Hong Kong nor to orders obtained in the said court for the enforcement of judgements made outside Hong Kong whether by way of reciprocal agreement or otherwise.

21) Fraud

Any fraud, misstatement or concealment either in the Proposal and declaration on which this insurance is based or in relation to any other matter affecting this insurance or in connection with the making of any claim under this Policy will render this Policy null and void and all claims, premiums or any part thereof paid hereunder will be forfeited.

22) Arbitration

If any difference arises as to the amount to be paid under this Policy, such difference will be determined by arbitration in accordance with the Arbitration Ordinance and subsequent amendments. If the parties fail to agree upon the choice of arbitrators or umpires, then the choice will be referred to the Chairman for the time being of the Hong Kong Federation of Insurers. It is hereby expressly stipulated that it will be a condition precedent to any right of action or suit upon this Policy that an arbitration award will be first obtained. If reference to arbitration have not been made within twelve (12) months of the first notice of the difference, the Insured will for all purposes be deemed to have waived all claims in connection with or arising out of the said difference.

23) Miscellaneous

- a) All Premium payments and benefits payable under this Policy will be paid in Hong Kong dollars. The benefit payable under this Policy will not carry any interest. Clerical errors by the Company will not invalidate the insurance cover otherwise validly in force, or vice versa.
- b) The headings in this Policy are for convenience only and will not affect the construction or meanings of the terms hereof.

CLAIMS PROCEDURE

Step 1 - Notify the Company of any occurrence, incident or accident likely to give rise to a claim as soon as possible, but in any case within thirty (30) days after the occurrence, incident or accident having occurred.

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

Section 1 - Medical Expenses

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

Section 4 - Personal Accident

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

Section 6 - Trip Cancellation, Section 7 - Trip Curtailment, Section 8 - Travel Delay and Re-Route and Section 9 - Baggage Delay,

- Written confirmation from the Public Common Carrier stating the period of delay and the reason
- All bills, receipts, tickets and coupons

Section 10 - Personal Baggage or Personal Effects. Section 11 - Personal Money and Section 12 – Personal Documents

- Copy of the statement to police or local authority
- Copy of notification to the public common carrier and its written official acknowledgment (and/or Property Irregularity Report / Form) stating the details when loss or damage has occurred during transit
- Copy of notification to the issuing authority in respect of loss of traveler's cheque
- Receipts including date of purchase, price, model and type of items lost or damaged

Section 14 - Personal Liability

- Statement of the nature and circumstances of the occurrence, incident or accident (No admission of liability, and no negotiation, payment, offer, promise, repudiation or settlement can be made or agreed to without the Company's written consent)
- All documents and letters received in connection with the occurrence, incident or accident (including copies of any summons, court documents, solicitors' and other legal correspondence)

The above is only a general guideline of how to make a claim. Additional documents or information may be required depending on the nature of claim.

24-hour Worldwide Emergency Assistance Services

For the emergency assistance services, simply call to Hong Kong alarm centre: (852) 3187 6888. Remember to quote your name, policy number, location (name of hospital if any), phone number and kinds of services when you seek for assistance.

Travel assistance includes:

- Passport and Visa requirements
- Embassy referral
- Legal referral
- Arrangement of interpreter services
- Lost luggage retrieval
- Lost passport assistance
- Weather information assistance
- Emergency rerouting arrangement

Medical assistance includes:

- Telephone medical advice
- Dispatch of physician / essential medication / medical equipment if necessary
- Monitoring of medical conditions when hospitalized
- Arrangement of appointments with doctors
- Arrangement of Hospital admission
- Authorise guarantee of payment to hospital
- Organise emergency medical evacuation if necessary
- Arrangement for the repatriation of Remains when required

The service provider is provided on a best-efforts basis, and may not be available due to problems of time, distance or location. The Company is not responsible for the availability, use, acts, omissions or results of any medical, legal or transportation service.

Contracts (Rights of Third Parties) Ordinance

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

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the Personal Data may be used are as follows:
 - i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services;
 - ii) administering insurance policies issued and/ or arranged by the Company;
 - iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company;
 - iv) exercising rights of subrogation, if applicable;
 - v) collection of amounts outstanding (if any) from customers;
 - vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company;
 - vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
 - viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities;
 - ix) conducting data matching procedures;
 - x) designing insurance and/ or related products and services for customers' use;
 - xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies"));
 - xii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority;
 - xiii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and
 - xiv) fulfilling any other purposes directly relating to (i) to (xiii) above.
- d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related:
 - i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business;
 - ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;
 - iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies;
 - iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with;
 - v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies;
 - vi) lawful successors or assigns of the Company; and
 - vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.
- e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.

- f) In accordance with the Personal Data (Privacy) Ordinance:
- i) any individual has the right to:
 - A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data;
 - B) require the Company to correct any data relating to him/ her that is inaccurate; and
 - C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
 - ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:
- Personal Data Protection Officer,
Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable)
21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- 1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:
 - i) insurance and/ or other related products and services of the Company and its Affiliated Companies;
 - ii) insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company;
 - iii) reward, loyalty and/ or privileges programs/ plans of the Company, its Affiliated Companies and co-branding partners.
- 2) The Personal Data may also be provided to the Company's Affiliated Companies, co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- 3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

- I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.
- I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign below, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Declaration

I/ We confirm that I/ we have read and understood this section. I/ We agree that Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali") may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of this section. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purpose of direct marketing as stated herein and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of this section.

_____(Signature)

_____(Date)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.



21/F, Cityplaza One,
1111 King's Road,
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@generali.com.hk
generali.com.hk

香港英皇道1111號
太古城中心一期21樓
電話 +852 2521 0707
傳真 +852 2521 8018
info@generali.com.hk
generali.com.hk



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Amendment of the Policy

It is hereby noted that the following term will be added in the Policy:

Sanction Clause:

- The Insurer shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade, economic or financial sanctions, laws or regulations of, but without limitation, the European Union, United Kingdom, United States of America, Hong Kong or any other applicable country or territory.
- This Policy excludes the provision of any insurance service, coverage or any benefit in connection with loss, damage or liability resulting from activities that directly or indirectly, involve or benefit the government of Crimea, Democratic People's Republic of Korea, Iran, Syria, Cuba and Venezuela, or persons of entities resident or located in Crimea, Democratic People's Republic of Korea, Iran, Syria, Cuba and Venezuela. However, this exclusion shall not apply to activities carried out, or service provided, in an emergency for the purposes of safety and/or security or where the related risk has been notified to the insurer and the insurer has confirmed cover for the respective risk in writing.

All other terms and conditions remain unchanged.

FOR AND ON BEHALF OF
ASSICURAZIONI GENERALI S.p.A.

AUTHORIZED SIGNATURE
Hong Kong



Generali Hong Kong



香港忠意保險



Bravo Generali App