



亞洲保險
ASIA INSURANCE



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.

POLICY

Asia Unique Comprehensive Employee Medical Plan

ASIA INSURANCE COMPANY, LIMITED (hereinafter called “the Company”) does hereby insure the Policyholder as stated in the Policy Schedule to this Policy, subject to the provisions, conditions, limitations, exclusions and definitions contained herein.

In consideration of the Application and the Premium, the Company will reimburse the Policyholder or the Insured Person in respect of medical fees, charges and expenses incurred by any of the Insured Person, which is Medically Necessary, Reasonable and Customary, during the Policy Period in respect of Disabilities covered by this Policy.

Executed by Asia Insurance Company, Limited on the Issue Date.

For and on behalf of
Asia Insurance Company, Limited

Authorized Signature

Issue Date

DEFINITIONS

For the purpose of this Policy and where the context so permits and requires, words importing the singular number only also include the plural and vice versa and words importing the masculine gender only shall include the feminine and vice versa, and the following words and expression shall have the following respective meanings:

1. **Accident** shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.
2. **Actively at Work** shall mean, for an employee being employed by the Policyholder on a full time permanent basis, actively working on a day which is one of the Policyholder's scheduled work days and is performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel; provided that immediately before such day that he is not actively working because he is on holiday or it is his regular day off, he was actively working with the Policyholder.
3. **Age** shall mean the attained age of the Insured Person.
4. **Benefit Schedule** shall mean a schedule of benefits attached to these Terms and Benefits which sets out, among others, the benefit items and maximum benefits covered.
5. **Chinese Medicine Practitioner** shall mean a person, other than the Policyholder or the Insured Person, duly licensed or registered to practice Chinese medicine in the geographical area in which his service as a Chinese medicine practitioner is provided.
6. **Colonoscopy / Gastroscopy** in this Policy shall include
 - i. colonoscopy with or without biopsy;
 - ii. colonoscopy with or without removal of polyp(s), or other lesion(s);
 - iii. oesophagogastroduodenoscopy (OGD)/ gastroscopy with or without biopsy; or
 - iv. oesophagogastroduodenoscopy (OGD)/ gastroscopy with or without removal of polyp(s), or other lesion(s);which is Medically Necessary for the purpose of investigating or treating a Disability directly related to and as a result of the following symptoms or medical conditions:
 - a. abdominal pain;
 - b. bowel habit changes;
 - c. colitis;
 - d. duodenitis;
 - e. gastritis;
 - f. gastroenteritis;
 - g. irritable bowel syndrome; or
 - h. peri-rectal bleeding.
7. **Company** shall mean Asia Insurance Company Limited.
8. **Confinement** or **Confined** shall mean an admission of the Insured Person to a Hospital that is recommended by a Physician for Medical Service and as an Inpatient as a result of a Medically Necessary condition.
9. **Congenital Condition(s)** shall mean (i) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (ii) any neo-natal abnormalities developed within six (6) months of birth.
10. **Day Case Procedure** shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre at Hospital as a Day Patient.
11. **Day Patient** shall mean an Insured Person receiving Medical Services or treatments given in a medical clinic, day case procedure centre or Hospital where the Insured Person is not in Confinement.
12. **Dependent** shall mean legal spouse of the eligible Member who is under Age of 65 or any unmarried child who is at the Age from 14 days to 18 years old, or up to the Age of 23 as registered as full time student at school or university.

13. **Disability** shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom. Subsequent Disabilities shall be treated as the same Disability unless they are due to causes entirely unrelated to each other, or they are separated by at least ninety (90) days from the date of discharge from the Hospital or the date of last treatment by a Physician, whichever is later.
14. **Eligible Expenses** shall mean expenses incurred for Medical Services rendered with respect to a Disability.
15. **Eligible Person** shall mean Member as specified in the Policy Schedule, who, on the Eligible Day for the Insurance, being not otherwise disqualified by reason of the matters set out herein, is entitled to participate in the insurance plan under this Policy.
- Any employee who is not Actively at Work on the eligibility date for the insurance, he would otherwise become eligible for insurance until the date he resumes to work.
16. **Government** shall mean the Hong Kong Special Administrative Region Government.
17. **Hong Kong** shall mean the Hong Kong of the People's Republic of China.
18. **Hospital** shall mean an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing Medical Service for sick and injured persons as Inpatients, and which –
- i. has facilities for diagnosis and major operations;
 - ii. provides twenty-four (24) hours nursing services by licensed or registered nurses;
 - iii. has one (1) or more Physician; and
 - iv. is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.
19. **Hospital Room Levels**
- i. Private - A class of room having one patient bed with own bathroom per room (exclude VIP and Deluxe Private Room);
 - ii. Semi-Private - A class of room having one or two patient bed(s) with shared bathroom per room;
 - iii. Ward - A class of room classified as standard ward room of the Hospital or with more than two (2) patient beds and shared bathroom for Insured Person's use.
20. **Injury** shall mean any bodily damage (with or without a visible wound) solely caused by an Accident independent of any other causes. For Dental Benefit – Injury means damage to sound natural teeth (and/or dentures / bridges when applicable) caused solely by external, physical, visible, Accidental and involuntary means.
21. **Insured Person** shall mean the eligible Member, together with any Dependents who, in accordance with the provisions, is participating in the insurance plan under this Policy.
22. **Intensive Care Unit** shall mean that part or unit of a Hospital established for and devoted to providing intensive medical and nursing care for Inpatients.
23. **Medical Services** shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability.
24. **Medically Necessary** shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –
- i. require the expertise of, or be referred by, a Physician;
 - ii. be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
 - iii. be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Physician;
 - iv. be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
 - v. be furnished at the most appropriate level which, in the prudent professional judgment of the attending Physician, can be safely and effectively provided to the Insured Person

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –

- a. the Insured Person is having an emergency that requires urgent treatment in Hospital;

- b. surgical procedures are performed under general anaesthesia;
- c. equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
- d. there is significantly severe co-morbidity of the Insured Person;
- e. taking into account the individual circumstances of the Insured Person, the attending Physician has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
- f. in the prudent professional judgment of the attending Physician, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
- g. in the case of diagnostic procedures or allied health services prescribed by a Physician, such Physician has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (e) to (g) above, the attending Physician shall have regard to whether the Confinement –

- aa. is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Physician, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Physician; and
 - bb. is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.
25. **Member** shall mean the employee of the Policyholder so defined in the Eligible Class of the Policy Schedule attached hereto.
 26. **Network** shall mean a Provider of health services who is under contract with the Company to provide health services to the Insured Persons.
 27. **Network Day Case Endoscopy Service Clinic** and **Network Day Case Centre** shall mean healthcare service providers that have entered into valid written agreements with the Company to provide Colonoscopy and Gastroscopy and the relevant pre-Colonoscopy/Gastroscopy consultation. “Network Day Case Endoscopy Service Clinic” and “Network Day Case Centre” are listed on the “Application For The Cashless Day Case Endoscopy Service” form and the website of the Company (www.asiainsurance.hk). Such list may be varied, updated and amended from time to time at the Company’s reasonable discretion, and any changes shall be deemed as effective on the date of publication irrespective of whether any separate notice is given.
 28. **Non-surgical Cancer Treatments** shall mean chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment.
 29. **Physician, Specialist, Surgeon and Anaesthetist** shall mean a medical practitioner of western medicine,
 - i. who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
 - ii. legally authorised for rendering relevant Medical Service in Hong Kong or the relevant jurisdiction outside Hong Kong where the Medical Service is provided to the Insured Person,

but in no circumstance shall include the following persons - the Insured Person, the Policyholder, or an insurance intermediary or immediate family member of the Policyholder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.
 30. **Physiotherapist or Chiropractor** shall mean a person, other than the Policyholder or the Insured Person, duly licensed or registered in the geographical area in which his service as a physiotherapist or chiropractor is provided.
 31. **Dentist / Dental Surgeon** shall mean a person, other than the Policyholder or the Insured Person, duly licensed or registered in the geographical area of his practice to render dental service.
 32. **Policy** shall mean this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, the application attached hereto of the Policyholder, and the individual enrolment forms, if any, of the Insured Persons, which together constitute the entire contract regarding benefits, exclusions and other conditions between the parties.

33. **Policy Anniversary** shall mean the anniversary of the Policy Effective Date or the date otherwise specified by any endorsements attached hereto.
34. **Policy Effective Date** shall mean the date from which the coverage under this Policy becomes effective.
35. **Policy Year** shall mean the period of time these Terms and Benefits are in force. The first Policy Year shall be the period from the Policy Effective Date to the day immediately preceding the first Renewal Date as specified in the Policy Schedule (both days inclusive) within one (1) year period; and each subsequent Policy Year shall be the one (1) year period from each Renewal Date.
36. **Policyholder** shall mean the corporate or legal entity named in the Policy Schedule attached hereto.
37. **Pre-existing Condition** shall mean a Disability which existed prior to the date an Insured Person becomes insured under this Policy and because of which such Insured Person had received medical or surgical care or treatment within ninety (90) days immediately preceding such date, unless such care or treatment was received after a period of ninety (90) days from the date of last treatment.
38. **Provider** shall mean any organizations, companies or individuals who are licensed to provide health services in the geographical area in which the service is provided.
39. **Reasonable and Customary** shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) –
- i. treatment or service fee statistics and surveys in the insurance or medical industry;
 - ii. internal or industry claim statistics;
 - iii. gazette published by the Government; and/or
 - iv. other pertinent source of reference in the locality where the treatments, services or supplies are provided.
40. **Renewal, Renewed or Renewable** shall mean renewal of these Terms and Benefits in accordance with their terms without any discontinuance.
41. **Renewal Date** shall mean the effective date of Renewal. The first Renewal Date shall be the date as specified in the Policy Schedule (which shall not be later than the first anniversary of the Policy Effective Date) and the subsequent Renewal Date(s) shall be the anniversary(ies) of the first Renewal Date.
42. **Schedule of Surgical Procedures** shall mean the list of surgical procedures attached to these Terms and Benefits which sets out the surgical category of different surgical procedures according to their relative degree of complexity.
43. **Shortfall** shall mean any expenses which are not covered under these Terms and Benefits or which exceed the benefit limit of these Terms and Benefits.
44. **Short Period Premium** shall mean the premium corresponding to the respective period as stated below.
- | <u>Period</u> | <u>Premium</u> |
|------------------------|-----------------------|
| Not exceeding 1 week | 1/8 of annual premium |
| Not exceeding 1 month | 1/4 of annual premium |
| Not exceeding 2 months | 3/8 of annual premium |
| Not exceeding 3 months | 1/2 of annual premium |
| Not exceeding 4 months | 5/8 of annual premium |
| Not exceeding 6 months | 3/4 of annual premium |
| Not exceeding 8 months | 7/8 of annual premium |
| Exceeding 8 months | Full annual premium |
45. **Sickness or Disease** shall mean a physical, mental or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occur to the Insured Person and whether or not any diagnosis is confirmed.
46. **Terms and Benefits** shall mean this Policy together with the Benefit Schedule.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy is issued in consideration of the application thereof and of the payment of premiums as provided herein. This Policy, the Application, a copy of which is attached hereto, the Policy Schedule, the endorsements, if any, constitute the entire contract. No agent has authority to make or modify this contract, to extend the time for payment of premiums or to waive any of the Company's rights or requirements. No change to this Policy shall be valid unless approved by the Company and evidenced by its endorsement thereon or by amendment thereto signed by the Company.

MEMBER PARTICIPATION AND TERMINATION

A. Participation

- 1 Members already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.
- 2 Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day as specified in the Policy Schedule.
- 3 Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
- 4 Any Member who is not Actively at Work on the date he would otherwise become eligible for participation hereunder shall not be eligible until he has returned to work in good health.
- 5 Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1 to 4 above must elect for participation in writing within thirty-one (31) days from the date he first becomes eligible; otherwise coverage shall only be effective on the date evidence of insurability, furnished to the Company at his own expense, is satisfactory to and accepted by the Company.
- 6 Each Eligible Person shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 above has been satisfied and the duly completed enrolment form, in such form as prescribed by the Company, has been received and coverage confirmed by the Company.
- 7 Dependent's coverage will become effective on the latest of:
 - (a) the date the Member's coverage is effective; or
 - (b) the date the Member first acquires a Dependent; or
 - (c) the date the Dependent is accepted as insurable in accordance with the Company's rules and practices, if evidence of insurability is required.

B. Termination

The insurance of any Insured Person under this Policy shall terminate on the earliest of the following dates:

- 1 The date on which the Policy is terminated.
- 2 The date the expiration of the period for which the last premium payments is made on account of the Insured Person's insurance.
- 3 The date on which the Insured Person enters full-time military, naval or air service.
- 4 The Policy Anniversary next following the date which the Insured Person attains the Age of the maximum age as specified in the Policy Schedule.
- 5 The date on which the Insured Person shall cease to be a Member. Cessation of active work by an Insured Person (or cessation of membership in good standing in the case of associations) shall be deemed termination of membership, except that while an Insured Person is temporarily on part-time employment or is absent from work on account of Sickness or Injury, Membership shall be deemed to continue until premium payments for such Insured Person's insurance are discontinued.
- 6 where this Policy is terminated due to non-payment of premiums after the grace period.
- 7 The day immediately following the death of the Insured Person

C. Conversion Benefit Options

Upon termination of employment due to resignation or retirement, an employee and his or her Dependents who are covered under the captioned group policy can entitle the conversion privilege without further evidence of insurability, provided that all the following conditions are satisfied:

1. Conversion Benefit Options applicable to the company with a minimum of 10 eligible employees covered under the Asia Unique policy.
2. Member aged 64 or below can entitle the same or lower benefit level of the existing group medical coverage with Optional Supplementary Major Medical Benefit.
3. Member aged above 64 can entitle the same or lower benefit level, which is limited to Plan 3,4,5 only, of the existing group medical coverage without Optional Supplementary Major Medical Benefit.
4. An eligible Member may exercise the conversion privilege within thirty-one (31) days after termination of employment with the Policyholder before his or her 65th birthday, provided that he or she has been continuously covered by this "Asia Unique" policy for at least 1 consecutive year. However, termination of the group medical plan with the Company is not a valid trigger event.
5. The designated individual plans will be charged as individual premium rate at a separate premium table; the premium rates are subject to the change from time to time as determined by the Company.
6. This conversion privilege can be exercised only once under the existing "Asia Unique" policy.
7. The converted individual policies cannot be reinstated after lapse.
8. For the conversion of the Dependent coverage, all the eligible employee and his or her Dependents must be enrolled in this plan.

PAYMENT OF PREMIUMS

Premiums are due and payable by the Policyholder at the Head Office of the Company in Hong Kong or to a duly authorized agent of the Company as frequently as specified by the mode of Premium Payment in the Policy Schedule. The first premium shall be payable at the Policy Effective Date and subsequent premiums shall be due and payable on the Premium Due Dates determined by the Policy Schedule. The premium, whether paid for a Policy Year or by instalment as agreed by the Company, shall be paid in advance when due before any benefits shall be paid. Premium once paid shall not be refundable, unless otherwise specified in this Policy.

GRACE PERIOD, TERMINATION, CANCELLATION, REINSTATEMENT AND RENEWAL OF POLICY

1. The Company shall allow a grace period of thirty-one (31) days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.
2. The Company reserves the right to terminate this Policy on any Premium Due Date when fewer than the total number of Members then eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than seventy-five percent (75%) of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory.
3. This Policy may be cancelled at any time before the end of the Period of Insurance by the Policyholder by mailing written notice of cancellation to the Company not less than thirty-one (31) days before the date of cancellation; A premium in accordance with the Short Period Premium table corresponding to the period of insurance from the current Policy Anniversary upto the date of cancellation shall be paid by the Policyholder to the Company. In the event of cancellation, if claims have been paid or are payable under this Policy during the current Policy Year, full year of premium needs to be collected.
4. This Policy may be cancelled at any time before the end of the Period of Insurance by the Company by mailing written notice of cancellation to the Policyholder not less than thirty-one (31) days before the date of cancellation. A refund of the unearned premium corresponding to the period of insurance from the date of cancellation upto the end of the Period of Insurance shall be paid by the Company to the Policyholder. Cancellation shall be without prejudice to any claim arising prior to the date of cancellation.
5. After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premium due and not paid together with interest at a rate to be decided upon by the Company.
6. This Policy is issued for the term of one year and at the end of each Policy Year shall be renewed subject to the consent of the Company, at such premium rates and terms as may be determined by the Company and the premium due on the following Policy Anniversary is paid by the Policyholder and is received by the Company within the grace period.

RENEWAL

This Policy is renewable annually subject to the consent of the Company upon the payment of the premium, at such premium rates and terms as may be determined by the Company at the time of such renewal.

ADJUSTMENT OF PREMIUM

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall have the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company on an overall Portfolio basis.

NOTIFICATION OF RENEWAL

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall give the Policyholder a written notice of the revised Terms and Benefits to the Policyholder of not less than thirty-one (31) days prior to the Renewal Date. The written notice shall specify the premium for Renewal and Renewal Date. If the Company revises these Terms and Benefits upon Renewal, the Company shall make available the revised Terms and Benefits to the Policyholder together with the written notice. The revised Terms and Benefits and premium for Renewal shall take effect on the Renewal Date.

NOTICE AND PROOF OF CLAIM

All claims incurred in respect of these Terms and Benefits shall be submitted to the Company within ninety (90) days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is performed and completed. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable unless –

- i. all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to the Company; and
- ii. all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by the Company shall have been furnished to the Company for processing of such claim.

The Policyholder shall notify the Company if claims cannot be submitted within the above timeframe, otherwise the Company shall have the right to reject claims submitted after the above timeframe.

All certificates, information and evidence that are reasonably required by the Company and which can be reasonably provided by the Policyholder shall be furnished at the expenses of the Policyholder. The Company shall bear all expenses incurred in obtaining further certificates, information and evidence for the purposes of verification of the claim after the Policyholder has submitted all required information pursuant to (a) and (b) above.

PAYMENT OF CLAIM

All benefits that pertain to an Insured Person shall be paid by cheque to the order of the Insured Person or by direct reimbursement to the Insured Person's bank account, unless the Policyholder for reasons acceptable to the Company requests otherwise, or the Company, at its discretion, considers it preferable to make such payment in another manner.

RECORDS OF INSURED PERSONS

The Policyholder shall maintain a record with respect to each Insured Person under this Policy, showing the Insured Person's name, sex, Age or date of birth, amount of insurance, the date insurance became effective, the date insurance terminated, changes, with dates noted, of classification, beneficiary designation and other pertinent information as may be necessary to carry out the terms of this Policy.

The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Person in connection with the insurance, and other records as may have a bearing on the insurance under this Policy, shall be open for inspection and copying at the Policyholder's expense by the Company at all reasonable times.

Neither clerical error in keeping any records pertaining to insurance under this Policy, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon the discovery of such error or delay, an equitable adjustment of premiums shall be made.

It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong. Your personal information and particulars related to our services and products which collectively referred to in this PICS as "Your Personal Data". It also includes personal data relating to your beneficiaries, Dependents, authorised representatives and other individuals in relation to which you have provided information. Details of the Personal Information Collection Statement ("PICS"), please kindly refer to our website www.asiainsurance.hk.

WORLDWIDE COVERAGE

All benefits are applicable without geographical limitation; however, no benefits shall be paid under the Policy in respect of any Insured Person who is on temporary or permanent location in a country or countries other than Hong Kong or Macau except where such temporary location does not exceed ninety (90) days of a year, unless such conditions have been fully disclosed on the application form and approved and accepted by the Company; (Except for the psychiatric treatment, all benefits described in these Terms and Benefits shall be applicable worldwide).

We reserve the right to obtain the proof of the Insured Person's country of residence to our satisfaction at the time of processing any claim or payment of any benefit under the Policy.

MISSTATEMENT

If the Age or date of birth or other relevant facts relating to an Insured Person shall be found to have been misstated and if such misstatement affects the amount of benefits or relates to the terms and conditions of the Policy, the true Age and acts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable in respect therefrom, and equitable adjustment of premiums shall be made at the absolute discretion of the Company.

Where a misstatement of Age or other relevant facts has caused an Insured Person to be insured hereunder when he is otherwise ineligible for any insurance, or where such misstatement has caused an Insured Person to remain insured when he would otherwise have been disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of any premium in respect of the Insured Person paid by the Policyholder without interest, provided always that where there is fraud on the part of the Policyholder or the Insured Person, no premiums paid are to be returned.

ENROLMENT

The Policyholder shall furnish to the Company enrolment for each Insured Person in a form provided by the Company within thirty-one (31) days from the eligible date of Insurance.

CHANGE IN BENEFIT

If the eligible benefits for any Insured Person under the terms of this Policy are changed to another benefit level upon renewal and if such Insured Person shall have already been afflicted with a Disability at the time the benefits were changed, the limit of benefits payable in respect of such pre-existing Disability shall not exceed the limit of benefits prior to the date the benefits were changed or the limit of benefits after changed, whichever is lower.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced with the law of Hong Kong.

ACTION AGAINST THE COMPANY

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after proof of claim has been filed in accordance with the requirements stated in the Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of the time within which proof of claim is required.

LIMITATION

When an Insured Person is entitled to benefits payable under Employees' Compensation Ordinance, any government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under such law, programme or other insurance, or that computed in accordance with the Benefit Schedule of this Policy, whichever is less.

COVERAGE OF CONFINEMENT AND NON-CONFINEMENT SERVICES

Subject to these Terms and Benefits, if during the period while these Terms and Benefits are in force, the Insured Person, as a result of a Disability and upon the recommendation of a Physician,

- i. is Confined in a Hospital; or
- ii. undergoes any Day Case Procedure, Prescribed Diagnostic Imaging Test or Prescribed Non-surgical Cancer Treatment,

the Company shall reimburse the Eligible Expenses which are Reasonable and Customary.

For the avoidance of doubt, where an Insured Person is Confined in a Hospital but the Confinement is considered not Medically Necessary, the expenses incurred as a result of such Confinement shall not be regarded as Eligible Expenses for the purpose of (a) above. However,

the Policyholder shall still have the right to claim for the relevant Eligible Expenses incurred during such Confinement on Medical Services under (b) above.

The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the limits as stated in the Benefit Schedule

For the avoidance of doubt, the benefits covered under these Terms and Benefits shall only be payable for Eligible Expenses incurred for Medical Services provided to the Insured Person. Expenses incurred for Medical Services provided to persons other than the Insured Person shall not be covered, unless otherwise specified.

SANCTION AND ANTI MONEY LAUNDERING LIMITATION

In addition to the General Conditions, the paragraphs below shall apply to this Policy:

The Company shall not be deemed to provide any cover and shall not be liable to pay any claim or provide any benefit to the Insured Person or beneficiary or Policyholder, if such that exposes the Company to breach of :

1. sanction, prohibition or restriction under United Nations resolutions, or
2. the trade or economic sanctions, laws or regulations of the European Union, or
3. sanctions of the United States of America (provided that these do not violate the then current European Union and / or German law), or
4. the Anti-Money Laundering Ordinance, or
5. any other locally applicable laws or regulations.

EXCLUSIONS

No payment shall be made for fees, charges or expenses incurred by the Insured Person in respect of or resulting from:

1. Pre-existing Conditions;
2. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.;
3. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary;
4. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Physician for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient;
5. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted Disease or its sequelae. Conditions related to sexually transmitted Diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
6. Any charges in respect of services for –
 - i. beautification or cosmetic purposes; or
 - ii. correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services;
7. Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party;
8. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a Dentist except for emergency treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered, except with the purchase of Optional Dental Benefit;
9. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause;
10. Investigation and treatment of psychosis (except Plan 1 & 2), psychological, emotional, mental or behavioral conditions or disorders;

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received;
12. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements, convalescence home, custodial or rest care. For the avoidance of doubt, this Section 12 does not apply to –
 - i. treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
 - ii. removal of pre-malignant conditions; and
 - iii. treatment for prevention of recurrence or complication of a previous Disability.;
13. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power;
14. Disabilities arising from nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustaining process of nuclear fission;
15. Expenses incurred for acupressure and tuina, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments;
16. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure;
17. Exclusion of Rights of Third Parties under Contracts (Rights of Third Parties) Ordinance
A person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right under Contracts (Right of Third Parties) Ordinance (cap. 623 of the Laws of Hong Kong) to enforce any of the terms of this Policy.

DESCRIPTION OF BENEFITS

If an Insured Person, while insured under this Policy, shall incur medical expenses for treatment of Disability, the Company shall pay the following benefits, provided that such benefits are contained in the Benefit Schedule, in accordance with the terms and conditions of the Policy.

1. Daily Room and Board

This benefit shall be payable for the Eligible Expenses charged by the Hospital on the cost of accommodation and meals where the Insured Person is Confined in a Hospital or undergoes any Day Case Procedure or Prescribed Non-surgical Cancer Treatment.

2. Hospital Services

This benefit shall be payable for the Eligible Expenses charged on miscellaneous charges where the Insured Person is Confined in a Hospital or on the day he undergoes any Day Case Procedure for receiving Medical Services (Disability per Confinement will be treated as a single Disability for the purpose of benefit payments under this Policy). These charges shall cover the following –

- i. Road ambulance service to and/or from the Hospital;
- ii. Anaesthetic and oxygen administration;
- iii. Administration charges for blood transfusion;
- iv. Dressing and plaster casts;
- v. Medicine and drug prescribed and consumed during Confinement or any Day Case Procedure;
- vi. Medicine and drug prescribed upon discharge from Confinement or completion of Day Case Procedure for use up to the ensuing four (4) weeks;
- vii. Additional surgical appliances, equipment and devices other than those inclusively paid under benefit item 10 of Operation Theatre Fee (per operation) during surgical procedure;
- viii. Medical disposables, consumables, equipment and devices;
- ix. Diagnostic imaging services, including ultrasound and X-ray, and their interpretation, other than Prescribed Diagnostic Imaging Tests which shall be covered under benefit item 15 of Day Confinement for Diagnostic Checking;
- x. Intravenous ("IV") infusions including IV fluids;
- xi. Laboratory examinations and reports, including the pathological examination performed for the surgery or procedure during the Confinement or any Day Case Procedure;
- xii. Rental of walking aids and wheelchair for Inpatients; and
- xiii. Physiotherapy, occupational therapy and speech therapy during Confinement.

3. In-hospital Physician's Visit

If an Insured Person is Confined as a resident patient in a Hospital, the Company shall pay the charges made by the Physician for visiting such Insured Person subjected to one visit per day up to the maximum daily benefit for each day of Hospital Confinement and up to the maximum number of days as specified in the Benefit Schedule.

4. In-hospital Specialist Consultation

If an Insured Person, on any day of Hospital Confinement, shall be necessarily treated by a legally qualified medical specialist as recommended by the attending Physician or Surgeon, the Company shall pay the actual charges made by the specialist for consultation up to the maximum amount as specified in the Benefit Schedule.

5. Intensive Care

If an Insured Person is Confined as a patient in an Intensive Care Unit of a Hospital with bed charges, provided that such Confinement is certified to be Medically Necessary by the attending Physician or Surgeon, the Company shall pay the charges for the Intensive Care Unit actually incurred by the Insured Person up to the maximum daily benefit for each day of Confinement and up to the maximum number of days as specified in the Benefit Schedule.

6. Daily Cash for Confinement in Government Hospital per day

If an Insured Person, being a permanent resident of Hong Kong, shall be Confined as a resident patient in the general ward of a public hospital managed by Hospital Authority of Hong Kong, the Company shall pay the daily cash benefit up to the maximum amount per Disability as specified in the Benefit Schedule in lieu of other Hospitalization benefits payable under this or any other policy.

7. Hospital Cash For Reimbursement as Top Up Benefit

The hospital cash which is equivalent to the amount as specified in the Policy Schedule or 50% of the actual daily incurred Room and Board expenses whichever is the lesser and up to the maximum period as specified in the Policy Schedule shall be paid when the Company is the second payer for coordination of benefit. This benefit shall be applicable only if the Insured Member is covered by another insurance company which is the first payer of the medical benefits regardless of whether the insured Member is insured in an individual or group policy.

8. Surgeon's Fee (per operation)

If a surgical operation shall be performed by a Surgeon on an Insured Person, the Company shall pay the surgical fee actually charged by the Surgeon, but not to exceed the amount specified in the Benefit Schedule for the classification of such a surgical operation in the Schedule of Surgical Procedures.

If a surgical operation is performed which is not listed in the Schedule of Surgical Procedures, the Company shall pay such an amount as would be payable for a surgical operation listed in the Schedule of Surgical Procedures which, in the sole opinion of the Company, has a degree of severity equivalent to that of the surgical operation performed.

9. Anaesthetist's Fee (per operation)

If a surgical operation is performed by a Surgeon on an Insured Person, the Company shall pay the fee actually charged by the anaesthetist for the service provided during the surgical operation, subject to the same conditions as provided for under Surgeon's Fee.

10. Operation Theatre Fee (per operation)

If a surgical operation is performed by a Surgeon on an Insured Person, the Company shall pay the fee actually charged by the Hospital for the use of operating theatre, subject to the same conditions as provided for under Surgeon's Fee.

11. Home Nursing Care

If an Insured Person shall immediately be following a period of Hospital Confinement for which benefits are payable under Daily Room and Board, receive service rendered by a registered nurse at the Insured Person's home for such period recommended by the attending Physician, the company shall pay the actual charges made by the nurse up to the maximum amount as specified in the Benefit Schedule.

12. Pre & Post Hospitalization Treatment

This benefit shall be payable for the Eligible Expenses for –

- i. outpatient visit or emergency consultation resulting in a Confinement or Day Case Procedure (including but not limited to consultation, western medication prescribed or diagnostic test); and
- ii. follow-up outpatient visit (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) to, or recommended in writing by, the attending Physician within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure, provided that such outpatient visit is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

13. Day Case Surgery for Colonoscopy / Gastroscopy at the Network Day Case Centre

This benefit shall be payable for the Eligible Expenses –

- i. charged by the attending Surgeon for the consultation prior to the Colonoscopy / Gastroscopy at the Network Day Case Endoscopy Service Clinic;
- ii. charged by the attending Surgeon on the Colonoscopy / Gastroscopy performed at the Network Day Case Centre;
- iii. charged by the Anaesthetist in relation to the Colonoscopy / Gastroscopy; and
- iv. for the use of operating theatre (including but not limited to a treatment room and a recovery room) during the Colonoscopy / Gastroscopy.

This benefit shall be payable if all of the following conditions (v) to (ix) are fulfilled -

- v. the Insured Person must receive a pre-Colonoscopy / Gastroscopy consultation at the Network Day Case Endoscopy Service Clinic before such Colonoscopy / Gastroscopy;
- vi. the Policyholder or the Insured Person must complete and sign the "Application For The Cashless Day Case Endoscopy Service" form during the pre-Colonoscopy / Gastroscopy consultation;
- vii. the AsiaHealthNet card and Hong Kong Identity Card / Macau Identity Card (or other valid identification document(s) reasonably required by the Network Day Case Endoscopy Service Clinic) of the Insured Person must be presented to the Network Day Case Endoscopy Service Clinic upon registration for identification purposes;
- viii. the Colonoscopy / Gastroscopy must be received at the Network Day Case Centre; and
- ix. the Policyholder or the Insured Person must use the AsiaHealthNet card to pay the Eligible Expenses incurred for any pre-

Colonoscopy / Gastroscopy consultation and the Colonoscopy / Gastroscopy.

Eligible Expenses for any pre-Colonoscopy / Gastroscopy consultation, Colonoscopy / Gastroscopy shall be payable under benefit items 1 to 5 and 8 to 10 of the Terms and Benefits if any of the requirements (v) to (ix) above has not been fully satisfied.

For the avoidance of doubt, any related follow-up outpatient visits after the Colonoscopy / Gastroscopy payable under this benefit shall be payable under benefit item 12(i).

In case any Shortfall is paid by the Company, the Policyholder shall repay the Shortfall in full to the Company upon the Company's reasonable demand.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this benefit shall not be payable under benefit items 1 to 5, 8 to 10, 12 and 14.

**14. Surgery for Colonoscopy / Gastroscopy
(Day Case / in Hospital within the same Confinement)**

- i. If any Insured Person shall incur expenses for performing Colonoscopy / Gastroscopy as recommended by the attending Physician, whether it is taken in an outpatient setting at a Hospital or with a Confinement in Hospital, the Company shall pay such Hospital and surgical expenses under benefit item 14 "Surgery for Colonoscopy / Gastroscopy" in lieu of benefit items 1 to 5 and 8 to 10 of the Hospitalization benefit of this Policy.
- ii. If an Insured Person suffers from other medical conditions and/or other surgical treatments which are emergency and are received together with Colonoscopy / Gastroscopy during Hospital Confinement, no prior approval by the Company is required and the Company shall pay the expenses incurred in Hospital under benefit items 1 to 5 and 8 to 10 of the Hospitalization benefit in lieu of payment under benefit item 13 and 14 of the Hospitalization benefit of this Policy.

15. Non-surgical Cancer Treatments

This benefit shall be payable for the Eligible Expenses charged on the Prescribed Non-surgical Cancer Treatment performed during Confinement or in a setting for providing Medical Services to a Day Patient, outpatient consultation by a Specialist in treatment planning, and monitoring of prognosis and development during the course of Prescribed Non-surgical Cancer Treatment.

16. Psychiatric treatments

This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist.

This benefit shall be payable in lieu of other benefit items. For the avoidance of doubt, where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the Eligible Expenses charged on the Medical Services related to psychiatric treatments. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety shall be payable under the Hospitalization Benefit of this Policy.

SUPPLEMENT PROVISION – Supplementary Major Medical (Optional)

Supplementary Major Medical

If an Insured Person shall incur any medical expenses payable under the Hospitalization benefits, the Company shall pay the charges incurred in excess of the amounts payable under the Hospitalization benefits, but excluding any charges for room and board incurred within the maximum number of days per Disability as specified under the Daily Room and Board in the Benefit Schedule, up to the maximum amount per Disability as specified in the Benefit Schedule (Disability per Confinement will be treated as a single Disability for the purpose of benefit payments under this Policy).

If an Insured Person Confined to a higher room level, the reimbursement percentage shall be changed as follows respectively:

From Ward to Semi-Private	50%
From Ward to Private	25%
From Semi-Private to Private	50%

This Benefit shall not be payable for Hospital Confinement in Class of Deluxe/ V.I.P. room of Hospital.

SUPPLEMENT PROVISION – Out-patient (Optional)

Out-patient Physician's Visit

If an Insured Person shall be necessarily treated by a Physician at the Physician's office, the Company shall pay the charges for consultation and cost of medicine prescribed, up to the maximum of one visit per day and subject to the maximum amount as specified in the Benefit Schedule. If any Insured Person is insured for a fraction of the Policy Year, the maximum number of visits during that Policy Year in which he is insured shall be calculated in pro-rata basis.

Out-patient Specialist's Consultation

If an Insured Person shall be necessarily treated by a legally qualified medical specialist at the medical specialist's office, the Company shall pay the charges for consultation and cost of medicine prescribed, up to the maximum of one visit per day and subject to the maximum amount as specified in the Benefit Schedule. If any Insured Person is insured for a fraction of the Policy Year, the maximum number of visits during that Policy Year in which he is insured shall be calculated in pro-rata basis.

Physiotherapist's / Chiropractor's Visit

If an Insured Person shall be necessarily treated by a legally qualified Physiotherapist or Chiropractor as a result of a referral from a Physician, the Company shall pay the charges made by the Physiotherapist or Chiropractor, up to the maximum of one visit per day and subject to the maximum amount as specified in the Benefit Schedule. If any Insured Person is insured for a fraction of the Policy Year, the maximum number of visits during that Policy Year in which he is insured shall be calculated in pro-rata basis.

Chinese Medicine Practitioner's Visit

If an Insured Person shall be necessarily treated by a Chinese Medicine Practitioner, the Company shall pay the charges for consultation and/ or the cost of medicine prescribed, up to the maximum of one visit per day and subject to the maximum amount as specified in the Benefit Schedule. If any Insured Person is insured for a fraction of the Policy Year, the maximum number of visits during that Policy Year in which he is insured shall be calculated in pro-rata basis.

Out-patient X-Ray / Laboratory Test

If an Insured Person shall be necessarily treated by a Physician and is recommended by the Physician to undergo X-ray examinations, diagnostic scannings or laboratory tests, the Company shall pay the charges for such X-ray examinations, diagnostic scannings or laboratory tests up to the maximum amount as specified in the Benefit Schedule. If any Insured Person is insured for a fraction of the Policy Year, the maximum amount during that Policy Year in which he is insured shall be calculated in pro-rata basis.

SUPPLEMENTARY PROVISION – Dental Benefit (Optional)

If the Insured Person has necessarily be treated by a legally qualified Dentist / Dental surgeon, the Company shall pay an amount equal to the actual charges made by the Dentist / Dental surgeon up to the maximum as specified in the Benefit Schedule. If any Insured Person or Insured Dependent is insured for a fraction of the Policy Year, the Cover Limit during that Policy Year in which he is insured shall be calculated in pro-rata basis.

SUPPLEMENTARY PROVISION – Lump Sum Cancer Benefit (Optional)

If the Insured Person is diagnosed with Cancer (including Major Cancer, Carcinoma in-situ and Less Severe Malignancy), the Company shall, upon receipt of acceptable proof of occurrence and subject to terms and conditions of this Policy, pay the relevant Cancer Benefit based on the primary cancer site on first diagnosis to the Policy Owner provided that the Insured survives for a period of not less than thirty (30) days following the relevant diagnosis.

DEFINITIONS

1. **Major Cancer** shall mean the presence of a malignant tumour that is characterised by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histoathological confirmation.

Based on above definition, any of the following tumours is not covered:
 - i. All growths which are histopathologically classified as any of the following:
 - pre-malignant (for example: essential thrombocythaemia, polycythaemia rubra vera, tumours showing the malignant changes of carcinoma-in-situ including cervical intraepithelial neoplasia CIN-1, CIN-2 and CIN-3);
 - having either borderline malignancy; or
 - having low malignant potential.
 - ii. Leukaemia if there is no generalized dissemination of leukaemia cells in the blood-forming bone marrow and chronic lymphocytic leukaemia with staging less than RAI Stage III or Binet Stage B or lesser classification;
 - iii. All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method;
 - iv. Non-life-threatening cancers, such as:
 - Prostate cancers which are histologically described as TNM Classification T1a or T1b or T1c, or are of another equivalent or lesser classification;
 - Papillary micro-carcinoma of the thyroid or thyroid cancer histologically described as T1a or T1b or a lesser classification according to the TNM staging classification; and
 - Papillary cancer of the bladder histologically described as TaNOM0 or of a lesser classification.
 - v. Tumour(s) of the ovary classified as T1aNOM0 or T1bNOM0 or a lesser classification according to TNM staging classification.
2. **Carcinoma-in-situ** shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:
 - i. Breast, where the tumour is classified as TIS according to the TNM Staging method;
 - ii. Uterus, where the tumour is classified as TIS according to the TNM Staging method; or cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or carcinoma in situ (CIS);
 - iii. Ovary and/or fallopian tube, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0;
 - iv. Vagina or vulva, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0;
 - v. Colon and rectum

- vi. Penis;
- vii. Testis;
- viii. Lung;
- ix. Liver;
- x. Stomach and esophagus;
- xi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary
- xii. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

3. **Less Severe Malignancy** shall mean the presence of one of the following malignant conditions:
- i. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
 - ii. Tumour of the prostate histologically classified as T1a or T1b or T1c according to the TNM classification system; or
 - iii. Chronic lymphocytic leukaemia classified as RAI Stage I or II.

The Diagnosis must be based on histopathological features and confirmed by a Physician. Pre-malignant lesions and conditions, unless listed above, are excluded.

DESCRIPTION OF BENEFITS

Major Cancer Benefit

If the Insured Person is diagnosed with Major Cancer, the Company shall, upon receipt of acceptable proof of occurrence and subject to terms and conditions of this Policy, pay the relevant Major Cancer Benefit based on the primary cancer site on first diagnosis to the Insured Person provided that the Insured Person survives for a period of not less than thirty (30) days following the relevant diagnosis. The amount of Major Cancer Benefit payable under this Policy shall be equal to the Face Amount, less any Advanced Early Cancer Benefit payable.

After this benefit is fully paid, this benefit shall be terminated immediately and no further Major Cancer Benefit shall be payable prior to the termination of this Policy.

Advanced Early Cancer Benefit

If the Insured Person is first diagnosed with Carcinoma-in-situ or Less Severe Malignancy, subject to terms and conditions of this Policy, the Company will pay in advance of 25% of Face Amount to the Insured.

After the payment of Advanced Early Cancer Benefit, the Advanced Early Cancer Benefit shall be terminated, and the amount of the Major Cancer Benefit shall be reduced by the paid amount of the Advanced Early Cancer Benefit.

EXCLUSIONS

No Major Cancer Benefit or Advanced Early Cancer Benefit or other benefits shall be payable under this Policy if the relevant condition:

1. Is related to Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or infection by Human Immunodeficiency Virus (HIV); or
2. Arises as a result of suicide, attempted suicide or intentionally self-inflicted Injury or Disease, whether the Insured is sane or insane; or
3. its signs or symptoms or any received medical advice or treatment of which, in the opinion of the Company first occurred within or prior to the first ninety (90) days from the Policy Commencement Date or the Policy Reinstatement Date of this Policy; whichever is later; or
4. Is caused directly or indirectly by the taking of drugs (except under the proper direction of a Physician), the taking of poison or alcohol; or
5. Is caused directly or indirectly by war or any act of war, declared or undeclared, riots, insurrection or civil commotion; or
6. Arises from Congenital Conditions; or
7. Arises as unreasonable failure to seek or follow medical advice; or

8. Is caused directly or indirectly by atomic explosion, nuclear fission or radioactive gas.

Supplementary Provision – Best Doctor Second Opinion Medical Advice Service

Terms and Conditions for Best Doctors:

Best Doctors, shall provide the eligible Member the access to these services:

- i. InterConsultation service: A service provided by Best Doctors, based upon Best Doctors patented Medical Analytical Process, whereby an Eligible Individual's historical medical information is reviewed by Best Doctors' trained medical professionals and then analysed by an experienced specialist of international prestige whose skills are appropriate to the case. Best Doctors will then deliver a written InterConsultation report based on an analysis of the Eligible Individual's medical information and, where indicated, re-evaluation of diagnostic testing performed on the Eligible Individual (for example, cancer biopsy samples). The InterConsultation service is being purchased for a review related to the Eligible Conditions.

The Best Doctors Services are available for any medical condition considered to be of a critical, chronic or degenerative nature as well as those that affect the ability of an individual to continue performing their normal daily activity. Exclusions from the InterConsultation services are as follows: acute conditions (of short duration), minor chronic illness, psychiatric conditions, dental problems, and patients currently admitted in Hospital. In addition, all conditions that have not first been reviewed and reported on by a local, treating specialist, shall not be available for Best Doctors' review.

- ii. Doctor Online: This is an on-demand service where Best Doctors provides general information regarding certain areas of medicine. An Eligible Individual may submit questions to Best Doctors regarding specific conditions. Best Doctors responds with answers for informational and educational purposes only, and under no circumstances for the delivery of medical diagnosis or giving treatment recommendations. This is a reference service available to all Eligible Individuals in lieu of them searching for information on their own. The answers provided do not imply or result in any kind of contractual or any other type of relationship between the Eligible Individual and Best Doctors. Furthermore, the answers are not a medical consultation regarding the Eligible Individual's specific condition but instead focus on general medical information. This service shall not answer questions about conditions requiring immediate medical attention; all urgent or direct medical attention requests should instead contact the pertinent emergency services or local medical specialists.
- iii. AskTheExpert Service: This service is Best Doctors' answer to an identified need to provide an alternative solution for Eligible Individuals needing fast answers to medical questions that do not require a review of the Eligible Individuals' medical records. As such the AskTheExpert will not be able to provide any diagnostic views. AskTheExpert is a streamlined process that still provides access to recognized specialists from the unique Best Doctors database. The AskTheExpert service is only used in circumstances when InterConsultation is not considered the most suitable option by our medical team. The Best Doctors medical team will work with the patient and based on the concerns, medical history and timeframes, Best Doctors will recommend whether AskTheExpert or Inter Consultation is the most appropriate.

SUPPLEMENTARY PROVISION - WORLDWIDE EMERGENCY ASSISTANCE SERVICE AND MEDPASS SERVICE

This **SUPPLEMENTARY PROVISION** shall be attached to and form a part of this Policy.

The Worldwide Emergency Assistance Service and the Medpass Service specified in this Supplementary Provision is arranged by the Company and provided by Inter Partner Assistance Hong Kong Limited (hereinafter called "IPA") to the Insured Person pursuant to the original agreement made between the Company and IPA.

DEFINITIONS

Words and expressions that are defined in the Policy shall have the same meaning in this Supplementary Provision. Additionally:

1. **Assistance Event** shall mean any event or occurrence with respect to an Insured Person who is entitled to receive Assistance pursuant to this Supplementary Provision, occurring within the territorial and time limits set forth in the **DURATION OF COVER AND LIMITATIONS** below.
2. **Country of Residence** shall mean Hong Kong unless it is specifically defined otherwise.
3. **Emergency** shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

DURATION OF COVER AND LIMITATIONS

The benefits mentioned hereunder are granted during the validity of this Policy and applied worldwide outside the Country of Residence of an Insured Person.

EMERGENCY ASSISTANCE SERVICE AND BENEFITS

If an Insured Person shall suffer serious bodily Injury or Sickness or is in need of medical, legal, administrative emergency assistance whilst traveling outside the Country of Residence, provided that such travel is not undertaken against the advice of Physicians and/or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following emergency assistance services and benefits are provided directly from IPA upon specific verbal notification by the Insured Person or his personal representative to any of the specified IPA 24-hour Alarm Centre, provided that the Insured Person shall not be entitled to reimbursement of any expenses that have not been incurred under the direction and guidance of IPA.

1. Telephone Medical Advice, Evaluation and Referral Appointment

When medical advice is needed, the Insured Person may telephone the nearest IPA's Alarm Centre for medical advice and evaluation from the attending Physician. However, since it is not possible for a Physician to establish a diagnosis by telephone, any suggestion shall be considered as an advice only. If Medically Necessary, the Insured Person shall be referred to another Physician or to a medical specialist for personal assessment. In such instance, IPA shall assist the Insured Person in making the medical appointment.

2. Medical Evacuation

Should the Insured Person suffer from bodily Injury or Sickness such that IPA's Alarm Centre's doctor and the attending Physician recommend hospitalization in a or another medical facility where the Insured Person can be suitably treated from a medical viewpoint, IPA shall arrange and pay for the transfer of the Insured Person to one of the nearest Hospitals and, if necessary, on medical grounds:

- i. transfer the Insured Person with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight, and road ambulance) to a Hospital more appropriately equipped for the particular bodily Injury or Sickness; or
- ii. directly repatriate, including by road ambulance to and from the airports, the Insured Person with necessary medical supervision by scheduled airline to an appropriate Hospital or other health care facility near his permanent residence, if his medical condition permits such repatriation. The attending Physician and IPA's Alarm Centre's doctor shall determine the necessary arrangements according to the circumstances.

3. Repatriation after Treatment

Following emergency local treatment and if Medically Necessary, IPA shall arrange and pay for the repatriation of the Insured Person to his Country of Residence by scheduled air flight (on economy class) or any other appropriate means of transportation, including any supplementary cost of transportation to and from the airport, if his original ticket is not valid for the purpose, provided that the Insured Person shall surrender any unused portion of his ticket to IPA. Any decision on the repatriation of the Insured Person shall be made jointly and exclusively by both the attending Physician and IPA's Alarm Centre's doctor under constant medical supervision.

4. Repatriation of Mortal Remains/Ashes

Upon the death of the Insured Person, IPA shall make all the necessary arrangements (including any steps or arrangements necessary to meet local formalities) and shall pay up to HK\$200,000 for:

- i. the repatriation of the Insured Person's body or ashes to the Insured Person's place of burial in the Insured Person's Country of Residence; or
- ii. at the request of the Insured Person's heirs or representative, the local burial of the Insured Person, provided that IPA's financial responsibility for such local burial shall be limited to the equivalent of the cost of repatriation of mortal remains as provided for in this benefit.

5. Travel Information

The Insured Person may contact IPA to obtain the following information and services before starting or during his journey:

- i. update immunization and vaccinations requirement and needs;
- ii. weather information worldwide;
- iii. airport taxes;
- iv. customs requirement;
- v. passport and visa requirements;
- vi. consulate and embassies addresses and contact numbers;
- vii. exchange rates;
- viii. banking days;
- ix. language information;
- x. arrangement of interpreter services;
- xi. arrangement of children escort;
- xii. transmission of urgent messages in case of emergency.

6. Luggage Retrieval

In the event of loss or misrouting of the Insured Person's luggage by a common carrier, IPA shall liaise with the relevant entities such as but not limited to airline companies, customs officials, and shall organize the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.

7. Emergency Rerouting Arrangements

IPA shall assist the Insured Person in reorganizing his flight schedule should an emergency oblige him to alter his original plan.

8. Administration Assistance

In case of loss or theft of essential documents or personal identification documents (e.g. passport, entry visa, etc.), IPA shall provide the Insured Person with the necessary information regarding the formalities to be fulfilled with the appropriate local authorities or entities in order to obtain the replacement of such lost or stolen documents.

9. Legal Assistance

Worldwide referral of lawyers and solicitors firms shall be provided upon request.

10. Compassionate Visit

In the event of the Insured Person suffering from serious bodily Injury or Sickness resulting in Hospital Confinement outside his Country of Residence for more than ten consecutive days, IPA shall arrange and pay for the cost of a return ticket by a scheduled airline (on economy fare basis) for a relative or designated person of the Insured Person to travel from the Insured Person's Country of Residence to the Insured Person's bedside, including the cost of an ordinary room accommodation in any reasonable hotel up to HK\$1,200 per day for a maximum period of five consecutive days, but excluding the cost of drinks, meals and other room services.

11. Return of Unattended Dependent Child(ren) to the Country of Residence

If any of the Insured Person's traveling dependent child(ren) under 16 years of age is left unattended by reason of the Insured Person's bodily Injury or sudden Sickness resulting in Hospital Confinement outside his Country of Residence, IPA shall organize and pay for the cost of a scheduled airline ticket (on economy fare basis), for such child(ren) to return to his home in the Insured Person's Country of Residence, including any supplementary cost of transportation to and from the airport, if the original ticket is not valid for the return journey, provided that the Insured Person shall surrender any unused portion of the return ticket to IPA.

If necessary, IPA shall hire and pay for a qualified attendant to accompany any such dependent child(ren) on his/their journey.

12. Deposit Guarantee of Hospital Admission

In case of Hospital admission due to accidental bodily Injury or Sickness and the Insured Person is without means of payment of the required Hospital admission deposit, then upon the Insured Person's request and IPA's approval, IPA shall guarantee or provide such payment up to HK\$40,000 provided that the Insured Person or a relative or a representative of the Insured Person undertakes to reimburse IPA the amount paid.

MEDPASS SERVICE AND BENEFIT

In case of Hospital admission in the Network of IPA Hospitals in PRC due to accidental bodily Injury or Sickness and the Insured Person is without means of payment of the required Hospital admission deposit, then the Insured Person presents the Emergency Card with IPA's MedPass logo and the Insured Person's Identity Card or home permit or any relevant traveling documents with his/her name and photo, IPA shall guarantee or provide such payment.

When the Insured Person is discharged from the Hospital, the Insured Person is responsible to pay all the medical expenses incurred during his/her Confinement period.

GENERAL OBLIGATIONS

In case of an emergency, and prior to taking personal actions, the Insured Person or his representative shall as soon as possible contact any IPA's Alarm Centre.

In a life threatening situation, the Insured Person or his representative may arrange for emergency transfer to a Hospital near the place of occurrence through the most appropriate and immediate means and then call the appropriate IPA's Alarm Centre to provide the appropriate information as soon as possible.

In the event of a bodily Injury after an Accident or Sickness or any sudden complication due to such bodily Injury or Sickness resulting in the hospitalization of the Insured Person prior to notifying IPA, the Insured Person or his representative, whenever possible, shall contact any of IPA's Alarm Centre within three days of the occurrence of such emergency. In the absence of such notice, IPA may hold the Insured Person responsible.

IPA's medical team or other representatives shall have free access to the Insured Person in order to assess the Insured Person's condition. Without reasonable justification for denial of such an access, the Insured Person shall not be eligible for further medical assistance.

In the event of repatriation of the Insured Person by IPA, the Insured Person shall deliver the unused portion of his ticket, or the value thereof, to IPA to offset the cost of such repatriation.

No reimbursement shall be made to the Insured Person or any party if the service is not directly performed by IPA or the Insured Person does not obtain the prior approval from IPA before arranging the service.

SUBROGATION

In the event that IPA makes any payment in connection with the provision of assistance to an Insured Person, IPA shall be subrogated to the rights of such Insured Person to obtain payments from any third party found legally responsible for the assistance, up to the amount of such payment made by IPA and any other insurance or assistance plan which provide compensation to the assistance events.

EXCLUSIONS

Provision of Worldwide Emergency Assistance Service pursuant to this Supplementary Provision shall be subject to the Exclusions set out in this Policy, and furthermore shall not apply:

1. to bodily Injury arising out of and in the course of the Insured Person's employment if covered by Employees' Compensation Insurance, nor due to occupational or other Disease or Sickness covered by any applicable employees' compensation or occupational Disease law;
2. if the Insured Person is not treated by a legally qualified Physician.

FURTHER PROVISIONS

Nothing contained in this Supplementary Provision shall alter or affect any of the terms of the Policy other than as specifically set out in this Supplementary Provision. All the provisions and exclusions of the Policy not conflicting with the provisions of this Supplementary Provision shall be applicable to this Supplementary Provision.

All the services under this Supplementary Provision shall be provided by IPA and the Company shall not be responsible for any services provided under this Supplementary Provision.

Schedule of Surgical Procedures

Procedure / Surgery	Category	
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation / banding of oesophageal/ gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy / gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex
	Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic
Anal fissurectomy		Minor
Anal fistulotomy / fistulectomy		Intermediate
Incision & drainage of perianal abscess		Minor
Delorme operation for repair of prolapsed rectum		Major
Colonoscopy +/- biopsy		Minor
Colonoscopy with polypectomy		Minor
Sigmoidoscopy		Minor
Haemorrhoidectomy, internal or external		Intermediate
Injection / banding of haemorrhoid		Minor
Ileostomy or colostomy		Major
Anterior resection of rectum, open or laparoscopic		Complex
Abdominoperineal resection, open or laparoscopic		Complex

Procedure / Surgery		Category
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum , open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
	Resection of small intestine and anastomosis	Major
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor
	Liver transplantation	Complex
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
	Wedge resection of liver, open or laparoscopic	Major
Pancreas	Closed biopsy of pancreatic duct	Intermediate
	Excision / destruction of lesion of pancreas or pancreatic duct	Major
	Pancreaticoduodenectomy (Whipple's Operation)	Complex
Abdominal wall	Exploratory laparotomy	Major
	Laparoscopy / peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate
	Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex

Procedure / Surgery		Category
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root/ open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex
Spine	Lumbar puncture or cisternal puncture	Minor
	Decompression of spinal cord or spinal nerve root	Major
	Cervical sympathectomy	Intermediate
	Thoracoscopic or lumbar sympathectomy	Major
	Excision of intraspinal tumour, extradural or intradural	Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic / mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt	Complex
	Resection of abdominal vessels with replacement / anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal Gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major

Procedure / Surgery		Category
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major
	Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate
EAR/ NOSE / THROAT / RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia / stenosis	Major
	Excision of preauricular cyst / sinus	Minor
	Haematoma auris, drainage / buttoning / excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty / tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total / partial excision	Major
	Mastoidectomy	Major
	Operation on cochlea and / or cochlear implant	Complex
	Operation on endolymphatic sac / decompression of endolymphatic sac	Major
	Repair of round window or oval window fistula	Intermediate
	Tympanosympathectomy	Major
Vestibular neurectomy	Intermediate	
Nose, mouth and pharynx	Antral puncture and lavage	Minor
	Cauterization of nasal mucosa / control of epistaxis	Minor
	Closed reduction for fracture nasal bone	Minor
	Closure of oro-antral fistula	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lesion of nose	Minor
	Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
	Polypectomy of nose	Minor

Procedure / Surgery	Category	
Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate	
Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate	
Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major	
Frontal sinusotomy or ethmoidectomy	Intermediate	
Frontal sinusectomy	Major	
Functional endoscopic sinus surgery (FESS)	Major	
Functional endoscopic sinus surgery (FESS) bilateral	Complex	
Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate	
Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate	
Rhinoplasty	Intermediate	
Resection of nasopharyngeal tumour	Intermediate	
Sinocopy +/- biopsy	Minor	
Septoplasty +/- submucous resection of septum	Intermediate	
Submucous resection of nasal septum	Intermediate	
Turbinectomy / submucous turbinectomy	Intermediate	
Adenoidectomy	Minor	
Tonsillectomy +/- adenoidectomy	Intermediate	
Excision of pharyngeal pouch / diverticulum	Intermediate	
Pharyngoplasty	Intermediate	
Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate	
Marsupialization / excision of ranula	Intermediate	
Parotid gland removal, superficial	Intermediate	
Parotid gland removal / parotidectomy	Major	
Removal of submandibular salivary gland	Intermediate	
Submandibular duct relocation	Intermediate	
Submandibular gland excision	Intermediate	
Respiratory system	Arytenoid subluxation – laryngoscopic reduction	Minor
	Bronchoscopy +/- biopsy	Minor
	Bronchoscopy with foreign body removal	Minor
	Laryngoscopy +/- biopsy	Minor

Procedure / Surgery		Category
	Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
	Laryngeal diversion	Intermediate
	Laryngectomy +/- radical neck resection	Complex
	Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
	Partial / total resection of laryngeal tumour	Intermediate
	Removal of vallecular cyst	Intermediate
	Repair of laryngeal fracture	Major
	Injection for vocal cord paralysis	Minor
	Tracheoesophageal puncture for voice rehabilitation	Minor
	Thyroplasty for vocal cord paralysis	Intermediate
	Vocal cord operation, including use of laser (excluding carcinoma)	Minor
	Tracheostomy, temporary / permanent / revision	Minor
	Lobectomy of lung / pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis / insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision / curettage / cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy / tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision / destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal / destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate

Procedure / Surgery	Category
Extracapsular / intracapsular extraction of lens	Intermediate
Intraocular lens / explant removal	Intermediate
Chorioretinal lesion operations	Intermediate
Phacoemulsification and implant of intraocular lens	Intermediate
Pneumatic retinopexy	Intermediate
Retinal Photocoagulation	Intermediate
Repair of retinal detachment / tear	Intermediate
Repair of retinal tear / detachment with buckle	Major
Scleral buckling / encircling of retinal detachment	Major
Cyclodialysis	Intermediate
Trabeculectomy, including use of laser	Intermediate
Surgical treatment for glaucoma including insertion of implant	Intermediate
Diagnostic aspiration of vitreous	Minor
Injection of vitreous substitute	Intermediate
Mechanical vitrectomy / removal of vitreous	Major
Biopsy of iris	Minor
Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate
Excision of prolapsed iris	Intermediate
Iridotomy	Intermediate
Iridectomy	Intermediate
Iridoplasty +/- coreoplasty by laser	Intermediate
Iridencleisis and iridotaxis	Intermediate
Scleral fistulization +/- iridectomy	Intermediate
Thermocauterization of sclera +/- iridectomy	Intermediate
Diminution of ciliary body	Intermediate
Biopsy of extraocular muscle or tendon	Minor
Operation on one extraocular muscle	Intermediate
Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
Enucleation of eye	Intermediate
Evisceration of eyeball / ocular contents	Intermediate
Repair of eyeball or orbit	Intermediate
Conjunctivocystorhinostomy	Intermediate
Conjunctivorhinostomy with insertion of tube / stent	Intermediate
Dacryocystorhinostomy	Intermediate

Procedure / Surgery		Category
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland / dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/ cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries^	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	<i>^ The category applies to both unilateral and bilateral procedures unless otherwise specified.</i>	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate

Procedure / Surgery		Category
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and/or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic	Major
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
	Uterine suspension	Intermediate
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdcentesis	Minor
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty / culdoplasty	Intermediate

Procedure / Surgery		Category
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
	Wide excision of axillary lymph node	Major
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex

Procedure / Surgery		Category	
Penis	Circumcision	Minor	
	Release of chordee	Major	
	Repair of buried / avulsion of penis	Intermediate	
Testicles [^]	Epididymectomy	Intermediate	
	Exploration of testis	Intermediate	
	Exploration for undescended testis, laparoscopic	Major	
	Orchidopexy	Intermediate	
	Orchidectomy or orchidopexy, laparoscopic	Major	
	Reduction of torsion of testis and fixation	Intermediate	
	Testicular biopsy	Minor	
	High ligation of hydrocoele	Intermediate	
	Tapping of hydrocele	Minor	
	Excision of varicocele and hydrocoele of spermatic cord	Intermediate	
	Varicocelectomy (microsurgical)	Major	
	[^] The category applies to both unilateral and bilateral procedures unless otherwise specified.		
	Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM			
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate	
	Amputation of one arm / hand / leg / foot	Intermediate	
	Bunionectomy	Intermediate	
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major	
	Excision of radial head	Intermediate	
	Mandibulectomy for benign Disease	Intermediate	
	Patellectomy	Major	
	Partial ostectomy of facial bone	Intermediate	
	Sequestrectomy of facial bone	Intermediate	
	Wedge osteotomy of bone of wrist / hand / leg	Major	
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major	
	Wedge osteotomy of scapula / clavicle / sternum	Major	
Joint	Arthroscopic drainage and debridement	Intermediate	
	Arthroscopic removal of loose body from joints	Intermediate	
	Arthroscopic examination of joint +/- biopsy	Intermediate	
	Arthroscopic assisted ligament reconstruction	Major	
	Arthroscopic Bankart repair	Major	

Procedure / Surgery		Category
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major
	Arthrodesis of shoulder	Major
	Arthrodesis of Elbow / Triple arthrodesis	Major
	Arthrodesis of knee / hip	Complex
	Arthroplasty of hand / finger / foot / Toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major
	Excisional arthroplasty of hip / knee / Wrist / Elbow	Major
	Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major
	Joint aspiration / injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle/ Tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate

Procedure / Surgery		Category
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's Disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer / transplantation / reattachment of muscle	Major
	Tendon repair / Suture of tendon not involving hand	Intermediate
	Tendon repair / Suture of tendon of hand	Major
	Tenosynovectomy / synovectomy	Intermediate
	Transposition of tendon of wrist / hand	Major
	Secondary repair of tendon, including graft, transfer and / or prosthesis	Major
Fracture/ dislocation	Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
	Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle / hand / ankle /foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
	Open reduction for femur / calcaneus / talus/ +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor	
Spine	Artificial cervical disc replacement	Complex

Procedure / Surgery		Category
	Anterior spinal fusion, cervical / cervicothoracic/ C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / diskectomy	Major
	Laminectomy with diskectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1/ atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- diskectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty / kyphoplasty	Intermediate
Others	Excision of ganglion / bursa	Minor
	Closed/ Percutaneous needle fasciotomy for Dupuytren Disease	Minor
	Radical (or total) fasciectomy for Dupuytren Disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding / reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and /or drainage of skin abscess	Minor
	Incision and /or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor

Procedure / Surgery		Category
	Wedge resection of toenail	Minor
Breast	Breast tumour/ lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/ lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter/ transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation/ laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral/ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical/ total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
Repair of rupture of urethra	Major	

Procedure / Surgery		Category
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to Injury caused by an Accident	Minor

Note:

Asia Insurance reserves the right to amend the terms and conditions of the privilege and the policy at any time.

Should there be any discrepancy between the English and the Chinese versions of the stated information, the English version shall prevail.

For inquiry on further explanation of the terms and conditions for this insurance plan, please feel free to contact our customer service hotline at 3606 9346.

ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The Company may use the personal data the Company collect about you for the following purposes:
 - (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
 - (b) administering your insurance policy and providing services in relation to your insurance policy;
 - (c) investigating, analyzing, processing and paying claims made under your insurance policy;
 - (d) exercising any right under the insurance policy including right of subrogation, if applicable;
 - (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (f) developing insurance and other financial services and products;
 - (g) developing and maintaining credit and risk related models;
 - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
 - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - (k) contacting you for any of the above purposes;
 - (l) other ancillary purposes which are directly related to the above purposes.
6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
 - (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
 - (b) organisations that consolidate claims and underwriting information for the insurance industry;
 - (c) fraud prevention organisations;
 - (d) other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
 - (e) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
 - (f) any members of the Federation by the Federation for any of the above or related purposes;
 - (g) regulators;
 - (h) lawyers;
 - (i) accountants, financial advisors, auditors;
 - (j) other members of the Group;
 - (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
7. If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

Version: 05.09.2019