



中國太平洋保險(香港)有限公司
China Pacific Insurance Co.,(H.K.) Ltd.

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CPIC

PERSONAL ACCIDENT 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.

Dear Policyholder(s)

Thank you for insuring with China Pacific Insurance Co., (H.K.) Ltd

Please read Your Schedule and policy carefully to make sure that You have the cover You need. Should you change any information given in Your proposal form, please keep Us informed immediately as the changes may affect Your Insurance cover.

You are obliged to pay the premium stated in the Schedule as consideration for this insurance

The Proposal Form and/or Declaration signed by You together with any information supplied should be the basis of this Policy. This Policy together with the enclosed Schedule and any Endorsements subsequently issued should be read as if they are one document and form the contract between You and Us.

If You have any queries, please contact Your Insurance Agent / Broker or Our office.

For and on behalf of

China Pacific Insurance Company (H.K.) Limited

Personal Information Collection Statement

The information You provide to Us is collected to enable us to carry on insurance business and may be used for the purpose of :

- any Insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and exercising any right of subrogation,

may transferred to

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing service relevant to insurance business for any of the above or related purposes; 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; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, China Pacific insurance Co., (H.K.) Ltd. is hereby authorized to obtain access to and/or verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Pacific Insurance Co., (H.K.) Ltd. Requests for such access can be made to

China Pacific Insurance Co., (H.K.) Ltd
Suite 4301, 43/F., Central Plaza
18 Harbour Rd., Wanchai,
Hong Kong

Telephone : 2541 4338 Fax : 2541 4332



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1 Insurance Clause

Whereas the Insured and the Company agree :

- (a) This Policy, the Schedule and any Memoranda, Proposal Form, Declaration Form and Endorsement thereon shall be considered one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout and is the basis of this insurance contract;
- (b) the Insured will pay the Premium specified in the Schedule;
- (c) the Company will provide the insurance benefit stated under Section 2 below subject to the terms and conditions of this Policy in respect of any event occurring during the Period of Insurance specified in the Schedule; and
- (d) the following shall be conditions precedent to any liability of the Company;
 - observance of the terms and conditions of this Policy relating to anything to be done or not to be done or to be complied with by the Insureds or any other persons claiming to be indemnified; and
 - the truth of the Proposal and Declaration.

This Policy shall not be in force unless it has been signed in the Schedule by a person authorized by the Company.

2. Scope of Cover

2.1 Indemnity for Accidental Death and Permanent Disablement

In the event that the Insured Person shall sustain any bodily injury caused by an Accident, which solely and directly by accidental, violent, external and visible means and independently of any other cause shall result in death or disablement or necessitate medical or surgical treatment as hereinafter defined, then the Company will pay the respective percentage of the Indemnity Amount Insured as illustrated hereunder :

Table of Benefit Scales

Item	Covered Event	Percentage of Indemnity
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent and Incurable Paralysis of all limbs	100%
4.	Permanent Total Loss of Sight of both Eyes	100%
5.	Loss of or the Permanent Total Loss of Use of two Limbs	100%
6.	Permanent Loss of Speech and Hearing	100%
7.	Permanent and Incurable Insanity	100%
8.	Permanent Total Loss of Sight of one Eye	50%
9.	Loss of or the Permanent Total Loss of Use of one Limb	50%
10.	Permanent Total Loss of Hearing in Both Ears	75%
11.	Permanent Total Loss of Hearing in One Ear	15%
12.	Permanent Loss of Speech	50%
13.	Permanent Total Loss of the Lens of One Eye	50%
14.	Loss of or the Permanent Total Loss of Use of Four Fingers and Thumb of	
	(a) Right Hand	70%
	(b) Left Hand	50%
15.	Loss of or the Permanent Total Loss of Use of four fingers of	
	(a) Right Hand	40%
	(b) Left Hand	30%
16.	Loss of or the Permanent Total Loss of Use of one Thumb	
	(a) both Right Joints	30%
	(b) one Right Joint	15%
	(c) both Left Joints	20%
	(d) one Left Joint	10%
17.	Loss of or the Permanent Total Loss of Use of Fingers	
	(a) three Right Joints	10%
	(b) two Right Joints	7.5%
	(c) one Right Joint	5%
	(d) three Left Joints	7.5%
	(e) two Left Joints	5%

(f) one Left Joint	2%
18. Loss of or the Permanent Total Loss of Use of Toes	
(a) all-one Foot	15%
(b) great-both Joints	5%
(c) great-Joint	3%
(d) Other toe	1%
19. Fractured Leg or Patella with established non-union	10%
20. Shortening of Leg by at least 5 cm	7.5%
* Permanent Disability not otherwise provided for under Covered Events 8-20 inclusive. Such percentage of the Principal Sum Insured as the Company shall in its absolute discretion determine and being in its opinion not inconsistent with the Compensation provided under Covered Events 8-20 inclusive.	
21. Major Burns caused only by the agent of heat resulting in Second Degree or Third Degree Burns on either	
On 30% or more of total body surface	30%
On 50% or more of total facial surface	15%

2.2 Double Indemnity for travelling

The Company shall pay 200% of the Indemnity, in respect of any sums payable for Events 1-7 under Table of Benefit Scales of Section 2.1 above for losses due to Accidental Injury sustained while riding as a fare-paying passenger in any Common Carrier or whilst travelling in any Private Car

Provisions Applicable to Section 2.1 and 2.2

1. The Company shall not be liable to make any further payment under this Policy after a claim under any one of Events 1-7 under Section 2.1 has been admitted and becomes payable.
2. If an Insured Person is left-handed and has specifically mentioned this on the Application Form, the percentages set out above from Events 14-17 under the Table of Benefit Scales of Section 2.1 for the various disabilities of right hand and left hand will be transposed.
3. Should more than one of the above Events occur from the same Accident, the company shall only be liable to pay the total amount payable under Events 8 to 20 or the amount payable under Events 21 whichever shall be greater.

2.3 Medical Expenses

In the event that the Insured Person sustains bodily injury caused solely and directly by accidental, violent, external and visible means and independently of an other cause during the Period of Insurance, the Company shall indemnify the Insured Person against necessary and reasonable medical, hospital and treatment expenses incurred within the geographical limits within twelve months from the date of accident giving rise to a claim and paid to a legally qualified medical practitioner, physician, surgeon, nurse, hospital, ambulance service.

Provisions Applicable to Section 2.3

- 1 The aggregate amount of benefits payable under Section 2.3 during any one period of insurance shall not exceed the sum stipulated in the Policy Schedule.

2.4 Chinese Bonesetter Expenses

This Policy shall extend to cover medical expenses under Section 2.3 including costs of Chinese Bonesetting Treatment provided that the Chinese Bonesetter is being registered by law in locality and subject to the maximum limit of indemnity shall not exceed HK\$150 per visit per day and HK\$1,000, in aggregate in any one period of insurance

Exclusions Applicable to Section 2.3 and 2.4

This Section does not cover :

- 1 Medical Treatment outside the Geographical Limits.
- 2 The additional accommodation cost of single or private room at a hospital, clinic or nursing home, except where the medical practitioner treating the Insured Person deems it necessary for the Insured Person to occupy such accommodation solely for medical reason.
- 3 Costs of drink, meals and any expenses not directly related to the medical treatment.
- 4 Dental care or treatment except otherwise agreed by the Company to provide the cover.
- 5 Medical Expenses directly or indirectly caused by or resulting from vaccination and immunization for a routine physical or any other examination where there are no objective indications or impairments in normal health.

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2.5 Income Protection

If the Insured Person suffers from Temporary Total Disablement as defined herein, the Company will pay an amount as shown in the Schedule for the period that the Insured Person is unable to attend to his occupation or profession up to a maximum of 104 weeks.

The amount payable shall not be calculated on a daily basis at pro rata of the sum shown in the Schedule.

Exclusions Applicable to Section 2.5

This section does not cover:

1. to any Insured Person aged 16 years or under at the time of an accident;
2. to any Insured Person without income proof;
3. to any Insured Person without leave certificate from medical practitioner;
4. for the first seven (7) days of each period of disability unless the Insured Person is confined in hospital as a registered in-patient for treatment of bodily injury covered by this policy for 2 consecutive days or above.
5. to any Insured Person who is self-employed except for the period he is confined in hospital as a registered in-patient for treatment of bodily injury covered by this policy for 12 consecutive hours or above.

2.6 Hospitalisation Cash Allowance

If the Insured Person suffers physical confinement in a hospital as a registered in-patient for treatment of bodily injury directly, solely and independently of other cause during the Period of Insurance, the Company will pay the amount per day as stated in the policy schedule for the period that the Insured Person is being hospitalised up to a maximum of 90 days

Provisions Applicable to Section 2.6

Certification of period of hospitalisation diagnosis and treatment, including Insured Person's name, diagnosis and date of diagnosis, certified by the medical practitioner.

3. General Provisions

The Insured Person shall as soon as reasonably practicable after the happening of any Accidental Injury giving rise to a claim under this Policy procure and follow proper medical advice from a legally qualified medical practitioner.

2. If at the date of Accident, an Insured Person has already suffered amputation of or lost the use of a hand, arm foot or leg or has lost the sight of one or both eyes, such loss shall not be included in assessing any Benefit payable under this Policy.
3. An Insured Person shall not be covered under more than one similar type of insurance issued by the Company. In the event that an Insured Person is covered under more than one such Policy, the Company will consider that person to be insured under the Policy which provides the greatest amount of Benefit. When the Benefit under each such Policy is identical, the Company will consider that person to be insured under the policy first issued. The Company will refund any duplicated insurance premium payment which may have been made by or on behalf of that person.
4. Except as provided in Provision 3 of the General Provisions, Benefit under this Policy shall be paid in addition to any other insurance benefit to which an Insured Person may be entitled.

4. Definitions

1. '**Accident**' shall mean an unforeseen and unexpected event of violent, accidental, external and visible nature which shall independently of any other cause be the sole and direct cause of bodily injury.
2. '**Accidental Death**' as defined under this Policy occurs after the date of the relevant Accident and directly and independently results from Accidental Injury.
3. '**Accidental Injury**' means bodily injury sustained by an Insured Person whilst this Policy is in force and which is solely caused by an Accident and independently of any other cause shall within 12 calendar months result in death or disablement or necessitate medical or surgical treatment.
4. '**Company**' means the CHINA PACIFIC INSURANCE CO., (H.K.) LTD.
5. '**Common Carrier**' means any bus, coach, taxi, hotel car, ferry, hovercraft, hydrofoil, ship, train, tram or underground train provided and operated by a carrier duly licensed for the regular transportation of fare-paying passengers, and any fixed-wing aircraft or helicopter provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers and operating only between established commercial airports or licensed commercial helicopters, and any regularly scheduled airport limousine operating on fixed routes and schedule.

6. '**Insured**' means the one in whose name this Policy is issued and who is named in the Policy Schedule.
7. '**Income Protection**' means income proof such as pay slip, tax return or bank statement, leave certificate with statement of diagnosis from medical practitioner. For the self-employed, certification of period of hospitalisation.
8. '**Insured Person**' means eligible persons named in the Policy Schedule.
9. '**Loss of Fingers or Toes**' means complete separation through or above the metatarsophalangeal joints or metatarsophalangeal joints.
10. '**Loss of Limb**' means loss by physical separation at or above the wrist or ankle joint.
11. '**Loss of Sight**' means the total and irrecoverable loss of all sight of an eye or eyes rendering an Insured Person absolutely blind beyond remedy by surgical or other treatment.
12. '**Loss of Use**' means total functional disablement and is treated like the total loss of said limb or organ.
13. '**Permanent**' means lasting 12 calendar months from the date of Accident and at the expiry of that period being beyond hope of improvement.
14. '**Permanent Total Disablement**' means that after 12 calendar months of continuous total disability which has resulted from Accidental Injury an Insured Person is completely unable to engage in any gainful occupation or employment for the remainder of their life.
15. '**Physician**' means a legally licensed physician or surgeon duly registered and practising pursuant to the law of the country in which such practice is maintained.
16. '**Policy Schedule**' means the Policy Schedule which is attached to and forms part of this Policy.
17. '**Private Car**' means any four-wheel pleasure type motor vehicle excluding such vehicle licensed to transport fare-paying passengers or licensed to transport merchandise for sale or delivery.
18. '**Temporary Total Disablement**' means disablement resulting directly, solely and independently of other cause from injury during the period of insurance, which entirely prevents the Insured Person from attending to all duties pertaining to his usual occupation, profession or business as stated in the Schedule.
19. '**Terrorism**' means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
20. '**Second Burns**' means the damage or destruction of the skin to its full depth and damage to the tissue beneath.

5. Exclusions

The insurance under this Policy does not apply to Accidental Injury, Accidental Death or Hospital Confinement directly or indirectly caused by or resulting from:

1. kidnap and ransom;
2. engaging in duty with fire services, police or any armed force of any country or international authority;
3. engaging in duty of services expose to or involve the use of plant and machinery which is likely to be classified by the Company as a dangerous type of machinery.
4. suicide, self-destruction, self-inflicted injury, or any attempt thereof whether sane or insane;
5. engaging in a sport in a professional capacity or where an Insured Person would or could earn income or remuneration from engaging in such sport;
6. engaging in aviation other than as a fare-paying passenger in an aircraft provided and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers;
7. engaging in ship crew other than as a fare-paying passenger in a vessel provided and operated by a company which is duly licensed for the regular transportation of fare-paying passengers;
8. an Insured Person having more than the legally permitted level of alcohol in the blood whilst driving any kind of vehicle;

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9. an Insured Person having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for treatment of drug addiction;
10. violation or attempted violation of the law or resistance to arrest; illegal acts of an Insured Person or an Insured Person's executors or administrators, legal heirs or personal representatives;
11. any kind of sickness or disease;
12. any venereal disease or Acquired Immune-deficiency Syndrome (AIDS) AIDS related complex or infection by Human Immuno-deficiency (HIV);
13. childbirth or pregnancy notwithstanding that such injury may have been accelerated or induced by Accident;
14. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
15. nuclear weapons material.

It is further understood and agreed that this policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;

- (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- (b) any act of terrorism.

It is agreed that, regardless of any contributory cause(s), this policy does not cover any claim(s) in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof any nuclear weapon or device or chemical or biological agent.

Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This policy also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a) and/or (b) above.

If the Insurers allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of the exclusion (a) & (b) is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

6. Premium

- 1 The consideration for this Policy is the payment of premium when due.
- 2 The Company agrees that no adjustment in premium shall be made on this Policy alone. The Company reserves the right to amend premiums in respect of like categories of Insureds, such as by age or sex for all Insurance Policies issued by the Company

7. Renewal Agreement

- 1 Payment of premium when due will continue this Policy in force until the expiry date stated under the Policy Schedule.
- 2 In the event no expiry date specified under the Policy Schedule, this Policy will be renewed upon the premium due date unless written notice of cancellation has been received by the Company.

8. Effective Date

This Policy shall become effective and commence on the date specified in the Policy Schedule.

9. Termination

- 1 In the event Insured gives notice in writing to the Company to terminate this Policy, or to terminate cover with respect to any Eligible Family Members. Such termination shall become effective on the day the Company receives such notification.
- 2 In the event the Company gives notice of termination by registered mail to the Insured at his or her last known address, such termination shall become effective 7 days after the postage.
- 3 This Policy shall terminate upon the death of the Insured.

4 Insurance in respect of the Insured shall terminate forthwith upon the renewal date next following his or her attainment of age 65 years.

5 In the event premium has been paid for any period beyond the termination date of this Policy, or beyond the termination date of cover in respect of Eligible Family Members, the relevant proportion shall be refunded to the Insured according to the short term rates of the Company. If premium has not been paid for any period up to the date of termination, the Insured shall be liable to the Company for the payment of such premium.

General Policy Provisions

Consideration

This Policy issued in consideration of the statements contained in the Proposal Form and the Policy Schedule and the Insured's payment of premium when due.

Terms and Conditions

Payment of any Benefit under this Policy is subject to the Definitions and all other Terms and Conditions pertinent to the Benefit.

Entire Contract: Changes

This Policy, including the Policy Schedule, Proposal Form, and the endorsements and amendments, if any, will constitute the entire contract between the parties. No change in this Policy shall be valid unless approved by the Company and evidenced by endorsement or amendment.

Duties of the insured

The due observance and fulfillment of the Terms and Conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any liability of the Company to make any payment under this Policy.

Right to Return Policy

In the event the Insured is not satisfied with this Policy for any reason, it may be returned to the Company within 7 days after the Effective Date of Insurance. Any premium billed to the Insured will be refunded. In such event, this Policy shall be deemed to have been void from the Effective Date of the Insurance and the Company shall not be liable to pay any Benefit.

Misstatement or Fraud

Any false statement made by the Insured in the Application Form or concerning any claim shall result in the Company's right to repudiate liability under the Policy.

Geographical Limits

The insurance afforded under this Policy shall apply 24 hours a day anywhere in the world unless otherwise endorsed or amended.

Exposure

When by reason of accident and Insured person is exposed to violent and severe or prolonged weather conditions and as a result of such exposure suffers death, such death shall be covered hereunder subject to the Definitions and all other terms and Conditions of this Policy.

Disappearance

If the body of an Insured Person has not been found within 365 days after the date of the disappearance, forced landing, stranding, sinking or wrecking of the common carrier in which such Insured Person was a fare-paying passenger, the Insured Person shall be presumed to have suffered death as a result of Accidental Injury on the date of the aforesaid occurrence, subject to the Definitions and all other Terms and Conditions of this Policy.

Notice of Claim

Written notice of claim must be given to the Company within 14 days after the occurrence of an Accident covered by this Policy or the commencement of Hospital Confinement covered by this Policy.

Failure to give notice in the time prescribed shall not invalidate a claim if it can be shown to the Company's satisfaction that notice had been provided as soon as was reasonably practicable, and in any event within 60 days from the date of such Accident.

Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured shall be deemed notice.

Claim Forms

The Company, upon receiving a notice of claim, will furnish to the claimant such form as it usually provides of filing proof of claim.

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Medical reports, and all proof of loss as required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe.

The Company shall in the event of the death of an Insured Person be entitled to have a postmortem examination carried out at its own expense except when such examination is prohibited by law.

Proof of Claim

Written proof of a claim must be furnished to the Company within 30 days from the receipt of the claim form provided by the Company as above. Failure to furnish such proof with the time required shall not invalidate any claim if it was not reasonably practicable to give proof within such time, provided such proof is furnished as soon as is reasonably practicable, and in no event later than 180 days from the time such proof is otherwise required.

Physical Examination

The Company at its own expense shall have the right and opportunity to examine an Insured Person when and so often as it may reasonably require pending the outcome of a claim under this Policy.

Payment of Benefit

Benefit payable under Section 2 of this Policy shall be paid to the Insured or as otherwise directed in writing by the Insured. In the absence of any such written direction, accrued benefits unpaid at the time of the Insured's death shall be paid to the named beneficiaries of the insured stated under the policy schedule or in the event no appointed beneficiaries, to estate of the Insured. Any release given by the Insured, or any third party to whom the Insured has directed that payment be made, to the Company acknowledging receipt of the benefit paid under this Policy shall be deemed a final and complete discharge of all liability of the Company.

Legal Action

No action shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of claim has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless commenced within 180 days from the expiration of 30 days within which proof of claim is required.

Arbitration

All differences arising out of this Policy, shall be referred to the decision of an arbitrator to be appointed by both parties or if they cannot agree upon a single arbitrator, to the decision of two arbitrators, one to be appointed in writing by each party, and in case of disagreement between the arbitrators, to the decision of an umpire who shall have been appointed in writing by the arbitrators before entering on the reference and an award shall be a condition precedent to any liability of the Company or right of action against the Company.

Interest

No benefit payable under this Policy shall carry interest.

Jurisdiction

The Company will in all competent judicial proceedings at the instance of parties suing in respect of matters arising out of this insurance acknowledge the jurisdiction of the Courts in the Government of the Hong Kong Special Administrative Region (HKSAR) only.

Governing Law

This policy shall be governed by and interpreted in accordance with HKSAR law, except as otherwise stated herein.

Reinstatement

If this Policy is terminated for any reason, acceptance and approval of a subsequent Proposal Form by the Company shall reinstate this Policy. The reinstated Policy shall provide benefits only for accidental Injury or accidental Death arising from an Accident after the date of reinstatement.

Unpaid Premium

Upon the payment of a claim under this Policy, any unpaid premium may be deducted from such claim payment.

Prohibition on Trust or Assignments

This Policy is not assignable and the Insured warrants that this Policy is not subject to a trust and will not be made subject to a lien or charge.

Additional Benefit - International Assistance Services

Services Provider :

Inter Partner Assistance Hong Kong Limited (hereinafter called "IPA")

Definitions (applicable to additional benefit only)

"**Assistance Event**" shall mean any event or occurrence with respect to an Insured Person who is entitled to receive Assistance pursuant to this Benefit, occurring within the territorial limit set forth in Duration of Cover and Limitations.

"**Emergency**" shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

"**Country of Residence**" shall mean Hong Kong.

Duration of Cover and Limitations

The benefits mentioned hereunder are granted during the period of validity of the Policy and apply worldwide outside the Country of Residence of the Insured Person.

Emergency Assistance Services and Benefits

If the Insured Person shall suffer bodily Injury or outside his Country of Residence which arises out of and in the course of his journey, or during his period of expatriation provided that such journey or period of expatriation is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment aboard, the following emergency assistance services and benefits are available directly from IPA, without reimbursement of any such expenses incurred or paid directly by the Insured Person.

Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment

When medical advice is needed, the Assured Person may telephone the nearest IPA's alarm center for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and 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 and IPA will assist the Insured Person in making the medical appointment. All physician's fees and related charges shall be borne entirely and directly by the Assured Person without any reimbursement from IPA.

24 Hours Emergency Assistance Hotline: 852-2861-9296 (Collect Call)

Medical Evacuation

Should the Insured Person suffer from Bodily Injury such that IPA's medical team and the attending physician recommend hospitalization in a or another medical facility where the Assured Person can be suitably treated from a medical viewpoint, IPA will arrange and pay for the transfer of the Assured Person into one of the nearest hospital and, if necessary, on medical grounds:

The transfer of the Assured 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 Illness; or

The direct repatriation, including road ambulance transfers to and from the airports, of the Assured 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 medical team and attending physician will determine the necessary arrangements according to the circumstances.

Repatriation After Treatment

Following the Medical Evacuation if continuous medical treatment is deemed necessary, IPA will arrange and pay for the repatriation of the Assured Person to the hospital of his Country of Residence by scheduled airline 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 Assured 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 Center under constant medical supervision.

Repatriation of Mortal Remains/Ashes

Upon the death of a Insured Person, IPA will make all the necessary arrangements (including any steps or arrangements necessary to meet local formalities) and will pay up for:

- (i) the repatriation of the Assured Person's body or ashes to the Assured Person's place of burial in the Assured Person's place of Permanent Residence; or

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- (ii) at the request of the Insured Person's heirs or representative, the local burial of the Assured 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 in this benefit.

Travel Information

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

- Update Immunizations and Vaccinations Requirement and Needs
- Weather information Worldwide
- Airport Taxes
- Customs Requirements
- Passport and Visa Requirements
- Consulate and Embassies addresses and contact numbers
- Exchange Rates
- Banking days
- Language Information
- Arrangement of Interpreter Services
- Arrangement of Children Escort
- Transmission of Urgent Messages if case of Emergency

Legal assistance

Worldwide Referral of Lawyers and Solicitors Firms

Compassionate Visit

In the event of the Assured Person suffering from Bodily Injury resulting in hospital confinement outside his Country of Residence for more than 7 (Seven) consecutive days, IPA will arrange and pay for the cost of a return ticket of a scheduled airline (on economy fare basis) for a relative or designated person of the Insured Person to travel from the Assured Person's

Country of Residence to the Assured Person's bedside, including the cost of an ordinary room accommodation in any reasonable hotel up to HK\$1,200.- per day for maximum period of 7 consecutive days, but excluding the cost of drinks, meals and other room services.

Return of Unattended Dependent Child(ren) to Country of Residence

If any of the Assured Person's traveling dependent child(ren) under 16 years of age is left unattended by reason of the Assured Person's Bodily Injury resulting in hospital confinement outside his Country of Residence, IPA will 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 Assured 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, provided that the Assured Person shall surrender any unused portion of the return ticket to IPA

Deposit Guaranteeing of Hospital Admission

In case of hospital admission duly approved by both the attending physician and IPA's Alarm Centre doctor and the Assured Person is without means of payment of the required hospital admission deposit, IPA will on behalf of the Assured Person guarantee or provide such payment up to HK\$65,000.-. IPA will require valid credit authorization prior to advancement of funds for such admission, as appropriate. The costs of this benefit should be reimbursed by the Assured Person to IPA. within one month without any interest.

General Obligations of IPA under additional benefit

In the event of a bodily Injury resulting in hospitalization of the Assured Person, the Assured Person or his representative, where possible, shall contact any office of IPA. within 3 days of the occurrence of such Emergency or any complication directly relating to such Emergency. In the absence of such notice, IPA. will not be held responsible.

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

Subrogation under additional benefit

- i) It is noted and agreed that the primary purpose of this assistance benefits is the provision of services to Beneficiaries when involved in a medical emergency.

If the services provided by IPA are covered in whole or in part by an insurance policy or other health plans, IPA shall only be responsible for those costs which cannot be recovered by the Assured Person under the said insurance policy or health plans.

- ii) Any portion of a Assured Person's travel ticket which is unused following the provision of services is to be surrendered to IPA.
- iii) IPA may at any time and at their own expense take proceedings in the name of the Assured Person to obtain compensation or secure an indemnity from any third party in respect of any loss or injury giving rise to the provision of services under this assistance program.

Limitation & Exclusion under additional benefit

1. Services rendered without the authorization and/or intervention of IPA.
2. Services made by any party other than IPA. for which no charge is usually made.
3. Medical treatment administered by relatives whether qualified or not.
4. Costs which would have been payable if the event giving rise to the intervention of IPA. had not occurred.
5. Any expense more specifically covered under any insurance policy.
6. Cases of minor illness or injury which in the opinion of the IPA. Physician can be adequately treated locally and which do not prevent the Insured Person from continuing their travels or work.
7. Expenses incurred where the Insured Person in the opinion of the IPA. Physician is physically able to return to his/her Principal Country of Residence sitting as a normal passenger and without medical escort, unless deemed necessary by the IPA Physician.
8. Situation in which the Insured Person was under medical treatment at the time of commencing his/her journey and the costs concerned were relevant to that treatment, or if the said journey was undertaken against doctor's orders or advice.
9. Pre-existing Illness or disabilities
10. Injuries due to insanity or self-infliction or conditions related to functional disorders of the mind; rest cure or sanatorium care; drug addiction or alcoholism; communicable diseases requiring by law isolation or quarantine;
11. Injuries arising directly or indirectly from war, declared or undeclared, strike, riot, revolution or any warlike operation;
12. Pregnancy and Maternity
13. Injuries arising directly or indirectly as a result of participation in any professional and dangerous sports;
14. Injuries sustained contracted as a result of participation in illegal acts.



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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.