About ACE Group and ACE Hong Kong

The ACE Group is a global leader in insurance and reinsurance, serving a diverse group of clients. Headed by ACE Limited (NYSE:ACE), a component of the S&P 500 stock index, ACE Group conducts its business on a worldwide basis with operating subsidiaries in more than 50 countries and a strong presence in Asia Pacific. With its core operating insurance companies rated AA- for financial strength by Standard & Poor’s and A+ by A.M. Best, the ACE Group is distinguished by its underwriting expertise, superior claims handling and global franchise.

Operating in Hong Kong since 1919, ACE Insurance in Hong Kong is a member of the ACE Group of Companies® and is a niche and specialist general insurer. Assigned a financial strength rating of A+ by Standard & Poor’s, ACE in Hong Kong has a well known reputation as one of the market leaders in the segments of Property, Casualty and Marine as well as Accident & Health insurance via direct marketing distribution. Over the years, ACE Hong Kong has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

About ACE Travel Insurance

ACE Travel Insurance is a division of the ACE Group of Companies®, providing high quality coverage and service to millions of travelers globally. Our suite of products is designed to take care of our customers just about anywhere they travel to. All of our products solutions include ACE Assistance, a worldwide emergency and travel assistance service which customers can access at any time from almost anywhere in the world.

Additional information can be found at: www.aceinsurance.com.hk

關於安達集團及安達香港

安達集團是全球主要的保險及再保險的領導者, 為不同行業的客戶提供服務。其總公司是安達有限公司（紐約證券交易所：ACE），作為標準普爾 500 指數的成份公司。安達集團的業務遍及全球，在超過 50 多個國家設立附屬公司，並在亞太區擁有鞏固根基。安達集團具有傑出的承保專業知識，優越的索償處理能力及遍及全球的特許經營能務，其核心業務財務實力榮獲標準普爾評為 AA-級及 A.M. Best 評為 A+級。

安達香港成立於 1919 年，是安達集團的成員公司，注重在特定領域提供專業的保險服務，信用等級更獲標準普爾評為 A+級。安達香港，信譽昭著，提供財產、責任及水險以及經銷的意外及醫療保險等服務，並處於市場領導地位。多年來，安達香港更致力於開創新產品，以優質客戶服務取勝，並建立穩健之客戶關係，與時並進，憑藉其雄厚實力，具有市場領導地位。

關於安達旅遊保險

安達旅遊保險是安達集團公司的主要部門之一，並同時為全球數百萬的旅客提供優質的保障範圍及服務。我們所有產品的方案已包括了 ACE Assistance，客戶可隨時隨地享用這項環球緊急及旅遊支援服務。

如欲獲取更多資料可瀏覽： www.aceinsurance.com.hk
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<td>如何索償</td>
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</table>
ACE Air Travel Insurance Policy  
Terms and Conditions

Customer Services Hotline: (852) 3191 6611  
24 Hour Emergency Assistance Hotline: (852) 3723 3030

In consideration of the payment of a premium to The Company and subject to the terms and conditions of this policy, The Company agrees to provide cover in the manner and to the extent set out in this policy.

PLEASE READ THIS POLICY  
If this policy contains incorrect information, please return it to The Company immediately for correction.

PART I: SCHEDULE OF BENEFITS

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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<tbody>
<tr>
<td>HKD</td>
<td>HKD</td>
<td>CNY</td>
<td>CNY</td>
<td>USD</td>
<td>USD</td>
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<tr>
<td><strong>A. PERSONAL ACCIDENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Accident (18 to 80 years of age)</td>
<td>sum insured</td>
<td>500,000</td>
<td>500,000</td>
<td>420,000</td>
<td>420,000</td>
<td>65,000</td>
</tr>
<tr>
<td>(b) Accident (under 18 years of age)</td>
<td>200,000</td>
<td>200,000</td>
<td>170,000</td>
<td>170,000</td>
<td>25,000</td>
<td>25,000</td>
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<tr>
<td><strong>B. MEDICAL EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Medical Expenses</td>
<td>Sum Insured</td>
<td>200,000</td>
<td>100,000</td>
<td>170,000</td>
<td>85,000</td>
<td>25,000</td>
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<tr>
<td>(i) Medical Expenses as a result of Bodily Injury</td>
<td>200,000</td>
<td>100,000</td>
<td>170,000</td>
<td>85,000</td>
<td>25,000</td>
<td>12,000</td>
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<tr>
<td>(ii) Medical Expenses as a result of Sickness</td>
<td>200,000</td>
<td>Not Applicable</td>
<td>170,000</td>
<td>Not Applicable</td>
<td>25,000</td>
<td>Not Applicable</td>
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<tr>
<td>(b) Follow-Up Medical Expenses</td>
<td>Sum Insured</td>
<td>20,000</td>
<td>Not Applicable</td>
<td>17,000</td>
<td>Not Applicable</td>
<td>2,500</td>
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<tr>
<td>(i) Maximum amount for Chinese Medicine Practitioner</td>
<td>3,000</td>
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<td>2,500</td>
<td>Not Applicable</td>
<td>380</td>
<td>Not Applicable</td>
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<tr>
<td>(ii) Daily maximum amount for Chinese Medicine Practitioner</td>
<td>150</td>
<td>Not Applicable</td>
<td>125</td>
<td>Not Applicable</td>
<td>20</td>
<td>Not Applicable</td>
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<tr>
<td><strong>C. ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(a) Emergency Medical Evacuation and/or Repatriation</td>
<td>Unlimited</td>
<td>Not Applicable</td>
<td>Unlimited</td>
<td>Not Applicable</td>
<td>Unlimited</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>(b) Return of Mortal Remains</td>
<td>Unlimited</td>
<td>Not Applicable</td>
<td>Unlimited</td>
<td>Not Applicable</td>
<td>Unlimited</td>
<td>Not Applicable</td>
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<tr>
<td>(c) Compassionate Visit</td>
<td>Sum Insured</td>
<td>8,000</td>
<td>Not Applicable</td>
<td>6,500</td>
<td>Not Applicable</td>
<td>1,000</td>
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<tr>
<td>(d) Compassionate Death Travel Allowance</td>
<td>Sum Insured</td>
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<td>Not Applicable</td>
<td>8,500</td>
<td>Not Applicable</td>
<td>1,250</td>
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<td>(e) ACE Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services</td>
<td>Applicable</td>
<td>Applicable</td>
<td>Applicable</td>
<td>Applicable</td>
<td>Applicable</td>
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<tr>
<td><strong>D. PERSONAL PROPERTY</strong></td>
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<td></td>
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</tr>
<tr>
<td>(a) Maximum amount</td>
<td>Sum Insured</td>
<td>1,000</td>
<td>1,000</td>
<td>850</td>
<td>850</td>
<td>120</td>
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<tr>
<td>(b) Maximum amount for each item (net/air)</td>
<td>1,000</td>
<td>1,000</td>
<td>850</td>
<td>850</td>
<td>120</td>
<td>120</td>
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<tr>
<td><strong>E. LOSS OF TRAVEL DOCUMENTS</strong></td>
<td></td>
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<tr>
<td>Sum Insured</td>
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<td>Not Applicable</td>
<td>4,200</td>
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<td>600</td>
<td>Not Applicable</td>
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<tr>
<td><strong>F. TRIP CANCELLATION</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sum Insured</td>
<td>2,000</td>
<td>2,000</td>
<td>1,700</td>
<td>1,700</td>
<td>250</td>
<td>250</td>
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<tr>
<td><strong>G. TRAVEL DELAY</strong></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(a) Maximum amount</td>
<td>Sum Insured</td>
<td>1,200</td>
<td>600</td>
<td>1,000</td>
<td>500</td>
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<tr>
<td>(b) Period of delay</td>
<td>1-4 hours</td>
<td>300</td>
<td>300</td>
<td>250</td>
<td>250</td>
<td>40</td>
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<td><strong>H. BAGGAGE DELAY</strong></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sum Insured</td>
<td>2,000</td>
<td>1,000</td>
<td>1,700</td>
<td>850</td>
<td>250</td>
<td>120</td>
</tr>
<tr>
<td><strong>I. PERSONAL LIABILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sum Insured</td>
<td>400,000</td>
<td>200,000</td>
<td>338,000</td>
<td>170,000</td>
<td>50,000</td>
<td>25,000</td>
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</tbody>
</table>

Note 1: Benefits under the plan codes HHR and HHO are payable in Hong Kong Dollars (HKD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than Hong Kong Dollars (HKD) shall be converted into Hong Kong Dollars (HKD) on the date and at the rates the Company reasonably considers appropriate.

Note 2: Benefits under the plan codes CHR and CHO are payable in the Hong Kong Dollar (HKD) equivalent of the Sum Insured as quoted in Chinese Yuan (CNY) in the Schedule of Benefits. Any currency conversions for the purpose of calculating the amounts of benefits payable under these plan codes shall be made on the date and at the rates the Company reasonably considers appropriate.

Note 3: Benefits under the plan codes UUR and UUG are payable in United States Dollars (USD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than United States Dollars (USD) shall be converted into United States Dollars (USD) on the date and at the rates the Company reasonably considers appropriate.
PART II: DEFINITION OF WORDS

The following defined terms shall have the meaning set out as follows in this policy:

1. Accident or Accidental means a sudden, unforeseen and unexpected event happening by chance.
2. ACE Assistance or Authorised Assistance Service Provider means the independent service provider appointed by The Company to provide overseas assistance services to Insured Persons.
3. Bodily Injury means physical injury caused solely and independently by an Accident and sustained during the Period of Insurance.
4. Business Partner means one or more persons engaged in, and sharing the profits and risks of, the means one or more persons of the same or similar business enterprise as an Insured Person.
5. Chinese Medicine Practitioner means a person other than an Insured Person or an Immediate Family Member who is a Chinese bonesteer, acupuncturist or person duly registered as a Chinese medicine practitioner according to the Chinese Medicine Ordinance (Cap. 549).
6. Confinement or Confined means a continuous period of necessary confinement in a Hospital as a Resident Inpatient for which the Hospital makes a charge for room and board.
7. Hospital means a legally constituted establishment or licensed and licensed pursuant to the laws of the country in which it is located and which meets all of the following requirements: a) operates primarily for the reception and medical care and treatment of sick, ailing or injured persons on a Resident Inpatient basis; and b) admits a Resident Inpatient only under the supervision of one or more Physicians, at least one of whom is available for consultation at all times; and c) maintains organized facilities for medical diagnosis and treatment of Resident Inpatients and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and d) provides full-time nursing service by and under the supervision of a staff or nurses; and e) has an on-duty staff of at least one Physician and one qualified nurse at all times; and f) “Hospital” shall not include the following:  
   a) a mental institution, an institution operating primarily for the treatment of psychiatric or psychological disease including sub-normality or the psychiatric department of a hospital,  
   b) a place for the aged, a rest home or a place for drug addicts or alcoholics;  
   c) a health hydro or nature cure clinic, a nursing or convalescent home, a special unit of a hospital used primarily as a place for drug addicts or alcoholics or as a nursing, convalescent, rehabilitation, extended-care facility or rest home.
8. Hong Kong means the Hong Kong Special Administrative Region.
9. Immediate Family Member means an Insured Person’s spouse, parents, parents-in-law, grandparents, children, siblings, grandchildren or legal guardians.
10. Insured Person or Person named in the Policy Schedule or subsequent endorsement(s) (if any).
11. Journey means the overseas trip described in the Policy Schedule.
12. Medical Expenses means all Usual, Reasonable and Customary Medical Expenses necessarily incurred by an Insured Person as a result of Bodily Injury sustained or Sickness contracted, for Confinement, surgical, medical, psychological or other diagnostic or remedial treatment given or prescribed by a Physician, including employment of a nurse, X-ray examination or the use of an ambulance as the result of an emergency.
13. One Way Plan means a policy under the plan codes HHO, CHO and UZO.
14. Period of Insurance means the period of insurance applicable to the relevant plan under this policy and:
   a) for Round Trip Plans means:
      (i) in relation to Section F (Trip Cancellation) of this policy only, the period commencing on the date the policy is purchased as specified in the Policy Schedule, or 
      (ii) in relation to all other Sections of this policy, the period commencing from (1) three (3) hours before an Insured Person’s scheduled departure from Hong Kong to embark on a Journey; or (2) the time at which an Insured Person commences his or her travel from any place in Hong Kong directly to an immigration counter in Hong Kong to embark on a Journey, whichever is later; and 
      (iii) in relation to all Sections of this policy, the period ending (1) fourteen (14) days after an Insured Person’s departure from Hong Kong to embark on a Journey (inclusive of the date of departure); (2) three (3) hours after an Insured Person passes through the Hong Kong immigration counter on their return to Hong Kong after a Journey; or (3) the date on which the policy is terminated, whichever is earlier; and 
   b) for One Way Plans means:
      (i) in relation to Section F (Trip Cancellation) of this policy only, the period commencing on the date the policy is purchased as specified in the Policy Schedule; or 
      (ii) in relation to all other sections of this policy, the period commencing from the time an Insured Person passes through the immigration counter to embark on a Journey; and 
   c) in relation to all Sections of this policy, the period ending at the time an Insured Person passes through the immigration counter at the destination of a Journey.
15. Permanent means:
   a) in relation to one or both limbs, loss of use lasting twelve (12) consecutive months from the date of Accident and being beyond hope of improvement or remedy by surgical or other treatment at the expiry of that period, or loss by physical separation at or above the wrist or ankle joint during the same period; or 
   b) in relation to any other type of loss, being beyond hope of improvement or remedy by surgical or other treatment at the end of twelve (12) consecutive months from the date of Accident.
16. Permanent Total Disability means an Insured Person is prevented from engaging in any occupation or employment for compensation or profit for which an Insured Person is reasonably qualified by education, training or experience, or if an Insured Person has no business or does not have any occupation, is prevented from attending to any duties which would normally be carried out by an Insured Person in his/her daily life, and such disability has continued for twelve (12) consecutive months and must be certified by a Physician to be total, continuous and Permanent for the remainder of the Insured Person’s life.
17. Personal Property means personal items belonging to an Insured Person or which he or she is responsible and taken by an Insured Person on a Journey or acquired by an Insured Person during the Journey, other than money, antiques, jewellery that is not being worn or carried by the Insured Person at the time of loss or damage, contracts, bonds, securities, animals, software, mobile telecommunications devices and accessories, means of transport and accessories. 
18. Physician means an individual other than an Insured Person or an Immediate Family Member who is a qualified medical practitioner licensed by the competent medical authorities of the jurisdiction in which treatment is provided and who, in providing treatment, practices within the scope of his or her licensing and training.
19. Policy Schedule means the document(s) which set out (i) an Insured Person’s name and identity card or passport number; (ii) his or her itinerary for the Journey; (iii) the selected plan code under this policy; and (iv) the date on which the policy was purchased, as amended from time to time in accordance with these terms and conditions.
20. Pre-existing Medical Condition means any sickness or injury of which, in the six (6) consecutive months before the first day of the Period of Insurance, an Insured Person, Immediate Family Member, Travel Companion or Business Partner presented signs or symptoms, or for which, in the same period, an Insured Person, Immediate Family Member, Travel Companion or Business Partner sought or received (or sought reasonably to have sought or received) medical treatment, consultation, prescribed drugs, advice or diagnosis by a Physician.
21. Public Conveyance means any mechanically propelled carrier operated by a company or an individual company or licencees to carry passengers for hire.
22. Resident Inpatient means an Insured Person whose Confinement as a resident bed patient is necessary for the medical care, diagnosis and treatment of Bodily Injury or Sickness and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.
23. Riot means the act of any person taking part together with or without others in any disturbance of the public peace (whether in connection with a Strike or lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
24. Round Trip Plan means a policy under the plan codes HHR, CHR and UJR.
25. Schedule of Benefits means the schedule of benefits in Part I of this policy.
26. Sickness means illness or disease commencing during the Period of Insurance.
27. Strike means the willful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
28. Sum Insured means, in relation to each benefit available to an Insured Person under this policy, the maximum amount listed in the Schedule of Benefits or any endorsement(s) corresponding to that benefit.
29. The Company means ACE Insurance Limited.
30. Travel Companion means a person who accompanies an Insured Person for the entire Journey.
31. Usual, Reasonable and Customary Medical Expenses means charges for treatment, supplies or medical services medically necessary to treat an Insured Person’s condition and which do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the charges are incurred. Charges that would not have been made if no insurance existed are excluded from this definition.
PART III: DESCRIPTION OF COVER

SECTION A - PERSONAL ACCIDENT

a) Accident (18 to 80 years of age on the first day of the Period of Insurance):
   If an Insured Person of between eighteen (18) and eighty (80) years of age on the first day of the Period of Insurance sustains Bodily Injury and, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, The Company will pay the percentage stated for that type of loss in the Loss Table in this Section A of the Sum Insured stated in Section A(a) of the Schedule of Benefits.

b) Accident (under 18 years of age on the first day of the Period of Insurance):
   If an Insured Person of under eighteen (18) years of age on the first day of the Period of Insurance sustains Bodily Injury and, as a direct and unavoidable result, suffers within twelve (12) consecutive months a loss of the type listed in the Loss Table in this Section A, The Company will pay the percentage stated for that type of loss in the Loss Table in this Section A of the Sum Insured stated in Section A(b) of the Schedule of Benefits.

Section A Loss Table

<table>
<thead>
<tr>
<th>Type of Loss</th>
<th>Percentage of Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accidental death</td>
<td>100%</td>
</tr>
<tr>
<td>2. Permanent Total Disability</td>
<td>100%</td>
</tr>
<tr>
<td>3. Permanent total loss of use of both hands and/or limbs</td>
<td>100%</td>
</tr>
<tr>
<td>4. Permanent and total loss of sight in both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>5. Permanent and total loss of sight in one eye</td>
<td>100%</td>
</tr>
<tr>
<td>6. Permanent and total loss of two limbs</td>
<td>100%</td>
</tr>
<tr>
<td>7. Permanent and total loss of one limb</td>
<td>100%</td>
</tr>
<tr>
<td>8. Permanent and total loss of speech and hearing</td>
<td>100%</td>
</tr>
<tr>
<td>9. Permanent and total loss of hearing in both ears</td>
<td>75%</td>
</tr>
<tr>
<td>10. Permanent and total loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>11. Permanent and total loss of speech</td>
<td>50%</td>
</tr>
</tbody>
</table>

Special Conditions to Section A:

i. Where an Insured Person suffers more than one type of loss listed in the Loss Table in this Section A in the same Accident, The Company’s liability under this Section A shall be limited to one payment for the type of loss which, of all the types of loss actually suffered, attracts the largest percentage stated in the Loss Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.

ii. The Company’s total liability under this Section A for all Accidents involving the same Insured Person occurring during the Period of Insurance shall not exceed the relevant Sum Insured.

iii. Where the use or enjoyment of an Insured Person’s limb or organ was partially impaired before an Accident occurred, The Company may, in its sole discretion and after considering a medical assessment by The Company’s appointed medical adviser of the extent to which any Bodily Injury was, in the medical adviser’s opinion, caused solely and independently by that Accident, pay such percentage of the relevant Sum Insured as it considers reasonable.

iv. Exposure: If an Insured Person is unavoidably exposed to the elements by reason of sustaining Bodily Injury and, as a direct and unavoidable result, suffers death within twelve (12) consecutive months, The Company will pay the percentage stated for Accidental death in the Loss Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.

v. Disappearance: Where an Insured Person’s body has not been found within one (1) year of the date of the disappearance, sinking or wrecking of the means of transport being used by the Insured Person on the date of the disappearance, sinking or wrecking:
   (a) It will be presumed that the Insured Person suffered Accidental death resulting from Bodily Injury at the time of such disappearance, sinking or wrecking; and
   (b) Subject to receiving an undertaking, signed by the deceased Insured Person’s legal representatives, that if the presumption of Accidental death resulting from Bodily Injury is subsequently found to be wrong, any amount paid by The Company under this Section A will be immediately refunded to The Company.

The Company will pay to the legal representatives of the deceased Insured Person the percentage stated for Accidental death in the Loss Table in this Section A of the relevant Sum Insured stated in Section A of the Schedule of Benefits.

Exclusions to Section A

This Section A does not cover:

1. Sickness, disease or bacterial infection.

SECTION B - MEDICAL EXPENSES

a) Medical Expenses
   If an Insured Person incurs Medical Expenses during the Period of Insurance arising from Bodily Injury, The Company will reimburse the Insured Person for those Medical Expenses up to the Sum Insured stated in Section B(a)(i) of the Schedule of Benefits.

b) Follow-up Medical Expenses (applicable for Round Trip Plan only):
   If an Insured Person incurs Medical Expenses overseas arising from Bodily Injury or Sickness and still requires treatment given or prescribed by a Physician for the same Bodily Injury or Sickness after returning to Hong Kong, The Company will continue to reimburse the Insured Person for Medical Expenses incurred and/or reasonable Medical Expenses charged by a Chinese Medicine Practitioner up to ninety (90) days after the Insured Person’s return to Hong Kong or until the Sum Insured stated in Section B(b) of the Schedule of Benefits has been exhausted, whichever comes first.

Special Conditions to Section B:

i. The Company or the Authorised Assistance Service Provider must be notified of any Medical Expenses incurred overseas as a Resident Inpatient during the Period of Insurance within 30 days of them being incurred. Failure to give the notice required by this condition precedent will result in The Company having no liability under this policy for those Medical Expenses.

ii. The Company’s total liability under Section B(a)(i) and Section B(a)(ii) of the Schedule of Benefits for all Medical Expenses incurred during the Period of Insurance shall not exceed the Sum Insured stated in Section B(a) of the Schedule of Benefits.

iii. The Company’s liability under Section B(b) for each and every expense incurred shall not exceed the amount stated in Section B(b) of the Schedule of Benefits.

iv. The Company’s liability under Section B(b) for all expenses charged by Chinese Medicine Practitioners shall not exceed the amount stated in Section B(b)(ii) of the Schedule of Benefits.

v. The Company’s total liability under this Section B for all Medical Expenses and all expenses charged by Chinese Medical Practitioners shall not exceed the Sum Insured stated in Section B(a) of the Schedule of Benefits.

Exclusions to Section B

This Section B does not cover:

1. Any expense included or contemplated in the cost of a Journey at the time it was paid for.
2. Surgery or medical treatment which, in the opinion of the Physician attending the Insured Person, can reasonably be delayed until the Insured Person returns to Hong Kong.
3. Any expense incurred after an Insured Person has failed, within a reasonable period, to follow a Physician’s advice to return to Hong Kong to continue treatment for Bodily Injury suffered or Sickness contracted whilst overseas.
4. Any expense incurred during a Journey after an Insured Person has been advised by a Physician prior to the departure of the Journey that he or she is unfit to travel.
5. Any follow-up expense incurred more than ninety (90) days after the end of the Period of Insurance.
6. Any expenses incurred under Section B(a) after twelve (12) months from the date the first expenses were incurred.
7. Health check-ups or any investigation(s) not directly related to admission diagnosis, Bodily Injury or Sickness or any treatment or investigation which is not medically necessary.
8. The cost of prostheses, contact lenses, spectacles, hearing aids, dentures and other medical equipment or optical treatment.
SECTION C – ACE ASSISTANCE - 24 HOUR WORLDWIDE ASSISTANCE SERVICES (applicable for Round Trip Plan only)

a) Emergency Medical Evacuation And/Or Repatriation:

Where a Physician certifies that Bodily Injury or Sickness renders an Insured Person unfit to travel or continue with their Journey or is a danger to their life or health, The Company will pay the actual cost of the Insured Person's emergency medical evacuation and/or repatriation and associated medical services and medical supplies.

b) Return Of Mortal Remains:

Upon the death of an Insured Person as a direct and unavoidable result of Bodily Injury or Sickness, The Company will pay the actual cost for transporting the Insured Person’s mortal remains from the place of death to Hong Kong, or the cost of local burial at the place of death as approved by the Authorised Assistance Service Provider.

c) Compassionate Visit:

If a Physician certifies that Bodily Injury or Sickness renders an Insured Person unfit to travel or continue with their Journey or is a danger to their life or health, The Company will pay, up to the Sum Insured stated in Section C(c) of the Schedule of Benefits (i) the cost of one (1) economy class round trip ticket for one (1) person to visit the Insured Person overseas, and (ii) the cost of one (1) ordinary room accommodation in any reasonable hotel overseas for a maximum period of five (5) consecutive nights, but not the cost of drinks, meals and other room services.

d) Compassionate Death Travel Allowance:

Upon the death of an Insured Person as a direct and unavoidable result of Bodily Injury or Sickness, The Company will pay, up to the Sum Insured stated in Section C(d) of the Schedule of Benefits (i) the cost of one (1) economy class round trip ticket for one (1) person to visit the Insured Person overseas, and (ii) the cost of one (1) ordinary room accommodation in any reasonable hotel overseas for a maximum period of five (5) consecutive nights, but not the cost of drinks, meals and other room services.

e) ACE Assistance – Twenty Four (24) Hour Telephone Hotline And Referral Services

The services are provided by way of referral and arrangement only and all expenses incurred are to be borne by the Insured Person.

- Inoculation and Visa Requirement Information services
- Embassy Referral
- Interpreter Referral
- Loss of Luggage Assistance
- Loss of Travel Document Assistance
- Medical Service Provider Referral
- Monitoring of Medical Condition when Hospitalized
- Appointment of Appointments with Doctors
- Allocation of Hospital Admission

For full details on this service, please refer to the telephone hotline and referral service information provided by ACE Assistance. If you have any queries on this telephone hotline and referral service, please telephone ACE Assistance on (852) 3723 3030.

Special Conditions to Section C:

1. Services under Section C are provided by the Authorised Assistance Service Provider. The Company or the Authorised Assistance Service Provider must be notified of the occurrence of any event which may give rise to a claim under Sections C(a) to (d) as soon as practicable after the occurrence of that event. The Company shall not be liable to pay any benefits under the Special Conditions to Section C unless the Company or the Authorised Assistance Service Provider has been notified in accordance with this sub-section.

2. The arrangements for, means and final destination of emergency medical evacuation and/or repatriation will be decided by the Authorised Assistance Service Provider and will be based entirely upon medical necessity.

3. Upon payment being made under this Section C, The Company shall be entitled to any monies refundable from an original return airfare.

Exclusions to Section C:

This Section C does not cover:

1. Any expense included or contemplated in the cost of a Journey at the time it was paid for.
2. Any expense incurred during a Journey after an Insured Person has been advised by a Physician prior to the departure of the Journey that he or she is unfit to travel.

SECTION D – PERSONAL PROPERTY

Subject to a reduction or allowance for physical deterioration, depreciation or obsolescence, The Company will, at its absolute discretion, reinstate, repair or replace Personal Property lost, stolen or damaged during the Period of Insurance, up to the Sum Insured stated in Section D(a) of the Schedule of Benefits.

Special Conditions to Section D:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any Personal Property lost, stolen or damaged by the willful act of a third party and which may give rise to a claim under this Section D. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section D.

2. Any claim for Personal Property lost, stolen or damaged by the willful act of a third party under this Section D must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in The Company having no liability under this Section D.

3. If, theft or damage occurs in transit, the Public Conveyance carrier must be promptly notified of the loss or damage within twenty-four (24) hours of the discovery of the loss or damage. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section D of the policy.

4. The Company's maximum liability for loss or theft of, or damage to, each item of Personal Property during the Period of Insurance will be restricted to the amount stated in Section D(b) of the Schedule of Benefits.

5. Where any item of lost, stolen or damaged Personal Property forms part of a pair or set, The Company's maximum liability for that item and that pair or set will be restricted to the amount stated in Section D(b) of the Schedule of Benefits.

6. The Company's total liability under this Section D for all loss, theft or damage in connection with Personal Property during the Period of Insurance shall not exceed the Sum Insured stated in Section D(a) of the Schedule of Benefits.

7. Upon any payment being made under this Section D, The Company shall be entitled to take the benefit and value of any recovered or damaged Personal Property and to deal with salvage at its absolute discretion.

Exclusions to Section D:

This Section D does not cover:

1. Loss, theft or damage arising from an Insured Person’s negligence including, but not limited to, leaving Personal Property unattended.

2. Any unexplained loss, theft or damage to Personal Property which was left unattended in a vehicle (except locked in the trunk) or Public Conveyance or in other public places.

3. Loss, of, or damage to, any Personal Property due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, mechanical or electrical failure, any process of cleaning, reconditioning, repair or alteration, confiscation or detention by customs or any other authority.

4. Loss or theft of, or damage to, hired or leased equipment or any Personal Property for which the Company is not responsible for or to which the Company has no liability.

5. Loss claimed under Section H – BAGAGE DELAY for the same incident.

SECTION E – LOSS OF TRAVEL DOCUMENTS (applicable for Round Trip Plan only)

The Company will reimburse an Insured Person up to the Sum Insured stated in Section E of the Schedule of Benefits for (i) the replacement cost of travel documents necessary for immigration clearance and/or travel tickets which are lost or stolen during the Period of Insurance, the absence of which would otherwise lead to delay of the Journey; and/or (ii) the reasonable additional cost of travel expenses and/or accommodation necessarily incurred by an Insured Person for the sole purpose of arranging the replacement travel documents and/or travel tickets referred to in (i).

Special Conditions to Section E:

1. The local police or equivalent local law enforcement officials must be notified within twenty-four (24) hours of the occurrence of any event which may give rise to a claim under this Section E. Failure to give the notice required by this condition precedent will result in The Company having no liability under this Section E.

2. Any claim under this Section E must be accompanied by written proof of loss having been reported to the police or equivalent local law enforcement officials. Failure to provide written proof of the notice required by this condition precedent will result in The Company having no liability under this Section E.

3. The Company's total liability under this Section E for all loss during the Period of Insurance shall not exceed the Sum Insured stated in Section E of the Schedule of Benefits.

E.D. 06/11 Spring (ACE Air Travel)
Exclusions to Section E:
This Section E does not cover:
1. Loss arising from an Insured Person’s negligence including, but not limited to, leaving travel documents necessary for immigration clearance and/or travel tickets unattended.

SECTION F – TRIP CANCELLATION
In the event of:
(i) The sudden and unexpected death of an Insured Person, an Immediate Family Member, intended Travel Companion or Business Partner occurring after this policy has been purchased and within ninety (90) days of the date the Journey is scheduled to begin; or
(ii) The Bodily Injury or Sickness of an Insured Person occurring after this policy has been purchased and within ninety (90) days of the date the Journey is scheduled to begin; or
(iii) The Bodily Injury or Sickness of an Immediate Family Member, intended Travel Companion or Business Partner occurring after this policy has been purchased and within ninety (90) days of the date the Journey is scheduled to begin; or
(iv) The unexpected compulsory quarant ine of an Insured Person beginning after this policy has been purchased and continuing within ninety (90) days of the date the Journey is scheduled to begin; or
(v) The jury service of an Insured Person or an Insured Person being the subject of a witness summons, notice of which was received by that Insured Person after this policy has been purchased and continuing within ninety (90) days of the date the Journey is scheduled to begin; or
(vi) The unforeseen occurrence of a Strike, Riot or civil commotion after this policy has been purchased at a destination scheduled in the Journey and continuing within one (1) week of the date the Journey is scheduled to begin; or
(vii) Serious damage to the Insured Person’s primary place of residence in Hong Kong from fire, flood, earthquake or similar natural disaster occurring after this policy has been purchased and within one (1) week of the date the Journey is scheduled to begin and which reasonably requires the Insured Person’s presence in Hong Kong on the scheduled departure date of the Journey.

Resulting in cancellation of the Journey, The Company will reimburse, up to the Sum Insured stated in Section F of the Schedule of Benefits, the Insured Person’s loss of travel and/or accommodation expenses paid in advance or forfeited by the Insured Person.

Special Condition to Section F:

i. Where a Journey is cancelled as a result of Bodily Injury or Sickness of an Insured Person, that Bodily Injury or Sickness must be certified by a Physician as rendering that Insured Person unfit to travel or as being a danger to their life or health.

ii. Where a Journey is cancelled as a result of Bodily Injury or Sickness of an Immediate Family Member, intended Travel Companion or Business Partner, that Bodily Injury or Sickness must be certified by a Physician as being a danger to the life of that Immediate Family Member, intended Travel Companion or Business Partner.

iii. Failure to obtain the certifications required by this condition precedent will result in The Company having no liability under this Section F for the Insured Person’s loss of travel and/or accommodation expenses paid in advance or forfeited.

Exclusions to Section F:
This Section F does not cover the whole or any part of travel and/or accommodation expenses which are:
1. Refundable to, or recoverable by, an Insured Person from any other source of indemnity or reimbursement.
2. Any amount which an Insured Person is not legally obliged to pay.
3. Canceled as a direct or indirect result of a prohibition or regulation issued by any national, regional or local government.
4. Canceled due to the negligence, misconduct or insolvency of the travel agent through whom the Journey was booked.
5. Canceled due to the inability of a tour operator or wholesaler to complete a group tour due to a deficiency in the number of persons.
6. Canceled as a direct or indirect result of financial hardship experienced by an Insured Person, changes in an Insured Person’s circumstances or contractual obligations or an Insured Person’s general disinclination to proceed with the Journey.

7. Arising from a condition which, at the time of booking a Journey, existed or might reasonably have been anticipated as being likely to result in the Journey being cancelled.

SECTION G – TRAVEL DELAY
In the event that the Journey is delayed due to adverse weather, natural disaster, Strike involving the employees of the operator of a Public Conveyance, mechanical fault of a Public Conveyance or hijacking during the Period of Insurance, The Company will pay compensation up to the Sum Insured stated in Section G (a) of the Schedule of Benefits, calculated at the following rates:

• The amount stated in Section G (b) of the Schedule of Benefits for each six (6) consecutive hour period of delay.

Special Conditions to Section G:

i. Each period of delay will be calculated by reference to the difference between the scheduled local arrival time stated in the Insured Person’s original itinerary for the Journey and the Insured Person’s actual local arrival time at the same destination.

ii. Where a Journey involves a sequence of connecting flights, the total period of delay will be calculated by reference to the difference between the original scheduled and actual local arrival times of the last flight in the sequence.

iii. An Insured Person must take reasonable steps to mitigate any period of delay. Failure to take reasonable steps to mitigate any period of delay as required by this condition precedent will result in The Company having no liability under this Section G.

iv. Any claim under this Section G must be accompanied by written confirmation from the carrier associated with the delay stating the actual local arrival time at the stated destination and the reason for the delay in reaching that destination. Failure to provide the written confirmation required by this condition precedent will result in The Company having no liability under this Section G.

v. The Company’s total liability under this Section G during the Period of Insurance shall not exceed the maximum amount under Section G of the Schedule of Benefits.

Exclusions to Section G:
This Section G does not cover loss:
1. Arising from the late arrival of an Insured Person at any point of departure stated in the Insured Person’s original itinerary for the Journey, other than late arrival due to Strike of the employees of a Public Conveyance during the Period of Insurance.

2. Arising from an event or occurrence announced before the insurance is purchased which might reasonably have been anticipated, at that time, would be likely to result in the Journey being delayed.

SECTION H – BAGGAGE DELAY
In the event that, during the Period of Insurance, Personal Property is delayed, misdirected or temporarily misplaced by a Public Conveyance for more than six (6) consecutive hours after an Insured Person’s arrival at the airport of the destination stated in the Insured Person’s original itinerary for the Journey, The Company will reimburse the Insured Person for the cost of purchasing essential toiletries and clothing, up to the Sum Insured stated in Section H of the Schedule of Benefits.

Special Condition to Section H:

i. Any claim under this Section H must be accompanied by written confirmation from the carrier associated with the delay, misdirection or temporary displacement of the Personal Property for more than six (6) consecutive hours after an Insured Person’s arrival at the airport of the destination stated in the Insured Person’s original itinerary for the Journey. Failure to provide the written confirmation required by this condition precedent will result in The Company having no liability under this Section H.

Exclusions to Section H:
This Section H does not cover the cost of purchasing essential toiletries and clothing:
1. For which an Insured Person has received or is due compensation from the carrier or operator responsible for the delay, misdirection or temporary displacement of the Personal Property.
2. For which an Insured Person has returned to Hong Kong.
3. Where the delay, misdirection or temporary displacement of the Personal Property is unexplained or is due to confiscation or retention by customs or any other authority.
4. For Personal Property forwarded in advance of a Journey or separately mailed or shipped in a Public Conveyance other than a Public Conveyance carrying the Insured Person at the same time.
5. Claimed under Section D – PERSONAL PROPERTY and arising from the same cause or event.
SECTION I – PERSONAL LIABILITY

In the event that an Insured Person becomes legally liable to pay compensation for an Accident occurring during the Period of Insurance which causes Bodily Injury to any other person or destruction of the property of others, The Company will pay that compensation on behalf of the Insured Person up to the Sum Insured stated in Section I of the Schedule of Benefits.

Exclusions to Section I:
1. Arising from an Accidental Bodily Injury sustained by an Immediate Family Member or by a person in the Insured Person's custody or control.
2. Arising from damage to property which belongs to the Insured Person or an Immediate Family Member or which is in the Insured Person's custody or control.
3. By way of damages for breach of any liability assumed under a contract.
4. For liability arising from the ownership, possession, lease or rental of any vehicle, aircraft, firearm or animal.
5. For liability arising from the undertaking of any trade or profession.
6. For any claim of whatever nature directly or indirectly caused by (a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from combustion of nuclear fuel, or (b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly.

PART IV: GENERAL EXCLUSIONS

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS.
This policy does not cover loss, consequential loss or loss arising from:
1. Actions or Omissions of the Insured Person during the period of their attendance at a Medical Condition, congenital or hereditary condition.
2. Travelling abroad contrary to the advice of a Physician, or for the purpose of obtaining medical treatment or services.
3. Suicide, attempted suicide or intentional self-inflicted Bodily Injury.
4. Any condition resulting from pregnancy, abortion, childbirth, miscarriage, infertility and other complications arising therefrom, cosmetic surgery or venereal disease.
5. Dental care (unless resulting from Accidental Bodily Injury to teeth which were sound and natural before the Accident).
6. Mental or nervous disorders, insanity, psychiatric or psychological condition or any behavioural disorder.
7. War (whether declared or not), invasion, act of foreign enemies, civil war, revolution, rebellion, insurrection, hostilities (whether war is declared or not), direct participation in a Strike (except in Civil commotion or from the Insured Person performing duties as a member of armed forces, or armed service or disciplined forces (which shall include but not be limited to policemen, customs officers, firemen, immigration officers/inspectors and correctional service officers/inspectors etc.), or as a volunteer and engaged in war or crime suppression.
8. Participation in (a) professional sports events where an Insured Person would or could earn income or remuneration from engaging in such sport, (b) any stunt activity or (c) racing, except on foot or mountain climbing.
9. Prohibition or regulation by any government, or customs detention.
10. An unlawful, willful, malicious or reckless act or omission of an Insured Person.
11. The actions of an Insured Person while under the influence of alcohol or drugs to the extent of legal impairment.
12. Riding in any aircraft other than as a passenger in an aircraft.
13. Any dishonest or criminal activity.
14. Any act or Omission of the Insured Person's failure to mitigate the loss.
15. AIDS or AIDS Related Complex, any Bodily Injury or Sickness commencing at the time of or subsequent to a zero-positive test for HIV or related disease, or any other sexually transmitted diseases.
16. The Insured Person engaging in manual labor or hazardous work including but not limited to offshore drilling, mineral extraction, handling of explosives, site working, stunt works and aerial photography.

PART V: EXTENSIONS (applicable for Round Trip Plan only)
1. Hijack Extension: where the Journey is delayed due to an Insured Person being a victim of a hijacking during the Period of Insurance, the Period of Insurance shall be automatically extended by a maximum period of twelve (12) consecutive months from the date of the hijacking or, until the Insured Person passes through Hong Kong immigration on their return to Hong Kong, whichever is earlier.
2. Travel Extension: where the duration of the Journey exceeds the Period of Insurance for any reason outside an Insured Person's control, the Period of Insurance shall be automatically extended without charge by a maximum period of ten (10) calendar days or until the Insured Person passes through Hong Kong immigration on their return to Hong Kong, whichever is the earliest.

PART VI: GENERAL CONDITIONS
1. Entire Contract: This policy, together with its endorsement(s), attachment(s) (if any), any application form completed by an Insured Person, together with any document(s) attached to that application form or referred to in it, comprise and constitute the entire contract of insurance. This policy shall not be modified except by written amendment signed by an authorized representative of The Company.
2. Sum Insured: Once the Sum Insured available to an Insured Person under any Section of this policy has been exhausted, that Sum Insured will not be reinstated and The Company will have no further liability under that Section to that Insured Person.
3. Sum Insured: Each and every benefit paid under this policy will reduce the relevant Sum Insured available to an Insured Person by the amount of benefit paid and only the balance of the relevant Sum Insured will be available for further claims by that Insured Person. The Company's total liability under each Section of this policy for each Insured Person shall not exceed the relevant Sum Insured as specified in the Schedule of Benefits. Benefits under the plan codes HHR and HHO are payable in Hong Kong Dollars (HKD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than Hong Kong Dollars (HKD) shall be converted into Hong Kong Dollars (HKD) on the date and at the rate of exchange reasonably considers appropriate. Benefits under the plan codes HHR and HHO are payable in the Hong Kong Dollar (HKD) equivalent of the Sum Insured as quoted in Chinese Yuan (CNY) in the Schedule of Benefits. Any currency conversions for the purpose of calculating the amounts of benefits payable under these plan codes shall be made on the date and at the rates the Company reasonably considers appropriate. Benefits under the plan codes UUR and UUO are payable in United States Dollars (USD). Where the Company makes a reimbursement under these plan codes, any expenses incurred in a currency other than United States Dollars (USD) shall be converted into United States Dollars (USD) on the date and at the rates the Company reasonably considers appropriate.
4. Duplicate Coverage: Each Insured Person agrees that, if a Bodily Injury or Sickness is covered by this policy and any other ACE Air Travel Insurance policy issued by The Company:
   a. The Company shall only be liable to pay a benefit under the policy which produces the highest amount of benefit payment to the Insured Person for that Bodily Injury or Sickness; and
   b. The Company's aggregate liability under all ACE Air Travel Insurance policies covering that Bodily Injury or Sickness shall be the amount of the benefit payment to the Insured Person described as payable under sub-paragraph a. of this General Condition 4, and
   c. The payment of the premium to The Company for this policy constitutes good and sufficient consideration for the variation, in the manner and to the extent set out in this General Condition 4, of the other ACE Air Travel Insurance policies which cover that Bodily Injury or Sickness but under which no benefits are paid as a result of the operation of this General Condition 4.
5. Notice and Sufficiency of Claim: Written notice of claim must be given to The Company as soon as is reasonably possible and in any event within thirty (30) days from the first day of the event giving rise to the claim under this policy. Notice given by or on behalf of an Insured Person to The Company with information sufficient to identify the Insured Person shall be deemed valid notice to The Company, upon receiving a notice of claim, will provide to an Insured Person such forms as it usually provides for filing proof of claim. The Insured Person shall, at its expense, provide such certificates, information and evidence to The Company as it may from time to time require in connection with any claim under this policy and in the form prescribed. Proof of all claims must be submitted to The Company within one-hundred-eighty (180) days from the first day of the event giving rise to a claim.
6. Claims Investigation: In the event of a claim, The Company may make any investigation it deems necessary and the Insured Person shall co-operate fully with such investigation. Failure by the Insured Person to co-operate with The Company's investigation may result in denial of the claim.
7. Examination of Books and Records: The Company may examine the Insured Person's books and records relating to this policy at any time during the Period of Insurance and up to three (3) years after the expiration of this policy or until final adjustment and settlement of all claims under this policy.
8. Payment of Premiums and Autopay: The Company, at its expense, has the right to have the Insured Person examined as often as reasonably necessary while a claim is pending. It may also have an autopay carried out unless prohibited by law.
9. Other Insurance (applicable to Sections B, C, D, E, F, H and I): If a loss covered by this policy is also covered under any other valid insurance policies (and regardless of whether that other insurance policy is stated to be primary, contributory, excess, contingent or otherwise), this policy will, subject to all of its terms and conditions, only cover that loss to the extent that it exceeds any amount recovered under any other insurance policies.
10. Legal Action: No legal action shall be brought to recover on this policy until sixty (60) days after The Company has been given written proof of loss. No such action shall be brought after three (3) years from the date of loss.
11. Rights of Recovery: In the event that authorization of payment and/or payment is made by The Company or on its behalf by its authorized representatives, to include the Authorized Assistance Service Provider, The Company reserves the right to recover against the Insured Person the full sum which has been paid, or for which The Company is liable, to the Hospital to which the Insured Person has been admitted, less the liability of The Company under the terms of this policy.
12. Subrogation: The Company has the right to proceed at its own expense in the name of Insured Person against third parties who may be responsible for an event giving rise to a claim under this policy.

13. Assignment: No assignment of interest under this policy shall be binding upon The Company.

14. To Whom Benefits are Payable: Any death benefits will be payable to the Insured Person’s legal representatives. Any benefits payable under Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES will be payable to the Authorised Assistance Service Provider. All other benefits will be payable to the Insured Person.

15. Geographical Scope and Time Limit: For Round Trip Plans, the policy shall apply twenty-four (24) hours a day anywhere in the world during the Period of Insurance except for Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES, which shall apply anywhere in the world outside Hong Kong unless otherwise stated in any endorsement issued by The Company. For One Way Plans, the policy shall apply twenty-four (24) hours a day anywhere in the world outside Hong Kong during the Period of Insurance unless otherwise stated in any endorsement issued by The Company.

16. Disclaimer of Services: Under Section C – ACE ASSISTANCE – 24 HOUR WORLDWIDE ASSISTANCE SERVICES are provided by the Authorised Assistance Service Provider and the Authorised Assistance Service Provider is solely responsible for these services. The Authorised Assistance Service Provider is not a subsidiary or an affiliate of ACE Insurance Limited and ACE Insurance Limited shall not be liable for any loss or damage caused by or relating to these services or any act or omission by the Authorised Assistance Service Provider.

17. Cancellation by The Company: The Company may cancel this policy at any time by sending written notice to the Insured Person within the effective date of cancellation, to the Insured Person's last known address as shown in The Company's Records. Cancellation will not affect valid claims already notified to The Company in accordance with General Condition 5 of this policy.

18. Premium: The Company has no liability under this policy until the premium is paid. The premium is deemed to be fully earned on the date this policy is purchased. No refund of premium shall be allowed once the policy has been issued.

19. Mediation: Any dispute or difference arising out of, or in connection with, this policy must first be referred to mediation at the Hong Kong International Arbitration Centre (HKIAC) and in accordance with the HKIAC’s mediation rules. If the mediation is abandoned by the mediator or otherwise ends without the dispute or difference being resolved, the dispute or difference must be referred to, and resolved by, arbitration at the HKIAC and in accordance with the HKIAC’s domestic arbitration rules. If the dispute or difference arising out of, or in connection with, this policy requires medical knowledge (including, but not limited to, questions relating to the Sum Insured for any medical service or an operation not listed in the Schedule of Benefits) the mediator or arbitrator may, in The Company’s reasonable discretion, be a registered medical practitioner or a consultant specialist, surgeon, or Physician. If The Company refuses to pay any claim under this policy and a dispute or difference arising from that refusal is not referred to mediation and, if necessary, arbitration, within twelve (12) months from the date of refusal, any claim against The Company arising from that dispute or difference will be barred.

20. Fraud or Misstatement: Any false statement made by an Insured Person or concerning any claim shall result in The Company having the right to void this policy or repudiate liability under it.

21. Jurisdiction: This policy shall be governed by and construed in accordance with the laws of Hong Kong. Subject to General Condition 19, any dispute under this policy shall be settled in accordance with the laws of Hong Kong.

22. Personal Data (Privacy) Ordinance (PDPO): The Company wants to ensure that our Insured Persons are confident that any personal data collected by The Company is treated with the appropriate degree of confidentiality and privacy. This Personal Information Collection Statement sets out the purposes for which The Company shall collect and use personally identifiable information provided by an Insured Person (‘Personal Data’), the circumstances when Personal Data may be disclosed and information regarding the Insured Person’s rights to request access to and correction of Personal Data.

a. Purposes of Collection of Personal Data

The Company will collect and use Personal Data for the purposes of providing competitive insurance products and services to an Insured Person, including considering his/her application(s) for any new insurance policies and administering policies to be taken out with The Company, arranging the cover and administering and managing his/her and The Company’s rights and obligations in relation to the said cover. The Company will also use the Insured Person’s Personal Data for the purposes of providing competitive insurance products and services to an Insured Person, conducting market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of The Company’s respective products and services.

b. Transfer of Personal Data

Personal Data will be kept confidential and The Company will not sell an Insured Person’s Personal Data to any third party. The Company shall limit the disclosure of an Insured Person’s Personal Data but, subject to the provisions of any applicable law, an Insured Person’s Personal Data may be:

(i) made available to third parties who The Company believes are necessary to achieve the purposes set out in paragraph 1 above. For example, The Company may provide it to their relevant staff and contractors, agents and others involved in the above purposes such as contractors which The Company engages in processing an Insured Person’s Personal Data, legal firms, accountants, actuaries, loss adjusters and claims investigators, doctors and other medical service providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);

(ii) made available to appropriate persons in The Company’s parent and affiliated companies, or any company within the ACE Group local and overseas;

(iii) provided to the insurance intermediary through which an Insured Person accessed the System;

(iv) provided to others for the purposes of public safety and law enforcement; and

(v) where agreed by an Insured Person, provided to his/her representatives.

With regard to the above transfers of Personal Data, where applicable, the Insured Person consents to the transfer of his/her Personal Data outside of Hong Kong.

c. Access and correction of Personal Data

Under the Personal Data (Privacy) Ordinance (‘PDPO’), an Insured Person has the right to request access to and correction of Personal Data held by The Company about an Insured Person and The Company will grant an Insured Person access to and correct his/her Personal Data as requested by him/her unless there is an applicable exemption under the PDPO under which The Company may refuse to do so. An Insured Person may also request The Company to inform him/her of the type of Personal Data held by Us about him/her.

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

ACE Data Privacy Officer
25th Floor, Shui On Centre, 6 – 8 Harbour Road, Wanchai, Hong Kong.
Tel: (852) 3191 6611
Fax: (852) 2519 3233
E-mail: Privacy.HK@acegroup.com

An Insured Person’s request to obtain access or correction will be considered within forty (40) days of The Company’s receipt of his/her request. The Company will not charge an Insured Person for lodging a request for access to his/her Personal Data and if The Company levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

23. Clerical Errors: Clerical errors by The Company shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

PART VII: HOW TO MAKE A CLAIM

The claimant shall submit a claim form together with travel documents and the following documents as appropriate to:

ACE Insurance Limited
25th Floor, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.
Tel: (852) 3191 6611
Fax: (852) 2519 3233

Personal Accident Cover
- Medical report or certificate issued by a Physician certifying the degree or severity of disability;
- Police report, where relevant.

Accidental Death
- Death Certificate;
- Coroner’s report;
- Police report, where relevant;
- Post-mortem examination certificate, where applicable.

Medical Expenses
- Diagnosis and treatment, including patient name and date of diagnosis, certified by a Physician;
- Original Hospital bill/ receipt or an itemized list issued by a Hospital.

Personal Property/Loss of Documents
- Original Receipts, including date of purchase, price, model and type of items lost or damaged;
- Copy of notification to airline/Public Conveyance and their official acknowledgement in writing when loss of damage has occurred in transit;
- Police report, where in transit (which must be made within 24 hours of the occurrence);
- Copy of notification to the issuing authority in respect of loss of traveler’s cheques (which must be made within 24 hours of the occurrence).

Trip Cancellation
- All bills, receipts and coupons;
- Diagnosis and treatment, including patient name and date of diagnosis, certified by a Physician.

Travel Delay/Baggage Delay

E.D. 06/11 Spring (ACE Air Travel)
• Official documentation from the airline/Public Conveyance including victim’s name, date, time, duration and reason of delay;
• All bills and receipts.

**Personal Liability**
• Statement on the nature and circumstances of the incident or event (No admission of liability or settlement can be made or agreed upon without our written consent);
• All associated documentation received in connection with the incident or event (including copies of summons, all court documents, solicitors’ and other legal correspondence).

These are some of the required documents for claims. The Company reserves the right to request the Insured Person to provide any other information or documents which are not specified above, if necessary.
安達遨翔旅遊保險

保單條款

客戶服務熱線: (852) 3191 6611
24 小時緊急支援熱線: (852) 3723 3030

第一部分：保障計劃

<table>
<thead>
<tr>
<th>保障計劃</th>
<th>計劃編號 (HHR)</th>
<th>計劃編號 (HHO)</th>
<th>計劃編號 (CHR)</th>
<th>計劃編號 (CHO)</th>
<th>計劃編號 (UUR)</th>
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<tr>
<td>A. 前後途程</td>
<td>保障金額</td>
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<td>B. 住宿費用</td>
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C. ACE ASSISTANCE – 24小時緊急支援服務

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<th>服務類型</th>
<th>保障金額</th>
<th>保障金額</th>
<th>保障金額</th>
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<td>保額 600</td>
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<tr>
<td>（d）緊急護理費用</td>
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<td>保額 2,000</td>
<td>保額 1,700</td>
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</tbody>
</table>

D. 適用限制

1. 業務範圍
2. 保障金額
3. 賠償金額
4. 聲明責任
5. 保障期限
6. 损失計算
7. 請求賠償
8. 賠償金額
9. 损失計算
10. 報名資格
11. 申領條件
12. 賠償金額
13. 損失計算
14. 報名資格
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95. 申領條件
96. 賠償金額
97. 損失計算
98. 報名資格
99. 申領條件
100. 賠償金額

第二部分：同類條款

在保單條款下，下列條款具有以下涵義:
1. 實際或預期的疾病或健康狀況的現象，不可預見及意料之外的事件
2. ACE Assistance – 24小時緊急支援服務
3. 本地服務
4. 前途費用
5. 住宿費用
6. 行程費用
7. 一般責任
8. 擔保責任
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98. 擔保責任
99. 一般責任
100. 擔保責任

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第三部分：項目說明

當選 A — 個人參與
a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 B — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 C — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 D — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 E — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 F — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 G — 個人參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 H — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 I — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 J — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 K — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 L — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 M — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 N — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 O — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 P — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。

當選 Q — 集體參與

a) 適用：優惠期間前日年齡為 18 至 80 歲的人士。

b) 適用：優惠期間前日年齡為 18 歲以下的學生。
2. 個人資料處理者應對個人資料負責，包括對個人資料的處理、收集及保有。
3. 個人資料處理者應確保個人資料的正確性及完整性，並於合理時間內更正。
4. 個人資料處理者應於收到個資主張權利時，依相關規定進行處理。
5. 個人資料處理者應於資料處理活動中，說明資料處理的相關規定及權利。

資料處理者：
個人資料處理者應確保個人資料的正確性及完整性，並於合理時間內更正。
個人資料處理者應於收到個資主張權利時，依相關規定進行處理。
個人資料處理者應於資料處理活動中，說明資料處理的相關規定及權利。
第四部分：一般不受保事项

適用於任何總約的一般不受保事項：

本根據應約的任何利潤或損失而生的損失或破壞，本保單不承保：
1. 傷亡或損失的一切已得償金、籌金、交通或退縮損失。
2. 任何損失或損失的一切已得償金、籌金、交通或退縮損失。
3. 任何損失或損失的一切已得償金、籌金、交通或退縮損失。
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19. 任何損失或損失的一切已得償金、籌金、交通或退縮損失。
20. 任何損失或損失的一切已得償金、籌金、交通或退縮損失。

第五部分：延期條款（只適用於本回程計劃）

1. 本回程計劃受本保約的延長期，自保約期滿後的第十二（12）個月起，延長保約期至保約期滿後的延長期；
2. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。

第六部分：一般條款

1. 本回程計劃受本保約的延長期，自保約期滿後的第十二（12）個月起，延長保約期至保約期滿後的延長期。
2. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。
3. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。
4. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。
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19. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。
20. 本回程計劃的延長期為保約期的第十二（12）個月起，延長保約期至保約期滿後的延長期。
18. 保除：除本保單已支付，①本公司在本保單內有明文責任：個別於保險期滿日期及以後完全收取。當保單訂後，保費將不獲退回。

19. 保除：凡因出現本保單已支付，①本公司在本保單內有明文責任：個別於保險期滿日期及以後完全收取。當保單訂後，保費將不獲退回。

20. 保除：(1) ①保除保費，②本公司在本保單內有明文責任：個別於保費支付日期及以後完全收取。當保單訂後，保費將不獲退回。

21. 保除：(1) ①保除保費，②本公司在本保單內有明文責任：個別於保費支付日期及以後完全收取。當保單訂後，保費將不獲退回。

22. 保除：(1) ①保除保費，②本公司在本保單內有明文責任：個別於保費支付日期及以後完全收取。當保單訂後，保費將不獲退回。

第七部分：如何索償

當索償時所需資料，請速向保單提及之受保人及隨附文件之受保人，並在提出保費後之處理日期內，將在提出保費後之處理日期內，將一切與此保單有關之補償及索償事宜之相關文件，包括但不限于上述證明文件及保單正本及副本等，提交予本公司之受保人及隨附文件之受保人，並在提出保費後之處理日期內，將一切與此保單有關之補償及索償事宜之相關文件，包括但不限于上述證明文件及保單正本及副本等，提交予本公司之受保人及隨附文件之受保人。
ACE Insurance Limited
25th Floor, Shui On Centre
No. 6-8 Harbour Road
Wanchai, Hong Kong
P.O. Box 28583
Gloucester Road Post Office
Tel: (852) 3191 6800
Fax: (852) 2519 3233

安達保險有限公司
香港灣仔港灣道 6-8 號
瑞安中心 25 樓
香港告士打道
郵政信箱 285383 號
電話：(852) 3191 6800
傳真：(852) 2519 3233