

# 永明人身意外 保險計劃

# SunPersonal Accident Insurance



- 全球24小時人身意外保障
- 低廉保費，周全保障

- 24-hour worldwide personal accident protection
- Comprehensive cover at lower premium rate

承保公司：

Underwritten by:



亞洲保險  
Asia Insurance



亞洲保險  
Asia Insurance

## SunPersonal Accident Insurance

**IMPORTANT NOTICE:** This is a brief description of insurance coverages. Please refer to the policy document for details of insurance conditions and exceptions. If there is any conflict between the English version and the Chinese version of this document, the English version shall prevail.

### BASIC INSURED BENEFITS

#### Benefit A – Accidental Death

A capital sum will be payable in the event of accidental death of the Insured Person.

#### Benefit B – Permanent Disablement

If the Insured Person suffers permanent disablement due to an accident, a capital sum will be paid in accordance with Benefit (B) Scale.

#### Benefit C – Temporary Total Disablement

If the Insured Person is totally disabled from attending to his/her usual occupation, a weekly compensation not exceeding 75% of his/her average weekly income will be payable up to 104 weeks per event.

*(weekly compensation is not payable if the Insured Person is unemployed, retired, self-employed or daily-waged worker.)*

*(supporting document: original sick-leave certificate issued by qualified registered medical practitioner; written notice from employer of the Insured Person to confirm sick-leave period.)*

#### Benefit D – Accidental Medical Expenses

Reimbursement of medical expenses necessarily and reasonably incurred by the Insured Person as a result of an accident will be made.

*(Physiotherapy treatment must be referred by qualified registered medical practitioner.)*

*Limit: HK\$150 per visit per day / HK\$2,000 per accident*

#### Benefit E – Hospital Cash Allowance

If the Insured Person is confined in hospital for treatment due to accidental bodily injury, this allowance will be payable up to 52 weeks per event.

### EXTRA FREE BENEFITS

#### 1. Double Indemnity

Accidental Death Benefit will be doubled up to an additional maximum sum of HK\$2,000,000 if the death is caused by:

- a traffic accident whilst the Insured Person is travelling as a passenger in public transport;
- shark attack

#### 2. Compassionate Compensation for Fatal Accident

In the event of accidental death of the Insured Person, an additional cash relief of HK\$30,000 will be made.

#### 3. No Claim Bonus

If there is no claim over the preceding year, an “No Claim Bonus” will be awarded upon each renewal by increasing the actual renewal sum insured of Benefits A & B by 10% up to HK\$500,000 maximum free of charge. This Benefit shall not be calculated cumulatively.

#### 4. Temporary Partial Disablement Benefit

If the Insured Person has suffered accidental bodily injury resulting in Temporary Partial Disablement, a 25% weekly compensation of Benefit C will be payable.

#### 5. Clothing & Personal Effects Damage Compensation

The Insured Person may claim compensations up to HK\$3,000 in respect of accidental damage to his/her clothing and personal effects due to the same accident resulting in a claim under Benefit D.

#### 6. Bonesetter Treatment Expenses

If Benefit D is insured for HK\$5,000 or above, it will additionally pay for bonesetter treatment expenses necessarily incurred by the Insured Person as a consequence of accidental bodily injury.

*(Limit: HK\$150 per visit per day; HK\$2,000 in aggregate per year;*

*Excess: HK\$50 per visit)*

In no event shall the maximum liability of the Company exceed HK\$2,000,000 in respect of total compensations payable under Free Benefits (1) & (3) for any one event.

### OCCUPATION CLASSIFICATIONS

Policy Premium will be charged according to Occupation Classification of the Insured Person and the amounts of Benefit Sum Insured.

Class 1	Professional, administrative, clerical duties without manual work e.g. accountants, bankers, dentists, lawyers, teachers
Class 2	Non-manual occupations but involving outdoor duties e.g. shop salespersons, messengers, property agents, outdoor salesmen
Class 3	Occupations involving light manual work or use of simple tools or machineries e.g. cook, sewing workers, indoor cleaning workers
Class 4	Occupations involving manual work of light hazardous nature e.g. car mechanics, electricians

*(If the Insured Person does not fall within the description of the above classes, full details of job duties must be submitted to the Company for special approval.)*

### PREMIUM TABLE

Basic Insured Benefits	Occupation Classifications (HK\$)			
	Class 1	Class 2	Class 3	Class 4
(A & B) Accidental Death & Permanent Disablement (every HK\$10,000)	\$7.5	\$9.2	\$14.7	\$30
(C) Temporary Total Disablement (every HK\$100 per week)	\$20	\$30	\$45	N/A
(D) Accidental Medical Expenses (every HK\$100)	\$2	\$2.8	\$4.5	\$6
(E) Hospital Cash Allowance (every HK\$100 per week)	\$6.5	\$9	\$13	\$22

### MAJOR EXCLUSIONS

War; terrorism; suicide, self-injury; sickness or disease; childbirth or pregnancy; intoxication by alcohol /drugs; pre-existing physical /mental defects or infirmity; participation in professional sports or dangerous activities, such as aqualung-diving, boxing, bungi-jumping, climbing necessitating the use of ropes or guides, hang-gliding, hunting, steeple-chasing, ice-hockey, motor competition, motor-cycling or pillion-riding, parachuting, polo-playing, potholing, racing (other than foot-racing), show-jumping, skydiving, water ski-jumping and tricks, rafting, winter sports; engaging in Police / Fire Services or any armed forces operation.

*(Please refer to the policy document for full details.)*

SCF Insurance Management Limited as an agent of this Insurance plan which is underwritten by Asia Insurance Company Limited. If you have any queries, please call SCF Customer Hotline at (852) 3658 8828.

## 永明人身意外保障計劃

**重要事項：** 本小冊子只屬保險計劃簡介，有關保障的條款細則及不承保範圍，請參閱正式保單。本小冊子的中文內容力求符合英文原意，若有任何爭議，概以英文版本為準。

### 基本保障項目

#### (甲) 意外死亡

倘受保人因意外導致死亡，擬定的賠償金將會整數派發。

#### (乙) 永久傷殘

倘受保人因意外導致永久傷殘，賠償金將按照“永久傷殘賠償表”所列之賠償比率作出賠償。

#### (丙) 暫時完全喪失工作能力

受保人倘因意外導致暫時完全喪失工作能力，將獲派發每週定額賠償，但賠償額不超過受保人每週平均收入百分之七十五，每宗意外最長賠償期為104週。

*(此保障項目不適用於失業、退休、自僱人仕或日薪工人)*

*(需具備以下文件方可索償：*

*由合格註冊醫生簽發的病假證明書正本；經由僱主簽發的病假通知書。)*

#### (丁) 意外受傷醫療費用

倘若受保人因意外受傷，可獲賠償醫療費用。

*(本公司只承認由合格註冊醫生建議之物理治療。*

*賠償限額：每日每次HK\$150/每宗意外HK\$2,000)*

#### (戊) 住院現金津貼

倘若受保人因意外受傷，需要入院治療，則每星期可獲現金津貼，每宗意外最長賠償期為52週。

### 附送免費保障

#### 1. 雙倍賠償

倘若受保人因下列情況引致意外死亡，此計劃將提供雙倍賠償，額外金額最高可達HK\$2,000,000：

- 受保人乘搭公共交通工具時，發生交通意外；
- 被鯊魚襲擊

#### 2. 撫恤津貼

倘若受保人因意外不幸逝世，此計劃將額外提供一筆為數HK\$30,000之撫恤金。

#### 3. 無索償優惠

若於投保後一年內沒有任何索償，意外死亡及永久傷殘保障續保金額將會在續保後自動增加百分之十，但以HK\$500,000為上限，完全無須繳付額外保費。但此項優惠不能複式計算。

#### 4. 暫時局部喪失工作能力保障

倘若受保人因意外引致暫時局部喪失工作能力，將可獲得暫時完全喪失工作能力百分之二十五的每週定額賠償。

#### 5. 個人衣物損毀保障

倘受保人因意外受傷而獲醫療費用賠償，而此意外事故中亦同時損毀個人衣物，則可獲高達HK\$3,000之賠償。

#### 6. 跌打醫療費用

若投保醫療費用項目達HK\$5,000或以上，則受保人因意外受傷而需繳交之跌打醫療費用，亦可獲得賠償。

*(賠償限額：每天每次診療HK\$150/全年總數HK\$2,000；*

*自負額：投保人須負責每次診療費用首HK\$50)*

每宗意外事故，免費保障項目(1)及(3)的合共最高賠償限額為HK\$2,000,000。

### 受保人職業類別

保費將根據受保人之職業類別及投保額計算。

類別 1	從事專業、行政、非體力勞動的文職工作 例如：會計師、銀行家、牙醫、律師、教師
類別 2	從事非體力勞動但需要戶外工作 例如：商店推銷員、信差、地產代理、營業代表
類別 3	從事輕微體力勞動或需使用輕巧工具 例如：廚師、車衣工人、室內清潔工人
類別 4	從事較低危險性之體力勞動工作 例如：汽車維修技工、電器技工

*(倘受保人並不屬於上述任何一類，請附交詳細資料以作審核)*

### 保費表

基本保障項目	受保人職業類別 (HK\$)			
	1	2	3	4
(甲及乙) 意外死亡及永久傷殘 (每HK\$10,000投保額)	\$7.5	\$9.2	\$14.7	\$30
(丙) 暫時完全喪失工作能力 (每週HK\$100投保額)	\$20	\$30	\$45	N/A
(丁) 意外受傷醫療費用 (每HK\$100投保額)	\$2	\$2.8	\$4.5	\$6
(戊) 住院現金津貼 (每週HK\$100投保額)	\$6.5	\$9	\$13	\$22

### 主要不保事項

戰爭；恐怖襲擊；自殺、自戕；疾病；分娩或懷孕；酗酒或服用非經醫生指定之麻醉品或藥物；在保單生效前已存在之身體傷殘、精神病或智力不健全；職業體育運動或參與危險活動包括：水肺潛水、拳擊賽、笨豬跳、需使用導桿或繩索之爬山或攀石、滑翔飛行、狩獵、越野賽馬、冰上曲棍球、賽車、駕駛或乘坐電單車、跳傘、馬球、地洞探險、任何競賽(非徒步)、騎術比賽、花式跳傘、滑水花式或表演、激流活動、冬季運動；從事警界／消防或任何持械紀律性工作。

*(有關詳情及細節，請參閱保單內容)*

此保險計劃由錦豐保險管理有限公司為代理，亞洲保險有限公司為承保公司。如有任何查詢，歡迎致電錦豐客戶熱線 (852) 3658 8828。

## Benefit (B) Scale 永久傷殘賠償表

Description of Permanent Disablement 永久傷殘程度	Compensation Percentage of Benefit (B) Sum Insured 賠償比率	
Total loss of both eyes or total loss of 2 limbs 雙目失明或二肢殘缺	100%	
Total loss of one eye and total loss of one limb 單目失明及一肢殘缺	100%	
Total paralysis or injuries resulting in the Insured Person being permanently bedridden 終身癱瘓或受傷導致的永久性臥床	100%	
Any other injury causing permanent total disablement preventing the Insured Person from engaging in any gainful occupation or employment of any and every kind 永久喪失工作能力而不能獲取任何工資	100%	
Total loss of one eye or total loss of one limb 單目失明或一肢殘缺	50%	
Permanent and total loss of speech 永久完全喪失語言能力	50%	
Loss of four fingers and thumb of one hand 永久喪失四只手指及一只拇指	50%	
Loss of four fingers of one hand 永久喪失單手之四只手指	40%	
Loss of thumb - both phalanges - one phalanx	永久喪失拇指 - 兩節骨 - 單節骨	25% 10%
Loss of index finger - three phalanges - two phalanges - one phalanx	永久喪失食指 - 三節骨 - 兩節骨 - 單節骨	10% 8% 4%
Loss of each other finger - three phalanges - two phalanges - one phalanx	永久喪失其他 - 只手指 - 三節骨 - 兩節骨 - 單節骨	5% 3% 2%
Loss of toes - all toes of one foot - great toe both phalanges - great toe one phalanx - other than great toe, each	永久喪失腳趾 - 單足所有腳趾 - 大趾兩節骨 - 大趾單節骨 - 其他每一腳趾	15% 5% 2% 1%
Loss of hearing - both ears - one ear	永久喪失聽覺能力 - 雙耳 - 單耳	50% 15%

In the event of any permanent disablement not specified above, the Company shall adopt a percentage of Permanent Disablement which in its sole opinion is not inconsistent with Benefit (B) Scale and without regard to the Insured Person's occupation.

倘身體傷殘狀況並未包括於上述賠償表內，將以本公司認為符合上述比率之傷殘程度釐定傷殘，惟受保人之職業並不在考慮之內。

# SunPersonal Accident Insurance Proposal Form 永明人身意外保障計劃投保書

Please complete the form in block capitals and tick  the appropriate boxes. 請以英文正楷填寫，並在適當的空格內填上  號

Proposer Details 申請人資料	
Proposer 申請人 Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/>	
(Surname 姓)	(Given Name 名)
Business/Position 服務行業 / 職位	Contact Tel. 聯絡電話
Correspondence Address 通訊地址	
Proposed Effective Date (dd/mm/yy) 建議保險生效期限 (日 / 月 / 年)	From 由 from 12 months 開始投保一年

Insured Person Details 受保人資料		
Insured Person 受保人 Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/>		
(Surname 姓)	(Given Name 名)	
Date of Birth (d/m/y) 出生日期 (日 / 月 / 年)	Hong Kong Permanent Resident 香港永久居民 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Relationship with Proposer 與申請人關係
Business/Position/Job Nature 服務行業 / 職位 / 工作性質	Business Tel. No. 辦公室電話	
Name of Employer 僱主名稱		
Company Address 公司地址		

Basic Insured Benefits 基本保障項目	Sum Insured (HK\$) 投保額 (港幣)	Premium (HK\$) 保費 (港幣)
Accidental Death & Permanent Disablement (Lump sum) 意外死亡及永久傷殘 (整數保額)		
Temporary Total Disablement (Per week) 暫時完全喪失工作能力 (每週保額)		
Accidental Medical Expenses (Per event) 意外受傷醫療費用 (每宗意外)		
Hospital Cash Allowance (Per week) 住院現金津貼 (每週保額)		
	<b>Total Premium 合共保費</b>	

Beneficiary Details 受益人資料	
Beneficiary 受益人 Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/>	
(Surname 姓)	(Given Name 名)
Beneficiary's Address 受益人住址	
Relationship with Proposer 與申請人關係	

Please answer the following questions 請回答以下問題：	
(1) Does the Insured Person operate machinery (except hand tools) or engage in manual or hazardous activities? 受保人是否需要操作機器 (手動工具除外) 或從事體力勞動或危險性工作?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(2) Does the Insured Person suffer from any physical or mental disability or chronic illness? 受保人是否有身體殘缺或神智不正常或慢性疾病?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(3) Is there any other Life, Income Benefit, Medical or Personal Accident insurance presently in force in respect of the Insured Person? 受保人是否已購有人壽、入息保障、醫療或人身意外保險?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(4) In respect of the Insured Person, has any insurer ever declined application for Life, Personal Accident, Income Benefit or Medical insurance or refused renewal or terminated such insurance or applied special terms? 受保人是否曾被保險公司拒絕接受有關人壽、人身意外、入息保障或醫療保險之申請，或拒絕續保，或取消未到期之保險，或附加特別之強制條款?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(5) During the past 5 years, has the Insured Person ever incurred accidents resulting in accidental bodily injury or disease lasting more than 7 days or made a claim against insurers in respect of accidental bodily injury? 受保人在最近五年內有否因意外而導致超過七天之身體損傷或疾病，或曾因意外受傷向保險公司要求賠償?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(6) Is the Insured Person receiving or contemplating any medical attention or surgical treatment or taking physiotherapy treatment or prolonged drug treatment? 受保人是否正接受醫藥治療、手術護理、物理治療，或需要長期服用藥物?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(7) Does the Insured Person frequently require to travel or work outside Hong Kong? 受保人是否需要經常在香港以外地方工作或逗留?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
If the answer to any of the above questions (1) to (7) is "Yes", please give details. 以上第一至第七項問題中，若答案為「是」，請詳加說明。	

Declaration 聲明	
I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's SunPersonal Accident Insurance Policy. I warrant that the particulars and statements I supply are complete and correct and agree that this Proposal shall be the basis of the contract between me and the Company. I further declare that all proposed Insured Persons are in good health and not currently under medical observation or undergoing any medical treatment. 本人現依據「永明人身意外保障計劃」保險單內之條款投保該項保險。謹此聲明在本投保書內所填報的資料，均屬正確無誤，並同意本投保書作為本人與亞洲保險有限公司(亞洲保險)訂立保險合約之根據。本人聲明所有受保人身體健康、體格健全，現時並無接受任何醫藥治療。	
Proposer's Signature 申請人簽署	Date 日期
<input type="text"/>	<input type="text"/>
For office use only 公司專用：  Name 姓名：_____ Code 編號：_____	

Important Notes to Proposer 申請人注意事項	
(1) The insurance will not be effective unless this Proposal has been officially accepted by the Company.	(2) Incomplete Proposal Form will delay your application.
(3) Accidental Death & Permanent Disablement are compulsory benefits.	(4) Minimum policy premium is HK\$400.
(5) The Insured Person's age limit is 16 to 65.	(6) This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.
(7) Any facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent. Failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy together.	(8) Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.
(1) 投保須經批核，方可生效。	(2) 未經填妥之投保書會延誤閣下之申請。
(3) 意外死亡及永久傷殘是必須投保項目。	(4) 最低保費為 HK\$400。
(5) 受保人年齡限制：16 歲至 65 歲。	(6) 此小冊子並非保單，詳情請參閱保單之條款細則及不承保範圍。
(7) 閣下必須盡己所知提供所有可能影響亞洲保險於接納或釐定此保單條款之資料，對資料應否透露若有任何疑問，請即查詢亞洲保險或閣下的保險代理。 閣下應如實呈報有關資料，否則此保單將無法提供閣下所需的保障，甚至可能導致此保單無效。	(8) 亞洲保險有權運用、保存或透露閣下之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正個人資料，請聯絡亞洲保險的資料保護主任。