

# 永明家安保 人身意外保障計劃

# SunFamily Personal Accident Insurance



- 二十四小時全面環球意外保障
- 三種保障額，配合不同需要
- 加倍提升交通意外保障

- Comprehensive 24-hour worldwide family accident protection
- Three choices of cover to suit your needs
- Traffic accident double benefits

承保公司：

Underwritten by:

## SunFamily Personal 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

Premium is applicable only to persons engaged in professional administrative clerical or supervisory duties without manual work (including housewife)

Benefits & Sum Insured	Plan A	Plan B	Plan C
Death or Permanent Disablement arising from accidents in public transport or in private car	\$500,000	\$1,000,000	\$2,000,000
Death or Permanent Disablement arising from accidents in other circumstances	\$250,000	\$500,000	\$1,000,000
Medical Expenses incurred as a result of accidents – limit per person	\$5,000	\$10,000	\$20,000
The Insured & Spouse – Total Premium	\$635	\$1,150	\$2,180
Each Child – Additional Premium	\$75	\$150	\$300

Notes: –

- Permanent Disablement Benefits are those set out in Permanent Disablement Benefits Scale.
- Coverage for Spouse is same as for the Insured.
- Death and Permanent Disablement Benefits for Children are 20% of the amount for the Insured, but Medical Expenses for Children are same as the Insured.
- "Children" means unmarried dependent children over 12 months old up to the age of 23 provided they are full-time students.
- Insurance coverage is available to persons up to 65 years of age.

### EXTRA FREE BENEFITS

- No Claim Bonus**  
If there is no claim over the preceding year, "No Claim Bonus" will be awarded upon each renewal by increasing the actual renewal sum insured of Death & Permanent Disablement Benefits by 10% of charge. This Benefit shall not be calculated cumulatively.
- Clothing & Personal Effects Damage Compensation**  
The Insured Person may claim compensations up to HK\$5,000 in respect of accidental damage to his/her clothing and personal effects due to the same accident resulting in a claim under Medical Expenses Benefit.
- Funeral Expenses & Repatriation of Mortal Remains**  
Pay for funeral and burial expenses following accidental death of an Insured Person including expenses in returning the body or ashes from overseas country to Hong Kong – up to HK\$30,000 any one Insured Person.
- Bonesetter Treatment Expenses**  
Pay for bonesetter treatment expenses necessarily incurred by any Insured Person as a consequence of accidental bodily injury.

Limit per Insured Person	Plan A	Plan B	Plan C
Any one Visit	HK\$100	HK\$100	HK\$150
Any one Year	HK\$500	HK\$1,000	HK\$1,500
Any one accident: 5 visits maximum			
Excess: HK\$50 per visit			
- Physiotherapy Treatment Expenses**  
Physiotherapy treatment must be referred by qualified registered medical practitioner.  
Limit: HK\$150 per visit per day / HK\$2,000 per accident.

### 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, bungy-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 force 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.

## 永明家安保人身意外保障計劃

**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

下述保費只適用於從事專業、行政、管理和其他非體力勞動的文書工作人仕（包括家庭主婦）。

保障範圍及投保額	計劃 A	計劃 B	計劃 C
乘搭或駕駛私家車、或乘搭公共交通工具發生意外引致的死亡或永久傷殘	\$500,000	\$1,000,000	\$2,000,000
其他意外事故引致的死亡或永久傷殘	\$250,000	\$500,000	\$1,000,000
因意外受傷而需支付的醫療費用	\$5,000	\$10,000	\$20,000
投保人及配偶 – 合共保費	\$635	\$1,150	\$2,180
附加子女 – 每位保費	\$75	\$150	\$300

備註：

- 永久傷殘賠償比率請參照永久傷殘賠償表。
- 投保人配偶之保障及賠償額與投保人相等。
- 投保人子女的意外死亡及永久傷殘賠償為投保人投保額百分之三十，醫療費用賠償則與投保人相同。
- 附加子女指年齡由 12 個月至 23 歲，全職就學之未婚子女。
- 上述保障只適用於 65 歲或以下人仕。

### 附送免費保障

- 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，完全無須繳付額外保費。但此項優惠不能複式計算。
- 個人衣物損毀保障**  
倘若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\$5,000 之賠償。
- 殮葬費用及遺體運返費用**  
支付受保人因意外死亡之殮葬費用及將遺體或骨灰由外地地區運返香港之費用，最高賠償額為每人 HK\$30,000。
- 跌打醫療費用**  
倘若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。

每位受保人之賠償限額	計劃 A	計劃 B	計劃 C
每次診療	HK\$100	HK\$100	HK\$150
全年總數	HK\$500	HK\$1,000	HK\$1,500
每宗意外最多賠償 5 次診療。			
自負額：投保人須負責每次診療費用首 HK\$50。			
- 物理治療費用**  
本公司只承認由合資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。

### 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。

# Permanent Disablement Benefits Scale

## 永久傷殘賠償表

Description of Permanent Disablement 永久傷殘程度	Percentage Payment of Capital 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%
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	永久喪失其他一只手指 - 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%
Permanent and total loss of speech 永久完全喪失語言能力	50%

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.

其他不列在上表之身體傷殘，本公司將按受保人之職業及參考以上賠償表，以釐定永久傷殘程度，作相應賠償。

# SunFamily Personal Accident Insurance Proposal Form 永明家安保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 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
(Surname 姓)	(Given Name 名)
Contact Tel. 聯絡電話	Date of Birth 出生日期
Correspondence Address 通訊地址	
Insurance Plan 擬投保之保險計劃	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Proposed date of commencement 所需保單生效日期	(12 months from date of acceptance) (由批核日期起十二個月)

Insured Persons Details 受保人資料	
(1) Proposer 申請人 / Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Business / Position / Job Nature 服務行業 / 職位 / 工作性質	
(2) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Relationship with Proposer 與申請人關係 Spouse 配偶	Date of Birth 出生日期
Business / Position / Job Nature 服務行業 / 職位 / 工作性質	
(3) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Relationship with Proposer 與申請人關係 <input type="checkbox"/> Son 子 <input type="checkbox"/> Daughter 女	Date of Birth 出生日期
Full-time students 全職學生 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
(4) Insured Person 受保人 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士	
Relationship with Proposer 與申請人關係 <input type="checkbox"/> Son 子 <input type="checkbox"/> Daughter 女	Date of Birth 出生日期
Full-time students 全職學生 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Total Premium 保費總額	HK\$ 港幣

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

Please answers the following questions: 請回答以下問題：	
(1) Does any Insured Person suffer from any physical or mental disability or chronic illness? 上述任何一位受保人是否有任何身體部份之殘缺或神智不正常或其他慢性疾病?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(2) Is there any other Life, Income Benefit, Personal Accident or Medical Insurance presently in force in respect of any Insured Person? 上述任何一位受保人是否已購有人壽、入息保障、人身意外或醫療保險?	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
(3) In respect of any 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? 上述任何一位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
(4) During the past 5 years, has any 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? 上述任何一位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
(5) Is any Insured Person receiving or contemplating any medical attention or surgical treatment or taking physiotherapy treatment or prolonged drug treatment? 上述任何一位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
(6) Does any Insured Person frequently require to travel or work outside Hong Kong? 上述任何一位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
(7) Does any Insured Person operate machinery (except hand tools) or engage in manual or hazardous activities? 上述任何一位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
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，若有答案為「是」者，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 SunFamily Personal 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「永明家安保人身意外保障計劃」，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
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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) Any other 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 altogether.	
(2) Incompleted Proposal Form will delay your application.	
(3) This insurance will not be effective unless the Proposal has been officially accepted by the Company.	
(4) Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this Proposal, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.	
(5) This brochure is not a policy of insurance. Please refer to the policy document for full details of terms, conditions and exceptions.	
(1) 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的資料，如對資料應否透露有任何疑問，請即向亞洲保險或閣下的保險代理查詢。 閣下應如實呈報有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。	
(2) 未經填妥之投保書會延誤閣下之申請。	
(3) 投保須經批核，方可生效。	
(4) 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。若需查閱或更正閣下之個人資料，請聯絡亞洲保險的資料保護主任。	
(5) 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。	