SCHEDULE

INSURER ZURICH INSURANCE COMPANY LTD	
Policy Class	GROUP PERSONAL ACCIDENT
Policy No.	ZZG0002624ZC (AGT)
The Insured	THE BOYS' BRIGADE HONG KONG
Postal Address	G/F BLCOK A LOK MAN SUN CHUEN TO KWA WAN KOWLOON
Other Interested Party/ Hire Purchase/ Mortgagee	NOT APPLICABLE
Business/ Occupation (And No Other For The Purpose of This Insurance)	AS PER INSURED EVENT
Period of Insurance	FROM 01/11/2017 TO 31/10/2018 (BOTH DATES INCLUSIVE)
Interest Insured	AS PER DETAILS IN CONTINUATION SCHEDULE AND/OR POLICY

RIMIL
東茂保險代理（國際）有限公司
Regional Insurance Management (International) Limited
Tel : 2861 3122 Fax : 3016 9813
本公司為此保單的代理人，如有任何保單查詢、更改、遇事或索償，請與我們的職員聯絡。

SIGNED FOR THE INSURERS

ZURICH INSURANCE COMPANY LTD

AUTHORISED SIGNATURE

Source	REGIONAL INS MANAGEMENT (INT'L) LTD (AGTSAGS)
A/C No.	2100295
Date of Proposal	25/09/2009
Date Policy Signed	31/10/2017

ELIGIBLE PERSON : 3,600 UNNAMED MEMBERS WHEN PARTICIPATING IN &/OR ATTENDING THE INSURED EVENT ORGANIZED / SUPERVISED / ARRANGED BY THE INSURED.

OPERATIVE PERIOD OF INSURANCE : COVERAGE SHALL COMMENCE WHEN THE INSURED PERSON ARRIVES AT THE APPOINTED MEETING POINT FOR THE PURPOSE OF PARTICIPATING IN THE INSURED EVENTS, AND CEASES WHEN HE/SHE LEAVES THE APPOINTED DISMISSAL POINT UPON COMPLETION OF THE INSURED EVENTS OR WHEN THE INSURED PERSON DISPERSES FROM THE GROUP, WHICHEVER IS EARLIER.

INSURED EVENT : SCOUTING & SOCIAL SERVICES ACTIVITIES IN HONG KONG ONLY

LOCATION OF INSURED EVENT : ANYWHERE WITHIN HONG KONG

INSURED EVENT DETAILS : (DETAILS AS PER LIST LODGED WITH THE INSURERS)

AGE LIMIT : 3-65

COMPENSATION TABLE : SCALE I (EVENT)

GEOGRAPHICAL LIMIT : HONG KONG

POLICY ADMINISTRATIVE METHOD : ANNUAL UNNAMED POLICY (EVENT BASED AND FLAT PREMIUM)

TABLE OF BENEFITS (SUM INSURED PER INSURED PERSON - HKD)

BENEFIT LEVEL	ACCIDENTAL DEATH AND DISABLEMENT	ACCIDENTAL MEDICAL EXPENSES (PER ACCIDENT)	SECOND AND THIRD DEGREE BURNS
A	200,000	2,500	NOT COVERED

ADDITIONAL BENEFITS : 1. ZURICH EMERGENCY ASSISTANCE SERVICES - NOT COVERED

ADDITIONAL POLICY TERMS AND CONDITIONS

ADDITIONAL BENEFITS TO THE POLICY :

IT IS HEREBY NOTED AND AGREED THAT THE FOLLOWING BENEFIT(S) ARE ADDED TO THE POLICY :

ACCIDENTAL MEDICAL EXPENSES FOR EVENT BASE ANNUAL POLICY (A86.1-01/13)

REVISE OF SECTION 2 - ACCIDENTAL MEDICAL EXPENSES

IT IS HEREBY NOTED AND AGREED THAT SECTION 2 OF THE POLICY IS DEEMED TO BE DELETED AND REPLACED BY THE FOLLOWS:

SECTION 2 - ACCIDENTAL MEDICAL EXPENSES

IN THE EVENT THAT THE INSURED PERSON SUSTAINS INJURY AS A RESULT OF A COVERED ACCIDENT, WE SHALL REIMBURSE THE INSURED PERSON, SUBJECT TO THE DEDUCTIBLE (IF ANY) AS STATED ON THE SCHEDULE, ALL ACTUAL MEDICAL EXPENSES, INCLUDING FOLLOW-UP ACCIDENTAL MEDICAL EXPENSES WITHIN NINETY (90) DAYS FROM THE DATE OF ACCIDENT, WHICH HAVE ALREADY BEEN PAID TO A DULY REGISTERED MEDICAL PRACTITIONER, QUALIFIED NURSE AND/OR HOSPITAL. SUCH MEDICAL EXPENSES INCLUDE SURGICAL EXPENSES, X-RAY, HOSPITAL CHARGES, NURSING TREATMENT EXPENSES AND/OR AMBULANCE HIRE, BUT EXCLUDING THE COST OF DENTAL TREATMENT UNLESS SUCH TREATMENT IS NECESSARILY INCURRED TO MAINTAIN SOUND AND NATURAL TEETH AND IS CAUSED BY AN ACCIDENT (EXCLUDING DENTURE AND RELATED EXPENSES).

IN THE EVENT THAT THE INSURED PERSON IS ENTITLED TO A REFUND OF ALL OR PART OF THE EXPENSES UNDER SECTION 2 - ACCIDENTAL MEDICAL EXPENSES FROM ANY OTHER SOURCE, WE WILL ONLY BE LIABLE FOR THE SHORTFALL OF THE REIMBURSEMENT AMOUNT WHICH IS NOT RECOVERABLE FROM SUCH OTHER SOURCE.

THE MAXIMUM AMOUNT WE WILL PAY UNDER SECTION 2 IN RESPECT OF ANY ONE (1) INSURED PERSON PER ACCIDENT SHALL NOT EXCEED THE SUM INSURED SHOWN IN THE SCHEDULE.

EXTENSIONS TO THE POLICY :

IT IS HEREBY NOTED AND AGREED THAT THE FOLLOWING EXTENSION(S) ARE ADDED TO THE POLICY :

EXTENSION FOR CHINESE BONESETTERS AND ACUPUNCTURISTS
UNDER SECTION 2 - ACCIDENTAL MEDICAL EXPENSES (A87.1-01/13)

THIS SECTION IS EXTENDED TO COVER THE INSURED PERSON THE ACTUAL ACCIDENTAL MEDICAL EXPENSES PAID TO CHINESE BONESETTERS OR ACUPUNCTURISTS AS A RESULT OF A COVERED ACCIDENT, INCLUDING FOLLOW-UP ACCIDENTAL MEDICAL EXPENSES WITHIN NINETY(90) DAYS FROM THE DATE OF ACCIDENT. SUBJECT TO HKD150 PER VISIT PER DAY, --- PER ACCIDENT AND UP TO HKD2,000 PER POLICY PER INSURED PERSON.

ADDITIONAL GENERAL EXCLUSIONS TO THE POLICY :

IT IS HEREBY NOTED AND AGREED THAT THE FOLLOWING EXCLUSION(S) ARE ADDED TO THE POLICY :

(1) STUNT OR AERIAL WORK

(2) FIRE OR EXPLOSIVE WORK

(3) THE INSURED PERSON'S PARTICIPATION IN ANY BRAWL

ADDITIONAL GENERAL CONDITIONS TO THE POLICY :

IT IS HEREBY NOTED AND AGREED THAT THE POLICY IS SUBJECT TO THE FOLLOWING CONDITIONS :

(1) THE INSURED PERSON MUST COMPLIED WITH THE SAFETY MEASURES AND/OR SAFETY REQUIREMENT SET BY THE RELEVANT AUTHORITY AND/OR EVENT ORGANISER AND/OR EVENT PROVIDER.

(2) AT LEAST ONE QUALIFIED COACH / TRAINERS / SUPERVISOR MUST BE ATTENDED FOR EACH INSURED EVENT.

(3) ANY PARTICIPANTS AGED BELOW 10 YEARS OLD, AT LEAST ONE ADULT (AGED OVER 18 OR ABOVE) MUST ATTEND IN THE ACTIVITY.

POLICY ADMINISTRATIVE METHOD
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ANNUAL UNNAMED POLICY (EVENT BASED AND FLAT PREMIUM) (A101.1-04/13)

(A) NO INDIVIDUAL NAME DECLARATION IS REQUIRED DURING THE PERIOD OF INSURANCE AS STATED IN THE SCHEDULE, WE RESERVE THE RIGHT TO VERIFY THE LIST OF INSURED PERSONS IN THE BOOK OF RECORD KEPT BY YOU IN CASE OF ANY LOSSES OCCURS.

(B) UPON POLICY ANNIVERSARY, YOU SHOULD DECLARE AND PROVIDE THE UPDATE ACTIVITIES / EVENTS LIST TO US BY WRITTEN NOTICE REGARDING THE ACTUAL NUMBER OF INSURED PERSONS AND EVENT DETAILS FOR THE CALCULATION OF THE RENEWAL PREMIUM.

OTHER TERMS AND CONDITIONS AS PER OUR STANDARD POLICY WORDING.

DETAILS OF INSURED PERSON :-

ITEM NO.	CATEGORY	BENEFIT LEVEL	NO. OF INSURED PERSON
1	MEMBERS	A	3600

OCCURRENCE LIMIT	: HKD	5,000,000
CONVEYANCE LIMIT	: HKD	5,000,000
AGGREGATE TERRORISM LIMIT	: HKD	5,000,000
GEOGRAPHICAL LIMIT	: HONG KONG	

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Statement of purpose for collection of personal data

All personal data collected and held by Zurich Insurance Company Ltd ("Zurich") will be used in accordance with Zurich's privacy policy, as notified to the insured person from time to time and available at this website: www.zurich.com.hk/eng/cs_nonlifepolicyservices_privacy.htm.

The policyholder shall, and shall procure the insured / insured members to, authorise Zurich to use and transfer data (within or outside Hong Kong), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of Hong Kong, for the obligatory purposes as set out in Zurich's privacy policy as applicable from time to time.

When information about a third party is provided by the policyholder / insured / insured member to Zurich, the policyholder / insured / insured member warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to Zurich, enabling Zurich to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

Rights of third parties

Other than the policyholder or the insured / insured persons, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

Note: In case of any discrepancy or inconsistency between the above 2 clauses with any existing clauses in the policy, the above 2 clauses shall prevail and replace the wording of such existing clauses to the extent of the discrepancy or inconsistency. The above wording will automatically apply to your policy (in the case of a new policy) or renewal policy (in the case of policy renewal) on the policy effective or renewal effective date (as the case may be). Unless as otherwise specified, other terms and conditions of the policy will not be affected.

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個人資料收集目的

蘇黎世保險有限公司（「本公司」）將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：www.zurich.com.hk/chi/cs_nonlifepolicyservices_privacy.htm 。

「閣下」會，及會促使「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發(至「香港」境內或境外)包括屬敏感性如「香港」法例第486章《個人資料(私隱)條例》中所定義之個人資料。

如「閣下」/「受保人」向「本公司」提供任何第三者資料，「閣下」/「受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

第三者權益

除保單持有人或受保人，或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更(包括任何解除責任或責任妥協)或終止均不須第三者同意。

註: 如以上條款與保單任何現有條款產生差異或矛盾，將以以上條款爲準並以其取代保單現有條款相關之差異或矛盾部分。以上條款將於閣下保單生效(如現爲新保單)或續保生效(如現爲保單續保) 時自動生效。除非另作註明，保單內的其他條款及細則將不受影響。

Compensation Table (Scale I)

Events		Percentage of Sum Insured
1.	Death	100%
2.	Permanent Total Disablement.	100%
3.	Permanent and Incurable Paralysis of all Limbs	100%
4.	Permanent Total Loss of Sight of both Eyes	100%
5.	Permanent Total Loss of Sight of one Eye	100%
6.	Loss of or the Permanent Total Loss of use of two Limbs	100%
7.	Loss of or the Permanent Total Loss of use of one Limb	100%
8.	Loss of Speech and Hearing	100%
9.	Permanent and Incurable Insanity	100%
10.	Permanent Total Loss of Hearing in	
	(a) Both Ears	75%
	(b) One Ear	15%

Compensation:

(a) Benefit shall not be payable for more than one (1) of the Events 1-10 in respect of the same accident. Should more than one (1) of the Events sustain from the same accident, only the Event with the highest compensation will be payable under Section 1.

(b) Cover for any *insured person* under this policy shall terminate upon the occurrence of any compensation for which indemnity is payable under any one (1) of the above Events, but such termination shall be without prejudice to any claim originating out of the *accident* causing such loss.

(c) When a limb or organ which had been partially disabled prior to an injury covered under the policy and which becomes totally disabled as a result of such injury, the Percentage of Sum Insured payable shall be determined by *us* having regard to the extent of disablement caused by the covered injury. However, no payment shall be made in respect of the loss of a limb or organ which was totally disabled prior to the injury.

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ZURICH INSURANCE COMPANY LTD

(a company incorporated in Switzerland)

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GROUP PERSONAL ACCIDENT

INSURANCE POLICY

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Hong Kong Office

25-26/F, One Island East,
18 Westlands Road,
Island East, Hong Kong
Tel. No. : +852 2968 2288
Fax No. : +852 2968 0639
Web Site : www.zurich.com.hk

香港辦事處

香港港島東
華蘭路 18 號
港島東中心25 - 26樓
電話 : +852 2968 2288
圖文傳真 : +852 2968 0639
網址 : www.zurich.com.hk

GROUP PERSONAL ACCIDENT POLICY

Please read this policy carefully upon receipt and promptly request for any necessary amendments

In consideration of payment of premium, *we* hereby agree to insure all the *insured persons* of the Insured in the manner and to the extent provided in this policy, subject to the definitions, exclusions, policy conditions and to any memoranda endorsed hereon.

The period of insurance shall begin at 00:00 and end at 24:00, standard time, at the place where this policy was issued.

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PART 1 - DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help *you* identify these words in this policy, *we* have printed them in italics throughout.

Accident or Accidental	a sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person*.
Aggregate Terrorism Limit	The maximum limit of indemnity for which *we* shall be liable under this policy to compensate for all losses arising out of any one (1) *terrorism*. In the event that the said limit of liability is insufficient to pay the full amount of liability for each *insured person*, then the amount payable for each *insured person* shall be in the proportion that the limit of liability for any one (1) *terrorism* bears to the total amount of insurance that would have been payable except for such limit of liability. However, in the event of a claim hereunder, the said limit shall be automatically reinstated.
Basic Monthly Salary / Salary	the *insured person*'s monthly basic earned income in the calendar month immediately before his/her *injury* which causes his/her disablement within the meaning of this policy, excluding bonuses, commission, overtime payments and any other allowances or perquisites.
China	The People's Republic of China, but excluding *Hong Kong* andMacau.
Civil War	an internecine *war*, or a *war* carried on between or among opposing citizens of the same country or nation.
Conveyance	any vehicle, craft, or aircraft which carries goods or passengers on land, in water, at air or at space.
Conveyance Limit	The maximum limit of indemnity for which *we* shall be liable under this policy against all losses arising out of any one (1) *conveyance*. In the event the said limit of liability for any one (1) *conveyance* is insufficient to pay the full amount of liability for each *insured person*, then the amount payable for each *insured person* shall be in the proportion that the limit of liability for any one (1) *conveyance* bears to the total amount of insurance that would have been payable except for such limit of liability. However, in the event of a claim hereunder, the said limit shall be automatically reinstated.
Fractured Leg or Patella with Established Non-Union	a complete break into two pieces; the broken leg does not mend properly and function normally, and this condition will last for the remainder of the *insured person*'s life.
Hong Kong	Hong Kong Special Administrative Region of the People's of Republic of China.
Hospital	an establishment which meets all the following requirements: • holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction); • operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; • provides 24 hours a day nursing service by registered or graduated nurses; • has a staff of one (1) or more licensed *medical practitioner*(s) available at all times; • provides organized facilities for diagnosis and major surgical facilities; and • is not primarily a clinic, nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.
Immedicate Family Members	The *insured person*'s spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister or grandchildren.
Insured Person(s)	the people as specified in the *schedule* as "eligible persons" who is eligble for cover under this policy.
Injury	bodily injury to the *insured person* during the period of insurance and is caused by an *accident*, solely and independently of any other cause.
Loss of Fingers or Toes	complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
Loss of Hearing	*permanent* irrecoverable loss of hearing where:- if a dB = hearing loss at 500 Hertz if b dB = hearing loss at 1000 Hertz if c dB = hearing loss at 2000 Hertz if d dB = hearing loss at 4000 Hertz 1/6 (a+2b+2c+d) is above 80dB
Loss of Limb	loss by physical separation at or above the wrist or ankle joint.
Loss of Sight of Eyes	the entire and *permanent* irrecoverable loss of sight.
Loss of Speech	the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
Loss of Use	total functional disablement and is treated like the total *loss of limb* or total loss of organ.

Medical Practitioner	A person other than the *insured person* or *immediate family member*, and is qualified by degree in western medicine and legally authorized by the government with jurisdiction in the geographical area of his/her practice to render medical and surgical services..
Occurrence Limit	The maximum limit of indemnity for which *we* shall be liable under this policy to compensate for all losses arising out of any one (1) *accident*. In the event that the said limit of liability is insufficient to pay the full amount of liability for each *insured person*, then the amount payable for each *insured person* shall be in the proportion that the limit of liability for any one (1) *accident* bears to the total amount of insurance that would have been payable except for such limit of liability. However, in the event of a claim hereunder, the said limit shall be automatically reinstated.
Permanent	lasting not less than twelve (12) consecutive months from the date of the *accident* and at the expiry of that period being beyond hope of improvement.
Schedule	the schedule attached to and incorporated in this policy of insurance.
Second Degree Burns	*The damage or destruction of both the epidermis and the underlying dermis of the skin.*
Stationed Location	A country, province or city stated on the *schedule* where the *insured person* resides for periods in excess of one hundred-eighty (180) days during any twelve (12) months period within the period of insurance. For *insured person* who is relocated to other country, province or city during the period of insurance, such location is subject to prior declaration and approved by *us.* Upon approval, coverage for the insured person should be immediate and regardless to the aforementioned requirement.
Terrorism	an act of terrorism includes any act, preparation or threat of action including the intention to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto committed for political, religious, ideological, or similar purposes, and which • involves violence against one (1) or more persons; or • involves damage to property; or • endangers life other than that of the person committing the action; or • creates a risk to the health or safety of the public or a section of the public; or • is designed to interfere with or disrupt an electronic system.
Third Degree Burns	The damage or destruction of the skin to its full depth and damage to the tissues beneath.
Total Disablement	when as the result of *injury* and commencing within twelve (12) consecutive months of the date of the *accident* the *insured person* is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he/she is reasonably qualified by reason of his education, training or experience, or if he/she has no business or occupation from attending to any duties which would normally be carried out by him/her in his/her daily life.
War	a contest by force between two (2) or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of peaceful relations and ii) a general contention by force, both authorized by the sovereign.
We, Us, Our	Zurich Insurance Company Ltd.
You or Your	The "Insured" stated in the *schedule.*

PART 2 – COVERAGE
Sections contained hereunder are only applicable if it is shown as being operative in the *schedule.*

SECTION 1 - *ACCIDENTAL* DEATH AND DISABLEMENT
If an *insured person* sustains *injury* as a result of an *accident* during the period of insurance as stated in the *schedule* and shall within twelve (12) consecutive months result in any of the events listed in the Compensation Table attached to the *schedule*, *we* shall pay to the *insured person* the sum insured as shown in the *schedule* in accordance with the respective Percentage of Sum Insured for the relevant event as stated in the Compensation Table.

Additional Disappearance Clause to Section 1:
If the body of the *insured person* has not been found within one (1) year after the date of the disappearance due to sinking or wrecking of the aircraft or other *conveyance* either on the ground or at sea in which the *insured person* was travelling at the time of the *accident* and under such circumstances as would otherwise be covered hereunder, it will be presumed that the *insured person* suffered death resulting from *injury* caused by an *accident* covered by this policy at the time of such disappearance, sinking or wrecking.

SECTION 2 – ACCIDENTAL MEDICAL EXPENSES
In the event that the *insured person* sustains *injury* as a result of a covered *accident*, *we* shall reimburse the *insured person,* subject to the deductible (if any) as stated on the *schedule*, all actual medical expenses which have already been paid to a duly registered *medical practitioner*, qualified nurse and/or *hospital*. Such medical expenses include surgical expenses, X-ray, *hospital* charges, nursing treatment expenses and/or ambulance hire, but excluding the cost of dental treatment unless such treatment is necessarily incurred to maintain sound and natural teeth and is caused by an *accident* (excluding denture and related expenses).

In the event that the *insured person* is entitled to a refund of all or part of the expenses under Section 2 - *Accidental* Medical Expenses from any other source, *we* will only be liable for the shortfall of the reimbursement amount which is not recoverable from such other source.

The maximum amount *we* will pay under Section 2 in respect of any one (1) *insured person* per *accident* shall not exceed the sum insured shown in the *schedule*.

SECTION 3 – SECOND AND THIRD DEGREE BURNS
In the event that the *insured person* suffers from *second or third degree burns* due to *accident* during the *insured journey* and resulting in any of the events listed hereunder, *we* shall pay up to the sum insured shown in the *schedule* in accordance with the respective Percentage of Sum Insured as stated in the following Compensation Table.

Compensation Table	
Events (Damage as a Percentage of Total Surface Area)	**Percentage of Sum Insured**
Head	
Equal to or greater than 12% damage of total *head* surface area	100%
Equal to or greater than 8% but less than 12% damage of total *head* surface area	75%
Equal to or greater than 5% but less than 8% damage of total *head* surface area	50%
Equal to or greater than 2% but less than 5% damage of total *head* surface area	25%
Body (Exclude *head*)	
Equal to or greater than 20% damage of total body surface area	100%
Equal to or greater than 15% but less than 20% damage of total body surface area	75%
Equal to or greater than 10% but less than 15% damage of total body surface area	50%

Compensation
Compensation shall not be payable for more than one (1) of the above events in respect of the same *injury*. Should more than one (1) of the events occur from the same *injury*, *we* shall only be liable for the greatest compensation.

For any Event of which the compensation *we* have paid is less than 100% of the Percentage of Sum Insured, the Sum Insured as stated on the schedule shall be reduced by such amount of compensation paid from the date of the *accident* until the expiry of this policy. Any claims made thereafter shall be calculated as the original Sum Insured by the Percentage of the Sum Insured of the relevant Event, but in no event shall the aggregate compensation payable exceed 100% of the Sum Insured as stated on the schedule.

In the event that 100% of the Sum Insured is paid under this section in respect of any one (1) *insured person*, this section shall then immediately cease to be in force with regard to such *insured person.*

SECTION 4 – ZURICH EMERGENCY ASSISTANCE
Sections contained hereunder are only applicable if it is shown as being operative in the *schedule.*

Zurich Emergency Assistance will arrange the following benefits in the event of the *insured person* sustained *injury* during the period of insurance whilst the *insured person* was travelling outside the *stationed location* for a trip not exceeding ninety (90) days and pay any costs and expenses arising thereof:

(a) Deposit Guarantee for *Hospital* Admission

Upon admission to a *hospital*, Zurich Emergency Assistance will provide an admission deposit up to guarantee the medical expenses incurred by the *insured person* in the *hospital* up to a limit of HKD39,000 in respect of any one *insured person*. Such expenses are to be deposit shall be fully refunded to *us* and is borne by the *insured person* unless admission is caused by an covered *accident* during the period of insurance.

(b) Emergency Medical Evacuation or Repatriation

The actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an emergency medical evacuation or repatriation of the *insured person*. The timing, means and final destination of evacuation will be decided by Zurich Emergency Assistance and will be based entirely upon medical necessity.

(c) Repatriation of Mortal Remains

The reasonable and unavoidable expenses for transporting the mortal remains of the *insured person* from the place of death to his/her *stationed location* / country of citizenship or the cost of local burial at the place of death as approved by Zurich Emergency Assistance.

(d) Compassionate Visit

In the event that the *insured person* suffers from serious bodily injury and being *confined* to a *hospital* as a resident in-patient for over three (3) consecutive days outside *stationed location*, Zurich Emergency Assistance will arrange and pay for one (1) economy class return travel fare for one (1) *immediate family member* of the *insured person* to accompany him/her.

(e) Twenty-four hours Telephone Hotline and Referral Services include:

i. Pre-trip Information Assistance
ii. Embassy Referral
iii. Medical Service Provider Referral
iv. Arrangement of Appointments with Doctors or Specialists
v. Lost Passport Assistance
vi. Lost Luggage Assistance
vii. Interpreter Referral
viii. Legal Referral
ix. Telephone Medical Advice
x. Monitoring Medical Condition during Hospitalization
xi. Arrangement for Medical Expenses Guarantee

In respect of services x and xi above, hospitalization expenses or medical expenses charged to the *insured person* by a *hospital*, *medical practitioner* other than *our* appointed doctors, or any other medical professions are to be borne by the *insured person* unless these expenses are caused by an *accident* during the period of insurance.

ZURICH EMERGENCY ASSISTANCE is rendered by the service provider which is nominated by Zurich Insurance Company Ltd.

Exclusions applicable to Section 4

No service will be provided or paid under this section:

1. when the *insured person* is located in areas which represent *war* risks or political conditions such as to make the provision of services under this section impossible or reasonably impracticable;
2. for emergency medical evacuation or repatriation of the *insured person*'s mortal remains or other cost which are not approved in advance by *us* and in writing to and/or not arranged by Zurich Emergency Assistance. This exclusion shall not apply to emergency medical evacuation from remote or primitive areas where Zurich Emergency Assistance cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the *insured person*'s prospect;
3. when the *insured person* is residing or travelling outside *stationed location* contrary to the advice of a *medical practitioner*;
4. when the *insured person* is residing or travelling outside *stationed location* for the purpose of obtaining medical treatment or for rest and recuperation following any prior *accident* or *illness*.

PART 3 - GENERAL EXCLUSIONS

This policy does not cover death, disablement, *injury*, loss, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following:

1. *War*, invasion, hostilities (whether *war* be declared or not), *civil war*, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion;
2. any illegal or unlawful act by an *insured person*;
3. naval, military or airforce services or operations while actively engaged in *war;*
4. engaging in a sport in a professional capacity or where the *insured person* would or could earn income or remuneration from engaging in such sport;
5. any pre-existing physical weakness, defect or disease or any injury sustained prior to the effective date of any individual *insured person*'s cover under the policy, congenital and heredity condition, suicide or intentional self-inflicted injury;
6. insanity, mental disorder, any condition resulting from venereal disease;
7. air travel other than as a passenger on a regular scheduled airline or licensed or private chartered aircraft.

PART 4 - GENERAL CONDITION:

1. All *China* citizens who reside and/or work in *China* will not be covered within the territory of *China* unless they are holding a valid Hong Kong Identity Card or has a working visa and/or employment contract in *Hong Kong*.

PART 5 - POLICY ADMINISTRATIVE METHOD

1. For Named Policy :

(a) *You* should declare to *us* by written notice regarding the actual number of *insured persons* together with their full names, date of birth, the passport or other identification document numbers, the positions/occupations/*salary*, *stationed loaction* before this policy becomes effective.

(b) Any addition or deletion of the *insured person* during the period of insurance as stated in the *schedule* should be declared to *us* as soon as reasonably practicable for immediate endorsement issuance. The endorsement and premium adjustment shall be made immediately on pro-rata daily basis.

(c) Upon policy anniversary, *you* should declare and provide the update cense to *us* by written notice regarding the actual number of *insured persons* together with their full names, date of birth, the passport or other identification document numbers, the positions/occupations/*salary* and *stationed loaction* for the calculation of the renewal premium.

2. For Unnamed Policy :

(a) *You* should declare to *us* by written notice regarding the actual number of *insured persons* together with their full names, date of birth, the passport or other identification document numbers, the positions/occupations/*salary*, *stationed location* before the coverage is binding.

(b) No declaration of the *insured person*'s movement or salary increment is required during the period of insurance as stated in the *schedule* except any significant change of underwriting material including but not limited to the addition of subsidiary company and change of business of the Insured or job nature of the *insured person*.

(c) Upon policy anniversary, *you* should declare and provide the update cense to *us* by written notice regarding the actual number of *insured persons* together with their full names, date of birth, the passport or other identification document numbers, the positions/occupations/*salary* and *stationed loaction* for the calculation of the renewal premium.

(d) Year end adjustment premium shall be made upon policy anniversary base on the following formula:
A = Annual premium charged at the beginning of the period of insurance as stated in the *schedule*.
B = Actual premium charged based on the calculation in (c) above.
Year end adjustment premium = (A+B) / 2 - A

(e) Although no individual name declaration is required during the period of insurance as stated in the *schedule*, *we* reserve the right to verify the *insured persons* in the book of record kept by *you* in case of any losses occurs.

3. For Declaration Policy (monthly basis):

(a) An annual minimum and deposit premium, which is non-refundable, will be charged at the beginning of the period of insurance as stated in the *schedule*. A debit note will be issued to *you* if the actual premium payable exceeds such deposit premium.

(b) *You* should make monthly declaration in arrears to *us* by written notice regarding the actual number of *insured person* together with their full names, *Hong Kong* identity card no./passport no., plan selected, *stationed location*, the commencement date and period. Such declaration will be served as the basis for premium calculation and claims processing purpose.

(c) Subsequent premium shall become payable on a monthly basis when the actual premium has exceeded the annual minimum and deposit premium. The calculation of the actual premium payable is based on the number of *insured person* declared by *you* on the monthly declaration multiplied by the applicable premium rate. The non-refundable annual minimum and deposit premium shall be used to offset against the premium after the above multiplication. If there is any shortfall between the non-refundable annual minimum and deposit premium and such premium after the above multiplication, *you* shall pay such shortfall immediately.

PART 6 - GENERAL PROVISIONS

1. Entire Contract

This policy includes the *schedule*, endorsements, attachments and amendments, Compensation Table, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of amendment.

2. Age limit

Unless specifically mentioned in the *schedule* to the contrary, the insurance afforded under this policy shall only apply to the *insured person* aged seventeen (17) years to seventy (70) years both inclusive on this policy commencement date or renewal date.

3. Notice of Claim

Written notice of claim must be given to *us* within thirty (30) days after the date of the *accident* causing the *injury*. In the event of the *accidental* death of the *insured person*, immediate notice thereof must be given to *us*.

4. **Proof of Loss**
Written proof of loss must be furnished to *us* within thirty (30) days from the receipt of the claim form provided by *us*. Failure to furnish such proof within the time required shall not invalidate any claim if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is otherwise required. All certificates information and evidence in such form and of such nature and within such time as *we* may reasonably require shall be furnished without expense to *us*.
In case of insanity, proof from two independent *medical practitioners* should be submitted to *us* to certify the *insured person* is insane.

5. **Medical Examination**
We shall be entitled in the case of non-fatal *injury* to call for examination by a *medical practitioner* appointed by *us* whenever required and in the event of death of the *insured person* to have a post-mortem examination at *our* expense.

6. **Payment of Claim**
Upon receipt of due written proof of such loss, indemnity for death of the *insured person* is payable to the estate of the *insured person*. All other indemnities are payable to the *insured person* unless otherwise stated, except under Section 4 – Zurich Emergency Assistance where the benefits will be paid based on actual cost directly to the provider of service. Subject to due written proof of loss, any loss will be paid immediately other than loss for which periodic payment is provided. All accrued compensation for loss for which periodic payment is provided will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

7. **Change of Occupation**
If the *insured person* shall engage in any occupation in which a greater risk may be incurred than in the original occupation as stated in the *schedule* or in the cense provided (in the event of unnamed policy) without first notifying *us* and obtaining *our* written agreement to the amendment of this policy (subject to the payment of additional premium as *we* may require as the consideration for such agreement), then no claim shall be payable in respect of any *injury* arising out of or in the course of such occupation.
If the *insured person* changes his/her occupation to a less hazardous than that stated in the *schedule* or in the cense provided (in the event of unnamed policy), *we* will reduce the premium rate accordingly upon receipt of proof of such change of occupation, and will return the excess pro-rata unearned premium from the date of change of occupation or from this policy anniversary date immediately preceding receipt of such proof, whichever is the earlier.

8. **Misstatement or Fraud**
Any false statement made by *you* or the *insured person* concerning any claim shall result in *our* right to repudiate liability under this policy.

9. **Subrogation**
We have the right to proceed at *our* own expense in the name of the *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy.

10. **Alternative Dispute Resolution**
In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of *Hong Kong* as amended from time to time. The arbitration shall be conducted in *Hong Kong* by a sole arbitrator to be agreed by the parties. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under this policy and *you* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, *your* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

11. **Cancellation**
(i) *We* have the right to cancel this policy by giving thirty-one (31) days' notice in writing delivered or mailed to *your* last known address. *We* will return *you* the premium for the unexpired period on a pro-rata basis of the annual premium and subject to the minimum policy premium as shown on the *schedule*.
(ii) *You* have the right to cancel this policy by giving thirty-one (31) days' notice in writing delivered or mailed to *us*. If no claim has been made during the current policy period, the earned premium shall be computed in accordance with the charges indicated below and subject to the minimum policy premium as shown on the *schedule*.

In both cases above, if there is a claim or service used during the current period of insurance, there will be no refund of premium on the unexpired period and *you* are liable to settle the annual premium of the policy year.

Covered Period	Charges of Premium
2 months (*our* customary minimum premium)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

However, no prior notice of cancellation will be given in the event of any one or more of the following circumstances:

a. the premium due date when any or any part of the premium pertaining to this policy is not paid within the grace period; or
b. discovery of fraud, material misrepresentation, wilful, reckless acts or omissions on the part of the *insured* person or its authorized representative increasing the insured hazard; or
c. in accordance with clause 8 under Part 6 – General Provisions in this policy.

12. Grace Period

A grace period of thirty-one (31) days from the premium due date will be allowed for payment of each premium after the first payment, during which period this policy will remain in force.

13. Reinstatement of Policy

If default be made in the payment of the agreed premium for this policy, the subsequent acceptance of a premium by *us* or by any of its duly authorized representative shall reinstate this policy, but only to cover loss resulting from *injury* thereafter sustained.

14. Renewal

This policy may be renewed with *our* consent from time to time by payment of the premium in advance at *our* premium rate in force at the time of renewal. However, *we* may reserve the right to decline the renewal, or amend premium rates, benefits, terms and conditions of this policy at the end of any period of insurance.

15. Zurich Emergency Assistance

The service provider in respect of Zurich Emergency Assistance is an independent service provider providing such respective services to the *insured person* upon his/her request. *We* or any of *our* affiliates, agents, or employees of any of them has no responsibility or liability of any act, default, negligence, error or omission of the relevant service provider of Zurich Emergency Assistance or any of their respective employees, agents or representatives.

16. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

17. Right of Recovery

In the event that the authorization of payment and/or payment is made by *us* or Zurich Emergency Assistance for a claim which is not covered under this policy or when the limit of liability of this insurance is exceeded, *we* or Zurich Emergency Assistance reserve the right to recover the said sum from the *insured person*.

18. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of *Hong Kong* Courts.

19. Right of Third Party

Other than the Insured / *insured persons* or as expressly provided to the contrary, a person who is not a party to the *policy* has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of the policy.

- End -