

**Student
Accident Care
Insurance**

**學生綜合
意外保險**



Student AccidentCare Insurance 學生綜合意外保險

Product Highlights 保障特點	
<ul style="list-style-type: none"> Covers accidental death & permanent total disablement, hospital cash allowance and accidental medical expenses 保障意外死亡及永久傷殘、住院現金津貼及意外醫療費用 	✓
<ul style="list-style-type: none"> 24 hours worldwide protection 24小時全球保障 	✓

Benefits

1. Accidental Death & Permanent Total Disablement

A sum equal to the percentage of Capital Sum specified in the Policy is payable.

2. Daily Hospital Cash Allowance

In the event the Insured Person suffers bodily injury and is confined in hospital for treatment, a daily benefit is payable for the period of confinement subject to a maximum period not exceeding 365 days.

3. Accidental Medical Expenses

Reimbursement of the incurred fees for medical and surgical treatment for bodily injury to the Insured Person in respect of any one accident, not exceeding the amount of Sum Insured.

Optional Extra Benefits

4. Chinese Bonesetter Treatment Expenses

Chinese acupuncture or bonesetter expenses incurred up to HK\$100 per visit per day subject to a maximum of HK\$1,000 per accident and HK\$3,000 per Policy year.

Eligibility

All full-time unmarried students studying in Hong Kong aged 2 years and 8 months to 23 years.

基本保障

1. 意外死亡及永久傷殘

依照賠償表所列投保金額之百分率計算賠償。

2. 每天住院現金津貼

受保人如受傷入院留醫，於住院期間可獲每天住院現金津貼，惟以365天為限。

3. 意外醫療費用

賠償醫療費用，惟數額必須為合理的慣常收費，每次意外以不超過投保額為限。

自選保障

4. 中醫跌打治療費用

賠償針灸或跌打醫師之費用，每次以港幣\$100為限(每天祇限一次)，每次意外保額最高為港幣\$1,000，而每年賠償限額為港幣\$3,000。

投保資格

年齡由2歲8個月至23歲在本港就讀的未婚全職學生。

Schedule of Benefits

保障項目

Benefits 保障利益	Plan 1 計劃一 (HK\$港幣)	Plan 2 計劃二 (HK\$港幣)	Plan 3 計劃三 (HK\$港幣)
1. Accidental death or permanent total disablement 意外死亡或永久傷殘	150,000	300,000	500,000
2. Daily hospital cash allowance (maximum 365 days) 每天住院現金津貼(最多365天)	150	300	500
3. Accidental medical expenses (maximum per accident / year) 意外醫療費 (每次意外/每年最高賠償額)	8,000	10,000	12,000
4. Optional benefits-Chinese Bonesetter Treatment Expenses (maximum per year) (HK\$100 per visit per day, maximum HK\$1,000 per accident) 附加保障 - 中醫跌打治療費用 (每年最高賠償額) (每次港幣\$100為限，每天祇限一次，每次意外保障額為港幣\$1,000)	3,000	3,000	3,000

Major Exclusions

The following is only a summary of the major exclusions. Please refer to the Policy for details.

War; Invasion or Civil War; Act of Terrorism; Active Military Service; Professional Sports, Sickness and Disease, Suicide and Self-inflicted Injury; Pregnancy or Childbirth; Flight or Ship Crew; Racing other than on foot or swimming; Diving to a sea-depth greater than 30 meters; Climbing or Mountaineering requiring use of ropes; Hang Gliding and Parachuting.

主要不保事項

以下為不保事項之概略，詳細內容請參閱保單。

因戰爭、恐怖活動、從事或參與任何持械紀律部隊、職業運動、疾病、自殺、自我傷害行為、懷孕或生育、機艙工作人員或海員、速度競賽(徒步、游泳除外)、潛水深逾30米、須使用繩索的登山或攀山活動、滑翔及跳傘所引致的損傷。

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.

注意

本小冊子乃保障條款及規定之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

Summary of Benefits For Major Injuries and Compensation Scale

保障利益賠償表(摘要)

Benefits 保障利益	Compensation Payable 保額賠償百分率
1. Accidental death 意外死亡	100%
2. Permanent total disablement 永久完全殘廢	100%
3. Permanent and incurable paralysis of all limbs 四肢永久癱瘓及無法痊癒	100%
4. Loss of or permanent total loss of use of two limbs 喪失雙肢或雙肢完全失去功能	100%
5. Loss of or permanent total loss of use of one limb 喪失任何一肢或任何一肢完全失去功能	50%
6. Permanent total loss of sight of both eyes 永久完全喪失雙眼視力	100%
7. Permanent total loss of sight of one eye 永久完全喪失一眼視力	50%
8. Permanent total loss of the lens of one eye 永久喪失一晶狀體	50%
9. Permanent total loss of speech and hearing 永久完全不能言語及失聰	100%
10. Permanent total loss of hearing in 永久完全失聰 a) both ears 雙耳 b) one ear 單耳	75% 15%
11. Permanent total loss of speech 永久完全喪失言語能力	50%
12. Loss of or permanent total loss of use of thumb and four fingers of one hand 喪失或永久完全失去四隻手指及拇指功能	70%
13. Loss of or permanent total loss of use of four fingers of one hand 喪失或永久完全喪失四隻手指功能	40%
14. Loss of or permanent total loss of use of one thumb 喪失或永久完全喪失一隻拇指功能 a) both joints 兩個拇指關節 b) one joint 一個拇指關節	30% 15%
15. Loss of or permanent total loss of use of fingers 喪失或永久完全喪失手指功能 a) three joints 三個手指關節 b) two joints 兩個手指關節 c) one joint 一個手指關節	10% 7.5% 5%
16. Loss of or permanent total loss of use of toes 喪失或永久完全喪失腳趾功能 a) all - one foot 一隻腳所有腳趾 b) great - both joints 大腳趾 - 兩關節 c) great - joint 大腳趾 - 一關節 d) other toe 其他腳趾	15% 5% 3% 2%
17. Shortening of leg by at least 5 cm 腳部縮短5厘米	7.5%
18. Any permanent disablement not specified above 任何未列於上表的永久完全殘廢	Refer to policy 請參閱保單

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們,謹此聲明並同意:

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤,真實及為事實之全部,並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料,將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名,本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料,並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明,或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的,請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的,並不願意接收任何推廣訊息或直銷資訊。
6. (如適用)本人/我們已獲受保人授權提供本申請所需之一切資料,並就本申請之相關事宜,與本公司進行交涉,並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意,其個人資料將會轉介予本公司作辦理本申請之用,亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀:
本人/我們明白、確知及同意,本公司會就本人/我們購買及接受其簽發的保單,於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體,本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意,才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative
代理人 / 經紀 / 業務代表 _____

Date (DD / MM / YYYY)
日期 (日/月/年) _____

Account Code
賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
本申請表格的中英文版本如有差異,以英文版本為準。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited, previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司前身為富衛保險有限公司,獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案,以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名,是國際保險科技集團保特集團的其中一員。

如需更多資訊,請瀏覽bolttechinsurance.hk網站。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實,如未能確定這項事實是否具有實質性的關係,應該將該等事實填報,我們建議你將有關的資料(包括此投保書副本作紀錄),以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

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