Critical IllnessCare Insurance Plan

Whereas the Policyholder by an Application which shall be the basis of this contract has applied to Bolttech Insurance (Hong Kong) Company Limited (hereafter called the Company) for the insurance contained in this Policy.

In consideration of the Application and the Premium, the Company will be subject to the terms, conditions, limitations, exclusions and definitions contained in this Policy, pay the Policyholder Crisis Benefit / Special Disease Benefit for designated Disease as stated and defined in this Policy.

The Application, all Schedules and endorsements (if any) attached hereto and issued by the Company from time to time shall, unless superseded or cancelled by the Company, form an integral part of this Policy and shall have the same force and effect as if expressly set out in the body of this Policy and any reference to this Policy shall include such Application, Schedules and endorsements as the same are or may be renewed or amended from time to time.

Online Security

The Company is always concerned about security. It is important that you should be alert to any emails asking for your personal information; here we provide some information to help you to protect yourself:-

"Phishing attack" is an online fraud technique which involves sending official-looking email messages with return addresses, links and branding that all appear to come from legitimate banks, insurance companies, retailers, credit card companies, etc. Such emails typically contain a hyperlink to a spoof website and mislead account holders to enter customer names and security details on the pretence that security details must be updated or changed. Once you give them your information it can be used on legitimate sites to take your personal information.

To protect yourself, you should be aware of the following:

- The Company will not send you emails asking you to update, verify or confirm your personal security details e.g. PIN, bank account number, ID Card number and passport number.
- You should pay close attention to the URL (website address) of the site you are visiting to make sure it is actually the site you believe it to be.

Should you have further enquiries, or you would like to report on suspected phishing cases relating to the Company, please refer to the Company website bolttechinsurance.hk or call our Customer Service Hotline at (852) 2603 9435.

Important Notice
Please examine this Policy carefully. If there are any errors or if it does not meet your requirements, please contact the Company or your Insurance Broker / Agent immediately.

Critical IllnessCare Insurance Plan

Contents

1. Definitions

Acquired Immune Deficiency Syndrome or AIDS – shall have the meaning ascribed to such term by the World Health Organization from time to time.

Application – shall mean any statement, representation or document in any form provided to the Company by the Policyholder pursuant to which this Policy is issued.

Company – Bolttech Insurance (Hong Kong) Company Limited.

Commencement Date – the date of premium commencing, the date used for determining the issue age of the Insured Person, and the date on which coverage under this Policy becomes effective as shown on the Policy Schedule.

Congenital Conditions – shall mean medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Policyholder or the Insured Person.

Crisis – shall mean any diagnosis of a Crisis for the purpose of claiming the Crisis Benefit must fulfil the meaning together with the terms and conditions stated under the heading of that Crisis as set out in the "Appendix 1: Definition of Crisis".

Current Sum Insured – shall mean the Initial Sum Insured, less any benefits paid under Special Disease Benefit pursuant to Clause 4.2 of the Benefit Provisions of this Policy. The Current Sum Insured is the amount on which calculation of the Crisis Benefit is based.

Disease(s) – shall mean the Disease(s) covered under this Policy as shown and defined in "Appendix 1: Definition of Crisis" or "Appendix 2: Definition of Special Disease".

Family Member – shall mean in respect to a person, his / her spouse or child(ren).

First Confirmed Diagnosis – shall mean the first time that a diagnosis of a Crisis or Special Disease (as the case may be) is made by a Medical Practitioner and confirmed by histopathological and / or cytopathological patterns and / or radiological tests, blood tests and / or other laboratory tests results. Date of diagnosis of a Crisis or Special Disease suffered by the Insured Person will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Insured Person. For Cancer, Carcinoma-in-situ or Early Stage Malignancy of Specific Organs, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by this Policy.

First Symptoms – Any condition or illness or any of its direct causes in respect of an Insured Person, where the Insured Person and / or the Policyholder was aware or should reasonably have been aware of signs or symptoms of the condition or illness, or where any laboratory test or investigation showed the likely presence of the condition or illness.

Grace Period – the Grace Period of any premium due and not received by the Company as set out in Clause 3.2.

HIV Infection – shall mean the infection deemed to have occurred where blood or other relevant test(s) indicate, in the opinion of the Company, the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus.

Hong Kong – the Hong Kong Special Administrative Region of the People's Republic of China.

Independent Person – a person other than (a) the Policyholder or the Insured Person; (b) the Family Member of the Policyholder or the Insured Person; (c) a business partner of the Policyholder or the Insured Person; (d) the employer or employee of the Policyholder or the Insured Person; (e) an insurance agent of the Company; or (f) an insurance representative of the Policyholder or the Insured Person, unless approved in advance by the Company in writing.

Initial Sum Insured – the amount shown on the Policy Schedule as the "Initial Sum Insured" when this Policy is issued, or as amended subsequently at the Policyholder's request (to decrease) in accordance with the Company's then applicable rules and regulations, which forms the basis for calculation of Special Disease Benefit in this policy. For the avoidance of doubt, any payments made under this Policy will not affect the Initial Sum Insured.

Insured Person – the person as shown on the Policy Schedule as the "Insured Person".

Medical Practitioner – shall mean an Independent Person who is licensed and registered under the Medical Registration Ordinance of Hong Kong or otherwise with equivalent qualifications and legally authorized to practice western medical and surgical services in accordance with the laws of the location where the relevant Disease is diagnosed and who is acceptable to the Company.

Medically Necessary – shall mean a medical service, procedure or supply which are necessary and are:

(a) consistent with the diagnosis and customary medical treatment for the Insured Person's disease;

(b) recommended by a Medical Practitioner for the care or treatment of the Insured Person's disease involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and

(c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as Medically Necessary.

Period of Insurance – shall mean the period of time during which this Policy is in force, which is specified as "Period of Insurance" in the Policy Schedule.

Policy – shall mean the terms and conditions of "Critical IllnessCare Insurance Plan" mentioned herein.

Policyholder – shall mean the person designated as the "Policyholder" in the Policy Schedule.

Policy Schedule – shall mean the policy schedule attached to this Policy which may be amended by way of endorsement issued by the Company from time to time, which contains the policy number of this Policy, details of the Insured Person, coverage of this Policy and other particulars for identification purposes.

Pre-existing Conditions – shall mean (1) any physical, medical or mental condition or (2) any Diseases, illness or injury:

(a) that existed whether it was known or unknown to the Policyholder or the Insured Person; or

(b) that was investigated, diagnosed, or treated by a Medical Practitioner; or

(c) for which Medical Practitioner was consulted; or

(d) the signs or symptoms of which commenced,

before the date when the coverage under this Policy first commence since the Application of this Policy.

Special Disease – shall mean any diagnosis of a Special Disease for the purpose of claiming the Special Disease Benefit of the Policy, which must fulfil the meaning together with the terms and conditions stated under the heading of that Special Disease as set out in the "Appendix 2: Definition of Special Disease".

Total Claims – shall mean the aggregate amount of Special Disease Benefit and / or the Crisis Benefit payments.

2. General Provisions

2.1 Contract

This Policy is issued in consideration of the Application and payment of premiums as set out in the Policy Schedule. The Application for this Policy, any medical evidence, written statements and declarations furnished as evidence of insurability, and the Policy documents (including but not limited to the Policy Schedule and the document referred hereto) constitute the entire contract.

All statements made by or for the Insured Person and/or the Policyholder shall be considered representations and not warranties.

2.2 Alterations

No alterations in the terms and conditions and provisions of this Policy shall be valid unless it is in a written endorsement to this Policy signed by an officer so authorized by the Company. No agent or other persons shall have the authority to change or waive any provision of this Policy.

2.3 Incorrect Disclosure or Non-Disclosure

Incorrect disclosure or non-disclosure of any material facts which, in the Company's opinion, may affect the Company's risk assessment, including but not limited to, age, gender and other material facts declared during the relevant Application, may render this Policy void from the first Commencement Date, unless the Company confirms otherwise in writing. The Company's liability shall be limited to the amount of premiums paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.

2.4 Policyholder

The Policyholder is the person designated in the Policy Schedule. Only the Policyholder can exercise all rights, privileges and options provided and receive the benefits under this Policy while the Insured Person is alive and this Policy is in force.

2.5 Change of Policyholder

While the Insured Person is alive and this Policy is in force, subject to the approval of the Company at its discretion, the Policyholder may transfer the ownership of this Policy by completing the prescribed form and sending it to the Company. The Company shall consider application of transfer of ownership at the time of Policy renewal without any administration charge on the Policyholder or transferee. The change of ownership shall not be effective until the Company has approved the change and notified in writing to the Policyholder and transferee. From the effective date of the change of ownership, the transferee shall be treated as the Policyholder, and the absolute owner of this Policy and be responsible for the payment of the premiums, insurance levies, including any outstanding premiums and insurance levies.

The Company shall not reject any application by the Policyholder for the transfer of ownership to:

(a) the Insured Person if he has reached the age of eighteen (18) years;

(b) the parent or the guardian of the Insured Person if he is a minor; or

(c) any person whose familial relationship with the Insured Person is accepted by the Company according to its prevailing underwriting practices which are readily accessible by the Policyholder.

2.6 Change of Place of Residence or Occupation

If the Insured Person changes his/her place of residence or occupation, the Policyholder should inform the Company accordingly.

If the change of place of residence or occupation of the Insured Person is to one which is classified by the Company as not insurable pursuant to the Company's then underwriting rules, the Company shall not be liable to cover any loss or expenses incurred after the change and the Company shall have the absolute right to terminate or refuse to renew (as the case may be) this Policy from next premium due date according to the Company's discretion.

2.7 Renewal

This Policy will be effective for a period of one (1) year. Before the end of Period of Insurance, the Company may send to the Policyholder a renewal notice with the renewal terms subject to the Insured Person's attained age not exceeding eighty (80). Upon the expiry of the Policy, this Policy may be renewed by the Policyholder for another Period of Insurance at such rate or on such terms as the Company may determine depending on the benefits and the scope of coverage at the time of each renewal. Unless as otherwise stated in this Policy, the Company reserves the right to renew the Policy and the right to revise the benefits, premiums, terms and conditions, and to make changes to this Policy upon renewal at its sole discretion.

Provided that (i) the Initial Sum Insured under this Policy is not adjusted; and (ii) the Insured Person has not changed his / her smoking status during the Period of Insurance, in the event that this Policy is renewed annually pursuant to the terms of this Policy, the total premium payable for the Policy shall only be adjusted after every five (5) consecutive Period of Insurances since the first Commencement Date under this Policy.

This Policy will not be renewable on the expiry of the Period of Insurance if the Insured Person has attained the age of eighty (80) years.

2.8 Freedom from Restriction

Unless otherwise specified, this Policy contains no restrictions upon the Insured Person in respect of travel, residence, or occupation.

2.9 Currency of Payment

All amounts payable either to or by the Company shall be made in Hong Kong Dollars at the Company's sole discretion.

2.10 Interpretation

Throughout this Policy, where the context so admits, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case include the plural and vice-versa.

Should any conflict arise in respect of the interpretation of any provisions in this Policy and any other material otherwise produced by the Company, then the provisions of this Policy shall prevail.

2.11 Notice from the Company

Any notice to be given under this Policy will be sent to the Policyholder's latest address as notified to the Company, and will be deemed to have been received by the Policyholder forty-eight (48) hours after posting.

2.12 Governing Law

This Policy shall be governed by and construed in accordance with the laws of Hong Kong.

2.13 Contracts (Rights of Third Parties) Ordinance

Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

2.14 Sanction Exclusion

Notwithstanding anything to the contrary in the Policy the following shall apply:

If, by virtue of any law or regulation which is applicable to the Company at the inception of this Policy or becomes applicable at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or The People's Republic of China/Hong Kong SAR, that the Company shall provide no coverage or benefit or have no liability whatsoever to the Insured, to the extent that it would be in breach of such law or regulation.

3. Premiums Provisions

3.1 Payment of Premiums

Premiums must be paid during the lifetime of the Insured Person according to what is specified in the Policy Schedule. They must be paid on a monthly or yearly basis or in such other frequency as the Company permits. Premiums once paid are fully earned. Premium due dates and renewal dates are determined from the Commencement Date as shown in the Policy Schedule.

3.2 Grace Period

The Company shall allow a Grace Period of thirty (30) days after the premium due date for payment of each premium, during which the Policy shall continue to be in effect. If any premium is still unpaid at the expiration of the Grace Period, this Policy shall lapse as from the due date for payment of such premium.

3.3 Deduction of Unpaid Premium

Upon the payment of any benefit(s) while this Policy is in force, in the event the premiums being paid by instalments other than yearly, the Company shall deduct from any amount payable under this Policy the amount of unpaid premiums (if any) for the whole of the then Period of Insurance, together with any outstanding premium paid and insurance levy paid related to this Policy which may be owing under the Policy.

4. Benefit Provisions

While the coverage of this Policy is in effect and subject to the terms, conditions, exclusions, limitations and restriction contained in this Policy (including any attached endorsements), the Company shall, upon receipt of due proof and the Company's approval, pay the benefit(s) in accordance with the Benefit Provisions.

The Company shall pay the Crisis Benefit / Special Disease Benefit for designated Diseases as stated and defined in "Appendix 1: Definition of Crisis" or "Appendix 2: Definition of Special Disease" only where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to the relevant Disease occurs after the first ninety (90) days from the date when the coverage under this Policy first commence since the Application of this Policy.

If the Insured Person is covered by more than one (1) Policies of Critical IllnessCare Insurance Plan with the Company, the Company's liability in respect of that Insured Person is limited to the maximum benefits payable under one of the Policies which provides the highest amount of benefit; or if the benefit amount is the same under each Policy, the Insured Person will be deemed to be insured only under the Policy which was issued by the Company first. The other Policies shall be deemed void from the Commencement Date and any premium paid and insurance levy paid (if applicable) shall be refunded without interest to the Policyholder.

4.1 Crisis Benefit

While this Policy is in force, if the Insured Person has the First Confirmed Diagnosis of a Crisis, the Company shall pay to the Policyholder the Crisis Benefit equivalent to one hundred percent (100%) of the Current Sum Insured.

This Crisis Benefit will only be paid once while this Policy is in force. After the Company pays this benefit, this Policy shall be terminated immediately and no further benefits shall be payable under this Policy.

4.2 Special Disease Benefit

While this Policy is in force, if the Insured Person has the First Confirmed Diagnosis of a Special Disease, the Company shall pay to the Policyholder a benefit of thirty percent (30%) of the Initial Sum Insured in respect of that Special Disease.

The benefit payable for a Special Disease is equal to thirty percent (30%) of the Initial Sum Insured.

This Special Disease Benefit can be claimed once only under this Policy. Once this Special Disease Benefit has been claimed, this Special Disease Benefit shall be terminated accordingly.

Upon the payment of claim under this Special Disease Benefit, the Current Sum Insured of this Policy will be reduced accordingly.

4.3 Deduction from Benefits

Any outstanding premium and insurance levy related to this Policy due to the Company under this Policy will be deducted from any and all benefits when payable under this Policy.

5. Exclusions

This Policy shall not cover any loss / claim directly or indirectly caused by or resulting from any of the following:

(a) the First Symptoms appear or the condition occurs or the diagnosis or surgery relating to the relevant Disease occurs within the first ninety (90) days from the date when the coverage under this Policy first commences since the Application of this Policy;

(b) the Insured Person's Diseases, illness or injury is a Pre-existing Condition or results from the complications of a Pre-existing Condition;

(c) birth defects, genetic disorders, Congenital Conditions or inherited disorders of the Insured Person;

(d) Human Immunodeficiency Virus (HIV) related illness, including Acquired Immunization Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof, which is derived from an HIV infection;

(e). attempted suicide or self-inflicted injuries while sane or insane, or under any condition caused by chronic alcoholism or drug addiction;

(f). the Insured Person's participation in any criminal offence or illegal acts;

(g) as a direct or indirect result of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, terrorist act, nuclear reactions, nuclear radiation, nuclear contamination, biological contamination or chemical contamination.

6. Claims Provisions

6.1 Notice of Claim

Written notice of any claim for all Benefits must be given to the Company within thirty (30) days (and in any case no later than six (6) months) from the date of the First Confirmed Diagnosis of such respective Crisis or Special Disease. Any claims for all Benefits received after the said six (6)-month period shall not be accepted, unless the Company in its sole discretion decides otherwise.

6.2 Proof of Loss

Upon receipt of a notice of claim, the Company shall provide the claimant with such forms as it requires for the filing of proof of loss.

Written proof of loss satisfactory to the Company must be given to the Company within ninety (90) days after the time the proof is required or as soon thereafter as is reasonably possible, and in no event, except in the absence of legal capacity, later than six (6) months from the time the proof is required.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant.

The Insured Person shall, at the Company's request and expense, submit to a medical examination by a designated Medical Practitioner in Hong Kong, when and so often as the Company may reasonably require.

6.3 Proof of Occurrence

Proof of occurrence of any insured event must be supported by:

(a) a Medical Practitioner;

(b) confirmatory investigations including but not limited to clinical, radiological, histological and laboratory evidence; and

(c) if the Insured event requires a surgical procedure to be performed the procedure must be the usual treatment for the condition and be medically necessary.

The Company must be satisfied with the proof of the occurrence of any insured event. The Company reserves the right to require the Insured Person to undergo an examination or other reasonable tests to confirm the occurrence of an insured event.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant.

The Insured Person shall, at the Company's request and expense, submit to a medical examination by a designated Medical Practitioner in Hong Kong, when and so often as the Company may reasonably require.

6.4 Abandoned Claims

If the Company declines any claim under this Policy and the Policyholder does not initiate any legal action in respect of such claim within twelve (12) calendar months from the date of such decline, the claim for all purposes shall be deemed abandoned and shall not thereafter be recoverable.

6.5 Legal Action

No suit or action against the Company, whether at law or in equity, shall be brought on a claim sooner than three (3) months after the date on which proof of loss satisfactory to the Company is given, nor later than three (3) years after the date on which proof of loss is required.

If a claim is, in any respect, false, fraudulent, intentionally exaggerated or if fraudulent means or devices or documentation has been used to obtain benefit under this Policy, the Company shall have the right to terminate this Policy immediately without refunding paid premiums and paid insurance levies. The Company shall also have the right to recover any benefit which have already paid to a claim which is not eligible.

7. Termination Provisions

This Policy shall be terminated on the earliest of the following:

(a) The death of the Insured Person;

(b) At mid-night (Hong Kong time) on the last day of the Period of Insurance in which the Insured Person has attained the age of eighty (80) during that Period of Insurance;

(c) When the Policyholder decides to cancel this Policy in accordance with Clause 8 by giving requisite written notice to the Company;

(d) The termination of this Policy according to Clause 2.6;

(e) Policy is lapsed when the Company or the Policyholder decides not to renew the Policy in accordance with Clause 2.6 or Clause 2.7;

(f) The date of termination of this Policy due to default in payment of any premium determined in accordance with Clause 3.2; or

(g) The Total Claims paid and / or payable reaches one hundred percent (100%) of the Initial Sum Insured.

8. Cancellation

While the Insured Person is alive and the Policy is inforce, the Policyholder may cancel this Policy at any time by giving notice to the Company by a letter sent by registered post addressed to the Company, specifying the effective date of cancellation of this Policy; and provided that no claims have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the annual premium and insurance levy paid by him corresponding to the unexpired portion of the Period of Insurance less an administration charge of ten percent (10%) of the annual premium in respect of this Policy.

If the premium is paid by installment, no unearned premium and insurance levy paid for Period of Insurance of this Policy shall be refunded. An administration charge of ten percent (10%) of the annualized premium shall be charged to the Policyholder.

No unearned premium and insurance levy shall be refunded in case of claims incurred during the Period of Insurance.

The Company shall refund the insurance levy paid by the Policyholder in accordance with the applicable laws and regulations, if any.

Appendix 1: Definition of Crisis

1.1 Cancer

Cancer means

i. Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue; or
ii. Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

The following tumours are excluded:

i. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2 and CIN-3) or which are histologically described as pre-malignant.
ii. All skin cancers, unless there is evidence of metastases or the tumour is a malignant melanoma of greater than 1.5mm maximum thickness as determined by histological examination using the Breslow method.
iii. Prostate cancers which are histologically described as TNM Classification T1 (a) or T1(b), or are of another equivalent or lesser classification.
iv. Papillary micro-carcinoma of the thyroid.
v. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
vi. Chronic lymphocytic leukaemia classified as RAI Stage I or Binet Stage A-I.

1.2 Heart Attack

Heart attack means the death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. The diagnosis must be supported by all of the following:

i. a history of typical chest pain;
ii. new electrocardiogram (ECG) changes indicating acute myocardial infarction; and
iii. elevation of cardiac enzymes CK-MB or cardiac troponin T/I > 0.5 ng/ml.

Provided other criteria are met but cardiac enzymes or troponin are not available, echocardiographic proof of death of a portion of the heart muscle measured at least three (3) months after the heart attack with the evidence of reduction in left ventricular ejection fraction of less than fifty percent (50%) or significant hypokinesia, akinesia, or wall motion abnormalities consistent with a heart attack having occurred will be considered.

The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are excluded.

1.3 Stroke

Stroke means any cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis must be supported by all of the following conditions:

i. evidence of permanent neurological damage confirmed by a consultant neurologist at least four (4) weeks after the event; and
ii. findings on Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

i. Transient Ischaemic Attacks;
ii. Vascular disease affecting the eye or optic nerve; and
iii. Ischaemic disorders of the vestibular system.

Appendix 2: Definition of Special Disease

2.1 Carcinoma-in-situ of Specific Organs

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in all organs except skin, including but not limited to any one of the following covered organ groups, and subject to any classification stated:

(a) Breast, where the tumour is classified as TIS according to the TNM Staging method;
(b) Colon and rectum;
(c) Liver;
(d) Lung;
(e) Nasopharynx;
(f) Ovary and/or fallopian tube, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0;
(g) Pancreas;
(h) Penis;
(i) Stomach and esophagus;
(j) Testis;
(k) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included;
(l) Uterus, where the tumour is classified as TIS according to the TNM Staging method; or cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or carcinoma in situ (CIS); or
(m) Vagina or vulva, where the tumour is classified as TIS according to the TNM Staging method or FIGO* Stage 0.

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

2.2 Early Stage Malignancy of Specific Organs

Early Stage Malignancy shall mean the presence of one (1) of the following malignant conditions:

(a) Papillary micro-carcinoma of the thyroid;
(b) Tumour of the prostate histologically classified as T1a or T1b according to the TNM classification system;
(c) Chronic lymphocytic leukaemia classified as RAI Stage I or Binet Stage A-1; or
(d) Non melanoma skin cancer of maximum thickness of 1.5mm or less as determined by histological examination using the Breslow method.

The Diagnosis must be based on histopathological features and confirmed by a Medical Practitioner.

Pre-malignant lesions and conditions, unless listed above, are excluded.

Personal Information Collection Statement ("PICS")

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 2603 9435.

English

摯衛您危疾保險計劃

鑑於保單持有人透過申請書（作為本合約的基礎）向保特保險 (香港) 有限公司（以下稱為本公司）申請本保單所載的保險。

當收妥申請書及保費後，本公司將於本保單所載條款、細則、限制、不承保事項及釋義的規限下，就本保單承保之危疾保障及特別疾病保障向保單持有人作出賠償。

本保單隨附並由本公司不時簽發的申請書、所有項目表及批單（如有），除非由本公司取代或取消，否則應構成本保單不可或缺的一部分，並猶如明確載列於本保單正文般具有相同效力及作用，凡提及本保單，均包括該申請書、項目表及批單（經不時或可能不時重續或修訂）。

網上保安

本公司對保安時刻予以重視。 閣下應謹記，對任何要求提供個人資料的電郵必須提高警覺；以下載列部分有助閣下保障自己的資料：-

「網上電郵詐騙」是互聯網的欺詐技倆，方法是假冒正當機構，如銀行、保險公司、零售商、信用卡公司等發出虛假電郵，其中附有偽冒的回郵地址、連結及公司商標。這些電郵一般內附超連結接駁至偽冒網站，並假借為戶口持有人更新或更改安全性內容，從而要求客戶輸入姓名及安全性資料。一旦閣下提供有關資料，此等資料隨即可被用於正當機構的網站，以提取閣下的個人資料。

為保障自己，閣下應知悉下列情況：

- 本公司不會發送電郵要求閣下更新、核對或確認閣下的安全性資料，例如個人識別編碼 (PIN)、銀行戶口號碼、身份證號碼及護照號碼。
- 請密切留意閣下所登入的網站地址 (URL)，以確保需要瀏覽的網站之正確地址。

如有其他查詢或閣下有意舉報與本公司有關的可疑網上電郵詐騙案件，請參閱本公司網站 bolttechinsurance.hk 或致電客戶服務熱線 (852) 2603 9435。

請特別注意
請保單持有人詳細查閱此保單之內容，如有任何疑問，請從速與本公司或閣下之保險經紀 / 代理人聯絡。

摯衛您危疾保險計劃

目錄

1. 定義

愛滋病或 AIDS – 指具有世界衛生組織不時賦予該詞的涵義。

申請書 – 指保單持有人向本公司提交的任何申述、陳述或以任何形式提交之文件，其中包含本公司發出本保單所依據的資料。

公司 – 指保特保險 (香港) 有限公司。

保單生效日 – 指保單資料頁中所示保費開始之日，用於釐定受保人的受保年齡之日，以及此保單下的保障生效之日。

先天性疾病 – 指出生時既已存在（無論保單持有人或受保人已知或未知）的身體異常。

危疾 – 指就任何被診斷為對危疾保障提出索償的危疾所必須符合「附錄一：危疾定義」內相應危疾的標題下所列之定義和條款及條件。

現有投保額 – 指原有投保額減去已根據本保單保障條款第 4.2 條下的「特別疾病保障」支付的任何賠償。現有投保額是計算危疾保障的基礎。

疾病 – 指本保單在「附錄一：危疾的定義」或「附錄二：特別疾病的定義」所示及界定的疾病。

家庭成員 – 指有關人士之配偶或子女。

首次確認診斷 – 指根據組織病變及／或細胞病理形式，及／或放射性檢驗、血液檢驗，及／或其他化驗結果，首次被醫生確定患有危疾或特別疾病（視乎情況而定）的診斷。是次受保人所患危疾或特別疾病診斷日期將根據首次從受保人體內取出而其後確認該診斷的組織樣本、培養物、血液樣本或任何其他化驗檢查的日期而定。只根據病歷、身體上及放射性結果作出對癌症、特定器官之原位癌及早期癌症之診斷，並不能符合本保單要求之診斷準則。

首次徵狀 – 指任何受保人的狀況或疾病或其任何直接致病因素，而受保人及／或保單持有人已知道或按理應知其徵狀或病徵；或任何化驗室的檢驗或調查顯示該狀況或疾病可能存在。

寬限期 – 指第 3.2 條所載，本公司尚未收到的任何到期應付之保費的寬限期。

HIV 感染 – 指對本公司而言，在血液或其他檢測顯示已存在人類免疫力缺乏病毒或該病毒的抗原或抗體，視為已發生的感染。

香港 – 指中華人民共和國香港特別行政區。

獨立人士 – 指非以下列舉之外的人士：(a) 保單持有人或受保人；(b) 保單持有人或受保人的家庭成員；(c) 保單持有人或受保人的業務合夥人；(d) 保單持有人或受保人的僱主或僱員；(e) 本公司的保險代理人；或 (f) 保單持有人或受保人的保險代表，獲本公司事先書面批准者除外。

原有投保額 – 指本保單簽發時保單資料頁中列明為「原有投保額」的金額，此金額其後可按保單持有人依本公司當時之規定要求減少保額而有所更改。此金額亦是計算特別疾病保障的依據。為免存疑，任何在本保單下所作出的賠償均不會影響原有投保額。

受保人 – 指保單資料頁中列明為「受保人」的人士。

醫生 – 指根據香港《醫生註冊條例》註冊及獲發牌照的獨立人士，或具備同等資格並已獲得相關疾病確診當地合法授權予提供西醫醫療及外科服務，且為本公司所接受認可之獨立人士。

醫療需要 – 指有必要且符合以下條件的醫療服務、程序或物資：(a) 符合受保人所患疾病的診斷及符合處理受保人所患疾病之常規治療；(b) 醫生為受保人所患疾病所建議之護理或治療，且基於認可的醫療標準為香港的醫療專業普遍接受為有效、適當及必須的護理；及 (c) 並非純粹為受保人或任何醫療服務提供者的個人便利或舒適而提供。實驗性、普查及預防性質的服務或物資均不得被視為醫療需要。

保障期 – 指本保單的有效期間，即保單資料頁中「保障期」所訂明的期間。

保單 – 指本文提及的「摯衛您危疾保險計劃」的條款與細則。

保單持有人 – 指保單資料頁中指定為「保單持有人」的人士。

保單資料頁 – 指本保單隨附的保單資料頁（經本公司不時透過簽發批單進行修訂），當中包含本保單的保單編號、受保人詳情、本保單的保障範圍及用於身份識別的其他詳情。

受保前已存在之傷病 – 指本保單的首次生效日之前的 (1) 任何身體、醫療或精神狀況；或 (2) 任何疾病或損傷：(a) 已存在而不論保單持有人或受保人已知或未知；或 (b) 曾接受醫生檢查、診斷或治療；或 (c) 曾向醫生諮詢；或 (d) 已出現有關徵狀。

特別疾病 – 指用以索償本保單之特別疾病保障所被確診的特別疾病，必須符合「附錄二：特別疾病定義」內相應特別疾病的標題下所列之定義和條款及條件。

賠償總額 – 指特別疾病保障及／或危疾保障所付的賠償總額。

2. 一般條款

2.1 保單合約

本保單乃根據所呈交之申請書，並在收妥保單資料頁所列保費後簽發。整份合約是由有關之申請書、所呈報之健康狀況資料、證明適宜受保之一切書面陳述及聲明、及此份保單文件（包括但不限於保單資料頁及本保單所指的各表格）所構成。

受保人及／或保單持有人或彼等的代表為其作出的所有陳述，皆被視為一種申述，而並非一項保證。

2.2 保單條款修訂

所有保單條款的修訂均須列明於本公司所發出關於本保單之批單並由本公司授權人簽署同意，方能生效。保險營業員或任何其他人士均無權修改或豁免本保單之任何條款。

2.3 錯誤披露或未披露資料

對本公司而言，錯誤披露或未披露任何重要事實，可能會影響風險評估，其中包括但不限於以下各項：年齡、性別，以及有關申請書上須申報的其他重要事實。除非本公司以書面形式確認，否則錯誤披露或未披露這些重要事實可能會導致本保單自保單首個生效日起失效。本公司之賠償責任僅限於不附帶利息之總已繳保費及保費徵費，而一切已賠償保障亦將被扣除。

2.4 保單持有人

保單持有人為保單資料頁中指定的人士。在受保人在世及本保單有效時，僅保單持有人可行使本保單下的所有權利、特權及選項及收取本保單下的賠償額。

2.5 變更保單持有人

在受保人在世及本保單有效時，保單持有人可透過填妥指定的表格並將其交給本公司，並須經本公司酌情批准下轉讓本保單的所有權。本公司須在保單續期時審議所有權的轉讓申請，而不向保單持有人或受讓人收取任何管理費。所有權的變更在本公司批准該變更並書面通知保單持有人及受讓人後方始生效。自所有權變更生效日起，受讓人須被視為保單持有人及本保單的絕對擁有人，並負責支付保費、保險徵費，包括任何結欠的保費及保險徵費。

本公司不得拒絕保單持有人將所有權轉讓予以下人士的申請：

(a) 如受保人已年滿十八 (18) 歲；

(b) 如受保人未成年，轉讓予受保人的父或母或監護人；或

(c) 與受保人的親屬關係為本公司根據保單持有人隨時可獲取的現行承保慣例所接受的任何人士。

2.6 變更居住地或職業

若受保人變更其居住地或職業，保單持有人應據此知會本公司。

若受保人的居住地或職業變更為被本公司根據當時的承保規則分類為不可受保的居住地或職業，本公司將不負責承擔變更後發生的任何損失或支出，且本公司有絕對權利於下個到期付款日起終止或拒絕續保 (視乎情況而定) 本保單。

2.7 續保

本保單的保障期為一（1）年。在保障期屆滿前，若受保人仍未滿八十（80）歲，本公司將向保單持有人根據續保條款發送續保通知書。當保障期屆滿後，保單持有人可按本公司因應每次續保時所提供的保障及保障範圍而釐定的費率或條款，就本保單重續保障期。除本保單另有規定，本公司保留於續保時修改保障、保費、條款及細則，以及對本保單作出更改的權利。

如（i）本保單的原有投保額沒有被調整及（ii）在保障期內受保人並無改變吸煙習慣，在本保單按條款每年續保的情況下，續保合約之保費由首次保單生效日起計，只會每五（5）週年調整一次。

如果受保人已年滿八十（80）歲，則本保單在保險期屆滿之後將不獲續保。

2.8 不受限制

除特別聲明外，本保單並無規限受保人之旅遊、居所或職業。

2.9 付款貨幣

本公司全權決定以港元收取或繳付所有款項。

2.10 合約詮釋

本保單內容用詞如有性別或單雙數之分，均應視為概括性之描述，並無區別。

若保單條款與本公司其他文件及紀錄在詮釋上出現差異而引致爭議，則以本保單條款為準。

2.11 本公司發出之通訊

根據本保單發送之任何通知將遞送至保單持有人知會本公司之最新地址，而郵遞後四十八（48）小時，將被視為已由保單持有人收取。

2.12 準據法

本保單及其詮釋以香港特別行政區之法律為準據法。

2.13 《合約（第三者權利）條例》

任何不是本保單某一方的人士或實體，不能根據《合約（第三者 權利）條例》（香港法例第 623 章）強制執行本保單的任何條款。

2.14 制裁除外條款

儘管本保單中有相反規定，以下規定仍適用：

根據本保單成立之初適用於本公司或之後任何時間適用的任何法律或法規，如果向被保人提供保障是或將是不合法，因其違反聯合國決議的任何制裁、禁令或限制，或歐盟、英國、美國或中華人民共和國／香港特別行政區的貿易或經濟制裁、法律或法規，則在可能違反此等法律或法規的情形下，本公司不得向被保人提供任何承保範圍或權益，亦不承擔任何責任。

3. 保費條文

3.1 保費繳付方法

保費須於受保人在生期間按保單資料頁內所列明之金額繳付。保費必須按月、按年或按本公司另外規定分期繳付。保費一經支付即全為本公司所有，且不獲退還。保費到期日及保單續保日均自保單資料頁內列載之保單生效日起計算。

3.2 寬限期

在本保單仍然生效時，任何到期繳付之保費均可獲本公司三十（30）天寬限期。若在寬限期後仍未繳付保費，則本保單自該保費的到期付款日起失效。

3.3 在賠償內扣除待繳保費

若本保單並非以年繳方式而是分期繳付保費，本公司將在保單有效期內支付本保單下之賠償時，從賠償金額扣除該保障期全期未繳保費 (如有) 及保費徵費之欠款。

4. 保障條款

在本保單的保障有效期間，受限於本保單（包括任何附於本保單的批單）的條款、條件、不保事項、範圍及限制，本公司在接獲有關索償的充份證據及經本公司批核後，將根據保障條款支付賠償。

只有受保人在本保單的首次生效日起首九十（90）天後出現相關疾病之首次徵狀、狀況及進行與相關疾病有關的診斷或手術，本公司須就「附錄一：危疾的定義」或「附錄二：特別疾病的定義」所述及界定的指定疾病支付危疾保障／特別疾病保障。

若受保人在本公司擁有不止一（1）份摯衛您危疾保險計劃，則本公司對受保人的責任僅限於其中一張提供最高保障額的保單；若每張保單均屬相同保障額，則以最早於本公司簽發的保單為準。其他保單將自各保單生效日起被視為無效，所有已支付的任何保費連同保費徵費（若適用）將不附帶利息獲退還給保單持有人。

4.1 危疾保障

在本保單生效期內，若受保人首次確認診斷患上危疾，本公司須向保單持有人支付相等於現有投保額的百分之一百（100%）的危疾保障。

此危疾保障將僅在保單生效期內支付一次。在本公司支付此賠償額後，本保單須立即終止，且本保單下並無應付的進一步賠償額。

4.2 特別疾病保障

在本保單生效期內，若受保人首次確認診斷患上特別疾病，本公司須就該特別疾病向保單持有人支付原有投保額的百分之三十（30%）的賠償額。

就某一特別疾病保障應付的賠償額等於原有投保額的百分之三十（30%）。

此特別疾病保障在本保單下僅可索償一次。一旦此特別疾病保障已被支付，此特別疾病保障將相應終止。

在支付此特別疾病保障下的賠償後，本保單的現有投保額將相應減少。

4.3 保障扣除

本公司將於支付本保單任何及所有應付保障中，扣除任何與本保單相關的逾期未付之保費及保費徵費之欠款。

5. 不保事項

本保單不覆蓋以下事項直接或間接導致或產生的任何損失或索償：

(a) 在本保單的首次生效日起首九十（90）天內出現相關疾病之首次徵狀、狀況及進行與相關疾病有關的診斷或手術；

(b) 受保人的疾病或傷病是受保前已存在之傷病，或是由受保前已存在之傷病的併發症導致。

(c) 受保人的出生缺陷、遺傳異常、先天性疾病或遺傳疾病；

(d) 人類免疫力缺乏病毒 (HIV) 相關疾病，包括 HIV 感染產生的愛滋病及／或相關突變、衍生或變種；

(e) 在精神正常或不正常、或慢性酒精中毒或毒癮造成的任何情況下企圖自殺或自殘；

(f) 受保人參與任何刑事犯罪或違法行為；

(g) 戰爭、入侵、外敵的作為、敵對行為或類似於戰爭的行動（無論是否已宣戰）、內戰、叛亂、革命、反叛、暴亂、罷工、構成起義的內亂、軍事或篡權行為，恐怖主義行為、核反應、核輻射、核污染、生物污染或化學污染直接或間接造成。

6. 索償條款

6.1 索償通知

任何保障的索償應在受保人首次確認診斷患上相關危疾或特別疾病的三十（30）天（在任何情況下不遲於六（6）個月）內，以書面形式通知本公司有關索償。除非本公司另作決定，任何於上述六（6）個月期限外之危疾保障或特別疾病保障將不會受理。

6.2 索償證明

本公司在接獲上述通知書後，會將索償表格交予索償人，以作填寫索償之用。

索償證明文件須在本公司要求提供有關文件的九十（90）天內或其後盡速送交本公司。除因缺乏行為能力致延遲，但無論如何，其延遲不得超過六（6）個月。

索償人應負責一切取得本公司所要求之證書、資料及證明文件之費用。

本公司有權要求受保人不時於本公司所指定在香港的醫生進行身體檢驗，檢驗費用則由本公司負責。

6.3 疾病證明

受保人之被保項目證明必須包括下列人士認可或文件證明：

(a) 醫生；
(b) 相關的檢驗報告，包括但不限於臨床、放射、細胞組織及化驗報告；及
(c) 如被保項目需要外科手術治療，該治療必須為該狀況的通常治療方法並為醫療需要。

本公司必須認可所有被保項目證明文件，並且保留要求受保人進行體格檢驗或合適化驗之權利以確認被保項目證明。

索償人應負責取得本公司所要求之所有證書、資料及證明文件及相關之費用。

本公司有權合理要求受保人不時於本公司所指定在香港的醫生處進行身體檢驗，檢驗費用則由本公司負責。

6.4 放棄索償

倘本公司拒絕任何本保單之索償申請，而保單持有人不於本公司拒償起十二（12）個月內進行任何法律索償行動，該等索償將視作放棄論，其後不可再作申索。

6.5 法律訴訟

針對本公司的索償（無論法律或衡平法上）訴訟或行動不得早於發出本公司信納的損失證據之日後三（3）個月及不得遲於要求提供損失證據之日後三（3）年而提出。

若索償在任何方面具有虛假、欺詐、蓄意誇大成分或為了獲取本保單下的賠償而使用欺詐手段或設備或文件，本公司保留立即終止本保單並且不退回已付之保費及保費徵費的權利。本公司亦有權收回已就不合資格的索償支付款項的任何賠償。

7. 終止條款

本保單將在下列其中一個日期終止，以較早者為準：

(a) 受保人身故日；
(b) 當受保人於保障期內已屆八十（80）歲，保障將於該保障期最後一日午夜（香港時間）終止；
(c) 當保單持有人根據第 8 條決定取消本保單並以書面通知本公司時；
(d) 當此保單根據條款第 2.6 條被終止時；

(e) 當本公司或保單持有人根據條款第 2.6 或 2.7 條決定不續保時；
(f) 因未能繳交保費而導致本保單終止，而終止日根據第 3.2 條釐定；或
(g) 已付及／或應付賠償總額達至原有投保額的百分之一百（100%）。

8. 取消

在受保人在世及本保單有效時，保單持有人可隨時透過向本公司寄出掛號信的方式發出通知取消本保單，通知須註明本保單取消的生效日期；及在本保單下並無已付或應付的賠償的前提下，其有權獲得與保障期未到期部分相應比例的已付年度保費及保費徵費，減去本保單年度保費之百分之十（10%）行政費之後的退款。

若保費分期支付，則不會退還本保單下就保障期支付的未期滿保費及保費徵費。保單持有人將被收取相當於年度化保費之百分之十（10%）的行政費。

若保障期內產生賠償，未期滿保費及保費徵費概不退還。

本公司須退還保單持有人根據適用法律及規例支付的保險徵費（如有）。

附錄一：危疾的定義

1.1 癌症

癌症指：(i) 任何經組織學確診為惡性之腫瘤，並須有惡性細胞已不受控制地生長並侵略其他細胞組織的特徵；或 (ii) 任何經組織病理學報告證實為白血病、淋巴瘤或肉瘤。

即使上述有何規定，就「危疾」之定義而言，癌症並不包括下列任何一項：
i. 原位癌（包括子宮頸上皮內贅瘤 CIN-1、CIN-2 及 CIN-3）或組織學上被界定為癌前病變的情況；
ii. 所有皮膚癌，除非能夠證實腫瘤已經轉移或是利用 Breslow 組織學檢驗方法證明最高厚度超過 1.5mm 的惡性黑色素瘤；
iii. TNM 組織學分期在 T1 (a) 或 T1(b)（或其他分級方法中同等或更低分級）的前列腺癌；
iv. 微小甲狀腺乳頭狀癌；
v. 非侵入性膀胱乳頭狀癌，組織學上被界定為 TaN0M0 或更低的分級；及
vi. RAI 級別 I 或 Binet 級別 A-I 的慢性淋巴性白血病。

1.2 急性心肌梗塞

由於供血不足引致心肌壞死，並有以下各項證明急性心肌梗塞：
i. 典型胸痛；
ii. 新發生的心電圖變化顯示有急性心肌梗塞；及
iii. 心臟酵素 CK-MB 提升或肌鈣蛋白 T 或 I 大於 0.5 ng/ml。

如果沒有提供心臟酵素的報告而其他要求符合，包括心臟超聲波證明左心室功能下降（左心室的射血分數低於百分之五十（50%），或出現嚴重運動機能減退、機能喪失或室壁運動異常，情況與已經出現急性心肌梗塞的情況相符，本公司會考慮予以理賠。

報告必須明確證明受保人屬於急性心肌梗塞。其他急性冠狀動脈綜合徵（包括但不限於心絞痛）除外。

1.3 中風

腦組織梗塞、大腦及蛛網膜下出血、腦栓塞及腦血栓等腦血管病症。診斷需符合下列所有條件：

i. 事件發生至少四（4）週後由神經專科醫生根據各項理據證實有永久性神經損害；及

ii. 磁力共振及電腦斷層掃描，或其他可靠的影像檢查，診斷為一個新的腦中風。

以下情況不包括在保障範圍：

i. 短暫性腦缺血發作（TIA）；

ii. 眼或視神經的血管疾病；及

iii. 前庭系統的缺血性功能障礙。

附錄二：特別疾病的定義

2.1 特定器官的原位癌

原位癌是指經病史證實並局限在侵入性前之病變，即癌細胞並無穿透基膜，亦未侵入（即指滲入及／或活躍地破壞）下列任何受保之器官群組的環繞組織或氣孔，並以所列的任何類別作準：

(a) 乳房，而根據 TNM 腫瘤級別被界定為階段 TIS；

(b) 大腸及直腸；

(c) 肝；

(d) 肺；

(e) 鼻咽；

(f) 子宮，而根據 TNM 腫瘤級別被界定為階段 TIS；或子宮頸界定為第三階段的子宮頸表層細胞癌變 (CIN III) 或原位癌 (CIS)；

(g) 胰；

(h) 陰莖；

(i) 胃及食道；

(j) 睾丸；

(k) 泌尿道，就膀胱的原位癌而言，包括被界定為 Ta 階段的乳頭狀癌；

(l) 卵巢及 / 或輸卵管，而根據 TNM 腫瘤級別被界定為階段 TIS 或屬 FIGO* 的 0 階段；或

(m) 陰道或外陰，而根據 TNM 腫瘤級別被界定為階段 TIS 或屬 FIGO* 的 0 階段。

就此保單而言，原位癌疾病必須以活組織檢查術確定。

*FIGO 是指國際婦女產科聯合會 (Federation Internationale de Gynecologie et d'Obstetrique) 的分期法。

2.2 特定器官之早期癌症

早期癌症是指出現以下任何一 (1) 種的癌症情況：

(a) 微小甲狀腺乳頭狀癌；

(b) 根據 TNM 評級系統，前列腺腫瘤必須在組織學上被界定為 T1a 或 T1b；

(c) RAI 級別 I 或 Binet 級別 A-I 的慢性淋巴性白血病；或

(d) 非黑色素瘤的皮膚癌，並利用 Breslow 組織學檢驗方法證明最高厚度不超過 1.5mm 的惡性黑色素瘤。

診斷必須以組織病理學的特徵為準，並由醫生確定。除非在以上所列，否則癌症前的病變及情況並不受此保障。

收集個人資料聲明

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 2603 9435 索取收集個人資料聲明副本。

中文