

Policy Provisions - ZA Accident Protection

Terms and Conditions of this Policy are as follows:

1. General Terms	<p>1.1 Entire Contract</p> <p>The entire contract between you (the Policy Holder) and us (ZA Life Limited) is constituted by this Policy, your Application for this Policy, any medical evidence received by us in respect of the Insured Person and any written statements and answers given to us as evidence of insurability.</p> <p>1.2 Amendments</p> <p>We may amend or reject this Policy without your agreement if there is incorrect or incomplete information (including but not limited to age, gender and occupation of the Insured Person) in the Application or in any statement, representation or document given to us including any subsequent application or claim requested by you, which we consider as material to our assessment of the risk of insuring the Insured Person, or to approve your subsequent request. Any amendments will be stated in an Endorsement attached to this Policy.</p> <p>Where we, based on the correct information of the Insured Person and our underwriting guidelines, consider that this Policy should have been rejected, we shall have the right to declare this Policy void as from the Policy Effective Date.</p> <p>1.3 Ownership</p> <p>You have all rights of ownership in this Policy while it is in force. You may change the ownership of this Policy by giving us a written notice or in other forms acceptable by us. A change of ownership shall be effective only if it is accepted, recorded and confirmed by us.</p> <p>1.4 Rights of Third Parties</p> <p>No person other than you and us will have the rights to enforce the terms of this Policy.</p> <p>1.5 Cooling-off</p> <p>You may exercise the right of cancellation with full refund of paid</p>
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	<p>premium and levy within thirty (30) days after you receive this contract and the Policy Schedule. The cancellation right is not applicable at Renewal.</p> <p>1.6 Incontestability</p> <p>Except for the case under provision 1.2, we will not contest this Policy during the lifetime of the Insured Person after it has been in force for two (2) years from the Policy Effective Date, or the effective date of last reinstatement pursuant to provision 4.3, whichever is later.</p> <p>1.7 Applicable Law</p> <p>This Policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong. The Company and Policy Holder agree to be subject to the exclusive jurisdiction of the Hong Kong courts.</p> <p>If this Policy is or becomes illegal under the law applicable to you or the Insured Person, we shall have the right to terminate this Policy from the date it becomes illegal.</p>
<p>2. Your Coverage</p>	<p>2.1 Beneficiary</p> <p>The beneficiary(ies) is/are deemed to be beneficially entitled to the Accidental Death Benefit or Compassionate Death Benefit of this Policy at the time of the death of the Insured Person.</p> <p>While this Policy is in force, you may change the beneficiary(ies) by giving us request in written notice or in other forms acceptable by us. A change of beneficiary shall be effective only if it is accepted, recorded and confirmed by us.</p> <p>2.2 Accidental Death Benefit</p> <p>If the Insured Person dies in consequence of an Accident while this Policy is in force, we will pay the latest Sum Insured stated in the Policy Schedule or Endorsement, less any outstanding premiums, to the beneficiary(ies) under provision 2.1, or if none have been designated, to the insured Person's estate.</p> <p>Any amount payable on the accidental death of the Insured Person will be paid after we have received written proof of claim satisfactory to us.</p> <p>2.3 Accidental Dismemberment Benefit</p>

If the Insured Person loses any single limb or permanently and totally loses the use of any single limb as a result of sustaining Injury from an Accident while this Policy is in force, we will pay to you the latest Sum Insured stated in the Policy Schedule or Endorsement, less any outstanding premiums.

Upon the payment of the Accidental Dismemberment Benefit, this Policy will be automatically terminated and our liability under this Policy shall be discharged.

2.4 Compassionate Death Benefit

If the Insured Person dies not in consequence of an Accident while this Policy is in force, we will return 105% of the total premium paid under the policy (subject to a maximum of HK\$ 20,000) to the beneficiary(ies) under provision 2.1, or if none have been designated, to the Insured Person's estate. The total premium paid shall include all premium payments under the policy since policy issuance and exclude the amount paid by No-Claim Bonus or premium discount.

Any amount payable on the death of the Insured Person will be paid after we have received written proof of claim satisfactory to us.

2.5 No-Claim Bonus

If there is no claim on any of the benefits under this Policy during a Policy Year while this Policy is in force, we will pay to you an amount equivalent to 5% of premium paid in that Policy Year. The No-Claim Bonus will be paid to you in form of a premium coupon within 5 working days following the anniversary date at the end of the Policy Year.

If you submit any subsequent claims with incidence date falling within the Policy Year with No-Claim Bonus payment, such payment will be clawed back by us.

2.6 Enhanced Benefit – Accidental MediCash

If the Insured Person receives the below treatments in consequence of an Accident while this Policy is in force, we will reimburse to you according to the below schedule:

- Physiotherapy (performed by Registered Physiotherapist) – Up to HK\$ 500 per visit
- Chiropractic treatment (performed by Registered

	<p>Chiropractor) – Up to HK\$ 500 per visit</p> <ul style="list-style-type: none"> • Bone-setting or acupuncturist treatment (performed by Registered Chinese Medicine Practitioner) – Up to HK 300 per visit <p>You can claim for a maximum of 6 visits of any kind of above treatments in total (for example 2 visits of physiotherapy and 4 visits of bone-setting) per Accident and per Policy Year.</p> <p>2.7 Enhanced Benefit – Accidental MediCare</p> <p>If the Insured Person is Confined in consequence of an Accident, we will reimburse your expense on Medical Services up to HK\$ 50,000 per Accident and HK\$ 500,000 per Policy Year.</p> <p>During the Confinement period, we will pay HK\$ 700 per day (up to 7 days per Accident) to you as a care-taking subsidy.</p> <p>2.8 Enhanced Benefit – Enhanced Dismemberment Benefit</p> <p>If the Insured Person suffers from any Injury included in the Enhanced Compensation Table in consequence of an Accident while this Policy is in force, we will pay to you according to the benefit amount as stated in the table, less any outstanding premiums. Under this clause, the total payment under a single Accident and the total accumulated payment per Insured (including all policies that have been effective) are both capped by 100% Sum Insured.</p> <p>When the total accumulated payment under this clause for the Insured (including all policies that have been effective) equals 100% Sum Insured, this Policy will be automatically terminated and our liability under this Policy shall be discharged.</p> <p>2.9 Notice and Proof of Claims</p> <p>A claim must be submitted within ninety (90) days after the Accident while this Policy is in force. We will not be liable to pay any benefit under this Policy if the claim is not submitted within the above timeframe, unless it is shown that it was not reasonably practicable to submit the claim and the claim was made as soon as it was reasonably practicable.</p> <p>Proof of death (accidental or non-accidental) shall include:</p> <p>(i) evidence of the death of the Insured Person and the cause of</p>
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	<p>death;</p> <p>(ii) evidence of the right of the claimant to be paid; and</p> <p>(iii) any other information which we may reasonably require to establish the validity of the claim.</p> <p>Proof for Accidental Dismemberment Benefit, Accidental MediCare or Enhanced Dismemberment Benefit must be submitted in the form of medical report from a Registered Medical Practitioner as agreed by us and confirmatory result from medical investigations acceptable by us including but not limited to clinical, histological, laboratory and radiological evidence. If the Insured Person receives treatments from a Registered Medical Practitioner in Mainland China, the medical evidence must be provided by a Designated Mainland China Hospital. For Enhanced Dismemberment Benefit involving the left hand as the dominant hand, it must be clearly proved on the medical report.</p> <p>Proof for Accidental MediCash must be submitted in the form of a receipt from a Registered Physiotherapist, Registered Chiropractor or Registered Chinese Medicine Practitioner as stated in section 2.6.</p> <p>We reserve the right to require any additional proof and request the Insured Person to undergo medical examination at your own cost.</p> <p>For the avoidance of doubt, if the Insured Person suffers from an Accident leading to claim on multiple benefit items, the maximum total claim payment under this Policy equals the latest Sum Insured stated in the Policy Schedule or Endorsement.</p>
<p>3. Policy Change</p>	<p>3.1 Change of Sum Insured</p> <p>The Sum Insured of this Policy cannot be changed by you after it is issued.</p> <p>3.2 Change of Benefits</p> <p>The benefits cannot be added or removed from this Policy after it is issued.</p>
<p>4. Your Premiums</p>	<p>4.1 Payment of Premiums</p> <p>The amount of premium payable is specified in the Policy Schedule and/or the notification of Renewal. The premium, whether paid for a Policy Year or by instalment as agreed by the Company, shall be paid in advance when due before any benefits shall be paid. Premium once paid shall not be refundable, unless otherwise</p>

	<p>specified in this Policy.</p> <p>Premiums shall be payable in the frequency as shown in the Policy Schedule or any subsequent Endorsement.</p> <p>4.2 Grace Period</p> <p>We allow a grace period of thirty (30) days from the due dates for each premium payment.</p> <p>If a premium is not paid by the end of the grace period, this Policy will immediately lapse with effect as at the due date of first unpaid premium. If a claim is made during the grace period, any unpaid premiums will be deducted from the benefit payable pursuant to the entirety of provision 2.</p> <p>4.3 Reinstatement</p> <p>If this Policy has lapsed due to non-payment of premiums, you may apply to reinstate this Policy within one (1) year from the date of lapse if the Insured Person is living. To reinstate this Policy, you are required:</p> <ul style="list-style-type: none"> (i) to submit the request in written notice or in other forms acceptable by us; (ii) to provide evidence of insurability of the Insured Person satisfactory to us, which shall be produced at your expense; and (iii) to pay all overdue premiums. <p>It will be at our sole discretion whether to accept any application for reinstatement.</p> <p>4.4 Premium Adjustment</p> <p>The premium is guaranteed level and is not changed upon any claim throughout each Premium Payment Term specified in the Policy Schedule. The Policy will be automatically (but not guaranteed) renewed at the end of each Benefit Term. Upon Renewal, the premium will be adjusted in accordance with the Company's prevailing rate table applicable to this class of policy, the attained age and occupation of the Insured Person at the time of Renewal.</p>
<p>5. Not Covered in Your Policy</p>	<p>5.1 Exclusions</p> <p>No benefit is payable under this Policy for claims resulting directly or indirectly from, or caused or contributed by, in whole or in part, or in</p>

	<p>the presence of any of the following:</p> <ul style="list-style-type: none"> a) Any Pre-existing Condition from which the Insured Person was suffering prior to the Policy Effective Date or the effective date of last reinstatement, whichever is the later; b) Any bodily illness or Disease except in consequence of an accident; c) Intoxication by drugs not prescribed by a Registered Medical Practitioner or abuse of alcohol; d) Any elective surgery; e) Engaging in any sport activities in a professional or income-earning capacity; f) Engaging in any Hazardous Activities (please refer to the definition); g) Any air travel except as a fare-paying passengers; h) Suicide, attempted suicide or self-inflicted injuries; i) War (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power; j) Exposure to nuclear substances or nuclear/ biological/ chemical weapons; k) Violation or attempted violation of the law; l) Performing armed force (excluding fireman) duties; or m) AIDS or Human Immunodeficiency Virus (HIV) infection. <p>In addition to above exclusions, Accidental MediCare is also not claimable under this Policy for claims resulting directly or indirectly from, or caused or contributed by, in whole or in part, or in the presence of any of the following:</p> <ul style="list-style-type: none"> a) Mental illness or Disease except in consequence of an accident; b) Dental care or visual correction treatments; or c) Childbirth, miscarriage, abortion, birth control, infertilization, pregnancy or any complications therefrom. <p>The Compassionate Death Benefit is not payable if the insured Person suicides (whether sane or insane).</p> <p>No benefit is payable under this Policy for activities or Diseases or illnesses excluded for the benefit shown on the Endorsement (where</p>
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	applicable) which forms part of this Policy.
6. Termination	<p>6.1 Termination of Policy</p> <p>This Policy will be terminated on the occurrence of any of the following:</p> <ul style="list-style-type: none"> (i) the Accidental Death Benefit under provision 2.2 is paid; (ii) the Accidental Dismemberment Benefit under provision 2.3 is paid; (iii) the Compassionate Death Benefit under provision 2.4 is paid; (iv) total accumulated payment of Enhanced Dismemberment Benefit under provision 2.8 for the Insured (including all policies that have been effective) equals 100% Sum Insured; (v) the lapse of this Policy pursuant to provision 4.2; (vi) this Policy is cancelled or becomes void; (vii) this Policy is surrendered by you pursuant to provision 6.2; or (viii) the anniversary date following the 75th birthday of the Insured Person. <p>We will not accept any claims after the effective date of termination.</p> <p>6.2 Termination by Policy Holder</p> <p>After the cooling-off period pursuant to provision 1.5, you may request to surrender this Policy in written notice or in other forms acceptable by us. The Policy will be terminated upon surrender.</p> <p>6.3 Termination by the Company</p> <p>We reserve the right to reject the Renewal of this Policy at the end of a Policy Year. In this case this Policy will be terminated after the end of that Policy Year and our liability under this Policy shall be discharged.</p>

Definition

In this Policy, ZA Life Limited is referred to as “the Company”, “we”, “our” or “us” and the Policy Holder is referred to as “you” or “your”.

Words	Meaning
“Accident”	shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.
“Application”	shall mean the application submitted to the Company in respect of this Policy, including the application form, questionnaires, evidence of insurability, any documents or information submitted and any statements and declarations made in relation to such application.
“Benefit Term”	shall mean a period as specified as “Benefit Term” in the Policy Schedule during which the policy is in force.
“Confinement” or “Confined”	<p>shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition for a period of no less than six (6) consecutive hours. No minimum period is required for Confinement in connection with any Emergency Treatment in a Hospital as a result of an Emergency for the performance of a surgical procedure or other Medical Service in a Hospital.</p> <p>Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.</p>
“Designated Mainland China Hospital”	<p>shall mean the list of hospitals in Mainland China as designated and updated by us from time to time at our own discretion without prior notice.</p> <p>Please refer to the FAQ section of our website for the complete list of hospital. Please contact our Customer Service if you have any enquiry at (852) 3665 3636 or insure.cs@za.group.</p>
“Emergency”	shall mean an event or situation that Medical Service is needed immediately in order to prevent death, permanent impairment or other serious consequences of the Insured Person’s health.
“Emergency Treatment”	shall mean Medical Service required in an Emergency. The Emergency event or situation, and the required Medical Service cannot be and are not separated by an unreasonable period of time.

“Endorsement”	shall mean any document attached to this Policy which amends the existing terms of this Policy.
“Enhanced Compensation Table”	Shall mean the table attached to the Policy Schedule that specifies the reimbursement percentage for each type of Injuries.
“Hazardous Activities”	<p>Shall mean activities including but not limited to bungee jumping; climbing or mountaineering necessitating the use of ropes or guide; hang-gliding; parachuting; potholing; racing other than on foot; under-water activity involving the use of under-water breathing apparatus; skiing, tobogganing, sledding and ice skating, including ice hockey and any other sports requiring snow or ice of play.</p> <p>Please contact our Customer Service if you have any enquiry at (852) 3665 3636 or insure.cs@za.group.</p>
“Hong Kong”	shall mean the Hong Kong Special Administrative Region of the People’s Republic of China.
“Hospital”	<p>shall mean an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing Medical Service for sick and injured persons as Inpatients, and which -</p> <ul style="list-style-type: none"> (a) has facilities for diagnosis and major operations; (b) provides twenty-four (24) hours nursing services by licensed or registered nurses; (c) has one (1) or more Registered Medical Practitioners; and (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.
“Injury”	shall mean any bodily damage (with or without a visible wound) solely caused by an Accident independent of any other causes and within 90 days following the Accident.
“Insured Person”	shall mean any person who is insured under this Policy and named as the “Insured Person” in the Policy Schedule.
“Medical Services”	shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of an Injury, including any and all complications arising therefrom.

<p>"Medically Necessary"</p>	<p>shall mean the need to have medical service for the purpose of investigating or treating the relevant Injury in accordance with the generally accepted standards of medical practice and such medical service must –</p> <ul style="list-style-type: none"> (a) require the expertise of, or be referred by, a Registered Medical Practitioner; (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Injury; (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person. <p>For the purpose of this Policy, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –</p> <ul style="list-style-type: none"> (i) the Insured Person is having an Emergency that requires urgent treatment in Hospital; (ii) surgical procedures are performed under general anaesthesia; (iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a day patient basis; (iv) there is significantly severe co-morbidity of the Insured Person; (v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital; (vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or (vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional
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	<p>judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.</p> <p>For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement -</p> <ol style="list-style-type: none"> 1. is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and 2. is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.
“Policy”	shall mean this “ZA Accident Protection” policy underwritten and issued by the Company, which is the entire contract between the Policy Holder and the Company including but not limited to these Terms and Conditions, Application, declarations, Policy Schedule and any riders, Endorsements, supplements, schedules or attachments attached to this Policy, if applicable.
“Policy Anniversary”	shall mean each anniversary of the Policy Effective Date.
“Policy Effective Date”	shall mean the commencement date of this Policy which is specified as “Policy Effective Date” in the Policy Schedule.
“Policy Holder”	shall mean the person who owns this Policy and is named as the “Policy Holder” in the Policy Schedule or subsequent Endorsement to this Policy.
“Policy Schedule”	shall mean a schedule attached to these Terms and Conditions, which sets out the Policy Effective Date, Renewal Date, the name and the relevant particulars of the Policy Holder and the Insured Person, the eligible benefits, premium and other relevant details.
“Policy Year”	shall mean the twelve-month period from the Policy Effective Date and each twelve-month period from each Policy Anniversary.
“Pre-existing Condition”	shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Policy Effective Date or the effective date of last reinstatement, whichever is the later. An ordinary prudent person shall be reasonably aware of a Pre-existing

	<p>Condition, where –</p> <p>(a) it has been diagnosed; or</p> <p>(b) it has manifested clear and distinct signs or symptoms; or</p> <p>(c) medical advice or treatment has been sought, recommended or received.</p>
“Premium Payment Term”	shall mean a period as specified as “Premium Payment Term” in the Policy Schedule during which premium shall be paid.
“Registered Chinese Medicine Practitioner”	shall mean a Chinese medicine practitioner registered under the Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong) with name appeared in the Register of Chinese Medicine Practitioners.
“Registered Chiropractor”	shall mean a chiropractor registered under the Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) with name appeared in the register of registered chiropractors.
“Registered Medical Practitioner”	<p>shall mean a medical practitioner of western medicine,</p> <p>(a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in good faith); and</p> <p>(b) legally authorised for rendering relevant medical or surgical service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment is provided to the Insured Person,</p> <p>but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.</p>
“Registered Physiotherapist”	shall mean a physiotherapist registered under the Physiotherapists (Registration and Disciplinary Procedure) Regulation (Cap. 359J of the Laws of Hong Kong) with name appeared in the register of physiotherapists.
“Renewal”	shall mean renewal of this contract in accordance with their terms without any discontinuance.

“Sickness” or “Disease”	shall mean a physical, mental or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occurs to the Insured Person and whether or not any diagnosis is confirmed.
“Sum Insured”	shall mean the amount at any time specified as such under the Policy Schedule or in any Endorsement for any accepted subsequent changes.