

SUPPLEMENTARY BENEFIT EXTRA HOSPITAL CASH BENEFIT

This Supplementary Benefit (i.e. Extra Hospital Cash Benefit) forms part of the Policy. Should any provisions of this Supplementary Benefit be inconsistent with any provisions of the Policy, the former shall prevail for the purpose of this Supplementary Benefit. Definitions used in this Supplementary Benefit where defined in the Policy shall have the same meaning as in the Policy except where specifically provided for in this Supplementary Benefit.

1. DEFINITIONS

“Accident” refers to an unforeseen and involuntary event which causes a Bodily Injury which occurs while this Policy is in force caused solely and directly by accident and independent of any other causes and not therefore due to illness or disease.

“Benefit Area” means the following places: Hong Kong SAR, Macau SAR, Taiwan, Singapore, Malaysia, Thailand, Japan, South Korea, Canada, United States of America, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, Australia, New Zealand.

“Bodily Injury” means bodily damage to the Life Insured caused solely and directly by an Accident.

“Confinement”/“Hospital Confinement” means the Life Insured is admitted into a Hospital as an inpatient for Medically Necessary treatments under the recommendation of a Registered Doctor for a minimum period of six (6) consecutive hours and a charge for daily room and board by the Hospital is incurred.

“Congenital Conditions” means any condition, Sickness, Disease or Illness, or disorder existing at the time of birth or as a result of prematurity, as well as neo-natal physical abnormalities developing within six (6) months of birth. They shall include:

- (i) all major, intermediate or minor congenital malformations presenting at any age;
- (ii) all inguinal hernias and all hydroceles (or their complications) presenting from birth to the age of fifteen (15);
- (iii) congenital hernias, for example, umbilical, internal intra-abdominal, thoracoabdominal congenital or congenital ventral hernias;
- (iv) undescended testicle; and
- (v) other conditions not listed here which would be regarded as congenital by prevailing medical opinion.

“Daily Hospital Cash Benefit” means the benefit amount specified as Daily Hospital Cash Benefit in Policy Schedule 1 or any Policy Endorsements issued by us and payable subject to provisions 2 and 4 in the Supplementary Benefit of Daily Hospital Cash Benefit.

“Each Day” or “Per Day” means the period for each continuous twenty-four (24) hours period.

附加保障 額外住院現金保障

本附加保障(即額外住院現金保障)構成本保單的一部分。如本附加保障的任何條款與保單的任何條款出現分歧，就本附加保障而言，一概以本附加保障的條款為準。本附加保障中使用的定義詞語若已在保單中作出定義，其含意應與保單的定義相同，但本附加保障特別規定者則除外。

1. 定義

「**意外**」指於本保單生效期間發生的無法預見及非故意的事件所導致的身體受傷，同時該受傷是純粹及直接由意外所導致，並且不牽涉任何其他因素，以及非由身體不適或疾病所引致。

「**保障地區**」指下列地區：香港特別行政區、澳門特別行政區、台灣、新加坡、馬來西亞、泰國、日本、南韓、加拿大、美國、奧地利、比利時、丹麥、芬蘭、法國、德國、希臘、冰島、愛爾蘭、意大利、盧森堡、摩納哥、荷蘭、挪威、葡萄牙、西班牙、瑞典、瑞士、英國、澳洲、紐西蘭。

「**身體受傷**」指受保人純粹及直接因意外所引致的身體損害。

「**住院**」是指受保人經註冊醫生建議以住院病人身份入住醫院，並需要在醫院內接受醫療上必需的治療，惟該連續逗留的期間需為六(6)小時或以上並引致醫院收取每日病房及膳食費用。

「**先天缺陷**」指出生時存在或因早產而導致的任何情況、疾病或失調，以及出生後六(6)個月內出現的新生嬰兒身體缺陷。這類缺陷包括下列各項：

- (i) 在任何年齡出現的各種嚴重、中度或輕度先天性畸型；
- (ii) 由出生至十五(15)歲期間出現的各種腹股溝疝氣及水囊腫(或其併發症)；
- (iii) 先天疝氣，例如臍疝、腹內疝、先天性胸腹疝或先天性腹疝；
- (iv) 睪丸未降；及
- (v) 主流醫學意見判斷為先天缺陷而未在此列出的其他情況。

「**每日住院現金保障**」指在保單附表1或本公司發出的任何保單批註內所列明的每日住院現金保障額，此保障受每日住院現金保障之附加保障第2項及第4項條款所制約。

「**每日**」指每個連續二十四(24)小時期間。

“Extra Hospital Cash Benefit” means the benefit amount specified as Extra Hospital Cash Benefit in Policy Schedule 1 or any Policy Endorsements issued by us and payable subject to provisions 2 and 4 in this Supplementary Benefit.

“Hospital” means an establishment recognized, constituted and registered as such under the laws of the territory in which that establishment is situated as a hospital for the care and treatment of sick and injured persons as paying bed patients, and which (i) has facilities for diagnosis and major operations, (ii) provides twenty-four (24) hours a day nursing services by Registered Nurse, (iii) is under the supervision of a Registered Doctor, and (iv) is not primarily a clinic, a place for alcoholics or drug addicts, a sanatorium, a nature care clinic, a health hydro, an observatory ward, a rehabilitation, physiotherapy, nursing, rest or convalescent home, home for the aged, an isolation or quarantine accommodation for infectious diseases or similar establishment.

“Intensive Care” means the circumstance where the attending Registered Doctor has certified that it is Medically Necessary that the Life Insured should be confined to an intensive care unit in a Hospital.

“Macau SAR” means the Macau Special Administrative Region of the People’s Republic of China.

“Medically Necessary” means medical services and Hospital Confinement which are necessary for the care or treatment of the Bodily Injury, Sickness, Disease or Illness and which are:

- (i) consistent with the diagnosis and customary medical treatment for medical condition; and
- (ii) in accordance with good and prudent medical practice; and
- (iii) not for the convenience of the Policyholder, the Life Insured or any individual who cares for him or any individual who is part of his family.

“Pre-existing Condition” means any conditions, Bodily Injury, Sickness, Disease or Illness:

- (i) which existed or was existing;
- (ii) where its cause existed or was existing;
- (iii) where the Life Insured had knowledge, signs or symptoms of any conditions of the Bodily Injury, Sickness, Disease or Illness; or
- (iv) where any laboratory test or investigation showed the likely presence of any conditions of the Bodily Injury, Sickness, Disease or Illness;

prior to the Policy Date or effective date of reinstatement pursuant to provision A9 of the Policy, whichever is later.

“Registered Doctor” means a person duly qualified and legally registered as such in the Hong Kong SAR and should a claim occur outside the Hong Kong SAR shall mean a practitioner of western medicine who is duly registered as such under the laws of that jurisdiction in which the

「**額外住院現金保障**」指在保單附表1或本公司發出的任何保單批註內所列明的額外住院現金保障額，此保障受本附加保障第2項及第4項條款所制約。

「**醫院**」指按其所在地法律認可、成立及註冊為醫院，設有收費病床來護理及治療患病或受傷人士的機構，其(i)須設有診斷及施行大型手術的設施；(ii)每日二十四(24)小時由註冊護士提供護理服務；(iii)由註冊醫生監管；及(iv)基本上不是診所、酗酒者或吸毒者的治療所、療養院、自然治療所、水療院、觀察病房、康復、物理治療、護理、休養或復康院、老人院、因傳染病而設的隔離住所或類似機構。

「**深切治療**」指受保人經主治註冊醫生證明為需要接受醫療上必需的治療而入住醫院之深切治療部之情況。

「**澳門特別行政區**」指中華人民共和國澳門特別行政區。

「**醫療上必需的**」指因護理或治療身體受傷、疾病、病症或身體不適而必需的醫療服務及住院，並且：

- (i) 須符合病情的診斷及慣常療法；及
- (ii) 須符合良好和謹慎的行醫標準；及
- (iii) 不是為保單持有人、受保人或任何護理者或其任何家庭成員提供個人方便。

「**受保前已存在之狀況**」指任何身體狀況、身體受傷、疾病、病症或身體不適在保單日期或根據保單第甲9項條款的保單復效日期(以較後者為準)前：

- (i) 已存在或一直存在；
- (ii) 其原因已存在或一直存在；
- (iii) 受保人已知曉該身體受傷、疾病、病症或身體不適之病徵或病狀；或
- (iv) 任何化驗室的測試或檢查顯示可能有該身體受傷、疾病、病症或身體不適之存在。

「**註冊醫生**」指具有正式有關資格並在香港特別行政區依法註冊為此身份的人士。若在香港特別行政區以外地方提出索償，則指根據提出索償的司法管轄區的法律所正式註冊的西醫。除本公司書面核准之外，註冊醫生並不包括受保人、保單持有人、受

claim arises, but excluding the Life Insured, Policyholder, Beneficiary(ies), Life Insured's or Policyholder's business partner, employer, employee, insurance agent, parents, brothers, sisters, spouse or children unless approved by the Company in writing.

"Registered Nurse" means a nurse duly qualified and legally registered as such in the Hong Kong SAR and should a claim occur outside the Hong Kong SAR shall mean a nurse who is duly registered to render nursing service as such under the laws of that jurisdiction in which the claim arises, but in no circumstance shall include the Life Insured, Policyholder, Beneficiary(ies), Life Insured's or Policyholder's business partner, employer, employee, insurance agent, parents, brothers, sisters, spouse and children unless approved by the Company in writing.

"Sickness, Disease or Illness" means a physical condition marked by a pathological deviation from the normal healthy state.

2. BENEFIT

While this Supplementary Benefit is still in force, upon receipt of acceptable proof and where approved by us, the Company shall pay the Extra Hospital Cash Benefit as specified in Policy Schedule 1 or any Policy Endorsements issued by us for Each Day of Hospital Confinement of the Life Insured with admission to Intensive Care.

For Each Day of Hospital Confinement, the Extra Hospital Cash Benefit will be paid only when the Daily Hospital Cash Benefit is eligible to be paid.

If in an event giving rise to this claim occurs within the Grace Period, no such claim will be processed and no benefits will be payable unless and until you have paid premiums due to the Company.

During the whole Policy Term of this Policy, the cumulative maximum number of days of Hospital Confinement (which admission to Intensive Care) for which Extra Hospital Cash Benefit is payable per policy shall not exceed sixty (60) days.

If the Hospital Confinement occurs in a place other than listed as a Benefit Area, the amount payable for Each Day of Extra Hospital Cash Benefit will be limited to fifty percent (50%) of the amount as stated in Policy Schedule 1 or any Policy Endorsements issued by us and the cumulative maximum number of days of Extra Hospital Cash Benefit is payable per policy shall not exceed thirty (30) days during the whole Policy Term of this Policy.

The Extra Hospital Cash Benefit will immediately and automatically cease once total claims of Daily Hospital Cash Benefit reach three hundred (300) days of Hospital Confinement.

If the Hospital Confinement occurs in mainland China (excluding the Hong Kong SAR, the Macau SAR and Taiwan), we will only pay Extra Daily Hospital Cash Benefit under this Policy if the medical services are provided in the hospitals that are formally assessed and rated by the National Health Commission of the People's Republic of China or local governments' health commissions of the People's Republic of China as a "Class III Grade A" hospital or above.

The Extra Hospital Cash Benefit will only be payable once for Each Day of Hospital Confinement with admission to Intensive Care.

益人、受保人或保單持有人的商業合伙人、僱主、員工、保險代理人、父母、兄弟、姊妹、配偶或子女。

「註冊護士」指具有正式有關資格並在香港特別行政區依法註冊為此身份的護士。若在香港特別行政區以外地方提出索償，則指根據提出索償的司法管轄區的法律所正式註冊提供護理服務的護士。除本公司書面核准之外，註冊護士並不包括受保人、保單持有人、受益人、受保人或保單持有人的商業合伙人、僱主、員工、保險代理人、父母、兄弟、姊妹、配偶或子女。

「疾病、病症或身體不適」指正常健康狀態由於受到病理偏差之影響而表現出來的身體狀況。

2. 保障

當本附加保障仍然生效時，若受保人入住深切治療病房，本公司在收到令本公司滿意的額外住院現金保障證明後，本公司將根據保單附表1或本公司發出的任何保單批註內所列明，就受保人每日住院(入住深切治療病房)支付額外住院現金保障。

每日住院必須合乎每日住院現金保障的支付條件後，方能獲得額外住院現金保障。

若導致提出索償的事故發生於寬限期內，在未支付任何到期保費予本公司之前，本公司將不會處理該索償及作出賠償。

於本保單的整個保單年期，額外住院現金保障之可支付總住院(入住深切治療病房)日數最高限額為六十(60)日。

如於保障地區列明以外之地區住院，額外住院現金保障將限制為於保單附表1或本公司發出的任何保單批註內所列明之金額的百分之五十(50%)，而於本保單的整個保單年期，額外住院現金保障之可支付總日數最高限額為三十(30)日。

當每日住院現金保障之總索償達至住院日數三百(300)日時，額外住院現金保障將即時自動終止。

如該住院發生於中國大陸(香港特別行政區、澳門特別行政區及台灣除外)，本公司只有在經中華人民共和國國家衛生健康委員會或地方政府的衛生健康委員會正式評定為三級甲等或以上之醫院所提供的醫療服務的證明後，方會支付額外住院現金保障。

因入住深切治療病房之每日住院只能獲得一次的額外住院現金保障。

Notwithstanding the above, the Company shall reserve the right to determine the duration of Hospital Confinement with admission to Intensive Care, based on whether such Hospital Confinement with admission to Intensive Care is Medically Necessary.

3. NOTICE AND PROOF OF CLAIMS

Before the Company approves and becomes liable to pay any amount of Extra Hospital Cash Benefit under this Supplementary Benefit, the Company must receive the completed written notice of claim in a specified form furnished by us and the required documents to our satisfaction, proof of validity of claim including but not limited to following proof within ninety (90) days from the date of diagnosis/consultation/treatment, whichever is the latest:

- (a) evidence of the diagnosis by the Registered Doctor;
- (b) evidence of Hospital Confinement with admission to Intensive Care;
- (c) all original receipts and original itemized bills; and
- (d) any other information which we may reasonably require to establish the validity of the claim

In the case of such claim, the original proof must be submitted to the Company (unless otherwise specified). If notice and proof of claims were not given within the time specified, it must be shown that proof was given as soon as reasonably possible, or the Company will not pay the Extra Hospital Cash Benefit. Any amount payable for an Extra Hospital Cash Benefit claim will be paid after we have received written proof of the validity of claim satisfactory to us.

4. EXCLUSIONS

No benefit will be paid if a Bodily Injury, Sickness, Disease or Illness or otherwise incurred directly or indirectly caused by the following:

- (a) Congenital Conditions;
- (b) Intentional self-inflicted Bodily Injury or attempted suicide, while sane or insane;
- (c) Engaging in hazardous sports (including but not limited to mountaineering necessitating the use of ropes or guides, pot-holing, bungee jumping, skydiving, parachuting, parasailing, hang-gliding, ballooning, skin-diving or other underwater pastimes, winter sports, racing of any kind other than on foot, steeple chasing or polo), aviation or aeronautics other than as a fare paying passenger on a duly licensed commercial aircraft;
- (d) Participation in all forms of league status football sports or other team sports with an equivalent or greater likelihood of such participation resulting in Bodily Injury;
- (e) War or any act incidental to war. The word "war" includes any war, declared or undeclared, including civil war and guerrilla war, or any other conflict involving any country or territory's armed forces or any force of an international body;

儘管如上，本公司保留權利根據該次住院(入住深切治療病房)是否為醫療上必需的住院(入住深切治療病房)而決定住院日數。

3. 索償通知及證明

在本公司批核及支付本附加保障之額外住院現金保障的任何金額之前，本公司必須在診斷/診治/治療的日期(以較後者為準)後九十(90)日內收到以本公司提供的指定表格填妥的書面要求索償並提供令本公司滿意的文件。有效索償證明包括但不限於以下證明：

- (a) 經註冊醫生發出的診斷證明；
- (b) 入住深切治療病房之住院證明；
- (c) 所有收據正本及賬單正本；及
- (d) 本公司為了確定索償有效而合理要求的其他任何資料。

索償時，必須呈交文件之正本至本公司。倘索償通知及證明未能於指定時限內提供，必須提供有關延誤之合理證明及理由，否則本公司並不會支付額外住院現金保障。本公司只會在收到令本公司滿意的有效索償的書面證明後，才支付因額外住院現金保障索償而須支付的任何款項。

4. 不保事項

本公司不會就任何直接或間接由下列情況所導致、造成的身體受傷、疾病、病症或身體不適而支付保障：

- (a) 先天缺陷；
- (b) 在不論神智是否清醒的情況下自殘令身體受傷或企圖自殺；
- (c) 參與危險運動(包括但不限於須使用繩索或在嚮導帶領下的登山運動、洞穴探險、跳墜運動、高空跳傘、飛翔運動、帆傘運動、懸掛式滑翔運動、乘坐汽球、潛水或其他水底活動、冬季運動、任何類型非徒步的競賽活動、越野障礙賽跑或馬球)，除以乘客身份繳費乘搭獲正式發牌的商業飛機以外的飛行活動；
- (d) 參與任何形式的聯賽足球運動，或其他具有同等或更高機會引致身體受傷的團體運動；
- (e) 戰爭或由戰爭引起的任何行動。「戰爭」一詞，包括任何已宣布與否的戰爭，包括內戰及游擊戰，或涉及任何國家或地區武裝部隊或國際組織部隊之任何其他衝突；

- (f) service in the armed forces, or any auxiliary civilian force, of any country or territory at war; or service in any force of an international body;
- (g) Taking or absorbing, accidentally or otherwise, any alcohol, drug, medicine, sedative or poison, except as prescribed by a Registered Doctor;
- (h) Pre-existing Conditions;
- (i) Infection from any Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) or any AIDS-related condition;
- (j) Dental treatment, dentures, eye examinations, glasses, hearing aids or the fitting of any thereof, or cosmetic surgery or plastic surgery, except and to the extent that any of such treatment is necessary for cure or alleviation of Bodily Injury to the Life Insured;
- (k) Treatments or tests not consistent with customary medical treatment or diagnosis. Physical examinations, health check-ups or tests not incidental to treatment or diagnosis of a covered Bodily Injury, Sickness, Disease or Illness or any treatments which are not Medically Necessary;
- (l) Hospital Confinement for isolation, quarantine and/or medical surveillance purpose;
- (m) Life Insured participated in illegal activity or attempted violation of the law;
- (n) Physical or mental infirmity, of any disease; or
- (o) Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care. Conditions arising from surgical, mechanical or chemical methods of birth control or treatment (surgical or otherwise to cause) or the reversal of birth control or treatment pertaining to infertility.

5. TERMINATION

This Supplementary Benefit will automatically terminate from the earliest of the following dates:

- (a) if whenever applicable, when this Policy terminates, expires, lapses, becomes void, is cancelled or is surrendered in accordance with the relevant provisions of this Policy;
- (b) the Benefit Cessation Date of this Supplementary Benefit as stated in Policy Schedule 1;
- (c) upon the payment of a maximum sixty (60) days of Hospital Confinement of this Supplementary Benefit or such amount becoming payable; or
- (d) upon the payment of a maximum three hundred (300) days of Hospital Confinement of Daily Hospital Cash Benefit or such amount becoming payable.

6. RIGHTS OF THIRD PARTIES

This Supplementary Benefit forms part of the Policy and no person other than you and us will have any rights to enforce the provisions of this Supplementary Benefit.

- (f) 在任何處於戰爭狀態國家或地區的武裝部隊或任何輔助文職服役；或國際組織的任何部隊中服役；
- (g) 除經註冊醫生處方外，不論意外或其他原因，服用或吸入任何酒精、藥品、藥物、鎮靜劑或毒藥；
- (h) 受保前已存在的狀況；
- (i) 感染任何人體免疫力缺乏病毒(HIV)、後天免疫力缺乏症(愛滋病)或任何與愛滋病有關的狀況；
- (j) 除受保人因身體受傷而必需的治療或緩和傷勢外，牙齒治療、假牙、眼科檢查、眼鏡、助聽器或其任何配件，或美容或整容手術；
- (k) 不符合慣常治療或診斷的治療或測試。身體檢查、健康檢查或非因治療或診斷受保的身體受傷、疾病、病症或身體不適之測試，或任何非醫療上必需的治療；
- (l) 因接受隔離、檢疫及/或醫學監察目的而住院；
- (m) 受保人參與非法活動或試圖違反法律；
- (n) 體格上或精神上的虛弱或病症；或
- (o) 懷孕、分娩(包括外科手術分娩)、流產、墮胎及產前檢查或產後護理。因外科手術、機械或化學方法控制生育或治療(手術或以其他方式造成)或逆轉生育控制或治療有關的不孕症手術所引致的狀況。

5. 保障終止

本附加保障將在以下情況下自動終止，以較早者為準：

- (a) 在適用的情況下，當本保單按照本保單有關條款終止、到期、失效、變成無效、取消或退保時；
- (b) 於保單附表1列明本附加保障之保障終止日；
- (c) 當就本附加保障已支付最多住院日數六十(60)日的賠償後或該金額成為應支付之時；或
- (d) 當就每日住院現金保障已支付最多住院日數三百(300)日的賠償後或該金額成為應支付之時。

6. 第三者權益

本附加保障構成本保單的一部分。除閣下及本公司以外，並無其他人士有權強制執行本附加保障的條款。