AMERICAN INTERNATIONAL ASSURANCE COMPANY (BERMUDA) LTD.

Accident & Health Department

MEMORANDUM

REF : A20505
DATE : 10/24/2000
TO : All EDDs / SDDs / DDs / Managers-in-charge (Excluding Macau)
FROM : Esther Wong
SUBJECT : Revamped Personal Accident Insurance (PAC)
增修「人身意外保險計劃」

為配合市場需要及迎合顧客要求，意外及醫療保險部將在2000年10月24日推出增修人身意外保險計劃。

是次增修人身意外保險計劃的重點是在提升計劃內之每個惠益。其中意外死亡及斷肢／永久完全殘廢於意外發生90日內可獲賠償，伸延至180日。另外，意外死亡及斷肢賠償更增加了三級燒傷保障，令計劃更具競爭力，更能緊貼市場需要。

在2000年10月24日推出之PGS，已加入了增修之「人身意外保險計劃」，各營業員可參考以下時間表：

2000年10月24日 — 2000年11月1日

增修之「人身意外保險計劃」加入 PGS，現有之「人身意外保險計劃」仍會保留7日

銷售增修之「人身意外保險計劃」

請注意在PGS中亦已加上備註提醒各營業員。全新印製之產品小冊子將送到各營業辦事處。計劃之變更可參考附帶之總結表及保單條款副本（連附加保障）。有關新計劃之詳情如下：

＜成人適用＞

保障惠益及保額							
保障惠益		美金			港幣		
		計劃I	計劃II	計劃III	計劃I	計劃II	計劃III
基本保障惠益	意外死亡及斷肢／永久完全殘廢	120,000	80,000	40,000	1,000,000	600,000	300,000
	意外醫療（每次意外最高賠償）	6,000	4,000	2,000	50,000	30,000	15,000
	身故體恤津貼	1,200	800	400	10,000	6,000	3,000
	24小時全球支援服務	✓	✓	✓	✓	✓	✓
	免費自動遞增保額	✓	✓	✓	✓	✓	✓
可附加保障惠益	每日住院賠償	120	80	40	1,000	600	300

全年保費						
保障惠益	美金			港幣		
	計劃I	計劃II	計劃III	計劃I	計劃II	計劃III
基本保障惠益	321	216	111	2,665	1,619	834
基本及可附加保障惠益	493	331	169	4,099	2,479	1,264

＜兒童適用＞

保障惠益及保額				
保障惠益	美金		港幣	
	計劃I	計劃 II	計劃I	計劃 II
意外死亡及斷肢	50,000	25,000	400,000	200,000
意外醫療（每次意外最高賠償）	1,500	750	12,000	6,000
身故體恤津貼	500	250	4,000	2,000
24小時全球支援服務	✓	✓	✓	✓
免費自動遞增保額	✓	✓	✓	✓

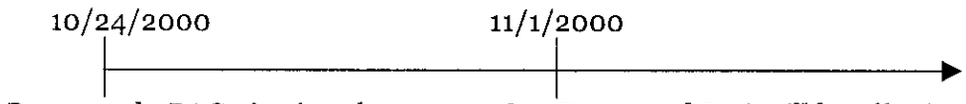
全年保費			
美金		港幣	
計劃I	計劃 II	計劃I	計劃 II
126	66	1,007	528

請將此信息轉知屬下各營業經理及營業顧問員。如有任何查詢，請聯絡意外及醫療保險部 2881 – 3530 Mr. William Leung。

In order to provide better protection coverage and meet customers expectation, A&H Department is pleased to launch the Revamped Personal Accident Insurance (PAC) on 24 October 2000.

The major enhancement in Revamped PAC is to upgrade all benefits such as ADD/PTD coverage period has been extended from 90 days to 180 days. In addition, Third Degree Burns has also been included in AD&D injury list, making the product more competitive to ever changing market needs.

The Revamped PAC will be available in Proposal Generating System (PGS) on 24 October 2000. For easy reference, please check the timetable below:



Revamped PAC is in the PGS. Existing PAC will still be available for 7 days.

Our Revamped PAC will be effective

Please note that a special message regarding this arrangement is added to the Proposal Generating System (PGS) to remind all agents. Revised product brochures will be delivered to your office soon. A Summary of the Revamped PAC and one contract (with Optional Benefit) sample copy are enclosed for easy reference.

Details of Revamp PAC are as follows: -

<For Adult>

Benefits & Coverage							
Benefits		US$			HK$		
		Plan I	Plan II	Plan III	Plan I	Plan II	Plan III
Basic Benefits	Accidental Death & Dismemberment / Permanent Total Disability	120,000	80,000	40,000	1,000,000	600,000	300,000
	Medical Expenses Reimbursement (max. per accident)	6,000	4,000	2,000	50,000	30,000	15,000
	Compassionate Death Benefit	1,200	800	400	10,000	6,000	3,000
	24-Hour Worldwide Assistance Services	✓	✓	✓	✓	✓	✓
	Automatic Renewal Bonus	✓	✓	✓	✓	✓	✓
Optional Benefit	Daily Hospital Income	120	80	40	1,000	600	300

Annual Premium						
Benefits	US$			HK$		
	Plan I	Plan II	Plan III	Plan I	Plan II	Plan III
Basic Benefits	321	216	111	2,665	1,619	834
Basic Benefits with Optional Benefit	493	331	169	4,099	2,479	1,264

<For Juvenile>

Benefits & Coverage				
Benefits	US$		HK$	
	Plan I	Plan II	Plan I	Plan II
Accidental Death & Dismemberment	50,000	25,000	400,000	200,000
Medical Expenses Reimbursement (max. per accident)	1,500	750	12,000	6,000
Compassionate Death Benefit	500	250	4,000	2,000
24-Hour Worldwide Assistance Services	✓	✓	✓	✓
Automatic Renewal Bonus	✓	✓	✓	✓

Annual Premium			
US$		HK$	
Plan I	Plan II	Plan I	Plan II
126	66	1,007	528

Should you have any queries, please contact A & H Department at 2881- 3530 Mr. William Leung. Please convey this message to your agency leaders and agents accordingly.

Regards,

EW/wl

Encl.

c.c.: Mr. Alwin Lam
Mr. Richard Ip
Mr. Barry Stowe
Mr. Derek Yung
All Department Heads
DOAs / ADOAs / ADMs / AADMs

增修人身意外保險計劃總結

保障惠益	現有計劃	增修計劃
意外死亡及斷肢賠償	於意外發生90日內可獲賠償	• 於意外發生180日內可獲賠償 • 保額提高
永久完全殘廢賠償	於意外發生90日內可獲賠償	• 於意外發生180日內可獲賠償 • 保額提高
意外醫療（每次意外最高賠償）	-	保額提高
身故體恤津貼	-	保額提高
每日住院賠償	-	保額提高
三級燒傷	意外死亡及斷肢賠償未有列明	列明於意外死亡及斷肢賠償保障範圍內
修改及新增保單條款	-	✓

Revamped Personal Accident Insurance (PAC) Summary

Benefits	Existing Plan	Revamp Plan
Accidental Death & Dismemberment	within 90 days after accident	• Within 180 days after accident • Coverage upgraded
Permanent Total Disability	within 90 days after accident	• Within 180 days after accident • Coverage upgraded
Medical Expenses Reimbursement (max. per accident)	-	• Coverage upgraded
Compassionate Death Benefit	-	• Coverage upgraded
Daily Hospital Income	-	• Coverage upgraded
Third Degree Burns	Not stated in AD&D	Stated in AD&D
New contract terms and wordings	-	✓

American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda)

PERSONAL ACCIDENT CONTRACT

FORM NO. B2069

THE COMPANY DOES HEREBY INSURE the person named as the Insured on the Policy Information Page, subject to all the provisions, conditions and limitations hereinafter contained.

THIS PERSONAL ACCIDENT CONTRACT IS ISSUED in conjunction with but does not form part of the Life Policy, and is valid only if the above Form Number is stated on the Policy Information Page or added thereto by endorsement. It is issued in consideration of the payment of premiums applicable to this Personal Accident Contract stated on the Policy Information Page or relevant endorsement.

TABLE OF BENEFIT AMOUNTS

BENEFITS	AMOUNT(US$)	(HK$)
ACCIDENTAL DEATH & DISMEMBERMENT	120000	1000000
PERMANENT TOTAL DISABILITY	120000	1000000
MEDICAL EXPENSES REIMBURSEMENT	6000	50000
DAILY HOSPITAL INCOME	120	1000
COMPASSIONATE DEATH BENEFIT	1200	10000

While this Personal Accident Contract is in force, the Company shall provide the benefits as set out herein subject to the provisions, conditions and limitations contained hereinafter.

PART I - DEFINITIONS

Accident means an unforeseen and involuntary event which causes an Injury.

Injury means any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.

Loss of Limb means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of Fingers or Toes means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

Loss of Sight means the entire and irrecoverable loss of sight.

Loss of Use means total and permanent functional disablement and is treated like the total loss of said limb or organ.

Loss of Speech means the disability in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveolobial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

Loss of Hearing means the entire and irrecoverable loss of hearing.

Third Degree Burns means full thickness skin destruction due to burns.

Hospital means a lawfully operated institution for the care and treatment of injured or ill persons which provides facilities for diagnosis, major surgery and full time nursing service and is not primarily a rest or convalescent home or similar establishment or other than incidentally, a place for alcoholics or drug addicts.

Registered Medical Practitioner means any person qualified by degree in western medicine who is legally authorized in the geographical area of his / her practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is the Insured himself / herself, an insurance agent, business partner(s) or employer / employee of the Insured or a member of the Insured's immediate family or related in similar fashion to the Owner.

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Licensed or Graduate Nurse means any person that upon successful completion of a recognized College or School of Nursing, is legally authorized by the Government of the geographical area of his / her practice to render nursing services, but excluding a Licensed or Graduate Nurse who is the Insured himself / herself, an insurance agent, business partner(s) or employer / employee of the Insured or a member of the Insured's immediate family or related in similar fashion to the Owner.

Covered Illness means illness occurring more than thirty (30) days after the Policy Issue Date, Date of last Endorsement or Date of last Reinstatement, whichever is later. For this purpose, an illness has occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Registered Medical Practitioner and the Insured, the Company shall adopt and follow the Registered Medical Practitioner's professional opinion.

Confinement means admission in a Hospital for a minimum period of six (6) hours upon the recommendation of a Registered Medical Practitioner and continuously stay in a Hospital prior to the Insured's discharge. Confinement shall be evidenced by a daily room / room & board charge by the Hospital and under no circumstances shall the Company pay for more than one (1) day of the Daily Hospital Income Benefit for each day of Confinement.

Same Confinement means that if two (2) or more Confinements are due to the same or related injury or illness, or to any complications arising therefrom, such Confinements shall be regarded as one (1) Confinement if each of them is not separated by more than ninety (90) days from the paid or payable Confinement which immediately precedes it. This rule shall be observed in determining the limit of the benefits.

Reasonable and Customary means any medical charge which is charged for treatment, supplies or medical services medically necessary to treat the Insured's condition and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses is incurred; and does not include charges that would not have been made if no insurance existed.

Pre-existing Condition means any physical condition that was diagnosed, treated, or for which a Registered Medical Practitioner was consulted, or the existence of symptoms of any illness or disease at any time prior to the Issue Date, Date of last Endorsement or Date of last Reinstatement of this Personal Accident Contract, whichever is later.

Acquired Immunodeficiency Syndrome (AIDS) refers to the definition used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition.

HIV Infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immunodeficiency Virus, Antigens or Antibodies to such a Virus.

Commercial Aircraft means a certified passenger aircraft provided by a commercial airline on any regularly scheduled flight, and operated by a properly certified pilot flying between duly established and maintained airports, and which is certified and authorized by local government authorities for the transport of fare-paying passengers.

PART II - BENEFIT PROVISIONS

Section 1 - ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT ("THE PRINCIPAL SUM")

When Injury of the Insured results in any of the following losses within one hundred and eighty (180) days after the date of an Accident, the Company shall pay for:

	% of Principal Sum
Loss of life	100%
Permanent total loss of sight of both eyes	100%
Permanent total loss of sight of one eye	100%
Loss of or the permanent total loss of use of two limbs	100%
Loss of or the permanent total loss of use of one limb	100%
Loss of speech and hearing	100%
Permanent and incurable insanity	100%

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Permanent total loss of hearing of		
- both ears		75%
- one ear		25%
Loss of speech		50%
Permanent total loss of the lens of one eye		50%
Loss of or the permanent total loss of use of four fingers and thumb of		
- right hand		70%
- left hand		50%
Loss of or the permanent total loss of use of four fingers of		
- right hand		40%
- left hand		30%
Loss of or the permanent total loss of use of one thumb		
- both right joints		30%
- one right joint		15%
- both left joints		20%
- one left joint		10%
Loss of or the permanent total loss of use of fingers		
- three right joints		10%
- two right joints		7.5%
- one right joint		5%
- three left joints		7.5%
- two left joints		5%
- one left joint		2%
Loss of or the permanent total loss of use of toes		
- all - one foot		15%
- great - both joints		5%
- great - one joint		3%
Fractured leg or patella with established non-union		10%
Shortening of leg by at least 5 cm		7.5%
Third Degree Burns		
Area	Damage as a Percentage of Total Body Surface Area	
- head	equals to or greater than 8%	100%
	equals to or greater than 5% but less than 8%	75%
	equals to or greater than 2% but less than 5%	50%
- body	equals to or greater than 20%	100%
	equals to or greater than 15% but less than 20%	75%
	equals to or greater than 10% but less than 15%	50%

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If the Insured is left-handed, the Percentage for the various disabilities of right hand and left hand shall be transposed.

In the event that a series of losses shall arise out of the same Accident, no indemnity shall be paid for more than one (1) of the losses, for which the amount of indemnity payable shall be the greatest amount of indemnity as determined by the Company in this Section.

Section 2 - PERMANENT TOTAL DISABILITY BENEFIT

When as a result of Injury and commencing within one hundred and eighty (180) days from the date of an Accident, the Insured is totally and permanently disabled and prevented from engaging in any gainful work, occupation or business for which the Insured is reasonably qualified or fitted by knowledge, training or experience, the Company shall pay, provided such disability has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum in equal monthly installments payable at the end of each month during such total, continuous and permanent disability, at the rate of one percent (1%) per month for not more than one hundred (100) months. If during the one hundred (100) month period the disability ceases or the Insured becomes able to return to work, the payments under this Benefit shall immediately cease.

No indemnity shall be payable under this Benefit should the Accidental Death and Dismemberment Benefit as set out in Section 1 Part II be paid.

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Section 3 - MEDICAL EXPENSES REIMBURSEMENT BENEFIT

When by reason of Injury the Insured shall require treatment by a Registered Medical Practitioner, Confinement in a Hospital or employment of a Licensed or Graduate Nurse, the Company shall pay the actual Reasonable and Customary expenses incurred within fifty-two (52) weeks from the date of an Accident for such treatment, Hospital charges and nurses fees.

In no event shall the total amount payable under this Benefit exceed the maximum amount stated in the Table of Benefits Amount as the result of any one (1) Accident, provided that such benefit shall not cover any medical expenses or hospitalisation charges incurred in relation to general check-up, convalescence, custodial, rest care, cosmetic or any elective surgery or congenital anomalies.

Section 4 – DAILY HOSPITAL INCOME BENEFIT

When the Insured is hospitalized due to a Covered Illness or Injury as hereinabove defined on the recommendation of a Registered Medical Practitioner, the Company shall pay the Daily Hospital Income Benefit for each day during which the Insured is confined in a Hospital up to a maximum of ninety (90) days in respect of the Same Confinement.

Section 5 - COMPASSIONATE DEATH BENEFIT

While this Personal Accident Contract is in force, upon the death of the Insured, whether due to Accident or natural cause, the Company shall pay the Compassionate Death Benefit as shown on the Table of Benefit Amounts provided proof of such death is furnished to the Company.

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PART III - EXCLUSIONS

Benefits under Part II Sections 1, 2, and 3 shall not apply to any Event caused directly or indirectly, wholly or partly, by any of the following:

1. war, declared or undeclared, invasion, civil war, revolution or any warlike operations;
2. violation or attempted violation of the law or resistance to arrest;
3. the Insured engaging in or taking part in naval, military or air force service or operations;
4. the Insured engaging in air travel, except as a fare-paying passenger (not as a pilot / operator or a member of the aircrew) in any properly licensed private and / or commercial aircraft;
5. suicide or attempted suicide or self-inflicted Injury or from deliberate exposure to exceptional danger (except in an attempt to save human life), or is sustained whilst the Insured is in a state of insanity;
6. in the case of a woman is attributable wholly or in part to childbirth, miscarriage, pregnancy, or any complications concerning therewith notwithstanding that such event may have been accelerated or induced by Injury;
7. any kind of disease or illness;
8. any Pre-existing Condition;
9. mental, nervous or sleep disorders, treatment of alcoholism, drug abuse or any other complications arising therefrom, or Accidents caused by and whilst under the influence of drugs or alcohol;
10. treatment for dental care or surgery, unless necessitated by Injury caused by an Accident to sound natural teeth (excluding denture and related expenses);

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11 the Insured engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport;

12. while the Insured is on duty as a professional driver and is entering, driving, operating, servicing, riding in or exiting any land vehicle or conveyance outside the territorial limits of Hong Kong and Macau;

13. assault, murder, riot, civil commotion, strikes or making an arrest while the Insured is employed as a full or part-time police officer, or cadet officer or is an officer or member of the Correctional Services Department;

14. assault, murder, riot, civil commotion or strikes while the Insured is employed as a fireman or is on duty as a fireman in the course of extinguishing fires or protecting life and property in case of fire.

Benefit under Part II Section 4 shall not apply to any of the above listed events, with exception to item 7, nor shall it provide benefits in respect to:

1. treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs until the Insured has been continuously covered under this Personal Accident Contract for a period of one hundred and twenty (120) days immediately preceding such treatment or surgery;

2. any congenital defect which has manifested or was diagnosed before the Insured attains seventeen (17) years of age;

3. cosmetic or plastic surgery or any elective surgery or congenital anomalies;

4. routine health checks, any investigation(s) not directly related to admission diagnosis, illness or Injury, or any treatment or investigation which is not medically necessary, or convalescence, custodian or rest care;

5. Acquired Immunodeficiency Syndrome (AIDS) or any complications associated with infection by any Human Immunodeficiency Virus (HIV);

6. pregnancy, miscarriage or childbirth, or any complications arising therefrom;

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PART IV - GENERAL PROVISIONS

1. The Contract:

This Personal Accident Contract is made in consideration of the application and the payment of the required premium. This Contract, the application for it, and any attached endorsement / document constitute the entire contract. All statements and answers made in the application and in any questionnaire or amendment shall, in the absence of fraud, be deemed representations and not warranties. No statement shall be used by the Company to void this Personal Accident Contract or in defence to a claim under it unless it is contained in the application. No change in this Personal Accident Contract shall be valid unless approved by an executive officer of the Company and such approval be endorsed hereon.

If this Personal Accident Contract is simultaneously applied for with the Life Policy, one common application form shall be used for both, otherwise a separate application form shall be required. This Personal Accident Contract and the completed application form(s), whether common or separate, shall be bound together with, or attached to, the Life Policy. This Personal Accident Contract and the Life Policy shall carry a common policy number as indicated in the Policy Information Page but they shall constitute separate policy contracts.

2. Currency of Payment:

All amounts payable either to or by the Company shall be paid in the Currency shown on the Policy Information Page.

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3. Grace Period:

A Grace Period of thirty-one days (31) from the Premium Due Date shall be allowed for payment of each premium after the first premium, during which period this Personal Accident Contract shall remain in force. If, at the expiration of the Grace Period, any premium due is paid under the Automatic Non-Forfeiture Provisions or the Premium Holiday clause in the Premium Provisions of the Life Policy, the same shall apply to this Personal Accident Contract.

If a loss occurs within the Grace Period, the Company shall be entitled to deduct at its discretion any premium due and unpaid whether in respect of this Personal Accident Contract or the Life Policy from the proceeds payable under either or both.

4. Reinstatement:

If this Personal Accident Contract lapses due to non-payment of premiums, the insurance hereunder maybe reinstated with the consent of the Company subject to:

(a) a written application for reinstatement;
(b) production of evidence of insurability satisfactory to the Company; and
(c) payment of all overdue premium with interest at a rate to be determined by the Company.

Such reinstatement shall only cover loss resulting from accidental Injury, death or Covered Illness thereafter sustained.

5. Notice of Claim:

Written notice of claim must be given to the Company within twenty (20) days after the date of the Accident causing such Injury. In the event of death, immediate notice in writing must be given to the Company. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

6. Proof of Hospitalization:

Affirmative proof of hospitalization in such forms as the Company prescribes must be furnished to it at the expense of the Insured within thirty (30) days after the date of leaving the Hospital together with the Hospital's official statement of accounts and receipts.

7. Proof of Loss:

The Company, upon receipt of such notice, shall furnish to the Claimant forms for filing proof of loss. If the forms are not furnished within fifteen (15) days, the Claimant by submitting written proof covering the occurrence, character and extent of the loss for which claim is made shall be deemed to have complied with the requirement of this provision.

8. Time for Filing Proof of Loss:

Affirmative proof of loss must be furnished to the Company within ninety (90) days after the date of such loss.

9. Medical Examination:

The Company shall have the right to require additional proof and request medical examination(s) of the Insured when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.

10. Proof of Continuing Permanent Total Disability:

The Company shall have the right to require from the Insured at reasonable intervals, proof of the Insured's continuing Permanent Total Disability. Once such Permanent Total Disability has been proved to be continued for two (2) years, the Company shall not require such proof more frequently than once a year. Failure to provide proof of continuing Permanent Total Disability shall entitle the Company to cease payment of the monthly installment payment of Permanent Total Disability benefit as stipulated under Part II Section 2.

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11. Right of Beneficiary:

Consent of the Beneficiary shall not be required to surrender this Personal Accident Contract, or to change of Beneficiary, or to any other changes in this Personal Accident Contract. No change of Beneficiary under this Personal Accident Contract shall bind the Company, unless written notice has been filed with the Company during the lifetime of the Insured and endorsed.

12. Rights of Ownership:

No change of Owner under this Personal Accident Contract shall bind the Company, unless written notice has been filed with the Company during the lifetime of the Insured and is endorsed hereon this Personal Accident Contract. Only the Owner can during the lifetime of the Insured exercise all rights, privileges and options provided under this Personal Accident Contract. This is, however, subject to the right of any prior vested interest of any Beneficiary.

13. Immediate Payment of Indemnities:

All indemnities provided in this Personal Accident Contract for loss other than that of time on account of disability shall be paid immediately after receipt and approval of due proof of loss.

14. To Whom Indemnities Are Payable:

Indemnity for Compassionate Death Benefit and / or accidental death of the Insured is/are payable to the Beneficiary, if surviving the Insured, otherwise to the Estate of the deceased Insured. All other indemnities of this Personal Accident Contract are payable to the Owner.

15. Legal Proceedings:

No action at law or in equity shall be brought to recover on this Personal Accident Contract prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirements of this Personal Accident Contract, nor shall such action be brought at all unless brought within two (2) years from the expiration of the time within which proof of loss is required by this Personal Accident Contract.

16. Conformity with Law:

Any provision of the Personal Accident Contract which on its Issue Date, is in conflict with the law of the country in which the Personal Accident Contract is delivered or issued for delivery is hereby amended to conform to the minimum requirements of such laws and shall not affect this Personal Accident Contract which shall remain in full force and effect.

17. Change of Occupation:

If the Insured be injured after having changed his/her occupation to one classified by the Company as more hazardous than that stated in the application for or in subsequent endorsement to this Personal Accident Contract or while doing for compensation anything pertaining to an occupation so classified, the Company shall pay only such portion of the indemnities provided in this Personal Accident Contract as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation.

If the Insured changes his/her occupation to one which is classified by the Company as less hazardous than that stated in the application or any endorsement, the Company, upon receipt of proof of such change of occupation, shall reduce the premium rate accordingly from the date of change of occupation or from the renewal date immediately preceding receipt of such proof, whichever is the more recent.

If the change of occupation is to one which is classified by the Company as not insurable, the Company shall not be liable to cover any loss sustained pertaining to that occupation under this Personal Accident Contract.

In applying this provision, the classification of occupational risk and the premium rates shall be such as have been last promulgated by the Company prior to the occurrence of the loss for which the Company is liable or prior to date of proof of change in occupation.

* * * End of page * * *

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18. Cancellation:

The Company reserves the right to cancel this Personal Accident Contract without affecting the Life Policy at any time by giving thirty (30) days notice in writing to the Owner. The mailing of the notice as aforesaid shall be sufficient proof of notice. The time of surrender or the effective date and hour of cancellation stated in the notice shall be considered the end of this Personal Accident Contract. Whenever this Personal Accident Contract is so cancelled, the Company shall return the unearned portion of the premium paid. Cancellation shall be without prejudice to any claim arising prior to the date of cancellation.

19. Termination:

This Personal Accident Contract shall be automatically terminated on the earliest of the following:

(a) any premium on the Basic Life Policy and / or this Personal Accident Contract remains unpaid at the end of the Grace Period; or
(b) the Basic Life Policy becomes paid-up, matures, expires or is surrendered or canceled,
(c) on the Anniversary of this Personal Accident Contract immediately following the sixty-fifth (65th) birthday of the Insured;
(d) death of the Insured; or
(e) upon the occurrence of any of the losses described in Part II Section 1 or 2 or 5 of the Benefit Provisions.

Termination of this Personal Accident Contract shall be without prejudice to any claim arising prior to such termination. The payment to or acceptance of any premium hereunder subsequent to termination of this Personal Accident Contract shall not create any liability and the Company shall refund any such premium.

20. Modifications:

The terms of the Personal Accident Contract cannot be waived by any agent or otherwise changed except by a policy endorsement signed by the Company's duly authorized officer.

21. Renewal:

This Personal Accident Contract may be renewed by payment of the premium in advance at the premium rate in force at the time of renewal prior to the Insured's sixty-fifth (65th) birthday without issuance of a new policy. The Company reserves the absolute right to revise the premium due under this Personal Accident Contract on the date of such renewal.

22. Renewal Bonus:

On each anniversary of this Personal Accident Contract, a renewal bonus amounting to a five percent (5%) increase on the Principal Sum of the original benefits payable under Part II, Sections 1 or 2 hereof, and as stated on the Policy Information Page shall be allowed upon renewal of this Personal Accident Contract each year up to a maximum of five (5) renewal bonuses. Provided that no renewal bonus shall be allowed on any amount in excess of an aggregate original Principal Sum of US$100,000 or its equivalent of all Personal Accident Policies taken out on the life of the Insured with the Company.

23. Non-Participating:

This Personal Accident Contract shall not share in the surplus earnings of the Company.

24. Important Notice

According to the insurance policy conditions, the Insured must immediately notify the Company of any change in his/her employment, occupations, duties or other pursuits which may result in an increased likelihood of being involved in an Accident.

IN WITNESS WHEREOF, the Company has caused this Personal Accident Contract to be issued as of the Issue Date shown on the Policy Information Page or relevant endorsement.

* * * End of page * * *

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American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda)

美國友邦保險（百慕達）有限公司

人身意外保險契約

編號：B2069

本公司根據此契約內的全部條款、條件和限制，向保單資料頁內指定的受保人提供保障。

此人身意外保險契約與人壽保單一併繕發，但不構成人壽保單的一部份。保單資料頁或批註內必須列明上述契約編號，此契約方爲有效。此契約在收取保單資料頁或有關批註所載適用於此人身意外保險契約的保費後繕發。

保障金額表

保障項目	金額（美元）	（港元）
意外死亡及斷肢	120000	1000000
永久完全殘廢	120000	1000000
意外醫療	6000	50000
每日住院賠償	120	1000
身故體恤津貼	1200	10000

樣本 本公司內部參考

在此人身意外保險契約有效期間，本公司根據下列條款、條件和限制，提供契約內列明之利益。

第一部份：定義

「意外」是指不能預料及非自願事故，並造成身體受傷。

「受傷」是指由身體純因意外而直接導致不正常狀況。此身體不正常狀況並非其他原因如疾病等而導致。

「喪失肢體」是指肢體在腕骨或踝骨部位或以上切斷。

「喪失手指或腳趾」是指手指或腳趾在掌骨關節或趾骨關節部位或以上完全切斷。

「喪失視力」是指視力完全喪失而不可復原。

「喪失功能」是指完全及永久殘廢，亦被視爲完全喪失肢體或器官。

「喪失語言能力」是指喪失四聲（包括唇音、齒齦音、顎音及軟顎音）其中三者的清晰發音能力，或完全喪失聲帶，或大腦語言中樞系統受損而導致完全失去語言及理解語言能力。

「失聰」是指聽力完全喪失而不可復原。

「三級燒傷」是指皮膚因燒傷而全層受損。

「醫院」是指合法經營、設有診斷、大型手術及全職護理服務設施的機構，爲傷者或病人提供護理治療。並非指基本用作療養所或康復院及同類的機構，或其他作爲戒酒或戒毒的醫療中心。

「註冊醫生」是指獲取西方醫學學士學位的醫生，於當地合法註冊，提供醫療或手術服務。但不包括受保人或持有人本人；受保人及持有人之保險代理、商業合伙人、僱主、僱員或直系親屬。

「註冊／合格護士」是指從護士學院或學校畢業的護士，於當地合法註冊以提供醫療服務，但不包括受保人或持有人本人；受保人及持有人之保險代理、商業合伙人、僱主、僱員或直系親屬。

— 此頁完 —

「受保疾病」是指自有關保單繕發日/最近一次的批註日/最近一次的復效日起計三十（30）天後患上之疾病，以較後者爲準。患病是指任何已接受檢查、診斷或治療之疾病，或其病徵已顯現並促使一個普通及謹慎的人尋求斷症、護理或治療。若受保人與註冊醫生因疾病的病徵或徵兆而持有抵觸或不相符的意見時，本公司將以註冊醫生的專業意見爲依歸。

「住院」是指經註冊醫生建議入住醫院不少於六（6）小時，且在出院前需連續逗留在醫院內，並須提交由醫院發出的每日病房／病房及膳食費用收據作爲住院證明。本公司就一日的住院，只作出不多於一（1）日的每日住院賠償。

「同一次住院」是指因同一次受傷、疾病或其併發、續發的情況而引致多次住院，而此等住院相距上一次已賠償或可索償的住院不超過九十（90）天，則被視爲同一次住院。住院賠償之限額將根據此條款計算。

「合理及慣常」是指對受保人必須作出的治療、所提供的醫療必需品或醫護服務所涉及的醫療費用，並不超過在當地接受同類治療、支付予同類醫療必須品或醫護服務的一般收費標準；同時亦不包括在沒有保險的情況下不會收取的費用。

「已存在的情況」是指在本人身意外保險契約繕發日/最近一次的批註日/最近一次的復效日之前（以較後者爲準），經註冊醫生診斷、治療、諮詢的已存在受傷或疾病，疾狀或身體狀況。

愛滋病(AIDS)是根據世界衛生組織於 1987 年發表有關愛滋病的定義，或其後世界衛生組織就有關定義所作的修訂。

人體免疫力缺乏病毒(HIV)指倘在血液或其他有關檢驗中呈現人體免疫力缺乏病毒(HIV)或其抗體，則本公司視受保人已受此病毒感染。

「商業客機」指商業航空公司按規定航線行駛的載客飛機，並由領有合格牌照的飛機師駕駛而往還於設施全備的指定機場，及獲得到當地政府機關認可及授權運載需付費之乘客的客機。

樣本 只供內部參考

第二部份：保障利益條款

第 1 項：意外死亡及斷肢賠償（「要保額」）

倘受保人在意外發生後一百八十（180）天內蒙受下列任何一種損害，本公司會根據下列要保額之百分率作出賠償：

	要保額之百分率
喪失生命	100%
永久完全喪失雙眼視力	100%
永久完全喪失一眼視力	100%
喪失兩肢或永久完全喪失其功能	100%
喪失一肢或永久完全喪失其功能	100%
喪失說話能力及失聰	100%
永久及不能痊癒的精神失常	100%
永久完全失聰	
● 雙耳	75%
● 一耳	25%
喪失說話能力	50%
永久完全喪失一眼球之晶體	50%
喪失任何一手四指及拇指或永久完全喪失其功能	
● 右手	70%
● 左手	50%
喪失任何一手四指或永久完全喪失其功能	
● 右手	40%
● 左手	30%

喪失任何一手拇指或永久完全喪失其功能

● 右手兩節關節	30%
● 右手一節關節	15%
● 左手兩節關節	20%
● 左手一節關節	10%

喪失任何一手手指或永久完全喪失其功能

● 右手三節關節	10%
● 右手兩節關節	7.5%
● 右手一節關節	5%
● 左手三節關節	7.5%
● 左手兩節關節	5%
● 左手一節關節	2%

喪失任何一腳腳趾或永久完全喪失其功能

● 一腳所有腳趾	15%
● 拇趾兩節關節	5%
● 拇趾一節關節	3%

腿骨或膝蓋骨折裂而不能復原 10%

任何一腿畸短 5 厘米或以上 5%

三級燒傷

身體部位	燒傷部份佔全身皮膚面積百分率	
● 頭	不少於 8%	100%
	不少於 5%但少於 8%	75%
	不少於 2%但少於 5%	50%
● 身體	不少於 20%	100%
	不少於 15%但少於 20%	75%
	不少於 10%但少於 15%	50%

倘受保人習慣使用左手，本公司會以上表右手、左手互換其百分率，計算賠償金額。

在任何情況下，本公司就此項保障條款內所載的各項損害，不會作出多於一（1）項的賠償。本公司會支付賠償金額最大的一項傷害。

第 2 項：永久完全殘廢賠償

倘在意外發生後一百八十（180）天內受保人因意外受傷而引致永久完全殘廢，並無法從事根據其教育、訓練或經驗而適合並可賺取報酬的任何工作、職業或商業活動，而該殘廢已維持連續十二（12）個月後，受保人仍然完全、持續及永久殘廢，則本公司會支付保障金額表所載之永久完全殘廢賠償。該項賠償將於永久完全殘廢期內每月月底等額攤付百分之一（1%），而支付期不得超過一百（100）個月。若在一百（100）個月的支付期內殘廢狀況消失或受保人回復工作能力，則此永久完全殘廢賠償將即時終止。

倘本公司已就此契約第二部份第一項所載之意外死亡及斷肢賠償向受保人作賠款，則本項賠償即不予提供。

第 3 項：意外醫療賠償

倘受保人意外受傷而需接受註冊醫生之治療、入住醫院或僱用註冊或合格護士，則本公司會支付意外發生後五十二（52）個星期內已付的實際、合理及慣常醫療的費用、住院費用及護士費用，惟賠償不得超過保障金額表就任何一宗意外所定之最高保障金額，而有關賠償並不包括健康檢查、療養、特別護理、靜養、或美容或任何非必要的手術或矯正天生畸形所引致的醫療費用或住院費用。

– 此頁完 –

第 4 項：每日住院賠償
倘受保人因此契約所定義之傷害或受保疾病而根據註冊醫生建議入住醫院，則本公司會支付保障金額表所載的每日住院賠償。同一住院最長賠償期以九十（90）天爲限。

第 5 項：身故體恤津貼

當受保人在此契約有效期間身故，無論屬意外或自然死亡，本公司會支付保障金額表所載的身故體恤津貼予受益人，惟受益人須向本公司提供受保人的死亡証明。

第三部份：不保事項

第二部份第 1、2 及 3 項的保障利益不承保任何直接或間接、全部或部份由下列原因造成之事故：

1) 宣戰或不宣戰之戰爭、侵略、內戰、革命或任何軍事行動；

2) 抵觸或企圖抵觸法律的行爲，或拒捕；

3) 受保人參與或服役於海軍、陸軍或空軍執行任務；

4) 受保人參與空中飛行引致，如受保人以乘客身分(非機師，控制員或空勤人員)乘搭領有合格牌照之私人飛機或商業客機除外；

5) 無論當時神智是否清醒，受保人自致或企圖自致之傷害（試圖拯救他人性命除外）；

6) 就女性受保人而言，全部或部份源自分娩、流產、懷孕或任何有關的併發症，無論事故是否由受傷引發或因受傷而加劇；

7) 任何種類的疾病；

8) 因已存在的情況引致之損害；

9) 精神分裂、睡眠失調、治療酗酒或藥物濫用或任何其他由此產生的併發症，或因藥物或酒精影響所導致的意外；

10) 牙齒護理或手術，但因受保意外受傷而須接受的治療不在此限（托牙〔假牙〕及有關費用不包括在內）；

11) 受保人以專業運動員身分參與運動或透過該運動賺取收入或報酬；

12) 事故發生時，受保人正以職業司機身分在香港及澳門以外地區進入、駕駛、操作、維修、乘搭或離開車輛或任何陸上運輸工具；

13) 被襲擊、被謀殺、暴動、民事騷亂、罷工或進行逮捕，而事發時受保人是全職或兼職警務人員或受訓學員，或是懲教署官員或成員；

14) 被襲擊、被謀殺、暴動、民事騷亂或罷工，而事發時受保人任職消防員或以消防員身分當值並在發生火警時參與滅火或救人及保護財產活動。

— 此頁完 —

樣本 公眾內部參考

第二部份第 4 項所規定的賠償不適用於上述任何事故（第 7 項除外）及下列情況所引致的事故：

1) 扁桃腺、腺樣增殖體、疝脫或女性生殖器官的疾病等治療或手術，除非受保人在開始接受該項治療或手術時，此人身意外保險契約已持續有效達一百二十（120）天；

2) 任何受保人十七（17）歲生日前已出現或斷診的先天性身體殘缺；

3) 美容、整形手術、任何非必要的手術或天生畸形；

4) 例行健康檢查、任何與入院診斷、疾病或受傷無直接關係的檢驗；或任何在醫學上非必要之治療或檢驗查驗、療養、特別護理或靜養；

5) 罹患愛滋病(AIDS)或受人體免疫力缺乏病毒(HIV)感染；

6) 懷孕、流產、分娩，或因而導致的併發症。

第四部份：一般條款

1. 契約

此人身意外保險契約乃根據投保申請書及已繳交所需保費而制定。此人身意外保險契約，任何附加批註文件及投保申請書構成契約的全部。如無欺詐成分，申請書中的所有聲明應被視爲陳述而非擔保。本公司不會利用任何並非投保申請書所載之聲明以使此人身意外保險契約無效或拒絕索償要求。未經本公司負責人批准及批註，此人身意外保險契約的任何更改均爲無效。

倘此人身意外保險契約與人壽保單同時申請，則兩者共用同一投保申請書；否則，應使用獨立投保申請書。無論是共用同一投保申請書或使用獨立投保申請書，此人身意外保險契約及其與人壽保單共用的同一投保申請書或獨立投保申請書，將聯合或附加於人壽保單內。此人身意外保險契約與人壽保單共用同一保單號碼並列載於保單資料頁內，但爲兩份獨立的契約。

2. 付款貨幣

所有本公司收取或支付的款項，均以保單資料頁上所載之貨幣爲準。

3. 寬限期

於首次繳交保費後，以後每次保費到期日後三十一（31）天爲寬限期。寬限期內，此人身意外保險契約仍然有效。倘在寬限期完結時，人壽保單之保費根據既有現金價值條款或保費條款內的暫停繳費條文繳交，則有關條款同時適用於此人身意外保險契約。

倘損害在寬限期內發生，本公司可酌情決定自此人身意外保險契約或人壽保單可得的賠償中，扣除此人身意外保險契約或人壽保單逾期未繳的保費。

4. 復效

倘此人身意外保險契約因保費未付而失效，經本公司同意後仍可復效，唯必須符合下列各項規定：

(a) 以書面申請復效；

(b) 提供本公司認可的受保人可受保證明；及

(c) 付清所有逾期未付之保費，連同本公司所規定利率之利息。

此復效之契約只保障復效後意外受傷、死亡或受保疾病所引致之損害。

— 此頁完 —

5. 索償通知
所有意外索償必須於意外發生後二十（20）天內以書面通知本公司。倘受保人死亡，必須立即通知本公司。倘有充份理由證明未能在此人身意外保險契約規定的時限內發出通知，但已在合理的情況下盡快發出通知，則該索償將不受影響。

6. 住院證明
確實的住院證明，連同醫院賬單及收據正本，必須於受保人出院後三十（30）天內提交本公司。索取有關證明的費用由受保人負責。

7. 損害證明
本公司在接獲索償通知後，會提供適當的索償申請表予索償人。倘本公司未能於十五（15）天內提供有關申請表，索償人可向本公司提交書面證據以證明損害的發生、受損害的性質及程度，此書面證據亦視爲已符合本條款的要求。

8. 提交損害證明時限
確實的損害證明必須於有關損害發生後九十（90）天內提交本公司。

9. 身體檢查
在索償尚未解決之時，本公司有權按需要要求受保人接受身體檢查。倘受保人已身故，本公司有權在法律允許的情況下要求解剖驗屍。

10. 持續殘廢證明
本公司有權每隔一段合理的時間要求受保人遞交持續殘廢證明以確定其獲得賠償期間仍屬永久完全殘廢。唯殘廢持續兩年後，本公司不能要求受保人每年遞交超過一次有關永久完全殘廢證明。倘不能提供有關證明，本公司將即時終止本契約第二部份第 2 項所載按月提供之永久完全殘廢賠償，

11. 受益人權利
持有人毋須經受益人同意可申請本契約退保、更改受益人或其他之變更。更改受益人必須於受保人在生存期間以書面提出並經本公司記錄在案及批核後，方爲有效。

12. 持有人權利
此契約的持有人必須在受保人在生存期間以書面提出並經本公司記錄在案及批核後，方爲有效。除已賦予受益人的既得利益外，持有人可於受保人生存期間行使本契約所規定的所有權利、享有權益及作出選擇權。

13. 即時支付賠償
除因殘廢而須按指定時間支付的賠償外，本公司在接獲適當的受損害證明及批核有關索償後，即時支付此人身意外保險契約所提供的保障利益賠償。

14. 賠償之支付
倘於受保人身故時，受益人仍然生存，有關之身故體恤津貼及／或意外死亡賠償會支付予受益人。倘受益人先於受保人身故，身故賠償會納入受保人的遺產。此人身意外保險契約的其他保障利益賠償會支付予持有人。

15. 法律訴訟
在根據此人身意外保險契約規定提交損害證明後六十（60）天內，或此契約規定提交損害證明期限屆滿兩（2）年後，不得採取法律或平衡法行動，追索任何賠償。

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16. 法律依從
此契約在繕發日生效之條款倘與有關國家之法例有所違背，則契約將以符合該國有關法例之最低要求爲原則而作修改。此處理辦法將不影響本契約之履行，並其權益將繼續保留及維持有效。

17. 轉換職業
倘受保人在受傷前已轉換職業，而本公司界定新職業的危險程度，較在投保申請書或其後附加的批註所載的職業爲高，或受保人於受傷時，從事根據本公司職業分類界定爲危險程度較高的工作以獲取報酬，本公司支付的賠償額會根據危險程度較高的職業所適用的保費率，及有關的其他限制，與已繳付的保費計算可購買的保障金額。

倘受保人在受傷前已轉換職業，而本公司界定新職業的危險程度，較在投保申請書或其後附加的批註所載的職業爲低，本公司在收到有關之轉換職業證明後，將根據受保人轉換職業之日期，或緊接在收到轉換職業證明前之續保日（以較近期者爲準），計算該職業所適用的保費率。

倘受保人所轉換之職業不在本公司受保之列，在此人身意外保險契約條款下，本公司並無責任賠償因該新職業引致之任何損失。

在引用此條款時，界定職業的風險及保費率，應以本公司於損害發生前或提交轉換職業證明前，最後頒佈的規定爲準。

18. 取消契約
本公司有權在不影響人壽保單的情況下，於任何時間以三十（30）天書面通知持有人，取消此人身意外保險契約。以郵遞方式寄予上述書面通知可視爲取消契約之憑證。通知書上所載之退保時間或取消保單之日期及時間即爲本契約之終止期。倘此契約以上述形式取消，本公司會退還已繳交但保障仍未生效的該部份保費。取消契約並不影響於取消前已提交的索償申請。

19. 終止契約
此人身意外保險契約在下列情況下自動終止，以較先者爲準：
(a) 受保人之基本人壽保單及／或此人身意外保險契約的保費在超過寬限期後仍未繳交；
(b) 受保人之基本人壽保單已付清保費、期滿、滿期或退保／取消；
(c) 緊隨受保人六十五（65）歲生日後的契約週年日；
(d) 受保人死亡；或
(e) 發生第二部份「保障利益條款」第1、2或3項所述的損害。
終止契約並不影響終止前已提交的索償申請。於此契約終止後收取的任何保費，不構成對本公司退還此等保費以外的任何賠償責任。

20. 修改
除由本公司所授權人士簽署之保單附加契約外，本人身意外保險契約之條款不可因任何保險代理人而豁免或修改。

21. 續約
本人身意外保險契約可於受保人六十五（65）歲生日前續保，並而無須繕發新保單，但須按當時適用的保費率預先繳交所需保費。在辦理此契約的續保時，本公司有權更改續保所須繳付的保費。

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22. 續保利益
在每個契約週年日辦理續保時，第二部份第 1 或 2 項的保障金額，會根據保單資料頁內所載的要保額增加百分之五（5%），作爲續保利益，增加最多以五（5）次爲限。此外，倘受保人在本公司投保的人身意外保險的總要保額超過十萬美元（US$100,000）或同等幣值，則十萬美元（US$100,000）或同等幣值以外的要保額，並不獲得續保利益。

23. 不分紅計劃
此人身意外保險契約不可分享本公司的盈餘。

24. 重要事項
根據一般保單條款規定，倘若受保人轉變受僱情況、轉業、改變職務或其他消遣，因而增加遭受意外之可能，受保人必須即時知會本公司。

本公司於保單資料頁或有關批註上所示繕發日簽署此契約。

– 此頁完 –

樣本
只供內部參考