Product Comparison & Gap Analysis

Travel Insurance

Benefit Comparison

Benefit Limit (HKD)	Blue Cross TravelElite**	AIG TravelSafe	Zurich Get Z Go+
Annual Cover – Age Limit	6 weeks – age 70	Up to age 70	**Up to age 75 (Renewable up to age 80)**
Accompanied Child	**Medical Expenses: 100% of Adult Benefit** Personal Accident: 50% of Adult Benefit	Medical Expenses: 50% of Adult Benefit Personal Accident: 50% of Adult Benefit	Medical Expenses: 50% of Adult Benefit Personal Accident: 50% of Adult Benefit
	Cover unlimited no. of child under Family Plan	Individual pricing for each child	1 Adult with 1 free accompanied child
Elderly	Medical Expenses: 50% of Adult Benefit Personal Accident: 50% of Adult Benefit	Medical Expenses: 50% of Adult Benefit Personal Accident: 50% of Adult Benefit	**Medical Expenses: 100% of Adult Benefit** **Personal Accident: 100% of Adult Benefit**
	Same premium as Adult	Higher premium than Adult	Higher premium than Adult
Medical Expenses Benefit	Cover "Chinese Medicine Practitioner Treatment Expenses" in: • Follow-up Medical Expenses in Hong Kong only • With sub-limit and daily limit: ○ WW1 Plan: 3,000 (200/day) ○ WW2 Plan: 3,000 (200/day)	Cover "Chinese Medicine Practitioner Treatment Expenses" in: • Follow-up Medical Expenses in Hong Kong only • With sub-limit and daily limit: ○ WW Platinum Plan: 3,000 (200/day) ○ WW Gold Plan: 2,000 (150/day)	Cover "Chinese Medicine Practitioner Treatment Expenses" in: • **Overseas**; and • Follow-up Medical Expenses in Hong Kong • With sub-limit, without daily limit: ○ Deluxe Plan: **5,000** ○ Comprehensive Plan: 3,000
	Follow-up Medical Expenses in Hong Kong due to: • **Injury: 100% of medical expenses limit** • Sickness: 10% of medical expenses limit	Follow-up Medical Expenses in Hong Kong due to: • Injury: 50% of medical expenses limit • Sickness: 10% of medical expenses limit	Follow-up Medical Expenses in Hong Kong due to: • **Injury: 100% of medical expenses limit** • Sickness: 10% of medical expenses limit
Personal Accident Benefit	**Scale of Benefit: Long-scale**	Scale of Benefit: Short-scale	**Scale of Benefit: Long-scale**
Personal Liability Benefit	Max. Limit: 2M (WW1 Plan)	**Max. Limit: 3M (WW Platinum Plan)**	**Max. Limit: 3M (Deluxe Plan)**

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Compassionate Death Cash Benefit	**Max. Limit: 20,000 (WW1 Plan)**	**Max. Limit: 20,000 (WW Platinum Plan)**	Max. Limit: 15,000 (Deluxe Plan)
Trip Cancellation	No "All Risks" Cover	No "All Risks" Cover	**"All Risks" Cover (Deluxe Plan only)**
	Cover "Death of Pet"	Not cover "Death of Pet"	Cover "Death of Pet" (Optional Benefit only)
	Cover "the Insured Child is required to attend school interview or public examination"	Not Cover "the Insured Child is required to attend school interview or public examination"	Not Cover "the Insured Child is required to attend school interview or public examination"
	Not cover "Redundancy of Insured Person"	**Cover "Redundancy of Insured Person"**	Not cover "Redundancy of Insured Person"
Trip Curtailment	No "All Risks" Cover	No "All Risks" Cover	**"All Risks" Cover (Deluxe Plan only)**
	Cover "Death of Pet"	Not cover "Death of Pet"	Cover "Death of Pet" (Optional Benefit only)
	Cover: • Loss of prepaid and unused portal of travel arrangement which is forfeited and unrecoverable from the relevant parties **AND** • Reasonable additional travelling expenses incurred for returning to HK	Cover: • Loss of prepaid and unused portal of travel arrangement which is forfeited and unrecoverable from the relevant parties **AND** • Reasonable additional travelling expenses incurred for returning to HK	Cover: • Loss of prepaid and unused portal of travel arrangement which is forfeited and unrecoverable from the relevant parties OR • Reasonable additional travelling expenses incurred for returning to HK
Re-routing	No "All Risks" Cover	No "All Risks" Cover	**"All Risks" Cover (Deluxe Plan only)**
	Not cover "Serious Bodily Injury or Sickness of Insured Person/Travel Companion	**Cover "Serious Bodily Injury or Sickness of Insured Person/Travel Companion"**	Not cover "Serious Bodily Injury or Sickness of Insured Person/Travel Companion
	Cover: • Reasonable additional travelling and accommodation expenses incurred (less any prepaid expenses of unused accommodation recovered from the relevant accommodation providers) for the purpose of continue the journey	Cover: Reasonable additional travelling and accommodation expenses incurred (less any prepaid expenses of unused accommodation recovered from the relevant accommodation providers) for the purpose of continue the journey	Cover: • Reasonable additional travelling and accommodation expenses incurred (less any prepaid expenses of unused accommodation recovered from the relevant accommodation providers) for the purpose of continue the journey; **OR** • **The prepaid and unused expenses due to the journey interruption which is not recoverable from any other sources**

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Other Trip Interruption Benefit	**Cover "Cancellation of Local Tour"**	Not cover "Cancellation of Local Tour"	Not cover "Cancellation of Local Tour"
	Cover "Overbooking"	Not cover "Overbooking"	Not cover "Overbooking"
	Cover "Closure of Designated Service Providers"	Not cover "Closure of Designated Service Providers"	Not cover "Closure of Designated Service Providers"
Outbound Travel Alert (OTA) Benefits	Covered Alert: • Black (100%) • Red (50%) • **Amber (25%)**	Covered Alert: • Black (100%) • Red (50%)	Covered Alert: • Black (100%) • Red (50%)
	Not applicable to Re-routing	**Applicable to Re-routing**	**Applicable to Re-routing**
	Cover "Additional Cash Allowance for Trip Curtailment"	Not cover "Additional Cash Allowance for Trip Curtailment"	Not cover "Additional Cash Allowance for Trip Curtailment"
	Not cover "Allowance for involuntary stay behind due to Black OTA after the journey has begun"	Not cover "Allowance for involuntary stay behind due to Black OTA after the journey has begun"	**Cover "Allowance for involuntary stay behind due to Black OTA after the journey has begun"**
Travel Delay – Cash Allowance	Delay at least 6 hours from scheduled **departure or arrival time**	Delay at least **5 hours** from scheduled **departure or arrival** time	Delay at least **5 hours** from scheduled departure time only
	No "All Risks" Cover	No "All Risks" Cover	**"All Risks" Cover (Deluxe Plan and Comprehensive only)**
Cancellation of Trip due to Travel Delay	Delay at **least 10 hours** from scheduled departure time	Delay **at least 10 hours** from scheduled departure time	Delay at least 12 hours from scheduled departure time
	Max. Limit: 3,000 (WW1 Plan)	Max. Limit: 3,000 (WW Platinum Plan)	**Max. Limit: 5,000 (Deluxe Plan)**
	No "All Risks" Cover	No "All Risks" Cover	**"All Risks" Cover (Deluxe Plan only)**
Baggage Delay Benefit	**Max. Limit: 1,500 (WW1 Plan)**	Max. Limit: 1,200 (WW Platinum Plan)	Max. Limit: 800 (Deluxe Plan)
Baggage Benefit	Max. Limit: 20,000 (WW1 Plan)	**Max. Limit: 25,000 (WW Platinum Plan)**	**Max. Limit: 25,000 (Deluxe Plan)**
	Laptop – Max. Limit: 6,000 (WW1 Plan)	**Laptop – Max. Limit: 15,000 (WW Platinum Plan)**	Laptop – Max. Limit: 10,000 (Deluxe Plan)
Loss of Home Contents Benefit	**Max. Limit: 25,000 (WW1 Plan)**	Max. Limit: 15,000 (WW Platinum Plan)	Not cover
Credit Card Protection Benefit	Max. Limit: 30,000 (WW1 Plan)	**Max. Limit: 32,000 (WW Platinum Plan)**	Not cover
Golfer Benefit	**Cover**	Optional Benefit	Not cover
Rental Vehicle Excess Protection Benefit	Max. Limit: 12,000 (WW1 Plan)	Max. Limit: 12,000 (WW Platinum Plan)	**Max. Limit: 20,000 (Deluxe Plan)**

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Cruise Benefit	**Port of Call Changed:** **Max. Limit: 20,000**	No special benefit for Port of Call Changed	Port of Call Changed: 500 for visa fee required to new port
	Cruise Interruption – Cash Allowance: **750/day x 4 days**	No cash allowance benefit for Cruise Interruption	No cash allowance benefit for Cruise Interruption
	Cash Allowance for Arrival Delay at Final Destination: **Max. Limit: 1,500**	No special benefit for Arrival Delay at Final Destination	No special benefit for Arrival Delay at Final Destination
	Satellite Phone Expenses: **Max. Limit: 3,000**	Satellite Phone Expenses – Max. Limit: 2,000	Not cover Satellite Phone Expenses
Loss of Income Benefit	Not cover	**Max. Limit: 30,000 (WW Platinum Plan)**	Not cover
Diving depth limit	Not deeper than 30 metres	Not deeper than 18 metres	**Not deeper than 40 metres**
Other Insurance Clause	The Insured Person shall first make a claim against such other party and/or insurance and submit to the Company the proof of such claim, which shall be conditions precedent to any liability of the Company under this Policy to pay any balance of the claim not recoverable from such other source and/or insurance (not applicable to Section 2 "Overseas Hospital or Quarantine Cash Allowance Benefit" and Section 4 "Personal Accident Benefit" of the Policy Benefits of these terms and conditions)	Exclude any loss and expenses that can be reimbursed or recovered from any other source except for Section 1c. (Overseas Hospital Cash), Section 2 (Personal Accident), Section 3 (Compassionate Death Cash) and Section 9 (Delay Coverage)	If at the time of a claim there is any other policy insured by other insurance company which also provides the same benefits as the ones being claimed under this policy, will only be liable for our **proportionate share** (except for Section 1(b) - Compassionate death cash, Section 1(c) – Overseas hospital daily cash benefit, Section 1(d) - Daily cash allowance due to unexpected compulsory quarantine, Section 3 - Accident Cover and Section 5 - Delay Cover of Part 2 of this policy) which will be paid under this policy

***** TravelElite Revamp will be launched in 2024 Q4***

Premium Comparison (HKD) – Adult (Worldwide)

	No. of Days	**Blue Cross** **TravelElite** **WW1 Plan**	**AIG** **TravelSafe** **WW Platinum Plan**	**Zurich** **Get Z Go+** **Deluxe Plan**
Single-Trip	**5**	339	358	393
	7	408	463	493
	10	486	614	583
	15	700	846	833
	20	739	1,081	913
Annual Cover	**1 year**	2,818	3,164	3,180

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Motor Insurance

Benefit Comparison

Benefit Limit (HKD)	Blue Cross SmartPro Drive**	AIG Motor Prestige	Zurich Private Motor Car
Authroised Repair Limit	1,000	**5,000**	1,000
Third Party Property Damage (TPPD) – Options of Max. Indemnity Limit	2M / 5M	2M / 5M	**2M / 3M / 5M / 7.5M / 10M**
Medical Expenses	5,000	**10,000**	5,000
No Claims Discount (NCD) / Claim-Free Discount (CFD) Protection	**< 75,000 or 20% of Sum Insured (whichever is lesser)**	< 50,000 or 15% of Sum Insured (whichever is the less)	< 50,000
Personal Accident to the Named Driver	**200,000** Age Limit of Named Driver: not under 25 nor more than 69 years of age at the time of such bodily injury	**200,000** Age Limit of Named Driver: not under 18 nor more than 65 years of age at the time of such bodily injury	100,000 **No age limit**
Nil Depreciation on Spare Part Repair	Not cover	The motor car first registered within three (3) years prior to the time of accident	**The motor car does not exceed 6 years from the year of manufacture**
Windscreen Excess Waiver	5,000 Cover glass in the windscreen or the windows of the motor car	**6,000** **Cover glass in the windscreen or the windows of the motor car**	**No limit** Cover front windscreen of the motor car only
Electric Car Charger Third Party Liability Protection	**2M** **Excess: 5,000 for TPPD claim**	Not cover	**2M** **Excess: 5,000 for TPPD claim**
Loss of or Damage to Personal Effects	3,000 **Excess: 10% of adjusted loss for every claim**	**10,000** Excess: 20% of adjusted loss for every claim	Not cover
Key Replacement	Not cover	**2,000** **Excess: 20% of adjusted loss for every claim**	Not cover
Alternate Vehicle	**6,000 (co-insurance: 20%) subject to 1,000/day**	4,550 Subject to 650/day	4,000 (co-insurance: 20%) subject to 1,000/day

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			OR **2,000 (for taxi fee reimbursement)**
Extension of Own Damage Coverage in Guangdong Province	Applicable to Guangdong Province	Applicable to both **Macau** and Guangdong Province	Applicable to both **Macau** and Guangdong Province

***** SmartPro Drive Revamp will be launched in 2024 Q4***

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Home Insurance

Benefit Comparison

Benefit Limit (HKD)		Blue Cross	AIG		Zurich
		HomeElite	A Plus Home		HomeChoice
		Plan A	Plan B	Plan C (High-End Plan)	Single Plan
Household Contents	Overall Max. Limit	**1.3M**	1M	2.5M	1.25M
	Furniture, Household Appliance	100,000/item	100,000/item	200,000/item	100,000/item
	Valuables at Home	**450,000** (10,000/item)	200,000 (15,000/item)	1M (50,000/item)	250,000/year **(20,000/item)**
	Wine	Not cover	2,000 (1,000/item)	15,000 (1,500/item)	**5,000/item**
	Outdoor Household Contents	Not cover	30,000 **(3,000/item)**	50,000 (5,000/item)	**50,000** (2,500/item)
	Interior alternations or Repair	**1.3M Provided contract value < 80,000 and contract period < 2 months**	Not cover	Not cover	100,000 Provided contract period < 2 months
Personal Effect - Worldwide		20,000 (6,500/item)	**25,000 (7,000/item)**	75,000 (25,000/item)	Optional Benefit
Money		2,000 (Hong Kong only)	2,000 (Worldwide)	5,000 (Worldwide)	**5,000 (Worldwide)**
Mobile Phone / Tablet Computer / Laptop Computer		10,000 (Hong Kong only) Mobile Phone: 2,500 (damage only) Tablet/Laptop: 5,000 (damage only)	10,000 **(Worldwide)** Mobile Phone: 2,000 (damage only) **Tablet/Laptop: 10,000 (loss/damage)**	20,000 (Worldwide) Mobile Phone: 5,000 (damage only) Tablet/Laptop: 20,000 (loss/damage)	No overall limit **(Worldwide)** **Mobile Phone: 2,500 (damage only)** Tablet/Laptop: 5,000 (damage only)
Alternative Accommodation		**80,000** (1,800/day)	35,000 (1,500/day)	100,000 (2,000/day)	60,000 **(3,000/day)**
Accidental Death		**400,000 (100,000/family member)**	50,000	100,000	100,000
Public Liability		10,000,000	**15,000,000**	20,000,000	10,000,000

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Unoccupied Exclusion	Over 60 consecutive days	Over 60 consecutive days	Over 60 consecutive days	Over 30 consecutive days
Optional Benefit: Building All Risks	Based on Sum Insured provided (stated on policy schedule)	Gross Floor Area:	Based on Building Cost	Based on Building Cost (not mention amount)
		1 - 700	5M	
		701 – 1,500	7.5M	
		1,501 – 4,000	10M	

Premium Comparison (HKD)

Basic Benefit		Blue Cross	AIG		Zurich
		HomeElite	A Plus Home		HomeChoice
		Plan A	Plan B	Plan C	Single Plan
Gross Floor Area (sq. ft)	**Overall Household Contents Limit**	**1.3M**	**1M**	**2.5M**	**Pls refer to the (bracket) next to premium below**
500		960	807	4,121	870 (750,000)
700		1,260	1,059	4,121	1,050 (750,000)
1,200		1,536	1,695	4,726	1,740 (1M)
1,500		2,016	1,695	4,726	1,740 (1M)
2,000		2,580	2,421	6,036	2,150 (1.25M)
2,500		3,096	2,825	6,843	2,580 (1.25M)
3,000		3,696	3,430	6,873	3,080 (1.25M)

Optional Benefit	Blue Cross	AIG		Zurich	
	HomeElite	A Plus Home		HomeChoice	
		Gross Floor Area (sq. ft)	Premium	Gross Floor Area (sq. ft)	Premium
Building All Risks	Sum Insured x 0.08%	500	779	500	575
		700	981	700	725
		1,200	2,384	1,200	1,760
		1,500	2,384	1,500	1,760
		2,000	3,178	2,000	2,346
		2,500	3,895	2,500	2,875
		3,000	4,752	3,000	3,508

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產品比較聲明

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Maid Insurance

Benefit Comparison

Benefit Limit (HKD)	Blue Cross	AIG	Zurich
	HelperElite	Domestic Helper Protector 3.0	HelperSafe
	Plan A	Ultra Care	Single Plan
Outpatient	5,000	5,000	3,000 (non-network) / 20 visits (network)
Replacement Expenses	10,000	10,000	5,000
Post Hospitalisation Expenses	1,000	1,000	Not cover
Repatriation Expenses – Medical Unfitness	20,000	10,000	5,000
Repatriation Expenses – Mortal Remains			20,000
Lock Replacement	Not cover	3,000	Not cover
Domestic Helper's Personal Liability	200,000	200,000	100,000
Domestic Helper's Personal Accident	200,000	200,000	100,000
Domestic Helper's Personal Belongings	3,000	3,000	Not cover
Domestic Helper's Maternity Compensation	10,000	Not cover	Not cover
Family Member Protection	10,000	10,000	5,000
Service Interruption	7,000 (350/day)	7,500 (250/day)	6,000 (200/day)
Teleconsultation for Medical Care	Not cover	Yes	Not cover
Optional Benefit – Critical Illness	150,000 Cover heart diseases, cancers, cysts, tumours, carcinoma in situ, encephalitis, aneurysm, kidney failure, stroke, meningitis or liver failure	100,000 Cover heart diseases and cancer only	100,000 Cover heart diseases and cancer only

Premium Comparison (HKD)

		Blue Cross		AIG			Zurich
		HelperElite		Domestic Helper Protector 3.0			HelperSafe
Basic Benefit	**Plan Level**	Plan A	Plan B	Ultra Care	Super Care	Extra Care	Single Plan
	1 Year Plan	993	900	1,188	795	435	946

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	2 Year Plan	1,888	1,710	2,211	14,50	783	1,798	
Optional Benefit	**Plan Level**	**Advance**	**Standard**	**Ultra Care**	**Super Care**	**Extra Care**	**Deluxe**	**Classic**
	1 Year Plan	460	330	294			300	150
	2 Year Plan	820	600	532			600	300

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