

Hong Kong Disciplined Services Insurance Plan Policy

This policy is a legal document and should be kept in a safe place. Please read this policy carefully and promptly request for any necessary amendments. If there is any change in the information provided on *your* enrolment form (regardless verbally, in written format or digital format), please inform *us* of the changes immediately.

If *you* are not satisfied with this policy, *you* have the right to cancel this policy by giving notice in writing with *your* signature and return the policy to *us* within fourteen (14) days from the delivery of this policy document, provided that no claim has been made to the policy, *we* will refund all the premiums *you* have paid without interest.

You and the *insured person* are insured under this policy subject to payment of premium, and compliance to the terms and conditions as stated in this policy.

PART 1 – DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help *you* identify these words in this policy, *we* have printed them in italics throughout this policy. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Accident/Accidental	A sudden and unforeseen event that happens unexpectedly during the <i>period of insurance</i> and causes <i>injury</i> to the <i>insured person</i> .
Age/Aged	Age at last birthday.
Anaesthetist	A <i>medical practitioner</i> other than <i>you</i> , the <i>insured person</i> , <i>immediate family members</i> or <i>domestic partner</i> , legally registered under the Specialist Register of Anaesthesiology of the Medical Council of <i>Hong Kong</i> or the equivalent.
Confined/Confinement(s)	The <i>insured person</i> is admitted to a <i>hospital</i> as a result of <i>sickness</i> or <i>injury</i> with <i>medical necessity</i> upon the recommendation of a <i>medical practitioner</i> and continuously stays in the <i>hospital</i> prior to his/her discharge from the <i>hospital</i> . <i>Hospital</i> confinement will be evidenced by a daily room and board charge of the <i>hospital</i> .
Cancer	A malignant tumor characterized by progressive, uncontrolled growth, spread of malignant cells with invasion and destruction of normal and surrounding tissue. The following are excluded: (i) any tumor which is histologically classified as pre-malignant, non-invasive, or carcinoma-in-situ, or as having either borderline malignancy or low malignant potential; (ii) any Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion; (iii) Tumors of the ovary classified as T1aN0M0, T1bN0M0 or FIGO 1A, FIGO 1B; (iv) Prostate cancers which are histologically described as TNM Classification T1 (including T1a,T1b or T1c) or another equivalent or lesser classification; (v) Chronic lymphocytic leukemia less than RAI Stage 3; (vi) Papillary micro-carcinoma of the thyroid; (vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification; (viii) All skin cancers, unless there is evidence of metastases or the tumor is a malignant melanoma. The diagnosis of cancer must be supported by histological evidence of malignancy on a pathology report and confirmed by a <i>specialist</i> in the relevant field.
Complete Fracture	The complete breakage of a bone, separating it in two (2) or more pieces.
Day Case Surgery	A <i>medical necessary</i> surgical procedure which may effectively be undertaken at a clinic or day-case unit of a <i>hospital</i> by a registered <i>medical practitioner</i> and does not require <i>confinement</i> .
Disability/Disabilities	When applying to <i>injury</i> , it means all <i>injuries</i> sustained in any one (1) <i>accident</i> shall be considered one (1) disability, including any subsequent disability from the same <i>accident</i> . When applying to <i>sickness</i> , it means all <i>sickness</i> existing simultaneously which are due to the same or related causes including any complications therefrom shall be considered as one (1) disability. If a disability is due to causes which are the same or related to the causes of a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a separate disability except that after ninety (90) days following the latest discharge from <i>hospital</i> or prior curative treatment/surgical operation or the last consultation or the latest date receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.
Disciplined Services Officer	A person who is employed by the <i>Hong Kong</i> Government to work in Correctional Services Department, Customs and Excise Department, Fire Services Department, Government Flying Service or Immigration Department who is also an <i>insured person</i> under this policy.
Domestic Partner	An adult <i>aged</i> eighteen (18) or above who have chosen to live with <i>you</i> in an intimate and committed relationship, and has resided with <i>you</i> for at least three (3) years, intends to do so indefinitely and is able to provide such proof of residence. Domestic partner does not include roommates or any <i>immediate family member</i> .

Excluded Occupations	The job title or job duty in the nature of: blaster, jockey, detective, stuntman, stevedore, fisherman, driver (cross-border between <i>Hong Kong</i> and Mainland China), test pilot, circus trainer, aerial worker, caisson worker, lift technician, building wrecker, driller-underground, wild animal trainer, secret service agent, container crane operator, construction site worker, dynamite/explosive operator, and government/state disciplinary forces (save and except the <i>disciplined services officer</i>).
Fractured Leg or Patella with Established Non-union	The complete breakage into two pieces of the patella or leg bone. The fractured leg or patella does not mend properly and function normally and remains separated. These conditions will last for the remainder of the <i>insured person's</i> life.
Hong Kong	The Hong Kong Special Administrative Region of the People's Republic of China.
Hospital	An institution which <ul style="list-style-type: none"> (i) is licensed in accordance with the applicable laws of the jurisdiction in which it is located, (ii) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and treatment of injured or sick person, (iii) has staff of one (1) or more <i>medical practitioner</i> available at all times, (iv) has 24 hour-a-day nursing service by <i>qualified nurses</i> under the permanent supervision of the <i>medical practitioner</i> in charge, (v) maintains well-equipped inpatient facilities, and (vi) maintains a daily medical record for each of its patients. Hospital does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the elderly or alcoholics or drug addicts or for treatment of mental disorders, or a nursing home, or similar establishment.
Immediate Family Members	<i>Your</i> or the <i>insured person's</i> spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.
Injury	Bodily injury sustained in an <i>accident</i> solely and independently of all other causes.
Insured Person	The names listed under the "Insured Person Name" in the <i>schedule</i> who are the insured persons of this policy.
Intensive Care Unit	A part of a <i>hospital</i> which is designated as an intensive care unit by the <i>hospital</i> providing one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The part or unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and <i>medical practitioners</i> , and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.
Loss of Hearing	The <i>permanent</i> and irrecoverable loss of hearing which the loss of hearing level is up to 80 dB HL or above.
Loss of Limb	Loss by physical separation at or above the wrist or ankle joint.
Loss of Sight	The entire and <i>permanent</i> irrecoverable loss of sight.
Loss of Speech	The <i>disability</i> in articulating any three (3) of the four (4) sounds which contribute to the speech such as the Labial sounds, the Alveololabial 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 Use	Total functional disablement and is treated like the total <i>loss of limb</i> or organ.
Medically Necessary/Medical Necessity	The necessity to have a medical service which is <ul style="list-style-type: none"> (i) consistent with the diagnosis and is the customary medical treatment for the condition; and (ii) in accordance with standards of good and prudent medical practice; and (iii) not furnished primarily for the convenience of <i>medical practitioner</i> or any other medical service providers; and (iv) furnished at the most appropriate level sufficient to safely and adequately treat the <i>insured person's disability</i> and are performed in the least costly setting required for treatment of a covered <i>disability</i>; and (v) not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy in the event of a <i>confinement</i>.
Medical Practitioner	A person other than <i>you</i> , the <i>insured person</i> , <i>immediate family members</i> or <i>domestic partner</i> , who is a registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of <i>Hong Kong</i> . In the event of treatment or surgical operation received outside <i>Hong Kong</i> , it shall mean a person other than <i>you</i> , the <i>insured person</i> , <i>immediate family member</i> or <i>domestic partner</i> , who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.
Occupational Therapy Expenses	The assessment and treatment service charge by a registered occupational therapist other than <i>you</i> , the <i>insured person</i> , <i>immediate family members</i> or <i>domestic partner</i> , who is duly registered under the Occupational Therapists (Registration and Disciplinary Procedure) Regulations (Chapter 359B, Laws of <i>Hong Kong</i>).
Outpatient	An <i>insured person</i> who receives medical services and medicines in connection with treatment for a covered <i>sickness</i> or <i>injury</i> given in the clinic or office of a <i>medical practitioner</i> or a <i>specialist</i> , outpatient department or emergency treatment room of a <i>hospital</i> .
Period of Insurance	The period of time as stated in the <i>schedule</i> during which this policy is effective and we have accepted <i>your</i> premium.
Permanent	Lasting not less than twelve (12) consecutive months from the date of an <i>accident</i> and at the expiry of that period being beyond hope of improvement.
Physiotherapy Expenses	The assessment and treatment service charge by a registered physiotherapist other than <i>you</i> , the <i>insured person</i> , <i>immediate family members</i> or <i>domestic partner</i> , who is duly registered with the Supplementary Medical Professions Council of Hong Kong pursuant to the Supplementary Medical Professions Ordinance, Chapter 359, Laws of <i>Hong Kong</i> .
Policy Effective Date	The effective date of the policy as stated in the <i>schedule</i> , or the latest date of renewal, whichever is the later, provided that the premium has been paid.

Policy Inception Date	It shall mean: (i) the first effective date of this policy as stated in the <i>schedule</i> upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or (ii) policy reinstatement date, whichever is the later.
Pre-existing Condition	Any <i>injury, sickness</i> or condition and/or directly related conditions for which the <i>insured person</i> showed symptoms or has received medical consultation, diagnosis, treatment or advice by a <i>medical practitioner</i> or took prescribed drugs or medicine for a period of time during which the <i>insured person</i> was aware of or could reasonably be expected to be aware of prior to the <i>policy inception date</i> or the date of reinstatement or <i>upgrade effective date</i> , whichever is later, unless such conditions have been fully disclosed on the application form and accepted by <i>us</i> in writing and the policy document does not expressly exclude treatment relating to such pre-existing condition.
Public Common Carrier	Any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire.
Public Hospital	A public hospital which is listed within the <i>hospital</i> clusters in <i>Hong Kong</i> as defined by the Hospital Authority of <i>Hong Kong</i> .
Qualified Nurse	A person other than <i>you</i> , the <i>insured person</i> , <i>immediate family member</i> or <i>domestic partner</i> , who is registered under the Nurses Registration Ordinance, Chapter 164, Laws of <i>Hong Kong</i> , as a registered or enrolled nurse to render nursing services.
Reasonable and Customary	In relation to a fee, a charge or an expense, means any fee or expense which: (i) is charged for treatment, supplies or medical services that are <i>medically necessary</i> and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a <i>medical practitioner</i> ; (ii) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (iii) does not include charges that would not have been made if no insurance existed. <i>We</i> reserve the right to determine whether any <i>hospital/medical</i> charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. <i>We</i> also reserve the right to adjust any or all benefits payable in relation to any <i>hospital/medical</i> charges which is not a reasonable and customary charge based on the above mentioned reference.
Relevant Documents	Relevant documents include <i>schedule</i> , enrolment form, declaration, riders, endorsements, attachments and amendments (in verbal or in written format or digital format).
Schedule	The schedule attached to and incorporated in this policy of insurance.
Schedule of Surgical Procedures	The attachment to this policy entitled "Schedule of Surgical Procedures" which contains a list of surgical operations covered by this policy.
School	An educational institution, including but not limited to kindergarten, primary or secondary school, college or university for educating the <i>insured person</i> .
Sickness	A physical condition marked by a pathological deviation from the normal healthy state during the <i>period of insurance</i> .
Specialist	A <i>medical practitioner</i> other than <i>you</i> , the <i>insured person</i> , <i>immediate family members</i> or <i>domestic partner</i> , who is legally registered in the Specialist Register of the Medical Council of <i>Hong Kong</i> . In the event of treatment or surgical operation received outside <i>Hong Kong</i> , it shall mean a <i>medical practitioner</i> who can legally practise specialist care in accordance with the equivalent specialty law in the geographical area of his/her practice to render medical and surgical services.
Third Degree Burns	The damage or destruction of the skin to its full depth and damage to the tissues beneath.
Total Disablement	When as the result of <i>injury</i> and commencing within twelve (12) consecutive months from the date of an <i>accident</i> in which the <i>insured person</i> is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which the <i>insured person</i> is reasonably qualified by reason of the <i>insured person's</i> education, training or experience, or if the <i>insured person</i> has no business or occupation from attending to any duties which would normally be carried out by the <i>insured person</i> in his/her daily life.
Upgrade	An increase in the level of benefit and/or plan level.
Upgrade Effective Date	00:00 <i>Hong Kong</i> time on the date <i>we</i> agree to provide an <i>upgrade</i> of <i>your</i> policy and such date is shown on <i>your</i> policy <i>schedule</i> or endorsement recording that <i>upgrade</i> .
Waiting Period	Thirty (30) days from the <i>policy inception date</i> , or <i>upgrade effective date</i> or effective date of any additional benefit(s) which is subsequently added (applicable to the <i>upgraded</i> portion or additional benefit(s) only), or last reinstatement date, whichever is the later. During such period, no benefit will be payable for any cause, other than in respect of an <i>accident</i> .
War	A contest by force between two or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of peaceful relations and ii) a general contention by force, both authorized by the sovereign.
We, Us or Our	Zurich Insurance Company Ltd
You, Your or Yours	The <i>disciplined services officer</i> shown in the <i>schedule</i> who is the policyholder of this policy.

PART 2 – TABLE OF BENEFITS

Section 1 – Accident Cover

Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.

Section	Coverage	Maximum benefit per <i>insured person</i> per policy year (HKD) (Unless otherwise specified)					
		Junior cover			Adult cover		
		Basic plan	Advanced plan	Prestige plan	Basic plan	Advanced plan	Prestige plan
1.	Personal Accident Cover						
	(a) <i>Accidental death and permanent disablement</i>	100,000	200,000	500,000	800,000	1,500,000	3,000,000
	(b) Extra indemnity: <i>Disciplined services officer on-duty accidental death</i>	Not applicable	Not applicable	Not applicable	100,000	200,000	300,000
	(c) Extra indemnity: <i>Accident during school activities</i>	20,000	50,000	100,000	Not applicable	Not applicable	Not applicable
	(d) Burns	Not applicable	50,000	100,000	Not applicable	200,000	300,000
	(e) Broken bones	Not applicable	10,000	20,000	Not applicable	20,000	30,000
	(f) Scarring of face due to <i>accident</i>	Not applicable	Not applicable	Not applicable	Not applicable	12,500	25,000
	(g) <i>Accidental medical expenses</i>	Not applicable	10,000 per <i>accident</i>	20,000 per <i>accident</i>	Not applicable	20,000 per <i>accident</i>	30,000 per <i>accident</i>
	Inclusive of Chinese medicine bone-setting expenses, Chinese medicine acupuncture expenses, chiropractic expenses and <i>physiotherapy expenses</i>	Not applicable	2,000	4,000	Not applicable	2,000	4,000

Section 2 and Section 3 – Medical Cover

Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.

Section	Coverage	Maximum benefit per <i>insured person</i> per disability (HKD)		
		Basic plan	Advanced plan	Prestige plan
2.	Medical Cover			
2.1	Hospitalization and Surgical Expenses Cover			
	(a) Daily room and board (maximum 90 days)	980	1,960	2,980
	(b) Miscellaneous charges	15,000	25,000	36,000
	(c) Attending doctor's call fee (maximum 90 days)	900	1,800	2,700
	(d) <i>Specialist</i> consultation fee	3,000	6,000	10,000
	(e) Daily room and board for <i>intensive care unit</i> (maximum 30 days)	1,960	3,920	5,960
	(f) Surgical charges			
	- Complex	48,000	64,000	96,000
	- Major	28,800	38,400	57,600
	- Intermediate	12,000	16,000	24,000
	- Minor	5,760	7,680	11,520
	(g) <i>Anaesthetist's</i> fee			
	- Complex	16,800	22,400	33,600
	- Major	10,080	13,440	20,160
	- Intermediate	4,200	5,600	8,400
	- Minor	2,016	2,688	4,032
	(h) Operating theatre charges			
	- Complex	16,800	22,400	33,600
	- Major	10,080	13,440	20,160
	- Intermediate	4,200	5,600	8,400
	- Minor	2,016	2,688	4,032
2.2.	Pre-admission and Post-hospitalization Cover			
	(a) Pre-admission and post-hospitalization <i>outpatient</i> benefit	2,000	3,000	5,000
	(b) Home nursing fee (maximum 90 days)	350	550	750
	(c) Rehabilitation and physical therapy expenses	10,000	15,000	20,000
	(d) Psychology and psychiatry expenses	10,000	15,000	20,000

2.3.	Hospitalization in <i>Public Hospital</i> Cover			
	(a) Daily <i>hospital</i> cash benefit (maximum 365 days)	300	500	700
	(b) Extra indemnity: <i>Hospital</i> cash for <i>confinement</i> in <i>intensive care unit</i> (maximum 30 days)	300	500	700
	(c) Allowance for surgical procedure benefit			
	- Complex	10,000	20,000	30,000
	- Major	5,000	10,000	15,000
	- Intermediate	2,000	4,000	6,000
	- Minor	1,000	2,000	3,000
2.4.	Cancer Allowance Cover	5,000	10,000	20,000
3.	Supplementary Major Medical (SMM) Cover	100,000	200,000	300,000
	• Reimbursement % of the remaining balance	80%	80%	80%

PART 3 – BENEFITS

Section 1 – Personal Accident Cover

(a) **Accidental death and permanent disablement**

If during the *period of insurance*, an *insured person* sustains *injury* as a result of an *accident* and shall within twelve (12) consecutive months result in death or disablement as defined under one (1) of the events in the compensation table, we shall pay to the *insured person* the sum insured as stated in the *schedule* and in accordance with the percentage of sum Insured for the relevant Event as listed in the compensation table below.

Event		Percentage of sum insured
1.	Accidental death	100%
2.	Permanent total disablement	100%
3.	Permanent and incurable paralysis of all limbs	100%
4.	Permanent total loss of sight of both eyes	100%
5.	Permanent total loss of sight of one eye	100%
6.	Loss of or the permanent total loss of use of two limbs	100%
7.	Loss of or the permanent total loss of use of one limb	100%
8.	Loss of speech and hearing	100%
9.	Permanent and incurable insanity	100%
10.	Permanent total loss of hearing in (a) both ears (b) one ear	75% 15%
11.	Loss of speech	50%
12.	Permanent total loss of the lens of one eye	50%
13.	Loss of or the permanent total loss of use of four fingers and thumb of (a) right hand (b) left hand	70% 50%
14.	Loss of or the permanent total loss of use of four fingers of (a) right hand (b) left hand	40% 30%
15.	Loss of or the permanent total loss of use of one thumb (a) Both right joints (b) One right joint (c) Both left joints (d) One left joint	30% 15% 20% 10%
16.	Loss of or the permanent total loss of use of fingers (a) Three right joints (b) Two right joints (c) One right joint (d) Three left joints (e) Two left joints (f) One left joint	10% 7.5% 5% 7.5% 5% 2%
17.	Loss of or the permanent total loss of use of toes (a) All toes – one foot (b) Great toe- both joints (c) Great toe – one joint	15% 5% 3%
18.	Fractured leg or patella with established non-union	10%
19.	Shortening of leg by at least 5 cm	7.5%
20.	Permanent disability not otherwise provided for under Events 10 to 19 inclusive, such percentage of sum insured as we shall in our absolute discretion determine and being in our opinion not inconsistent with the compensation provided under Events 10 to 19 inclusive.	

Compensation conditions

- (i) Benefit shall not be payable for more than one (1) of the Events 1 to 20 in respect of the same *accident*. Should more than one (1) of the Event sustain from the same *accident*, only the Event with the highest compensation will be payable under this section.

- (ii) If the compensation that we have paid is less than 100% of the Sum Insured as stated on the *schedule* in any one (1) *accident*, the sum insured as stated on the *schedule* shall be reduced by such amount of compensation paid from the date of such *accident* until the expiry of the policy and all subsequent renewal periods (if any). Any claims made thereafter shall be calculated with the original sum insured multiplied by the percentage of the sum insured of the relevant Event, but in no event shall the aggregate compensation payable exceed 100% of the sum insured as stated on the *schedule*.
- (iii) For any partial disablement in relation to Events 2 – 19 inclusive or any other partial disablement not otherwise provided for under Events 2 to 19 inclusive which existed prior to an *injury* covered under the policy and which becomes totally disabled as a result of such *injury*, the Percentage of Sum Insured payable shall be determined by us having regard to the extent of disablement caused by the covered *injury*. However, no payment shall be made in respect of any disablement which was totally disabled prior to the *injury* covered under the policy.
- (iv) In the event that the aggregate compensation paid under this section is at 100% of the sum insured as stated on the *schedule* in respect of any one (1) *insured person*, the policy shall then immediately cease to be in force with regard to such *insured person*. No premium for the unexpired period will be refunded.
- (v) If the *insured person* is left-handed and has specifically mentioned to us, the percentages set out for Events 13 to 16 for the various *disabilities* of right hand and left hand will be transposed.

Disappearance due to sinking or wrecking of the public common carrier

If the body of the *insured person* has not been found within one (1) year after the date of sinking or wrecking of *public common carrier* which the *insured person* was travelling at the time of an *accident* and under such circumstances as would otherwise be covered hereunder, it will be presumed that the *insured person* suffered death caused by an *accident* covered by this policy at the time of such sinking or wrecking. A claim concerning disappearance of an *insured person* must be supported by a valid court order declaring such disappearance for over one (1) year.

(b) Extra indemnity: Disciplined services officer on-duty accidental death

If during the *period of insurance*, a *disciplined services officer* sustains *injury* as a result of an *accident* while on-duty and shall within twelve (12) consecutive months result in death, we will additionally pay the *disciplined services officer on-duty accidental death* cover as stated on the *schedule* to the estate of the *disciplined services officer*.

(c) Extra indemnity: Accident during school activities

In the event that the *insured person* who is full-time *school* student sustains *injury* within *school* area, or in the course of any activities officially organized by *school*, including but not limited to sport activities, field trip, laboratorial activities, the sum insured stated on the *schedule* for Section 1(a) – *Accidental death and permanent* disablement shall be increased by the sum insured stated on the *schedule* under this section 1(c).

(d) Burns

In the event that an *insured person* suffers from *third degree burns* resulting solely from an *accident* during the *period of insurance*, we will pay in accordance with the Percentage of Sum insured stated in the *Third degree burns* table hereunder up to the sum insured stated on the *schedule*, but only to the extent and provided that such *third degree burns* results in the damage to any one (1) of the following specified surface area within twelve (12) consecutive months after the date of the *accident*.

Third degree burns table		
Item	Damage as a percentage of total surface area	Percentage of sum insured
1.	Equal to or greater than: (i) 8% damage of total head surface area; OR (ii) 20% damage of total body surface area (excluding head)	100%
2.	Equal to: (i) 2% but less than 8% damage of total head surface area; OR (ii) 10% but less than 20% damage of total body surface area (excluding head)	50%

Compensation conditions:

- (i) Benefit shall not be payable for more than one (1) of the Items stated in the *Third degree burns* table in respect of the same *accident*. Should more than one (1) of the Item sustain from the same *accident*, only the Item with the highest compensation will be payable under this Section.
- (ii) If the compensation that we have paid is less than 100% of the Sum Insured as stated on the *schedule* in any one (1) *accident*, the sum insured as stated on the *schedule* shall be reduced by such amount of compensation paid from the date of such *accident* until the expiry of the policy and all subsequent renewal periods (if any). Any claims made thereafter shall be calculated with the original sum insured multiplied by the Percentage of the Sum Insured of the relevant Item, but in no event shall the aggregate compensation payable exceed 100% of the sum insured as stated on the *schedule*.
- (iii) For any damage on the surface area which is existed prior to the *third degree burns injury* covered under this policy, and which the same surface area is damaged again as a result of such *third degree burns injury*, the Percentage of Sum Insured payable shall be determined by us having regard to the extent of Damage as a Percentage of Total Surface Area caused by the covered *injury*.
- (iv) In the event that the aggregate compensation paid under this section is at 100% of the sum insured as stated on the *schedule* in respect of any one (1) *insured person*, this section shall then immediately cease to be in force under the policy and all subsequent renewal periods (if any) with regard to such *insured person*.

(e) Broken bones

In the event that the *insured person* sustains *injury* and result in any fracture of bones on the Event listed in the Compensation Table below, and such condition must be certified by a *medical practitioner*, we will pay up to the Sum Insured as stated in the *schedule* in accordance with the relevant Event listed in the following Compensation table.

Compensation table		
Fracture of bones Event	Percentage of sum insured	
	Complete fracture	Damage other than complete fracture
1. Pelvis	100%	50%
2. Heel	50%	25%
3. Skull, Collarbone, Upper limb, Elbow, Wrist	40%	20%
4. Lower jaw	30%	15%
5. Vertebrae, Shoulder blade, Sternum, Hand, Foot	20%	10%
6. Upper jaw, Cheek bone, Nose, Ribs, Coccyx, Toes, Fingers	15%	7.5%

Compensation conditions:

- (i) Benefit shall not be payable for more than one (1) of the above Events in respect of the same *accident*. Should more than one (1) of the Event sustain from the same *accident*, only the Event with the highest compensation will be payable under this Section.

- (ii) If the compensation that we have paid is less than 100% of the Sum Insured as stated on the *schedule* in any one (1) *accident*, the sum insured as stated on the *schedule* shall be reduced by such amount of compensation paid from the date of such *accident* until the expiry of the policy and all subsequent renewal periods (if any). Any claims made thereafter shall be calculated with the original sum insured multiplied by the Percentage of the Sum Insured of the relevant Event, but in no event shall the aggregate compensation payable exceed 100% of the sum insured as stated on the *schedule*.
- (iii) For any fracture of bones which is existed prior to the *accident* covered under this policy that is not healed at the time of the *accident*, or the same bone is fracture again as a result of such *accident*, the Percentage of Sum Insured payable shall be determined by us having regard to the extent of the fractured bone caused by the *accident*.
- (iv) In the event that the aggregate compensation paid under this section is at 100% of the sum insured as stated on the *schedule* in respect of any one (1) *insured person*, this section shall then immediately cease to be in force under the policy and all subsequent renewal periods (if any) with regard to such *insured person*.

(f) Scarring of face due to accident

In the event that the *insured person* sustains *injury* as a result of an *accident* during the *period of insurance*, which results in *permanent* disfigurement or *permanent* scarring on the face of at least one (1) square centimetre or two (2) centimetres in length, subject to *insured person* must submit a written report from a *medical practitioner* for the claim on scarring of face, we shall pay to the *insured person* the sum insured as stated on the *schedule*.

(g) Accidental medical expenses

In the event that the *insured person* sustains *injury* as a result of an *accident* during the *period of insurance*, we shall reimburse the *reasonable and customary* medical and surgical expense incurred which are *medically necessary* and paid by the *insured person* to a *medical practitioner* or *hospital* for medical treatment and surgery of the *injury*. All treatments must be prescribed by a *medical practitioner* for expenses to be reimbursed under this policy.

For emergency dental work or treatment necessitated by damage to sound and natural teeth as a result of an *accident* during the *period of insurance*, benefit is payable solely for emergency treatment to alleviate the pain in a legally registered dental clinic or *hospital*, but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses.

Inclusive of Chinese medicine bone-setting expenses, Chinese medicine acupuncture expenses, chiropractic expenses and physiotherapy expenses

We shall also reimburse the *insured person* the actual medical expenses as a result of an *injury* resulting from an *accident* which requires treatment from Chinese medicine bonesetter, Chinese medicine acupuncturist, chiropractor and/or physiotherapist up to the maximum benefits as stated in Table of benefits and subject to the following sub-limits:

1. Chinese medicine bone-setting, Chinese medicine acupuncture and/or chiropractic expenses – HKD 200 per visit per day and five (5) visits per *accident*;
2. *Physiotherapy expenses* – HKD 500 per visit per day and four (4) visits per *accident*.

Any Chinese medicine expenses other than bone-setting and acupuncture are excluded under this policy.

Conditions to section 1(g)

1. In the event an *insured person* becomes entitled to a reimbursement or payment of all or part of such expenses from any other source, we will only be liable for the excess of the amount recoverable from such other sources.
2. In no event shall the total amount payable under Section 1(g) exceed 100% of the sum insured stated on the *schedule* per each *accident*.
3. A written referral letter from a general *medical practitioner* is required for *specialist* medical treatment and/or surgery.
4. A written referral letter from a *medical practitioner* or *specialist* is required for physiotherapy treatment.

Maximum liability for accidental death and permanent disablement

If the *insured person* is insured under multiple insurance policies which include accidental death and permanent disablement covers as defined in each of these policies and are issued by us and/or our related companies, our maximum liability to the *insured person* under all accidental death and permanent disablement covers shall not exceed HKD 10,000,000 in aggregate and each policy shall bear a proportionate share of the total loss.

Exclusion to Section 1

This section will not cover:

1. any kind of disease; or any loss caused by an *injury* which is a consequence of any kind of disease or *sickness*.

Section 2 and Section 3 – Medical Cover

Benefit conditions

Benefits under Sections 2 and 3 are subject to the following conditions:

1. The *insured person* is *confined* in a *hospital* (unless otherwise specified under the Extension for Section 2.1(b) and (f) to (h)) on the recommendation of an attending *medical practitioner* due to *sickness* or *injury* occurring during the *period of insurance*.
2. All medical treatments must be *medically necessary*, upon receipt of proof acceptable to us and subject to the terms and conditions of this policy, we will pay up to the sum insured as stated under the plan selected in the Table of benefits.
3. In no event shall the maximum amount payable for any one (1) *disability* exceed the sum insured as stated under the plan selected in the *schedule*.
4. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or treatment of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the maximum amount we will pay for such same *confinement* is the benefit and sum insured shown under the selected plan in the *schedule*.

Section 2.1 – Hospitalization and surgical expenses cover

(a) Daily room and board

We will pay for the actual *reasonable and customary charges* for room and board incurred for the period during which the *insured person* is *confined* in a *hospital* up to maximum of ninety (90) days per *disability*.

(b) Miscellaneous charges

We will pay the actual *reasonable and customary charges* charged by the *hospital* in respect of:

- western medication prescribed by the attending *medical practitioner* and consumed during the *confinement* as well as medicines prescribed

on the date of discharge for treatment of the same *disability* up to a period of seven (7) days, but excluding medicines for treatment of chronic illnesses, for prophylactic purposes, for recurrent courses after the immediate course of treatment upon discharge and for long term treatment; or

- dressings, ordinary splints and plaster casts but excluding special braces and appliances equipment; or
- implant which is *medically necessary*; or
- physical therapy done during the *confinement* as recommended by the attending *medical practitioner*; or
- anaesthesia and oxygen and its administration; or
- x-rays, electrocardiograms, films, imaging (including magnetic resonance imaging (MRI), CT scan and PET scan) and other laboratory examinations and tests and diagnostic procedures and their interpretation, provide that the immediate purpose of which is the cure of *disability* as a result of *medical necessity*; or
- intravenous infusions; or
- blood transfusion, blood or plasma and their administration; or
- road ambulance service to or from the *hospital*.

This Section 2.1(b) is not applicable to instruments and other hardware used in an operation including but not limited to anaesthesia machine, gastroscope, colonoscope, lithotripter, x-knife, cyberknife and gamma knife.

(c) Attending doctor's call fee

We will pay the attending *medical practitioner's* actual *reasonable and customary charges* for treatment during such *confinement*, up to maximum of ninety (90) days per *disability*.

(d) Specialist consultation fee

We will pay the actual *reasonable and customary charges* for consultation of a *specialist* during the *confinement* as a result of the *sickness or injury* for which the *insured person* is admitted provided that such consultation of the *specialist* was recommended by the attending *medical practitioner* in writing.

(e) Daily room and board for intensive care unit

We will pay for the actual *reasonable and customary charges* for room and board incurred for the period during which the *insured person* is confined in the *intensive care unit* up to maximum of thirty (30) days per *disability*. This Section 2.1(e) is payable in lieu of Section 2.1(a) under this policy for any one (1) day of *confinement*.

(f) Surgical charges

We will pay the actual *reasonable and customary charges* for surgical operation charged by a *medical practitioner*. The maximum amount payable for any one (1) *disability* shall subject to the classification of the relevant surgical operation stated in the *schedule of surgical procedures*.

- (i) If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* through the same incision, only the surgical operation with the highest classification as stated on the *schedule of surgical procedures* will be reimbursed.
- (ii) If two (2) or more surgical operations are performed in the same operation session for the same *disability* or different *disabilities* through different incisions, or if two (2) or more surgical operations are performed for different *disabilities* during the same *confinement* period, the reimbursements for all of the surgical operations are as follows:
 - (a) 100% of the sum insured corresponding to the classification, for the surgical operation with the highest classification as stated on the *schedule of surgical procedures*;
 - (b) 50% of the sum insured corresponding to the classification, for the surgical operation with the second (2nd) highest classification as stated on the *schedule of surgical procedures*;
 - (c) 25% of the sum insured corresponding to the classification, for the surgical operation with the third (3rd) highest classification as stated on the *schedule of surgical procedures*.

The maximum number of surgical operations we will pay for each and every same *confinement* shall be three (3) only.

If any alternative procedures including X-ray, radium or any other radioactive substances are used for treatment in place of any cutting operation listed in the *schedule of surgical procedures*, we will, subject to the terms and conditions of this policy, pay the actual *reasonable and customary charges* for such treatment up to the maximum amount payable for the replaced cutting operation stated in the *schedule of surgical procedures*.

(g) Anaesthetist's fee

Provided that we agree to pay the benefit under Section 2.1(f) – Surgical charges, we will pay the actual *reasonable and customary charges* for anaesthetic fees charged by an *anaesthetist* other than the *medical practitioner* who operates on the *insured person* during the same surgical operation.

The maximum amount payable for any one (1) *disability* shall subject to the classification of the relevant surgical operation stated in the *schedule of surgical procedures*. If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, benefit entitlement shall be calculated in accordance with clause (i) and (ii) of Section 2.1(f) above.

(h) Operating theatre charges

Provided that we agree to pay the benefit under Section 2.1(f) – Surgical charges, we will pay the actual *reasonable and customary charges* for the use of the operating theatre or treatment room and the consumables or equipments used for the surgical operation(s) in the operating theatre or treatment room charged by the *hospital*. The maximum amount payable for any one (1) *disability* shall subject to the classification of the relevant surgical operation stated in the *schedule of surgical procedures*. If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, benefit entitlement shall be calculated in accordance with clause (i) and (ii) of Section 2.1(f) above.

Extension to Section 2.1 (b) and (f) to (h)

Day case surgery

This is an extension of the cover under Sections 2.1 (b) and (f) to (h). We will pay the actual *reasonable and customary charges* for the following items provided that they are in connection with a *day case surgery*:

- (i) Pathological study provided it is (a) directly associated with the surgical operation performed; and (b) performed on the same date as the surgical operation, up to the benefit payable under Section 2.1(b) – Miscellaneous charges; and/or
- (ii) Surgical charges up to the benefit payable under Section 2.1(f) – Surgical charges; and/or
- (iii) *Anaesthetist's* fee up to the benefit payable under Section 2.1(g) – *anaesthetist's* fee; and/or
- (iv) Operating theatre or treatment room and the consumables or equipments used for the surgical operation, up to the benefit payable under Section 2.1(h) – Operating theatre charges.

Section 2.2 - Pre-admission and post-hospitalization cover

(a) Pre-admission and post-hospitalization *outpatient* benefit

We will pay the actual *reasonable and customary charges* charged by the same *medical practitioner* who has operated on the *insured person* for:

- (i) two (2) pre-admission *outpatient* visits in connection with such surgical operation (*outpatient* visit includes consultation, medication prescribed, physiotherapy and diagnostic tests); and
- (ii) *medically necessary* follow-up *outpatient* visits directly relating to and as a result of the surgical operation and which are incurred by the *insured person* within forty-five (45) consecutive days immediately after his/her discharge from the *hospital* following the relevant surgical operation for any one (1) *disability*.

(b) Home nursing fee

If after the surgical operation the *insured person* has received in Section 2.1, the *insured person* needs the assistance from a *qualified nurse* for specialized care service received at his/her residence (other than a nursing or convalescent home) upon discharged from the *hospital*, we will pay for the service cost charged by the *qualified nurse* within thirty (30) consecutive days after the *insured person* is discharged from the *hospital*. Such service must be recommended in writing by the attending *medical practitioner*.

(c) Rehabilitation and physical therapy expenses

We will pay the *physiotherapy expenses* and *occupational therapy expenses* for the rehabilitation treatments in *outpatient* setting which incurred within one hundred and eighty (180) consecutive days after the *insured person's* discharge from the *hospital*. Such treatment must be directly relating to and as a result of the surgical operation covered in Section 2.1 and recommended in writing by the attending *medical practitioner*.

(d) Psychology and psychiatry expenses

We will pay the psychology expenses and psychiatry expenses for the rehabilitation treatments in *outpatient* setting which incurred within one hundred and eighty (180) consecutive days after the *insured person's* discharge from the *hospital*. Such treatment must be directly relating to and as a result of the surgical operation covered in Section 2.1 and recommended in writing by the attending *medical practitioner*.

Section 2.3 – Hospitalization in *public hospital* cover

(a) Daily hospital cash benefit

If the *insured person* is confined in a *public hospital* during the *period of insurance* due to *sickness* or *injury*, we will pay the hospital cash for each and everyday of *confinement* up to a maximum of three hundred and sixty-five (365) days per *disability*.

(b) Extra indemnity: Hospital cash for *confinement* in *intensive care unit*

If the *insured person* is confined in the *intensive care unit* of a *public hospital* during the *period of insurance* due to *sickness* or *injury*, we will pay the hospital cash for each and everyday of *intensive care unit confinement* up to a maximum of thirty (30) days per *disability* in addition to Section 2.3(a). However, benefit under this Section 2.3(b) shall not be payable for post-operative *confinement* in *intensive care unit* of less than twenty four (24) hours duration, nor *confinement* due to *sickness* caused by pathologically diagnosed *cancer* or leukaemia, including metastatic tumours.

(c) Allowance for surgical procedure benefit

If the *insured person* is confined in a *public hospital* and undergoes *medically necessary* surgical procedure during the *period of insurance* due to *sickness* or *injury*, we will pay the surgical procedure allowance according to the classification of the relevant surgical operation stated in the *schedule of surgical procedures*. If two (2) or more surgical operations are performed for the same *disability* or different *disabilities* during the same *confinement* period, we shall only pay one allowance with the highest payment amount. We shall not pay any surgical procedure allowance if the *insured person* has claimed under Section 2.1 (and Section 3 if applicable) of this policy arising from the same *disability*.

Section 2.4 – *Cancer* allowance cover

We will pay a lump sum allowance to the *insured person* if he/she is diagnosed to be suffering from *cancer* during the *period of insurance*. We are liable to pay this benefit to each *insured person* one time only. Once the benefit is paid to the *insured person*, this section shall then immediately cease to be in force under this policy and all subsequent renewal periods (if any) with regard to such *insured person*.

Section 3 – Supplementary Major Medical (SMM) Cover

This benefit will provide supplementary cover in respect of the following sections under this policy:

In respect to Section 2.1(a) – Daily room and board and Section 2.1(c) – Attending doctor's call fee

If the *insured person* is confined in a *hospital* for more than ninety (90) days, we will pay the actual *reasonable and customary charges* for the room and board and in-hospital doctor's call fees subject to the daily limit set out in Sections 2.1(a) and 2.1(c) under the selected plan in the *schedule*.

In respect to Section 2.1(b) – Miscellaneous charges, Section 2.1(f) – Surgical charges, Section 2.1(g) – Anaesthetist's fee and Section 2.1(h) – Operating theatre charges

Where the amount of the actual *reasonable and customary charges* for the medical services incurred in respect of a *disability* exceeds the limit of the selected plan as shown in the *schedule*, we will pay up to eighty percent (80%) of the remaining balance of such actual *reasonable and customary charges* in excess of such limit.

The maximum amount we will pay in aggregate for any one (1) *disability* under this Section 3 is the sum insured as shown under the selected plan in the *schedule*.

The plan level selected in respect of Section 3 cannot be different from the one in respect of Section 2.

Exclusions to Section 2 and Section 3

These sections will not cover any claim arising directly or indirectly from:

1. any *pre-existing condition* unless the *insured person* has been continuously insured under this policy for twelve (12) consecutive months;
2. any treatment or expenses incurred within the *waiting period*;
3. any treatment for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions;
4. any kind of dental surgery;
5. vaccination or inoculations, general check-up, screening and preventive care; expenses relating to sleep test for sleep apnoea; routine eye test, refractive errors of the eyes or their corrective measures;
6. procurement or use of appliances, equipment, including but not limited to hearing aids, brace, crutch, spectacle or any other similar kind;
7. any *disabilities* for which compensation is payable under any law, regulation or for which benefits are payable under any other insurance policies underwritten by any other insurer(s) except to the extent that such claim is not fully reimbursed under or pursuant to such law, regulation or other policies.

PART 4 – GENERAL EXCLUSIONS

We will not pay for any loss directly or indirectly, wholly or partly arising as a result of:

1. war, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion (except while the *disciplined services officer* is carrying his/her job duties) or any kinds of participation in any act of terrorism;
2. participation in any illegal activity, including but not limited to robbery, drug abuse or assault;
3. armed force (except for the *disciplined services officer*), naval, military or air force service or operations or being a crew member or operator of any air carrier or flying service;
4. any activity or involvement of the *insured person* in the air unless such *insured person* is at the relevant time (i) travelling as a fare paying passenger on a regular scheduled flight or licensed chartered aircraft, or (ii) participating in such activity where the maneuver or navigation of such activity is responsible by another person who is adequately licensed for guiding such activity and the provider of such activity must be authorized by the relevant local authority;
5. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not limited to psychoses, neuroses, depression of any kind, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioural disorders;
6. under the influence of alcohol or drugs other than as prescribed by *medical practitioner*;
7. any condition resulting from childbirth, miscarriage, abortion, pregnancy, including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, contraceptive or contraceptive devices, infertility or any other method of inducing pregnancy, sterilization of either sex; venereal diseases;
8. congenital abnormalities existing at the time of birth or neo-natal abnormalities developing before the *insured person* attains the age of eight (8), including but not limited to hernias of all types (except when caused by a trauma after commencement of this policy), epilepsy, strabismus, hydrocephalus, undescended testicle, hypospadias and Meckel's diverticulum;
9. HIV (Human Immunodeficiency Virus) and/or HIV-related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named;
10. *hospital confinement* for the purpose of convalescence, custodial, rest care, palliative care, sanitarium care or rehabilitation; or medical expenses incurred not in accordance with the diagnosis and treatment of the condition for which the *confinement* is required;
11. cosmetic surgery or plastic surgery for purposes of beautification except as necessitated by an *accident*; elective treatment;
12. engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
13. testing of any kind of conveyance; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography;
14. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
15. radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component;
16. any expenses incurred outside of Hong Kong if the *insured person* stays outside of Hong Kong for more than ninety (90) consecutive days.

PART 5 – GENERAL PROVISIONS

1. Entire contract

This policy including *relevant documents* will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of amendment. For avoidance of doubt, the *relevant documents* will form part of the renewed policy contract and information contained are deemed to remain true and valid as at the time of renewal unless otherwise instructed by *you*.

2. Age limit and eligibility

The insurance under this policy shall cover (a) for adult under Adult Cover – aged between eighteen (18) and sixty-five (65) years old at the *policy effective date* and this policy is renewable up to the age of sixty-nine (69), all benefits shall terminate on the next policy anniversary date following the *insured person's* sixty-ninth (69th) birthday; (b) for child under Junior Cover – must be unmarried and unemployed, aged between fifteen (15) days and twenty-one (21) years old (both inclusive), and renewable up to age twenty-five (25) years old if the insured child remains a full time student; all benefits shall terminate on the next policy anniversary date following the twenty-first (21st) or twenty-fifth (25th) birthday of the insured child, if the aforesaid requirements are not met.

The *insured person* must be a Hong Kong citizen or resident in Hong Kong holding a valid Hong Kong identity card with a permanent address and live in Hong Kong as a usual country of residence. *Insured person* under age of eighteen (18) years old shall hold a valid Hong Kong birth certificate or proof of dependent visa.

3. Status change

You or the *insured person* must take full responsibility to inform *us* forthwith of any change in respect of the information provided in the enrolment form for this policy (regardless verbally or in written format or digital format) or upon renewal, otherwise *we* reserve the right to refuse or invalidate all claims under this policy.

4. Occupation restriction

No coverage hereunder whatsoever shall be provided to any person whose occupation falls within the *excluded occupations*, save for the *disciplined services officer* whose application for insurance is acceptable to *us*.

5. Notice of claim

Written notice must be given to *us* within thirty (30) days upon the occurrence of any event likely to give rise to a claim under this policy. In the event of *accidental death*, immediate notice thereof must be given to *us*.

All other certificates, information and evidence required by *us* shall be furnished at the expenses of *you* or the *insured person's* or the personal representative of *you* or the *insured person* and shall be in such form and of such nature as *we* may prescribe. If *you* or the *insured person* do(es) not comply with this condition, *we* shall have the sole discretion to decide not to pay any benefits under this policy.

6. Proof of loss

Written proof of loss, including receipts and itemized bills with the diagnosis in original in support of a claim, together with a fully completed claim form supplied by *us*, must be furnished to *us* within thirty (30) days from the completion and/or termination of the treatment for which the claim is being made. Failure to furnish such proof within the prescribed time shall not invalidate any claims if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is required. All certificates information and evidence in such form and of such nature and within such time as *we* may reasonably require shall be furnished without expense to *us*.

If the supporting documents of a claim are in a language other than Chinese or English. The *insured person* must undertake to obtain certified

translation of the documents in Chinese or English at the expense of *you* or the *insured person*.

7. Claims admittance

In no case shall we be liable in respect of any claim after the expiry of twelve (12) months from the occurrence of the *disability* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration.

8. Medical examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* if we deem necessary. In the unfortunate event that the *insured person* has passed away, but there are insufficient evidence or documents for *us* to assess the claim, we have the right to have a postmortem examination where it is not forbidden by law. The examination is at *our* expenses and the result of such examination shall be *our* property.

9. Payment of claims

We will pay all benefits to *you* or the *insured person* named in the *schedule* for their respective rights and interests. All payment of claims in this policy shall be in *Hong Kong* dollars and are payable to *you* or the *insured person* after the receipt of due proof upon *our* approval. In the event of accidental death of the *insured person* as shown in the *schedule*, we will pay all the pending benefits to the estate of the *insured person*. In the event that the *insured person* is aged seventeen (17) years or below, we will pay all benefits to his/her parent or legal guardian for their respective rights and interests. All indemnities provided in this policy will be paid immediately after the receipt of due proof upon *our* approval, unless the indemnity is in respect of *permanent total disablement*.

10. Misstatement of age or sex or occupation

If *your age* or sex or occupation have been misstated, any premium difference would be returned or charged according to the correct *age* or sex or occupation. In the event that *your age* or occupation have been misstated and if, according to the correct *age* or occupation, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that *you* are not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this policy.

11. Misrepresentation, non-disclosure or fraud

We have the right to declare this policy void as from the first *policy effective date* and notify the *you* that no cover shall be provided for the *insured person* in case of any of the following events:

- (a) any material fact relating to the *insured person's* health related information which may impact the risk assessment by *us* is incorrectly stated in, or omitted from the enrolment form or any statement or declaration (regardless verbally, in written format or digital format) made for or by *you* or the *insured person* in the enrolment or in any subsequent information or document submitted to *us* for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected *our* underwriting decision, such that we would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.
- (b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

- (i) we shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).
- (ii) if the total amount of the above offsetting items exceeds the applicable premiums received by *us*, *you* must repay such excess to *us* within 14 working days from the date we issue a notice to *you* requiring such payment.

In the event of (b), we shall have the right:

- (i) not to refund the applicable premiums paid; and
- (ii) to demand that all past claim payments previously paid to *you* or the *insured person* be repaid to *us* within fourteen (14) working days from the date we issue a notice to the *policyholder* or *you* requiring such payment.

12. Fraudulent claims

If any claims under this policy made by *you* or the *insured person*, or anyone acting on behalf of *you* or the *insured person* shall be, in any respect, fraudulent, including without limitation to the use of fraudulent means or devices, and the making of or omitting the making of any statement or misstatement in any form or document, we shall not be liable in respect of such claims under any and all circumstances whatsoever and we shall be entitled to terminate forthwith this policy. Such termination of insurance shall not be construed as a waiver of *our* right to pursue any rights or claims against *you* or the *insured person*, to report the fraud to the police.

13. Premium charge

- (a) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or monthly basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire policy year and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such policy year. We will not be liable to refund any premium paid.
- (b) We reserve the right to revise or adjust the premium under the following circumstances:
 - (i) According to *our* applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by *you* and/or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.
 - (ii) The premium rate should be adjusted automatically according to the attained *age* of the *insured person* at the time of renewal.

14. Grace period

We will allow *you* thirty-one (31) days for the payment of each premium after the first premium. During this period we will keep this policy in force. If after this period the premium remains unpaid, this policy will be deemed to have lapsed from the date that the unpaid premium was due.

15. Reinstatement of policy

If we terminate this policy due to non-payment of premium, we may allow this policy to be reinstated if *you* provide *us* with a satisfactory written application for reinstatement including proof of insurability and subject to *our* approval. The reinstated policy shall only provide coverage to the *insured person* due to *accident* after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than thirty (30) days after the date of reinstatement.

16. Cancellation

- (a) We have the right to cancel this policy or any section or part of it by giving thirty (30) days' advance notice in writing by registered post to *your* last known address. Under no circumstances we will be obligated to reveal *our* reasons for cancellation. Whenever this policy is cancelled, pro-rata premium for the period starting at the time of cancellation or surrender to the last date of the *period of insurance* shall be refunded provided that no claim has been made during such *period of insurance* of this policy. The payment or acceptance of any premium subsequent to such termination shall not create any liability on *us* but we shall refund any such premium received by *us*.
- (b) *You* have the right to cancel this policy by giving thirty (30) days' advance notice in writing to *us*. In such event, we will refund the unearned premium actually paid by *you* on pro-rata basis provided that no claim has been made during the period starting from the *policy effective date* to the date on which the cancellation takes effect.

In both cases above, if there is a claim or service used during the current policy period, there will be no refund of premium on the unexpired period and *you* are liable to settle the annual premium of the policy year.

If it is a new policy, *you* have the right to cancel this policy by giving notice in writing with signature and return the policy to *us* within fourteen (14) days from the delivery of this policy document if *you* decide not to proceed with the purchase of the insurance and *you* have not made any claim during this *period of insurance*. We will refund to *you* all the premiums *you* have paid without interest.

17. Termination of policy

This policy shall automatically terminate at the earliest of:

- (a) the *insured person* is no longer eligible for the benefits under this policy in view of Clause 2 – Age Limit and Eligibility of this Part;
- (b) cover under this policy ceases pursuant to the Clause 11 – Misrepresentation, non-disclosure or fraud of this Part; or
- (c) *you* fail to pay the premium due after expiry of the 31-day grace period in accordance with Clause 14 – Grace Period of this Part; or
- (d) either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 16 – Cancellation of this Part; or
- (e) *you* are no longer a *disciplined services officer* under the policy (unless *you* have notified *us* on the change of occupation and is accepted by *us*); or
- (f) on the policy anniversary date when we have cease offering or suspend this insurance product.

18. Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at *our* discretion. Yet *we* reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any *period of insurance* of this policy by giving thirty (30) days' written notice to *you*. *We* will not be obligated to reveal *our* reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to *you* before the *policy effective date* of any *period of insurance*.

19. Change of benefits

You may apply for change of benefits or *upgrade* by giving thirty (30) days' notice in writing before the anniversary of the *policy effective date*. A health declaration with details on any *injury, sickness, symptoms or conditions* which are then known to exist by *you* or the *insured person* or any treatment or medication the *insured person* is having or will be having shall be submitted to *us*. Such application shall be subject to *our* approval and *we* reserve *our* right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions (applicable to the *upgrade* portion only) of this policy. Any change accepted by *us* shall be effective on the commencement of the next renewed *period of insurance*.

If such *insured person* showed symptoms or has received medical consultation, diagnosis, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine prior to the said written notice is received by *us*, the limit of benefits payable in respect of such *disability(ies)* shall not exceed the limit of benefits before or after the change in benefit level whichever is lower.

20. Other insurance

When a claim occurs, if there is any other policy covering any benefits insured by this policy, *we* will be liable only for *our* proportionate share only, except for the following sections:

- Section 1(a) – Section 1(f) under *Personal Accident Cover*
- Section 2.3 – Hospitalization in *Public Hospital Cover*
- Section 2.4 – *Cancer Allowance Cover*

21. Clerical error

Our clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

22. Legal action

No legal action shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of claims has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within one (1) year from the expiration of the time within which proof of claims is required.

23. Subrogation

We have the right to proceed at *our* own expense in the name of the *insured person* against third parties who may be responsible for an occurrence giving rise to a claim under this policy, and the *insured person* shall concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by *us* for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which *we* are entitled by virtue of *our* right hereunder.

24. Alternative dispute resolution

In the event of a dispute arising out of the policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the Hong Kong International Arbitration Centre ('HKIAC') under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be *Hong Kong* law and the seat of arbitration shall be *Hong Kong*. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of the policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under the policy and the policyholder or *you* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, *your* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under the policy.

25. Rights of third parties

Other than *you* or the *insured person*, or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this Policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

26. Compliance with policy provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

27. Statement of purpose for collection of personal data

All personal data collected and held by *us* will be used in accordance with *our* privacy policy, as notified to the *insured person* from time to time and available at this website: <https://www.zurich.com.hk/en/services/privacy>

You shall procure all other *insured person* covered under the policy to, authorize *us* to use and transfer data (within or outside *Hong Kong*), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of *Hong Kong*, for the obligatory purposes as set out in *our* privacy policy as applicable from time to time.

When information about a third party is provided by the *insured person* to *us*, *you/insured person* warrant that proper consents from the relevant data subjects have been obtained before the personal data are provided to *us*, enabling *us* to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

28. Governing law and jurisdiction

The policy shall be governed by and interpreted in accordance with the laws and regulations of *Hong Kong*. Subject to the Alternative Dispute

Resolution clause herein, the parties agree to submit to the exclusive jurisdiction of the *Hong Kong* courts.

29. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

CLAIMS PROCEDURE

Through our “eClaim” online platform, *you* can submit a claim easily and conveniently.

Simply scan the QR code to browse www.zurich.com.hk/eclaim/en and submit claims, the processing time can be shortened up to two (2) working days comparing to submission by post/email.



Alternatively, *you* can submit the completed claim form with supporting documents by post/email.

- Email: claims@hk.zurich.com
- Post: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Please note that if *you* need to make a claim, please report *your* claim to *us* within thirty (30) days upon *your* loss.

For enquiries, please call our Claims Hotline at +852 2903 9388 or email to claims@hk.zurich.com.

There are two versions of this policy, one in English and one in Chinese. If there is any discrepancy between the English and the Chinese version, the provisions contained in the English version shall prevail.

香港紀律部隊保險計劃保險單

這是一份有法律效力的文件，請妥善保存。請細閱本保單，如需要修正，並請盡快提出。如「閣下」於投保表格內填報的資料有任何更改（不論以口述，或書面形式或網上提交形式），請立即通知「本公司」。

如本保單並未符合「閣下」的需要，「閣下」可以於收到本保單後14日內，以書面通知「本公司」取消保單，並附上「閣下」的簽署及把本保單退還給「本公司」。若「閣下」在這期間沒有向保單提出任何索償，「本公司」將會把「閣下」已付之保費無息全數退還。

「閣下」或「受保人」必須繳付本保單的保費及遵從本保單列明的條款及條件，方可受保於本保單。

第一部份 – 定義

本保單內某些詞彙具有指定含意，釋義已分別列明如下。為方便「閣下」識別有關詞彙，特將此等詞彙全部加上引號。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

- 「意外」 任何於「保險期」發生的不可預見或預料並導致「受保人」蒙受身體「損傷」之突發事件。
- 「年齡」 上次生日的年齡。
- 「麻醉科醫生」 是指於「香港」醫務委員會以麻醉科專科登記的「醫生」，或同等資歷的「醫生」（如在「香港」以外地區接受緊急治療或手術）。麻醉科醫生並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
- 「住院」 「受保人」必須因為「疾病」或「損傷」而遵照「醫生」建議及基於「醫療必需」下入住「醫院」及「受保人」在出院前，必須一直逗留在「醫院」內。「受保人」須出示「醫院」發出的每日房間及膳食費用單據，以作證明。
- 「癌症」 癌症指惡性腫瘤，其特徵為惡性細胞漸進地不受控制地生長，侵入及破壞正常及周邊組織。
癌症不包括以下情況：
(i) 任何在組織學中分類為癌前病變、非侵入性、或原位癌，或定為邊緣性質或潛在惡性的腫瘤；
(ii) 任何子宮頸上皮內瘤樣病變（CIN I、CIN II 或 CIN III）或子宮頸鱗狀上皮內病變；
(iii) 分類為 T1aN0M0、T1bN0M0 或 FIGO1A、FIGO1B 的卵巢腫瘤；
(iv) 在組織學上 TNM 分級標準級別為 T1a、T1b、T1c 或其他分級標相當或較低的級別之前列腺癌；
(v) RAI 級別 3 以下的慢性淋巴性白血病；
(vi) 微小甲狀腺乳頭狀癌；
(vii) 非侵入性膀胱乳頭狀癌，組織學上被界定為 TaN0M0 或更低的分級；
(viii) 所有皮膚癌，除非能夠證實腫瘤已經轉移或是惡性黑色素瘤；
癌症必須由組織病理學報告確診腫瘤是惡性及診斷必需由相關領域的「專科醫生」確定。
- 「完全折斷」 指骨頭完全破裂，並分裂為兩個或多個部分。
- 「日症手術」 不需要「住院」並可有效地於診所或「醫院」日症病房由註冊「醫生」進行之「醫療必需」手術。
- 「傷疾」 如屬於「損傷」，是指由同一次「意外」所引致之所有「損傷」，包括因該「意外」引致的後繼傷疾，均會被視為同一次傷疾。如屬於「疾病」，是指因相同病理原因或相關原因引致的同時存在的「疾病」，及任何其併發症，均會被視為同一次傷疾。然而，如最近一次出院或最近一次就該傷疾接受診症或化驗測試，或完成處方藥物療程（以最遲者為準）九十（90）天後再因同一「疾病」或「意外」引致的任何傷疾，將視為新的傷疾。
- 「紀律部隊人員」 獲「香港」政府受聘於懲教署、香港海關、消防處、政府飛行服務隊或入境事務處工作同時為「受保人」之人士。
- 「同居伴侶」 一名「年齡」十八（18）歲或以上、選擇以親密和忠誠的關係與「閣下」共同生活的未婚成年人，與「閣下」同居於一起最少三（3）年或以上並以此為長遠目標，以及能提供相關住址證明。同居伴侶並不包括室友或任何「直系親屬」。

「不承保職業」	是指職位或職責是爆破工人、騎師、偵探、特技人員、貨船裝卸工人、漁民、中港司機（跨越「香港」及中國大陸）、飛機駕駛測試員、馬戲訓練員、高空工作工人、沉箱工人、電梯技工、拆除建築物工人、地下鑽孔工人、野生動物訓練員、情報機構人員、貨櫃起重機操作員、地盤工人、炸藥／爆炸物操作員及政府／國家紀律部隊（「紀律部隊人員」除外）。
「折斷腿部或膝蓋而無法聯合」	腿骨或膝蓋骨完全斷為兩截，此折斷的腿或膝蓋於「受保人」之餘生將一直折斷維持分離，不能徹底地復原及恢復正常功能。
「香港」	中華人民共和國香港特別行政區。
「醫院」	符合下列條件的機構： (i) 根據所在國家或司法管轄區規定領取牌照之持牌醫院； (ii) 主要業務為接受患病、染恙或受傷人士「住院」及提供診斷、醫療護理及外科手術設備服務； (iii) 有一名或以上的「醫生」時刻駐院； (iv) 在負責「醫生」監督下，駐有「合資格護士」每天二十四（24）小時提供看護服務； (v) 具有完善的「住院」病人設備；及 (vi) 保存所有病人的每日醫療記錄。 醫院並不包括主要業務為診所、照料類別的診所、自然療法診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構，或護理院，或類似的機構。
「直系親屬」	「閣下」或「受保人」的配偶、父母、配偶父母、祖父母、子女、兄弟姊妹、孫兒女或合法監護人。
「損傷」	「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。
「受保人」	名字列於「附表」中註明為本保單受保人（"Insured Person Name"）之人士。
「深切治療部」	在「醫院」內特定以提供護士病人一對一護理，向病人提供專門的復甦、觀察及治療的單位。此單位必須二十四（24）小時駐有經驗護士、護理人員及「醫生」，同時備有復甦工具、觀察儀器，以容許持續地評估病人的重要身體機能，例如心跳、血壓、血液化驗等。
「失聰」	「永久」及無法恢復之聽力，而喪失之聽力級別高達 80 分貝（dB HL）或以上。
「失肢」	手腕或足踝處或以上的肢體部份的完全分離。
「失明」	視力完全喪失及「永久」無法復原。
「喪失說話能力」	無法發出說話所需的四種語音中的三種，例如唇音、齒齶音、顎音及軟顎音，或聲帶完全喪失功能，或大腦控制說話的中樞受損，導致語言失能症。
「殘廢」	肢體或器官的「永久」完全喪失功能或「永久」完全分離。
「醫療必需」	以下列各項作為接受醫療服務的必要性： (i) 因應有關診斷及有關狀況的治療所需；及 (ii) 符合良好及謹慎的行醫標準；及 (iii) 非純為「醫生」或任何其他醫療服務供應商之方便；及 (iv) 以最適合的程度有效地為「受保人」之「傷疾」作出安全及足夠的治療及以最經濟之設備進行治療受保「傷疾」；及 (v) 在「住院」的情況下，其主要的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理治療。
「醫生」	擁有合格西醫學學位及已根據《醫生註冊條例》「香港」法例第 161 章規定註冊為醫生之人士，或同等資歷的人士（如在「香港」以外地區接受緊急治療或手術）。醫生並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
「職業治療費用」	由職業治療師收取的評估及治療費用，而該職業治療師必須根據「香港」法例第 359B 章《職業治療師（註冊及紀律處分程序）規例》下獲得職業治療師資格。職業治療師並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
「門診」	「受保人」因本保單承保的「疾病」或「損傷」在「醫生」或「專科醫生」的診所或辦事處、或「醫院」門診部或急症室接受醫療服務或藥物治療。
「保險期」	「附表」內所訂明之保險有效期，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。
「永久」	「意外」事故發生之日起計，損害情況持續至少十二（12）個月，並於此段時間終結時沒有好轉之跡象。

「物理治療費用」	由物理治療師收取的評估及治療費用，而該物理治療師必須根據「香港」法例第 359 章《輔助醫療業條例》下獲得註冊物理治療師資格。物理治療師並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
「保單生效日」	在收受保費的前提下，列明於「附表」上之生效日期或最近的一個續保日，以較後者為準。
「首個保單生效日」	是指： (i) 申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外；或 (ii) 保單復效日， 以較遲者為準。
「投保前已存在的傷疾」	在「首個保單生效日」、復效日或「提升生效日期」（以較遲者為準）之前已存在之任何「損傷」、「疾病」或病況及/或「受保人」已呈現病徵或已接受「醫生」診療、確診、治療或醫療意見，或已服用處方藥物一段時間而「受保人」懂悉或理應知道之相關病況，除非「受保人」已於申請表格全面披露此等病況並獲「本公司」書面接受，而保單文件無明文規定不承保之前已存在之病況的治療，則屬除外。
「公共交通工具」	任何由個別公司或個人持牌營運予乘客租用的機動客運交通工具。
「公立醫院」	列明在「香港」醫院管理局所定義之「醫院」聯網內之「醫院」。
「合資格護士」	已根據「香港」法例第 164 章《護士註冊條例》獲得註冊或登記護士資格並從事護理病人服務的人士。合資格護士並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
「合理及慣常收費」	就任何費用、收費或開支而言，指符合以下規定的費用或開支： (i) 受傷或患病人士在「醫生」按照良好醫療守則的護理標準下所提供「醫療必需」的照顧，監管或指示而收取的治療、用品或醫療服務費用； (ii) 不超過當地同類治療、用品或醫療服務的正常收費水平；及 (iii) 並不包括如沒有投購保險便不會招致的費用。 「本公司」保留權利釐定個別「醫院」/醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何「醫院」/醫療費用並非合理及慣常收費，「本公司」保留權利調整任何或所有應付賠償的金額。
「有關文件」	有關文件包括「附表」、投保表格、聲明、附加契約、批單、附件及修訂本（不論以口述或或書面形式或網上提交形式）。
「附表」	隨附本保單名為“Schedule”並構成保單一部份之附表。
「手術表」	附帶在本保單上，標示為手術表的一份文件，它包括一系列受保於本保單內的手術。
「學校」	任何提供教育予「受保人」的教育機構，包括但不限於幼稚園、小學或中學、專科學校或大學。
「疾病」	在「保險期」內健康出現不正常之病理癥狀。
「專科醫生」	於「香港」醫務委員會以專科登記為「醫生」之人士，或同等資歷的人士（如在「香港」以外地區接受緊急治療或手術）。專科醫生並不包括「閣下」、「受保人」、「直系親屬」或「同居伴侶」。
「三級燒傷」	整個皮膚層包括表皮層、真皮層及皮下組織均一同燒傷及受到破壞。
「完全傷殘」	「受保人」遭遇「意外」而蒙受「損傷」，並且於事發後連續十二（12）個月內完全不能從事任何根據「受保人」的學歷、專業訓練或經驗而可賺取薪金、酬勞或利益的工作。如「受保人」並無從事任何職業或工作，「永久」完全傷殘則指「受保人」喪失應付日常生活事務的能力。
「提升」	指提升保障及或計劃級別。
「提升生效日期」	指「本公司」同意「閣下」保單「提升」保障當日之「香港」時間00:00時，即「本公司」發予「閣下」訂明「提升」保障詳情之保單「附表」或批單所註明的日期。
「等候期」	在「首個保單生效日」或「提升生效日期」或任何新增保障的有效日（僅適用於「提升」保障部份或新增的保障）或復效日（以較遲者為準）起的三十（30）日內。在該段時期內，「本公司」不會就任何原因提供保障，「意外」則除外。
「戰爭」	兩國或多國因任何事故交戰，或主權國家之間的武裝衝突，不論正式或未正式宣戰的公開軍事衝突，又或國與國之間經國家正式授權而：(i)終止和平關係；及(ii)陷入武裝敵對局面。

「本公司」

蘇黎世保險有限公司。

「閣下」

於「附表」內註明為保單持有人("The Insured")之「紀律部隊人員」。

第二部份 – 保障表

第 1 節 – 「意外」保障

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

節數	保障項目	每名「受保人」每保單年度之最高賠償額 (港元) (除非另外註明)					
		子女保障			成年保障		
		基本計劃	進階計劃	尊貴計劃	基本計劃	進階計劃	尊貴計劃
1.	個人「意外」保障						
	(a) 「意外」死亡及「永久」傷殘	100,000	200,000	500,000	800,000	1,500,000	3,000,000
	(b) 額外賠償：「紀律部隊人員」當值「意外」死亡	不適用	不適用	不適用	100,000	200,000	300,000
	(c) 額外賠償：參加「學校」活動期間發生「意外」	20,000	50,000	100,000	不適用	不適用	不適用
	(d) 燒傷	不適用	50,000	100,000	不適用	200,000	300,000
	(e) 骨折	不適用	10,000	20,000	不適用	20,000	30,000
	(f) 因「意外」導致面上出現疤痕	不適用	不適用	不適用	不適用	12,500	25,000
	(g) 「意外」醫療費用	不適用	每宗「意外」 10,000	每宗「意外」 20,000	不適用	每宗「意外」 20,000	每宗「意外」 30,000
	包括中醫跌打費、中醫針灸費、脊椎治療費及「物理治療費用」	不適用	2,000	4,000	不適用	2,000	4,000

第 2 節及第 3 節 – 醫療保障

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

節數	保障項目	每名「受保人」就每宗「傷疾」之最高賠償額 (港元)		
		基本計劃	進階計劃	尊貴計劃
2.	醫療保障			
2.1	入院及手術費用保障			
	(a) 每天房租及膳食費用 (最長90日)	980	1,960	2,980
	(b) 雜項開支	15,000	25,000	36,000
	(c) 主診醫生巡房費用 (最長90日)	900	1,800	2,700
	(d) 「專科醫生」診症費用	3,000	6,000	10,000
	(e) 「深切治療部」每天房租及膳食費用 (最長 30 日)	1,960	3,920	5,960
	(f) 手術費用			
	- 複雜	48,000	64,000	96,000
	- 大型	28,800	38,400	57,600
	- 中型	12,000	16,000	24,000
	- 小型	5,760	7,680	11,520
	(g) 「麻醉科醫生」費用			
	- 複雜	16,800	22,400	33,600
	- 大型	10,080	13,440	20,160
	- 中型	4,200	5,600	8,400
	- 小型	2,016	2,688	4,032

	(h) 手術室費用			
	- 複雜	16,800	22,400	33,600
	- 大型	10,080	13,440	20,160
	- 中型	4,200	5,600	8,400
	- 小型	2,016	2,688	4,032
2.2.	入院前或出院後之保障			
	(a) 入院前或出院後之「門診」保障	2,000	3,000	5,000
	(b) 家居看護費用 (最長90日)	350	550	750
	(c) 復康及物理治療費用	10,000	15,000	20,000
	(d) 精神及心理支援治療費用	10,000	15,000	20,000
2.3.	「公立醫院」入院保障			
	(a) 每日住院現金 (最長365日)	300	500	700
	(b) 額外賠償:「深切治療部」之住院現金 (最長30日)	300	500	700
	(c) 手術現金保障			
	- 複雜	10,000	20,000	30,000
	- 大型	5,000	10,000	15,000
	- 中型	2,000	4,000	6,000
	- 小型	1,000	2,000	3,000
2.4.	「癌症」津貼保障	5,000	10,000	20,000
3.	附加醫療保障	100,000	200,000	300,000
	• 餘下費用之賠償百分比	80%	80%	80%

第三部份 – 保障範圍

第1節 – 個人「意外」保障

(a) 「意外」死亡及「永久」傷殘

倘「受保人」在「保險期」內遭遇「意外」而蒙受「損傷」，並於連續 12 個月內導致以下賠償表內所載的任何一項保障項目定義之死亡或傷殘，「本公司」將以「附表」所列之賠償額及賠償表內有關之保障項目之賠償額百分比賠償予「受保人」。

賠償表	
保障項目	賠償額百分比
1. 「意外」死亡	100%
2. 「永久」「完全傷殘」	100%
3. 四肢「永久」癱瘓及無法痊癒	100%
4. 雙眼「永久」完全「失明」	100%
5. 單眼「永久」完全「失明」	100%
6. 喪失任何雙肢(「失肢」)或任何雙肢「永久」完全「殘廢」	100%
7. 喪失任何單肢(「失肢」)或任何單肢「永久」完全「殘廢」	100%
8. 「喪失說話能力」及「失聰」	100%
9. 「永久」精神失常	100%
10. 「永久」完全「失聰」	
(a) 雙耳	75%
(b) 單耳	15%
11. 完全「喪失說話能力」	50%
12. 單眼「永久」完全喪失眼角膜	50%
13. 喪失四指及姆指或任何四指及姆指「永久」完全「殘廢」	
(a) 右手	70%
(b) 左手	50%
14. 喪失任何四指或任何四指「永久」完全「殘廢」	
(a) 右手	40%
(b) 左手	30%

15.	喪失姆指或姆指「永久」完全「殘廢」 (a) 右雙指骨 (b) 右單指骨 (c) 左雙指骨 (d) 左單指骨	30% 15% 20% 10%
16.	喪失手指或任何手指「永久」完全「殘廢」 (a) 右三指骨 (b) 右雙指骨 (c) 右單指骨 (d) 左三指骨 (e) 左雙指骨 (f) 左單指骨	10% 7.5% 5% 7.5% 5% 2%
17.	喪失任何腳趾或任何腳趾「永久」完全「殘廢」 (e) 所有腳趾 – 一隻腳計算 (f) 腳姆趾 – 雙趾骨 (g) 腳姆趾 – 單趾骨	15% 5% 3%
18.	「折斷腿部或膝蓋而無法聯合」	10%
19.	腿部截短最少五厘米	7.5%
20.	倘「永久」傷殘狀況並未包括於上述保障項目10至19內，「本公司」有絕對決定權及在其而言符合上述保障項目10至19之賠償之情況下，釐定應予賠償之百份比。	

賠償條款

- (i) 在同一宗「意外」事件中只會賠償以上保障項目 1 至 20 項的其中一項。假如在同一宗「意外」事件中遭受多於一項保障項目，則只按其在本節中最高賠償額的一項賠償。
- (ii) 如「本公司」已賠償的保障項目少於賠償額百分比的百分之一百，則由「意外」發生當日起至本保單期滿及所有往後續保期間（如適用），有關之已賠償金額會於「附表」訂明之賠償額中扣減。日後之賠償將根據原先的賠償額乘以賠償額百分比釐定，惟每位「受保人」可獲賠償之合共金額不可超過「附表」訂明之賠償額之百分之一百。
- (iii) 如「受保人」蒙受「損傷」前已出現有關保障項目 2 至 19 所述的或其他任何局部殘缺，而在「損傷」後變成完全殘缺，「本公司」會決定「最高賠償額」之百分比作為賠償該「損傷」所引致的殘缺部份。倘於「損傷」前已出現的任何完全殘缺，則有關之殘缺不獲保障。
- (iv) 如「受保人」已於本節中獲得「附表」訂明之 100% 的賠償額後，該「受保人」之所有保障便會即時失效。未到期的保費，將不獲退還。
- (v) 如「受保人」慣用左手並已特此通知「本公司」，則賠償表內 13 至 16 項的各右手及左手傷殘賠償額的百分比將互相對調。

因「公共交通工具」失蹤、墮毀或沉沒導致失蹤

倘若「受保人」乘搭之「公共交通工具」發生「意外」，並導致墮毀或沉沒，而「受保人」之遺體於該次「意外」事件發生後一年內，仍無法尋回及獲法院宣佈「受保人」假設失蹤的證明；「本公司」將視「受保人」由於此保單承保的「意外」事故蒙受「損傷」並導致死亡而作出賠償。如屬失蹤之索償，必須遞交有效的法院指令證明有關之失蹤已超過一（1）年。

(b) 額外賠償：「紀律部隊人員」當值「意外」死亡

如在「保險期」內，「紀律部隊人員」於工作當值期間遭遇「意外」而蒙受「損傷」，並於連續十二（12）個月內直接引致身故，「本公司」將根據「附表」列明「紀律部隊人員」當值「意外」死亡保障之賠償額，額外賠償予「紀律部隊人員」之遺產代理人。

(c) 額外賠償：參加「學校」活動期間發生「意外」

如「受保人」作為全職「學校」學生在「學校」範圍內，或於參加任何由「學校」正式舉辦的活動時蒙受「損傷」，包括但不限於體育活動、實地考察旅行、實驗室活動，「附表」所列第 1(a)節 - 「意外」死亡及「永久」傷殘之賠償額將根據「附表」所列第 1(c)節之賠償額提升。

(d) 燒傷

如「受保人」在「保險期」內因「意外」而蒙受「三級燒傷」，並於「意外」發生後連續十二（12）個月內導致以下「三級燒傷」賠償表內所載的任何一項保障項目，「本公司」將以「附表」所列之賠償額及以下「三級燒傷」賠償表內有關保障項目之賠償額百分比賠償。

「三級燒傷」賠償表		
保障項目	燒傷部位佔表面總面積的百分比	賠償額百分比
1.	表面總面積等同或大於： (i) 頭部表面總面積達 8%；或 (ii) 身體表面總面積達 20%（不包括頭部）	100%
2.	表面總面積等同： (i) 頭部表面總面積達 2%但少於 8%；或 (ii) 身體表面總面積達 10%但少於 20%（不包括頭部）	50%

賠償條款

- (i) 於同一宗「意外」事件只會賠償以上「三級燒傷」賠償表的其中一項。假如在同一宗「意外」事件中涉及多於一項保障項目，則只按其中最高

賠償額的一項保障項目作出賠償。

- (ii) 如「本公司」已賠償的保障項目少於賠償額百分比的百分之一百，則由「意外」發生當日起至本保單期滿及所有往後續保期間（如適用），有關之已賠償金額會於「附表」訂明之賠償額中扣減。日後之賠償將根據原先的賠償額乘以賠償額百分比釐定，惟每位「受保人」可獲賠償之合共金額不可超過「附表」訂明之賠償額之百分之一百。
- (iii) 任何於以上賠償表列明之部位曾經因「三級燒傷」受損，而該部位在本保單所承保之「損傷」後再次被「三級燒傷」，「本公司」會就該「損傷」所引致的受損部位決定最高賠償額之百分比作出賠償。
- (iv) 如「受保人」已於本節中獲得「附表」訂明之 100% 的賠償額後，該「受保人」於本保單及所有後續保期間（如適用）內本節之保障便會即時終止。

(e) 骨折

如「受保人」蒙受「損傷」及導致以下賠償表所列之任何一項折斷部位保障項目，及有關狀況經由「醫生」證實，「本公司」將以「附表」所列之賠償額及以下賠償表內有關保障項目之賠償額百分比賠償。

賠償表		
折斷部位	賠償額百分比	
保障項目	「完全折斷」	「完全折斷」以外之破損
1. 盆骨	100%	50%
2. 腳跟	50%	25%
3. 頭骨、鎖骨、上肢、肘部或手腕	40%	20%
4. 下顎	30%	15%
5. 脊椎、肩胛骨、胸骨、手或足	20%	10%
6. 上顎、顴骨、鼻、肋骨、尾骨、腳趾或手指	15%	7.5%

賠償條款

- (i) 在同一宗「意外」事件中只會賠償以上賠償表內其中一項保障項目。假如在同一次「意外」事件中出現多於一項保障項目，則只按其中最高賠償額的一項作出賠償。
- (ii) 如「本公司」已賠償的保障項目少於賠償額百分比的百分之一百，則由「意外」發生當日起至本保單期滿及所有往後續保期間（如適用），有關之已賠償金額會於「附表」訂明之賠償額中扣減。日後之賠償將根據原先的賠償額乘以賠償額百分比釐定，惟每位「受保人」可獲賠償之合共金額不可超過「附表」訂明之賠償額之百分之一百。
- (iii) 任何於以上賠償表列明之部位在「意外」發生前曾經因骨折受損而並未康復，或該部位在本保單所承保之「意外」後再次骨折，「本公司」會就該「損傷」所引致的受損部位決定最高賠償額之百分比作出賠償。
- (iv) 如「受保人」已於本節中獲得「附表」訂明之 100% 的賠償額後，該「受保人」於本保單及所有後續保期間（如適用）內本節之保障便會即時終止。

(f) 因「意外」導致面上出現疤痕

如「受保人」於「保險期」內因「意外」而蒙受「損傷」，引致「永久」毀容或於上出現至少一平方厘米或長度達兩厘米之「永久」疤痕，並由「受保人」提供合資格「醫生」以書面報告證實，「本公司」將以「附表」所列之賠償額賠償予「受保人」。

(g) 「意外」醫療費用

如「受保人」於「保險期」內因「意外」而蒙受「損傷」，「本公司」將向「受保人」賠償「合理及慣常收費」之醫療及手術費用，該費用為「醫療必需」及「受保人」因「損傷」向「醫生」或「醫院」支付之醫療及手術費用。本保單賠償之治療費用必需為「醫生」處方。

「本公司」會賠償天然健全牙齒於「保險期」內因「意外」導致的「損傷」。本保障只適用於緊急下紓減痛楚的治療，但治療必須於合法註冊牙醫診所或「醫院」進行。在任何情況下，本保障均不會涵蓋任何修復性或補救治療、任何貴金屬用料、任何性質之矯牙手術、更換天然牙齒、假牙及矯形服務如齒橋、齒冠及其更換及相關費用。

包括中醫跌打費、中醫針灸費、脊椎治療費及「物理治療費用」

如「受保人」因「意外」蒙受「損傷」而需接受中醫跌打師、中醫針灸師、脊醫及/或物理治療師治療，則「本公司」將支付「受保人」該等實際醫療費用，根據賠償表所列之最高賠償額及以下賠償上限：

1. 中醫跌打、中醫針灸及/或脊醫治療費用 – 每日每次治療 200 港元，每次「意外」之最多治療次數為五（5）次。
2. 「物理治療費用」– 每日每次治療 500 港元，每次「意外」之最多治療次數為四（4）次。

本保單並不包括任何中醫跌打及中醫針灸以外之中醫治療費用。

第 1(g)節之條款

1. 如果「受保人」可從其他來源取回或收取全部或部份費用，「本公司」則根據保險單條款負責賠償剩餘的費用。
2. 於任何情況下，第 1(g)節的每宗「意外」之賠償額不可超過「附表」所列賠償額之 100%。
3. 「專科醫生」之治療及/或手術必需提交由普通科「醫生」簽發的書面轉介信。
4. 物理治療必需提交由「醫生」或「專科醫生」簽發的書面轉介信。

「意外」死亡及「永久」傷殘之最高賠償責任

如「受保人」同時受保於多張由「本公司」及/或與「本公司」有關公司所簽發之保單而每張均包括其個別定義之意外死亡及永久傷殘保障，「受保人」於所有有關之保單的意外死亡及永久傷殘保障合共總賠償額不可超過 10,000,000 港元，而每份保單的賠償將根據總賠償額按比例分配。

第 1 節之不承保事項

本節並不承保：

1. 任何性質之「疾病」；或任何因「疾病」而引發之「損傷」。

第 2 節及第 3 節 – 醫療保障

保障條件

第 2 節及第 3 節的保障需合附符合以下條件：

1. 「受保人」於「保險期」內，因「疾病」或「損傷」並經由主診「醫生」建議在「醫院」「住院」(第 2.1 (b)及(f)及(h)除外)。
2. 所有治療均為「醫療必需」，當「本公司」收妥可接納的證明後，將會按保障表「受保人」已選擇的保障計劃的賠償額支付有關之保障。
3. 在任何情況下，每宗「傷疾」之最高賠償額將不會超過訂明於「附表」內「受保人」已選擇的保障計劃的賠償額。
4. 若「受保人」因多於一宗「傷疾」在「醫院」「住院」並進行手術或治療，在同一次「住院」內之所有「傷疾」將被視為同一宗「傷疾」，而「本公司」就同一次「住院」會支付之最高賠償額已訂明於「附表」內「受保人」已選擇之計劃內。

第 2.1 節 – 入院及手術費用保障

(a) 每天房租及膳食費用

「本公司」會支付「受保人」於「保險期」內的「住院」期間由「醫院」實際收取的房租及膳食「合理及慣常收費」，每宗「傷疾」之最高賠償日數為九十 (90) 日。

(b) 雜項開支

「本公司」會支付下列由「醫院」實際收取的「合理及慣常收費」：

- 由主診「醫生」處方，並在「住院」期間服用之西藥，並就同一宗「傷疾」所處方及在治療完成後七日內服用的西藥，惟不包括治療慢性病、預防性質、為出院後即時療程之後的複發性療程、長期治療之藥物；或
- 包敷物料、普通夾板及石膏費，惟不包括特別支架、器具及設備費；或
- 有「醫療必需」的植入物；或
- 由主診「醫生」建議並在「住院」期間進行之物理治療；或
- 麻醉及氧氣及其施用費；或
- X-光片、心電圖、底片、診斷影像 (包括磁力共振掃描(MRI)、電腦斷層掃描(CT Scan) 及正電子放射斷層掃描(PET Scan)) 及其他化驗室檢查及測試的費用及診斷，其即時目的為有「醫療必需」的「傷疾」治療；或
- 靜脈注射費；或
- 輸血、血或血漿及施用費；或
- 來往「醫院」的救護車服務費。

本 2.1(b)節不適用於手術時使用之儀器或其他器材，包括但不限於麻醉機、胃鏡、腸鏡、碎石機、X 光刀、數碼導航刀及伽瑪刀。

(c) 主診醫生巡房費用

「本公司」會就主診「醫生」於「住院」期間接受治療時所收取的巡房費，支付由其實際收取的「合理及慣常收費」，每宗「傷疾」之最高賠償日數為九十 (90) 日。

(d) 「專科醫生」診症費用

「受保人」因「疾病」或「損傷」而「住院」，並按主診「醫生」的書面建議於「住院」期間接受註冊「專科醫生」的診治，「本公司」將支付該名「專科醫生」實際收取的「合理及慣常收費」。

(e) 「深切治療部」每天房租及膳食費用

「本公司」會支付「受保人」在「深切治療部」「住院」期間實際收取的房租及膳食「合理及慣常收費」，每宗「傷疾」之最高賠償日數為三十 (30) 日。如任何一日之「住院」已獲得本節賠償，則本保單第 2.1(a)節之保障將被本節取代。

(f) 手術費用

若「受保人」在「醫院」「住院」，「本公司」將會就「醫生」所收取之手術費用，支付實際收取的「合理及慣常收費」。「本公司」就每一宗「傷疾」會支付之最高賠償額已列載於「附表」內所選擇之計劃內，並同時受有關手術在「手術表」上之分類賠償額所限。

- (i) 若因同一宗或不同「傷疾」而需於同一個切口進行兩項或以上的手術，「本公司」只會賠償在「手術表」內有較高賠償分類的一項手術。
- (ii) 若因同一宗或不同「傷疾」而需於同一個手術過程中涉及不同切口以進行兩項或以上的手術，或於同一次「住院」中因不同「傷疾」進行兩次或更多次手術，所有手術之實際費用會按以下方法計算賠償：
 - (a) 於「手術表」中，最高賠償分類的一項手術可獲該手術分類的最高賠償額的 100%；

(b) 於「手術表」中，第二最高賠償分類的一項手術可獲該手術分類的最高賠償額的 50%；

(c) 於「手術表」中，第三最高賠償分類的一項手術可獲該手術分類的最高賠償額的 25%。

「本公司」只會就每一次及同一次「住院」期間，最多賠償三（3）次手術。

若列於「手術表」中之切割手術可以其他形式取代，包括 X 光、鐳射或任何其他放射性物質治療，「本公司」將根據保單條款與規章賠償其實際收取的「合理及慣常收費」，最高賠償額為「手術表」訂明該項被取代之切割手術的費用。

(g) 「麻醉科醫生」費用

在「本公司」已同意就第 2.1(f)節 – 手術費用作出賠償之前提下，「本公司」會就有關手術由「麻醉科醫生」（如「麻醉科醫生」同為「受保人」進行手術之「醫生」，則不包括在內）所收取之費用，支付實際收取的「合理及慣常收費」。「本公司」就每一宗「傷疾」所支付之最高賠償額已列載於「附表」內所選擇之計劃內，並同時受有關手術在「手術表」上之分類賠償額所限。

若於同一次「住院」中，因同一（1）宗或不同「傷疾」進行兩（2）項或以上的手術，保障則根據上述第三部份 – 保障範圍內第 2.1(f)節的條款(i)及(ii)計算。

(h) 手術室費用

在「本公司」已同意就第 2.1(f)節 – 手術費用作出賠償之前提下，「本公司」會就有關手術由「醫院」所收取之使用手術室或治療室及手術時使用的物料或儀器費用，支付實際收取的「合理及慣常收費」。「本公司」就每一宗「傷疾」所支付之最高賠償額已列載於「附表」內所選擇之計劃內，並同時受有關手術在「手術表」上之分類賠償額所限。

若於同一次「住院」中，因同一宗或不同「傷疾」進行兩項或以上的手術，保障則根據上述第三部份 – 保障範圍內第 2.1(f)節的條款(i)及(ii)計算。

第 2.1(b)及(f)至(h)節之延伸保障

「日症手術」

這是第 2.1(b)節及第 2.1(f)至(h)節的延伸保障。「本公司」會支付「日症手術」的實際及「合理及慣常收費」：

- (i) 病理學報告，但必須(a)直接跟該次手術有關；及(b)跟該次手術同日進行，最高賠償額以第 2.1(b)節 – 「醫院」雜費列明之賠償額為限。
- (ii) 外科手術費，最高賠償額以第 2.1(f)節 – 外科手術費列明之賠償額為限。
- (iii) 「麻醉科醫生」費，最高賠償額以第 2.1(g)節 – 「麻醉科醫生」費用列明之賠償額為限。
- (iv) 於手術時使用手術室或治療室及物料或儀器費用，最高賠償額以第 2.1(h)節 – 手術室費列明之賠償額為限。

第 2.2 節 – 入院前及出院後之保障

(a) 入院前及出院後之「門診」保障

「本公司」將會向為「受保人」施行手術之「醫生」，支付下列項目之實際收取的「合理及慣常收費」：

- (i) 入院前有關該入院手術的兩次「門診」（「門診」包括診症費、處方西藥、物理治療或診斷測試）；及
- (ii) 所有「受保人」在有關同一「傷疾」的手術後在出院當日起計連續四十五（45）日內屬「醫療必需」的「門診」覆診，而此等跟進療程必須與「住院」的手術有直接關係。

(b) 家居看護費用

如「受保人」於接受第 2.1 節的手術出院後，因「醫療必需」而聘請一名「合資格護士」到「受保人」的慣常之住所（並不包括任何復康院或療養院）提供看護服務，「本公司」會支付由手術後出院當日起計連續三十（30）天內該「合資格護士」實際收取的「合理及慣常收費」。有關之服務必需由「受保人」之主診「醫生」以書面建議。

(c) 復康及物理治療費用

如「受保人」於接受第 2.1 節的手術出院後，因有關手術需接受物理治療師或職業治療師於「門診」提供的復康治療，「本公司」會支付由手術後出院當日起計連續一百八十（180）天內實際收取的「物理治療費用」及「職業治療費用」。有關之治療必需因該手術直接引致及由「受保人」之主診「醫生」以書面建議。

(d) 精神及心理支援治療費用

如「受保人」於接受第 2.1 節的手術出院後，因有關手術需接受心理科或精神科於「門診」提供的治療，「本公司」會支付由手術後出院當日起計連續一百八十（180）天內實際收取的心理治療費用及精神科治療費用。有關之治療必需因該手術直接引致及由「受保人」之主診「醫生」以書面建議。

第 2.3 節 – 「公立醫院」入院保障

(a) 每日住院現金

若「受保人」在「保險期」內，因「疾病」或「損傷」，於「公立醫院」住院，「本公司」會賠償每日住院現金保障，每宗「傷疾」之最高賠償日數為 365 日。

(b) 額外賠償：「深切治療部」之住院現金

若「受保人」在「保險期」內，因「疾病」或「損傷」於「公立醫院」之「深切治療部」內「住院」，「本公司」會根據第 2.3(a)節額外賠償每日於「深切治療部」之住院現金，每宗「傷疾」之最高賠償日數為三十（30）日。本 2.3(b)節的保障並不適用於手術後少於二十四（24）小時之「深切治療部」住院，以及因「癌症」或血癌，包括擴散性腫瘤，所引起之「疾病」之「住院」。

(c) 手術現金保障

若「受保人」在「保險期」內，因「疾病」或「損傷」於「公立醫院」住院及接受「醫療必需」的手術若「受保人」因「疾病」或「損傷」的原故，由「醫

生」建議登記為住院病人身份「住院」、在「日間病人」或「門診」規格下由「醫生」進行之具有「醫療必需」的手術，「本公司」會提供手術現金保障予「受保人」；惟在任何情況下，就任何一宗「傷疾」的保障額，將不會高於第二部份保障表內列明所選擇的計劃的最高保障額。

若「受保人」需要就一宗「傷疾」進行多於一次手術，則「本公司」只會就當中享有最高保障額的一項手術提供一次手術現金保障。若「受保人」已就同一宗「傷疾」的較低保障額的手術獲得手術現金保障後，則「本公司」將會在扣減已付保障額，向「受保人」提供手術現金保障的差額。

第 2.4 節 – 「癌症」津貼保障

若「受保人」在「保險期」內確診患上「癌症」，「本公司」將會賠償一筆現金津貼給「受保人」。「本公司」只會向每名「受保人」賠償一次，「受保人」收到有關賠償後，其於本節之保障便即時中止，包括往後續保的保單在內（如適用）。

第 3 節 – 附加醫療保障 (SMM)

本節為本保單內以下之項目提供附加醫療保障：

第 2.1(a)節 – 每天房租及膳食費用及第 2.1(c)節 – 主診醫生巡房費用

若「受保人」在「醫院」「住院」超過九十（90）日，「本公司」會支付房租及膳食、及「醫生」巡房之實際收取的「合理及慣常收費」，惟需受「附表」第 2.1(a)節及第 2.1(c)節所選擇之計劃之每日保障額所限。

第 2.1(b)節 – 雜項開支、第 2.1(f)節 – 手術費用、第 2.1(g)節 – 「麻醉科醫生」費用、第 2.1(h)節 – 手術室費用

若就同一宗「傷疾」，其實際收取的「合理及慣常收費」超出「附表」所選擇之計劃之最高保障額，「本公司」將會賠償此實際收取的「合理及慣常收費」超出最高保障額的餘額部分的 80%。

「本公司」就每一宗「傷疾」於本第三節會支付之最高總賠償額已列載於「附表」內所選擇之計劃內。

第 3 節所選擇的計劃級別必須與第 2 節所選擇的計劃級別相同。

第 2 節及第 3 節之不承保事項

此兩節並不承保任何直接或間接因以下事項引致的索償：

1. 任何「投保前已存在的傷疾」，除非該「受保人」已連續十二（12）個月受保於本保單；
2. 任何於「等候期」內的治療或醫療費用；
3. 所有目的為增加或減少體重之治療（無論是否病態或有並存病況）；
4. 任何性質之牙科治療或手術；
5. 疫苗或預防接種、一般身體檢查、篩檢及預防性檢查；睡眠窒息症之睡眠測試之有關費用；例行眼部測試、眼部屈光不正或矯正視力措施；
6. 購置或使用器具或設備，包括但不限於助聽器、支架、拐杖、眼鏡或其他類似項目；
7. 任何受法律、條例或受保於其他保險公司所簽發之保單所保障而獲得補償之「傷疾」索償，除非「受保人」並不能就該等法律、條例或其他保單獲得全數賠償。

第四部份 – 一般不承保事項

「本公司」不會賠償直接或間接、部份或全部因以下事項引致的損失：

1. 「戰爭」、侵略、外敵入侵、敵對局面(不論正式宣戰與否)、內戰、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂(除非是「紀律部隊人員」於執行工作期間)或以任何形式參與「恐怖活動」；
2. 參與任何違法行為，包括但不限於搶劫、濫用藥物或傷人；
3. 從事或參與任何軍隊（「紀律部隊人員」除外）、海、陸、空軍服務或行動或飛行服務或出任為任何空中乘載工具的機務人員或操作員；
4. 「受保人」進行或涉及任何空中活動，除非當時「受保人」(i)是以付費乘客身份在持牌航空公司航機或包機上，或(ii)所參予之活動是由另一位已持牌帶領有關活動的人士負責操縱或航行而提供活動的舉辦者亦已獲當地有關當局授權；
5. 自殺、企圖自殺、蓄意自我傷害、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症；
6. 受酒精或非由「醫生」處方之藥物之影響；
7. 任何因分娩、流產、墮胎、妊娠引致的狀況，包括但不限於妊娠測試，產前、產後護理及其他與妊娠、避孕、避孕儀器、不育或其他引致懷孕或絕育手術的方法有關之併發症；性病；
8. 在出生時已存在之先天性缺陷或在「受保人」八（8）歲前出現之新生兒之不正常狀況，包括但不限於所有性質之疝氣(在本保單起保後因創傷引起則除外)、腦癱症、斜視、腦積水、睪丸發育不健全、尿道下裂及梅克爾憩室；
9. 人類免疫力缺乏病毒及/或人類免疫力缺乏病毒有關「疾病」，包括愛滋病及/或其任何突變、衍生或變異所引致或因此而命名；
10. 於「醫院」「住院」的目的為療養、監護、休養、舒緩護理、衛生護理或復康；或與引致該次「住院」之診斷或治療無關之任何醫療費用；
11. 以美容為目的之美容手術或整容手術，惟因「意外」導致而需要治療除外；選擇性的治療；
12. 任何形式的機動競賽，又或參加職業體育活動或「受保人」可能或可以賺取收入或報酬的體育活動；
13. 測試任何交通工具；參與離岸活動，如商業潛水；油田鑽探、採礦或空中攝影；
14. 任何核子燃料、核子燃燒後所產生的核子廢料所產生的電離子輻射或放射性污染；
15. 任何核能裝置或元件所產生的放射性、有毒、爆炸性或其他危險物質；
16. 如「受保人」在「香港」以外地方逗留超過九十（90）天而在「香港」以外地方引致之任何開支。

第五部份 – 基本條款

1. 整體協議

本保單，包括所有「有關文件」，乃立約各方之間之整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」授權人員的批准並簽發批單作實，方始生效。為免生疑，「有關文件」亦會組成續保合約的部份，除非收到「閣下」在續約時的通知，所有資料會於續保時被視為真確及有效。

2. 「年齡」及資格限制

本保單提供保障予：(a)成年保障下之成人 – 「受保人」在「保單生效日」的「年齡」必須介乎十八 (18) 至六十五 (65) 歲，並可續保至「年齡」六十九 (69) 歲，所有保障將於「受保人」六十九 (69) 歲生日後的首個保單週年日終止；(b)子女保障下之小童 – 必須為未婚及非在職，「年齡」由十五 (15) 日至二十一 (21) 歲 (全年均受保障)，若仍然為全日制學生，可續保至「年齡」二十五 (25) 歲，如未能符合上述之要求，所有保障將於「受保人」二十一 (21) 歲或二十五 (25) 歲生日後的首個保單週年日終止。

「受保人」必須為「香港」市民或居民及持有有效之「香港」身份證明文件，且有「香港」永久住址。「年齡」為十八 (18) 歲以下之「受保人」應持有有效之「香港」出世紙或家屬簽證。

3. 現況轉變

「閣下」或「受保人」就申請表上 (不論口頭或或書面形式或網上提交形式) 或續保時所提供予「本公司」之資料之任何變更，均須負全責通知「本公司」，否則「本公司」有權拒絕所有賠償或使其失效。

4. 職業限制

倘若任何人士的工作屬於「不承保職業」的範圍，「本公司」將不會提供保障，除非「受保人」是「紀律部隊人員」之一及得到「本公司」接受其投保申請，才可獲得保單的簽發。

5. 索償通知

如要申請索償，應於事發之日起三十 (30) 日內以書面通知「本公司」。倘因意外死亡之索償，必須立即通知「本公司」。「本公司」所需之任何證明書、資料及證據，須依據「本公司」所定之形式及性質提交，而所需費用概由「閣下」或「受保人」或「閣下」/「受保人」之個人代表負責。如「閣下」或「受保人」不遵守本條款，「本公司」將不會支付本保單的任何保障。

6. 損失證明

必須在有關係索償的治療完成及 / 或終止後三十 (30) 天內向「本公司」提交書面損失證明，包括收據和項目明細表單及診斷資料正本，連同由「本公司」提供並由「閣下」填妥的索償表格，方可辦理索償。倘能合理解釋不能於限期內將有關證明文件送交「本公司」提供的緣由，並已盡可能於期限後立即送出有關文件，且不超過一百八十 (180) 日之限，則不會被視為放棄申請賠償的權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交，「本公司」概不會負責任何費用。

若所提交的證明文件並非中文或英文，「閣下」或「受保人」必須自費取得經核證的中文或英文證明文件譯本。

7. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於蒙受任何「損傷」後滿十二 (12) 個月方提出之有關索償支付賠償。

8. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。如「受保人」身故，「本公司」有權自費進行驗屍。「本公司」擁有該等調查結果之所有權。若「受保人」不幸去世，而「本公司」並沒有足夠的證明或文件處理有關索償，「本公司」有權在法律容許及充份的通知情況下要求進行驗屍。有關費用由「本公司」負責，「本公司」亦擁有該等調查結果之所有權。

9. 支付索償

「本公司」將按照「閣下」或「附表」註明之「受保人」各自之權利及權益向彼等支付賠償。本保單之所有索償將以港元支付及將在收到所有「本公司」承認之必須證明後支付予「閣下」或「受保人」。如「附表」註明之「受保人」「意外」死亡，「本公司」會將所有尚未支付之賠償額支付予「受保人」之遺產承繼人。倘「受保人」「年齡」為十七 (17) 歲或以下，「本公司」會將按照其父母或合法監護人的各自之權利及權益向彼等支付賠償。當「本公司」收受「本公司」所需的證明文件後，將根據本保單立即作出合理賠償，惟「永久」「完全傷殘」之賠償除外。

10. 虛報「年齡」或性別或職業

如「受保人」虛報「年齡」或性別或職業，「本公司」會按「受保人」的正確「年齡」或性別或職業須要支付的保費退回或補收保費差額。若「受保人」投保時虛報「年齡」或職業而根據當時的正確「年齡」或職業，本保單之保障應不能生效或應該在收取每次保費前終止，「本公司」於任何情況下只會退回保費而不負責任何承保責任。

11. 失實陳述、漏報或欺詐

「我們」有在下列任何一項情況下，宣告本保單自保單首個生效日起無效，並通知「保單持有人」或「您」，本保單不會為「您」提供保障：

(a) 在投保表格或任何其後就相關申請提交給「我們」的資料或文件 (包括相關資料的任何更新及改動)，其所作出的陳述或聲明中，就「您」的健康狀況的任何『重要事實』作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「我們」的風險評估。『重要事實』包括但不限於會影響「我們」對「您」的核保決定的事實，若披露該事實「我們」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。

(b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在(a)的情況下，「我們」將：

(i) 退還已繳交的相關保費及保費徵費 (如有) 但需扣除所有已支付的 索償金額及「我們」支付的必要費用，包括但不限於「我們」的合理行政費及因本保單而招致的服務費 (如有)。

- (ii) 如上述抵銷事項總數超越已繳交的相關保費，「保單持有人」或「您」必須在「我們」發出付款通知書後十四（14）個工作天內向「我們」償還差額。

在(b)的情況下，「我們」將有權：

- (i) 不退還已繳交的相關保費；及
(ii) 追討所有過去已支付給「保單持有人」或「您」的賠償，並要求在「我們」發出付款通知書十四（14）個工作天內把有關賠償償還「我們」。

12. 詐騙索償

如「閣下」或「受保人」或任何以「閣下」或「受保人」名義向本保單提出索償時，以任何方式進行詐騙，包括但不限於以任何途徑或方法，編製或漏報或虛報任何文件，「本公司」於任何情況均毋須承擔責任支付此等索償的保障，而本保單的保障將即時終止。保險終止並不構成放棄權利向「閣下」或「受保人」追討的任何權利或提出索償，及/或向警方舉報詐騙事件。

13. 保費

- (a) 本保單為年度之醫療保單。「閣下」可以年繳或月繳方式付款予「本公司」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「本公司」。如「閣下」曾提出索償或在保險年度內曾使用服務，「閣下」必須負責繳付同「保險期」之保險年度全年保費，保單方惟有效。「本公司」亦不會就任何已付保費作出退款。
- (b) 「本公司」保留權利，在以下情況更改或調整保費：
- (i) 「本公司」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹、預期未來醫療費用、理賠紀錄及「閣下」及/或這產品招致之費用，及保障之更改），並於調整保費前三十（30）天以書面通知「閣下」。
- (ii) 於續保時，保費將按「受保人」之實際「年齡」自動調整。

14. 寬限期

在首期保費後，「本公司」將於每次保費到期後給予「閣下」三十一（31）日寬限期。在寬限期內，本保單仍維持生效，如於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費之日起被視為逾時失效。

15. 重訂保單

若「閣下」因欠繳保費而導致保單終止，惟事後「閣下」向「本公司」提交令「本公司」滿意之重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後開始蒙受之「意外」及重訂日後起計三十（30）日後開始呈現病徵之「疾病」。

16. 取消保單

- (a) 「本公司」有權以三十（30）日書面通知「閣下」取消保單或任何章節或部份，通知書將以掛號郵件形式寄至「閣下」最後登記地址。在任何情況下，「本公司」並無責任透露有關終止之原因。保障終止時，若在有關取消保單生效日至該「保險期」最後一天的期間沒有任何索償，保費會按比例退還。
- 在保障終止後，任何由「本公司」收取之有關保費將不對「本公司」構成任何責任，「本公司」亦會退還所收保費。
- (b) 「閣下」可於三十（30）日前向「本公司」提出書面通知以取消此保單，如在該「保單生效日」至取消保單生效日期間無索償紀錄保費會按比例退還。於任何情況下，如該保單年度已獲得本保單賠償或接受服務，有關之未到期的保費將不獲退還及「閣下」必須繳交該保單全年之保費。如果是全新的保單，而「閣下」決定不購買本保險及在「保險期」內無索償紀錄，「閣下」有權在保單交付「閣下」後十四（14）日內以「閣下」簽署之書面通知「本公司」取消保單並向「本公司」交還保單。「本公司」將會把「閣下」已付之保費無息全數退還。

17. 保障終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

- (a) 「受保人」根據本部份第2項 – 「年齡」及資格限制所述之情況，不再符合資格獲得本保單的保障；
(b) 本保單的保障會根據本部份第11項 – 失實陳述、漏報或欺詐所述之情況終止；或
(c) 「閣下」未能根據本部份第14項 – 寬限期所述之情況，在三十一（31）日寬限期內付款；或
(d) 任何一方根據本部份第16項 – 取消保單所述之情況，以三十（30）日內書面通知取消本保單；或
(e) 「閣下」已非本保單受保之「紀律部隊人員」（除非「閣下」已通知「本公司」有關的職業更改並獲「本公司」接納）；或
(f) 於保單週年日當天「本公司」已停止提供本保險產品。

18. 續訂保單

從「保單生效日」起計，本保單會維持最長一年生效期及由「本公司」酌情每年自動續保，惟「本公司」保留權利在每個「保險期」之續保時間前三十（30）日向「閣下」提供書面通知以更改條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因。儘管如此，「閣下」可於本保單任何一個「保險期」之「保單生效日」前表示不接納更改，最後可以不實行續保。

19. 更改保障

「閣下」可於「保單生效日」的週年日前三十（30）日提交書面申請更改或「提升」保障。申請必須連同健康聲明，詳列「受保人」於申請更改保障時「閣下」或「受保人」已知存在之「損傷」、「疾病」、病徵或身體狀況，或「受保人」正在或將會接受之治療或藥物。申請必須經「本公司」批核，「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項（以「提升」部份保障為準）。任何「本公司」接受之更改皆會在下一個保單續保「保險期」開始生效。

若「受保人」向「本公司」提供書面申請時已出現病徵或正在或將會接受「醫生」之諮詢、診症、治療或醫療意見、或正接受處方藥物，就有關「傷疾」之保障，將以更改保障申請前或後之較低保障為準。

20. 其他保險

「閣下」提出索償時如有其他保單保障同類項目，「本公司」只負責按比例作出賠償，但以下保障除外：

- 第1節 – 個人「意外」保障的(a)至(f)項
- 第2.3節 – 「公立醫院」入院保障

- 第2.4節 – 「癌症」津貼保障

21. 筆誤

「本公司」的筆誤不會令生效之保單因而失效，或令失效之保單因而生效。

22. 法律訴訟

當書面索償證明文件根據本保單規定送交「本公司」後，六十（60）日內不得進行法律訴訟以求賠償。此外，「閣下」及「受保人」亦不得在「本公司」要求其提供索償證明之指定時限期屆滿一年後提出訴訟。

23. 代位權

「本公司」有權自費以「受保人」名義對任何有可能導致本保單索償的承保事件的第三者進行追討，「受保人」需同意執行並允許「本公司」因執行任何權利及補救，或從他人獲取援助或賠償的目的下所作出的合理要求的行為或事情。

24. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。如爭議各方未能於九十（90）日內透過調解解決爭議，爭議各方均應將有關爭議提交予香港國際仲裁中心，按照提交仲裁通知時有效的《香港國際仲裁中心機構仲裁規則》仲裁解決。本仲裁條款適用的法律為「香港」法律，而仲裁地應為「香港」。仲裁員人數為一名，而仲裁程序應以英語進行。

現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「受保人」追索本保單之任何責任，而並未能於「本公司」所發出之通知十二（12）個月內按以上規定展開仲裁，「受保人」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

25. 第三者權益

除「閣下」或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。不論本保單任何條款所列，任何保單變更（包括任何解除責任或責任妥協）或終止均不須第三者同意。

26. 遵從保單條款

如違反本保單任何條款，所有就本保單提出之索償均告無效。

27. 個人資料收集目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有的個人資料，「閣下」亦可透過此網址查閱有關私隱政策：<https://www.zurich.com.hk/zh-hk/services/privacy>。

「閣下」及/或「受保人」會，及會促使保單內其他「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第 486 章《個人資料（私隱）條例》中所定義之個人資料。

如「受保人」向「本公司」提供任何第三者資料，「受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及制裁查核。

28. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」之專有司法裁判權。

29. 制裁

若本保單提供的保險、款項、服務、保障及/或「閣下」或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「閣下」或「受保人」或其他一方提供任何保險或將向「閣下」或「受保人」或任何其他一方支付任何款項或提供任何服務或保障。以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「閣下」或「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

賠償程序

透過我們的「e 索償」網上平台以方便快捷的方式申請索償，只需掃描二維碼瀏覽 <http://www.zurich.com.hk/eclaim> 遞交申請，相比以電郵或郵寄方法申請，可節省多達兩個工作天的處理時間。

你亦可以填妥索償申請表，連同有關證明文件電郵 / 郵寄至本公司賠償部。

- 電郵：claims@hk.zurich.com
- 地址：香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部

請注意，如您需要就損失申請索償，請於損失發生後 30 日內遞交申請。

如有任何查詢，請致電我們的賠償熱線+852 2903 9388 或電郵至 claims@hk.zurich.com。

此保單分別有英文及中文版本，如中文與英文版本有異，均以英文為準。



Schedule of surgical procedures

Procedure/surgery	Category	
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal/stomach/ duodenum	Excision of oesophageal lesion/destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation/banding of oesophageal/gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy/gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum/jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy/radical gastrectomy/total gastrectomy +/- intestinal interposition	Complex
	Suture of laceration of duodenum/patch repair, duodenal ulcer	Major
	Vagotomy and/or pyloroplasty	Major
Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic	Intermediate
	Anal fissurectomy	Minor
	Anal fistulotomy/fistulectomy	Intermediate
	Incision & drainage of perianal abscess	Minor
	Delorme operation for repair of prolapsed rectum	Major
	Colonoscopy +/- biopsy	Minor
	Colonoscopy with polypectomy	Minor
	Sigmoidoscopy	Minor
	Haemorrhoidectomy, internal or external	Intermediate
	Injection/banding of haemorrhoid	Minor
	Ileostomy or colostomy	Major
	Anterior resection of rectum, open or laparoscopic	Complex
	Abdominoperineal resection, open or laparoscopic	Complex
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum, open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
	Resection of small intestine and anastomosis	Major
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor

Procedure/surgery		Category
	Liver transplantation	Complex
	Marsupialization of lesion/cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
	Wedge resection of liver, open or laparoscopic	Major
Pancreas	Closed biopsy of pancreatic duct	Intermediate
	Excision/destruction of lesion of pancreas or pancreatic duct	Major
	Pancreaticoduodenectomy (Whipple's Operation)	Complex
Abdominal wall	Exploratory laparotomy	Major
	Laparoscopy/peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major
	Unilateral herniotomy/herniorrhaphy, open or laparoscopic	Intermediate
	Bilateral herniotomy/herniorrhaphy, open or laparoscopic	Major
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root/open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex
	Spine	Lumbar puncture or cisternal puncture
Decompression of spinal cord or spinal nerve root		Major
Cervical sympathectomy		Intermediate
Thoracoscopic or lumbar sympathectomy		Major
Excision of intraspinal tumour, extradural or intradural		Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex

Procedure/surgery		Category
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon/transluminal laser/transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic/mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt/spleno-renal shunt/portal-caval shunt	Complex
	Resection of abdominal vessels with replacement/anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary gland	Operation of pituitary tumour	Complex
Thyroid gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy/partial thyroidectomy/subtotal thyroidectomy/parathyroidectomy	Major
	Total thyroidectomy/complete parathyroidectomy/robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate
EAR/NOSE/THROAT/RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia/stenosis	Major
	Excision of preauricular cyst/sinus	Minor
	Haematoma auris, drainage/buttoning/excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty/tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total/partial excision	Major
	Mastoidectomy	Major
	Operation on cochlea and/or cochlear implant	Complex
	Operation on endolymphatic sac/decompression of endolymphatic sac	Major
	Repair of round window or oval window fistula	Intermediate
	Tympanosympathectomy	Major
Vestibular neurectomy	Intermediate	
Nose, mouth and pharynx	Antral puncture and lavage	Minor
	Cauterization of nasal mucosa/control of epistaxis	Minor

Procedure/surgery	Category
Closed reduction for fracture nasal bone	Minor
Closure of oro-antral fistula	Intermediate
Dacryocystorhinostomy	Intermediate
Excision of lesion of nose	Minor
Nasopharyngoscopy/rhinology +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
Polypectomy of nose	Minor
Caldwell-Luc operation/maxillary sinusotomy with Caldwell-Luc approach	Intermediate
Endoscopic sinus surgery on ethmoid/maxillary/frontal/sphenoid sinuses	Intermediate
Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
Frontal sinusotomy or ethmoidectomy	Intermediate
Frontal sinusotomy	Major
Functional endoscopic sinus surgery (FESS)	Major
Functional endoscopic sinus surgery (FESS) bilateral	Complex
Maxillary/sphenopalatine/ethmoid artery ligation	Intermediate
Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
Rhinoplasty	Intermediate
Resection of nasopharyngeal tumour	Intermediate
Sinoscopy +/- biopsy	Minor
Septoplasty +/- submucous resection of septum	Intermediate
Submucous resection of nasal septum	Intermediate
Turbinectomy / submucous turbinectomy	Intermediate
Adenoidectomy	Minor
Tonsillectomy +/- adenoidectomy	Intermediate
Excision of pharyngeal pouch/diverticulum	Intermediate
Pharyngoplasty	Intermediate
Sleep related breathing disorder – hyoid suspension, maxilla/mandible/tongue advancement, laser suspension/resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
Marsupialization/excision of ranula	Intermediate
Parotid gland removal, superficial	Intermediate
Parotid gland removal/parotidectomy	Major
Removal of submandibular salivary gland	Intermediate
Submandibular duct relocation	Intermediate
Submandibular gland excision	Intermediate
Respiratory system	
Arytenoid subluxation – laryngoscopic reduction	Minor
Bronchoscopy +/- biopsy	Minor
Bronchoscopy with foreign body removal	Minor
Laryngoscopy +/- biopsy	Minor
Laryngeal/tracheal stenosis – endolaryngeal/open operation with stenting/reconstruction	Major
Laryngeal diversion	Intermediate
Laryngectomy +/- radical neck resection	Complex
Microlaryngoscopy +/- Biopsy +/- excision of nodule/polyp/Reinke's edema	Minor

Procedure/surgery		Category
	Partial/total resection of laryngeal tumour	Intermediate
	Removal of vallecular cyst	Intermediate
	Repair of laryngeal fracture	Major
	Injection for vocal cord paralysis	Minor
	Tracheoesophageal puncture for voice rehabilitation	Minor
	Thyroplasty for vocal cord paralysis	Intermediate
	Vocal cord operation, including use of laser (excluding carcinoma)	Minor
	Tracheostomy, temporary/permanent/revision	Minor
	Lobectomy of lung/pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis/insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision/curettage/cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy/tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision/destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal/destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture/repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate
	Extracapsular/intracapsular extraction of lens	Intermediate
	Intraocular lens / explant removal	Intermediate
	Chorioretinal lesion operations	Intermediate
	Phacoemulsification and implant of intraocular lens	Intermediate
	Pneumatic retinopexy	Intermediate
	Retinal Photocoagulation	Intermediate
	Repair of retinal detachment/tear	Intermediate
	Repair of retinal tear/detachment with buckle	Major
	Scleral buckling/encircling of retinal detachment	Major
	Cyclodialysis	Intermediate
	Trabeculectomy, including use of laser	Intermediate
	Surgical treatment for glaucoma including insertion of implant	Intermediate
	Diagnostic aspiration of vitreous	Minor

Procedure/surgery		Category
	Injection of vitreous substitute	Intermediate
	Mechanical vitrectomy/removal of vitreous	Major
	Biopsy of iris	Minor
	Excision of lesion of iris/anterior segment of eye/ciliary body	Intermediate
	Excision of prolapsed iris	Intermediate
	Iridotomy	Intermediate
	Iridectomy	Intermediate
	Iridoplasty +/- coreoplasty by laser	Intermediate
	Iridenceleisis and iridotaxis	Intermediate
	Scleral fistulization +/- iridectomy	Intermediate
	Thermocauterization of sclera +/- iridectomy	Intermediate
	Diminution of ciliary body	Intermediate
	Biopsy of extraocular muscle or tendon	Minor
	Operation on one extraocular muscle	Intermediate
	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
	Enucleation of eye	Intermediate
	Evisceration of eyeball/ocular contents	Intermediate
	Repair of eyeball or orbit	Intermediate
	Conjunctivocystorhinostomy	Intermediate
	Conjunctivorhinostomy with insertion of tube/stent	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland/dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi/nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/cryosurgery/cauterization/laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix/uterus/vagina	Intermediate
	Fallopian tubes and ovaries^	Dilatation/insufflation of fallopian tube
Excision/destruction of lesion of fallopian tube, open or laparoscopic		Major
Repair of fallopian tube		Major
Salpingostomy/salpingotomy		Intermediate
Total or partial salpingectomy		Intermediate

Procedure/surgery		Category
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	<i>^ The category applies to both unilateral and bilateral procedures unless otherwise specified.</i>	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and/or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic	Major
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
	Uterine suspension	Intermediate
Vagina	Destruction of lesion of vagina by excision/cryosurgery/cauterization/laser	Minor
	Insertion/removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocoele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdocentesis	Minor
	Culdotomy	Minor

Procedure/surgery		Category
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty/culdoplasty	Intermediate
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision/cryosurgery/cauterization/laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations/repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph nodes	Drainage of lesion/abscess of lymph node	Minor
	Biopsy/excision of superficial lymph nodes/simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node/fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node/lymphangioma/cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective/radical/functional neck dissection	Major
Wide excision of axillary lymph node	Major	
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried/avulsion of penis	Intermediate
Testicles^	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate

Procedure/surgery		Category
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
	<i>^ The category applies to both unilateral and bilateral procedures unless otherwise specified.</i>	
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s)/toe(s) of one limb	Intermediate
	Amputation of one arm/hand/leg/foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial osteotomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist/hand/leg	Major
	Wedge osteotomy of bone of upper arm/lower arm/thigh	Major
	Wedge osteotomy of scapula/clavicle/sternum	Major
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major
	Arthrodesis of shoulder	Major
	Arthrodesis of elbow/triple arthrodesis	Major
	Arthrodesis of knee/hip	Complex
	Arthroplasty of hand/finger/foot/toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder/hemiarthroplasty of shoulder	Major
	Excisional arthroplasty of hip/knee/wrist/elbow	Major
	Excisional arthroplasty of hip/knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major

Procedure/surgery		Category
	Joint aspiration/injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle/tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand)/excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer/transplantation/reattachment of muscle	Major
	Tendon repair/suture of tendon not involving hand	Intermediate
	Tendon repair/suture of tendon of hand	Major
	Tenosynovectomy/synovectomy	Intermediate
	Transposition of tendon of wrist/hand	Major
	Secondary repair of tendon, including graft, transfer and/or prosthesis	Major
Fracture/dislocation	Closed reduction of dislocation of temporomandibular/interphalangeal/acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder/elbow/wrist/ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm/leg/patella/pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle/scapula/phalanges/patella without internal fixation	Minor
	Closed reduction for fracture of upper arm/lower arm/wrist/hand/leg/foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle/hand/ankle/foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle/hand/foot (except carpal/talus/calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm/leg/patella/scapula +/- internal fixation	Major

Procedure/surgery		Category
	Open reduction for femur/calcaneus/talus/ +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical/cervicothoracic/C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical/cervicothoracic/C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy/discectomy	Major
	Laminectomy with discectomy	Complex
	Posterior spinal fusion, thoracic/cervico-thoracic/thoracolumbar/T5 to L1/atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic/cervico-thoracic/thoracolumbar/T5 to L1/atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor
	Spinal fusion +/- foraminotomy +/- laminectomy +/- discectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty/kyphoplasty	Intermediate
Others	Excision of ganglion/bursa	Minor
	Closed/Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal/tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding/reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage/cryotherapy/cauterization/laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and/or drainage of skin abscess	Minor
	Incision and/or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
	Wedge resection of toenail	Minor
Breast	Breast tumour/lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major

Procedure/surgery		Category
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy/pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter/transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation/laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral/ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical/ total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to injury caused by an accident	Minor

手術表

程序 / 手術	分類	
腹部及消化系統		
食道、胃及十二指腸	食道病變組織切除術 / 經頸進行食道病變組織或組織破壞術	大型
	高選擇性胃迷走神經切斷術	大型
	腹腔鏡胃底摺疊術	大型
	腹腔鏡式食道裂孔疝氣修補術	大型
	食道胃十二指腸內窺鏡檢查·連或不連活體組織檢查及 / 或息肉切除術	小型
	食道胃十二指腸內窺鏡檢查連異物清除	小型
	食道胃十二指腸內窺鏡連食道 / 胃靜脈曲張結紮 / 綁紮術	中型
	食道切除術	複雜
	食道全切除術及腸插入手術	複雜
	經皮膚進行胃造口術	小型
	永久胃切開術 / 胃腸造口術	大型
	部分胃切除術連或不連空腸移位術	大型
	部分胃切除術連十二指腸 / 空腸接合術	大型
	部分胃切除術連接合食道術	複雜
	近端胃切除術 / 根治性胃切除術 / 全部胃切除術連或不連腸插入術	複雜
	十二指腸撕裂縫合術 / 十二指腸潰瘍修補術	大型
	胃迷走神經切斷術及 / 或幽門成形術	大型
空腸、迴腸及大腸	開放式或腹腔鏡式闌尾炎切除術	中型
	肛裂切除術	小型
	肛瘻管切開術或切除術	中型
	肛周膿腫的切除術及引流術	小型
	修補直腸脫垂的德洛姆手術	大型
	結腸鏡檢查連或不連活體組織檢查	小型
	結腸鏡檢查·連息肉切除術	小型
	乙狀結腸內窺鏡檢查	小型
	外痔或內痔切除術	中型
	痔瘡的注射療法或綁紮術	小型
	迴腸造口術或結腸造口術	大型
	開放式或腹腔鏡式直腸前位切除術	複雜
	開放式或腹腔鏡式經腹部會陰切除術	複雜
	開放式或腹腔鏡式結腸切除術	複雜
	開放式或腹腔鏡式直腸低前位切除術	複雜
	腸扭結或腸套疊復位術	中型
	小腸切除術及接合術	大型
膽管	開放式或腹腔鏡式膽囊切除術	大型
	逆行內窺鏡膽胰管造影術	中型
	逆行內窺鏡膽胰管造影術連乳突物手術、膽結石摘取或其他相關手術	中型
肝臟	幼針抽吸肝活體組織檢查	小型
	肝移植手術	複雜
	開放式肝病變組織 / 肝囊腫或肝膿腫袋形縫合術	大型

程序 / 手術		分類
	開放式或腹腔鏡式移除肝病變組織	大型
	開放式或腹腔鏡式肝次葉切除術	大型
	開放式或腹腔鏡式肝葉切除術	複雜
	開放式或腹腔鏡式肝楔形切除術	大型
胰臟	閉合式胰管活體組織檢查	中型
	胰臟 / 胰管病變組織或組織的切除術或破壞術	大型
	胰臟十二指腸切除術 (惠普爾手術)	複雜
腹部	剖腹探查	大型
	腹腔鏡檢查 / 腹膜內窺鏡檢查	中型
	開放式或腹腔鏡式的單側疝切開 / 縫合術	中型
	開放式或腹腔鏡式的兩側疝切開 / 縫合術	大型
	開放式或腹腔鏡式的單側腹腔溝疝修補術	中型
	開放式或腹腔鏡式的兩側腹腔溝疝修補術	大型
腦部及中樞神經系統		
神經外科手術	腦部活體組織檢查	大型
	顱骨鑽孔術	中型
	顱骨切除術	複雜
	顱神經減壓術	複雜
	腦室引流沖洗術	小型
	腦室引流的維修清除術 · 包括修正術	中型
	建立腦室腹腔引流或皮下腦脊液儲存器	大型
	顱內動脈瘤鉗夾術	複雜
	顱內動脈瘤包裹術	複雜
	顱內動靜脈血管畸形切除手術	複雜
	聽覺神經瘤切除術	複雜
	腦腫瘤或腦膿腫切除術	複雜
	顱神經腫瘤切除手術	複雜
	治療三叉神經節氣囊的射頻溫熱凝固術	中型
	使用射頻進行閉合式三叉神經根切斷術	大型
	三叉神經根減壓術 / 開放式三叉神經根切斷術	複雜
	大腦包括腦葉切除手術	複雜
	大腦半球切除術	複雜
脊椎手術	腰椎穿刺或小腦延髓池穿刺手術	小型
	脊髓或脊神經根減壓術	大型
	頸交感神經切除術	中型
	胸腔鏡或腰交感神經切除術	大型
	脊髓管內硬膜內或硬膜外的腫瘤切除術	複雜
心血管系統		
心臟	心臟導管插入	中型
	冠狀動脈分流手術	複雜
	心臟移植	複雜
	心臟起搏器置入	中型
	心包穿刺術	小型
	心包切開術	大型

程序 / 手術		分類
	經皮刺穿冠狀動脈腔內成形術及有關程序，包括：激光、支架置入、馬達扇頁切割、氣囊擴張或射頻切割技術	大型
	肺動脈瓣切開術、氣囊 / 腔內激光 / 腔內射頻術	大型
	經皮心瓣成形術	大型
	主動脈瓣擴張術 / 二尖瓣切開術	大型
	閉合式心瓣切開術	複雜
	心臟直視心瓣成形術	複雜
	心瓣置換	複雜
血管	腹內動脈 / 脾靜脈腎靜脈 / 門靜脈腔靜脈分流術	複雜
	腹腔血管切除術連置換 / 接合術	複雜
內分泌系統		
腎上腺	腹腔鏡式或腹膜後腔鏡式單側腎上腺切除術	大型
	腹腔鏡式或腹膜後腔鏡式兩側腎上腺切除術	複雜
松果腺	松果腺全切除術	複雜
腦下垂體	腦下垂體腫瘤切除術	複雜
甲狀腺	幼針抽吸甲狀腺活組織檢查連或不連影像導引	小型
	半甲狀腺切除術 / 部分甲狀腺切除術 / 大部分甲狀腺切除術 / 副甲狀腺切除術	大型
	甲狀腺全切除術 / 副甲狀腺全切除術 / 機械人輔助式甲狀腺全切除術	大型
	甲狀舌管囊腫切除術	中型
耳鼻喉 / 呼吸系統		
耳	耳道閉鎖 / 耳道狹窄的耳道成形術	大型
	耳前囊腫 / 耳前竇切除術	小型
	耳廓血腫引流 / 裝鈕 / 切除術	小型
	耳道成形術	中型
	(耳科) 異物清除術	小型
	切開鼓室進行中耳腫瘤切除術	大型
	鼓膜切開術連或不連導管插入	小型
	鼓膜成形術 / 鼓室成形術	大型
	聽小骨成形術	大型
	全部 / 部分迷路切除術	大型
	乳突切除術	大型
	耳蝸手術及 / 或人工耳蝸植入	複雜
	內淋巴囊手術 / 內淋巴囊減壓術	大型
	圓窗或卵圓窗瘻管修補術	中型
	鼓室交感神經切除術	大型
前庭神經切除術	中型	
鼻、口及咽喉	上頷竇穿刺及沖洗術	小型
	鼻粘膜燒灼術 / 鼻衄控制	小型
	鼻骨折閉合復位術	小型
	口竇瘻管閉合術	中型
	淚囊鼻腔造口術	中型
	鼻病變組織切除術	小型
	鼻咽喉鏡檢查或鼻鏡檢查連或不連鼻腔活體組織檢查連或不連清除異物	小型
	鼻瘻肉切除術	小型

程序 / 手術	分類
考一路二氏手術 / 以考一路二氏式進行 / 上頷竇切除術	中型
篩竇 / 上頷竇 / 額竇 / 蝶竇內窺鏡手術	中型
延伸性額竇內窺鏡手術連經中隔的額竇切開術	大型
額竇切開術或篩竇切除術	中型
額竇切除術	大型
功能性鼻竇內窺鏡手術	大型
兩側功能性鼻竇內窺鏡手術	複雜
上頷竇 / 蝶竇 / 篩竇動脈結紮術	中型
其他鼻內手術 · 包括激光手術 (除了簡易的鼻鏡檢查、活體組織檢查及血管燒灼術)	中型
鼻成形術	中型
鼻咽腫瘤切除術	中型
竇腔鏡連或不連活體組織檢查	小型
鼻中隔成形術連或不連黏膜下層切除術	中型
鼻中隔黏膜下層切除術	中型
鼻甲切除術 / 黏膜下鼻甲切除術	中型
腺樣體切除術	小型
扁桃體切除術連或不連腺樣體切除術	中型
咽囊 / 咽憩室切除術	中型
咽成形術	中型
治療睡眠相關呼吸疾病的舌骨懸吊術、上顎 / 下顎 / 舌頭前移術、激光懸吊術 / 切除術、射頻切割輔助垂腭咽成形術、垂腭咽成形術	中型
治療舌下囊腫的袋形縫合術 / 切除術	中型
表層腮腺清除術	中型
腮腺清除術 / 腮腺切除術	大型
下頷唾腺液清除術	中型
下頷腺導管移位術	中型
下頷腺切除術	中型
呼吸系統	
杓狀軟骨半脫位 – 喉鏡復位術	小型
支氣管鏡檢查連或不連活體組織檢查	小型
支氣管鏡連清除異物	小型
喉鏡檢查連或不連活體組織檢查	小型
喉頭 / 氣管狹窄 – 喉內 / 開放式支架置入術 / 重建術	大型
喉頭分流術	中型
喉切除術連或不連根治性頸淋巴組織切除術	複雜
喉顯微鏡檢查連或不連活體組織檢查 · 連或不連小結 / 息肉 / 聲帶水腫切除術	小型
喉腫瘤切除術	中型
會厭窩囊腫清除術	中型
喉骨折修補術	大型
治療聲帶麻痺注射法	小型
氣管食道穿刺術進行語音復建	小型
治療聲帶麻痺的甲狀軟骨成形術	中型
聲帶手術包括使用激光技術 (惡性腫瘤除外)	小型
氣管造口術 – 臨時性 / 永久性 / 修正術	小型
肺葉切除術 / 肺切除術	複雜

程序 / 手術		分類
	胸膜切除術	大型
	肺節段切除術	大型
	治療氣胸的胸腔穿刺術 / 胸管插入術	小型
	胸腔鏡連或不連活體組織檢查	中型
	胸廓成形術	大型
	胸腺切除術	大型
眼部		
眼	眼瞼損傷組織切除術 / 刮除術 / 冷凍治療	小型
	眼瞼縫合術 / 眼緣縫合術	小型
	瞼內翻或瞼外翻修補術連或不連楔型切除術	小型
	部分皮層眼瞼重建術	中型
	結膜損傷組織切除術 / 破壞術	小型
	贅肉切除術	小型
	角膜移植術、嚴重傷口修復及角膜成形術，包括角膜移植	大型
	激光清除術或角膜損傷組織破壞術	中型
	角膜異物清除術	小型
	角膜修復手術	中型
	角膜撕裂或受傷的縫補術 / 修補術連結膜移位	中型
	晶狀體囊抽吸術	中型
	晶狀體囊切開術，包括使用激光	中型
	囊外 / 囊內晶狀體摘除術	中型
	去除眼內晶狀體 / 植入物	中型
	為脈絡視網膜損傷組織進行的手術	中型
	白內障超聲乳化手術連人工晶體植入	中型
	氣體視網膜粘結術	中型
	視網膜光凝固療法	中型
	視網膜脫落 / 撕裂的修補手術	中型
	視網膜撕裂 / 脫落的修補術連扣帶術	大型
	視網膜脫落扣帶術 / 環紮術	大型
	睫狀體分離術	中型
	小梁切除術，包括使用激光	中型
	青光眼手術治療包括置入植入物	中型
	玻璃體診斷性抽吸術	小型
	注入玻璃體替代物	中型
	玻璃體切除術 / 移除術	大型
	虹膜活體組織檢查	小型
	虹膜 / 眼前半段 / 睫狀體損傷組織切除術	中型
	脫垂虹膜切除術	中型
	虹膜切開術	中型
	虹膜切除術	中型
	激光虹膜成形連或不連瞳孔成形術	中型
	虹膜板頓術及虹膜牽張術	中型
	鞏膜造瘻術連或不連虹膜切除術	中型
	鞏膜熱灼術連或不連虹膜切除術	中型

程序 / 手術		分類
	睫狀體縮減術	中型
	眼外肌或肌腱活體組織檢查	小型
	單一條眼外肌手術	中型
	眼球穿孔傷口連箱閉或眼色素膜脫落修補術	大型
	眼球摘除術	中型
	眼球 / 眼內物摘除術	中型
	眼球或眼眶修補術	中型
	結膜淚囊鼻腔造口術	中型
	結膜淚囊鼻腔造口術連導管或支架插入	中型
	淚囊鼻腔造口術	中型
	淚囊及淚道切除術	小型
	淚腺切除術	中型
	淚小管 / 鼻淚管探查連或不連沖洗	小型
	淚小管修補術	中型
	瞳孔成形術	中型
女性生殖系統		
子宮頸	子宮頸截除術	中型
	陰道鏡檢查連或不連活體組織檢查	小型
	子宮頸錐形切除術	小型
	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞子宮頸病變組織	小型
	子宮頸內膜刮除術	小型
	子宮頸電環切除術	小型
	子宮頸囊腫袋形縫合術	小型
	子宮頸修補術	小型
	子宮頸瘻管修補術	中型
	子宮頸 / 子宮 / 陰道撕裂縫合術	中型
輸卵管及卵巢 [^]	輸卵管擴張術 / 吹氣術	小型
	開放式或腹腔鏡式切除 / 破壞輸卵管病變組織	大型
	輸卵管修補術	大型
	輸卵管造口術 / 輸卵管切開術	中型
	全部或部分輸卵管切除術	中型
	輸卵管成形術	中型
	卵巢囊腫抽吸術	小型
	開放式或腹腔鏡式卵巢囊腫切除術	大型
	開放式或腹腔鏡式卵巢楔形切除術	大型
	卵巢切除術	中型
	腹腔鏡式卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢膿瘍引流術	中型
	[^] 除非另有說明，此類別應用於單側或兩側（輸卵管及卵巢）	
子宮	子宮頸擴張及刮宮術	小型
	宮腔鏡檢查連或不連活體組織檢查	小型
	宮腔鏡檢查連切除或破壞子宮及承重結構	中型
	子宮切開術	大型

程序 / 手術	分類
<p>腹腔鏡輔助的陰道子宮切除術</p> <p>經陰道切除子宮連或不連膀胱突出症及 / 或直腸突出症的修補術</p> <p>開放式或腹腔鏡式經腹部切除全部 / 大部分子宮連或不連兩側輸卵管卵巢切除術</p> <p>經腹部進行根治性子宮切除術</p> <p>開放式或腹腔鏡式子宮肌瘤切除術</p> <p>經陰道或宫腔鏡切除子宮肌瘤</p> <p>腹腔鏡式盆腔膿腫引流術</p> <p>陰道懸吊術</p> <p>盆腔底修補術</p> <p>盆腔臟器切除術</p> <p>子宮懸吊術</p>	<p>大型</p> <p>大型</p> <p>大型</p> <p>複雜</p> <p>大型</p> <p>中型</p> <p>中型</p> <p>大型</p> <p>大型</p> <p>複雜</p> <p>中型</p>
<p>陰道</p>	<p>使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞陰道病變組織</p> <p>陰道承托環的嵌入或移除</p> <p>巴多林氏腺囊腫袋形縫合術</p> <p>陰道剝脫術或陰道斷端術</p> <p>陰道切開術</p> <p>陰道部分切除術</p> <p>陰道全切除術</p> <p>根治性陰道切除術</p> <p>陰道前壁修補術使用或不使用基利氏聯針法</p> <p>陰道後壁修補術</p> <p>陰道穹窿閉塞術</p> <p>恥棘韌帶懸吊或陰道固定術</p> <p>恥骨陰道固定術</p> <p>經陰道進行腸疝修補術</p> <p>尿道陰道瘻管閉合術</p> <p>經陰道進行直腸陰道瘻管修補術</p> <p>經腹部進行直腸陰道瘻管修補術</p> <p>後穹窿穿刺術</p> <p>子宮直腸凹切開術</p> <p>陰道橫隔切除術</p> <p>麥哥氏後穹窿整形術</p> <p>陰道重建術</p>
<p>外陰及入口</p>	<p>使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞外陰病變組織</p> <p>闊邊局部外陰冷刀切除術或子宮頸電環切除術</p> <p>前庭腺炎切除術</p> <p>切除外陰活體組織檢查</p> <p>外陰及會陰切開術及引流術</p> <p>外陰粘連鬆解術</p> <p>外陰或會陰瘻管修補術</p> <p>外陰及 / 或會陰撕裂縫合術 / 修補術</p> <p>外陰切除術</p> <p>根治性外陰切除術</p>

程序 / 手術		分類
血液淋巴系統		
淋巴結	淋巴結病變組織 / 膿腫引流術	小型
	表面淋巴結活體組織檢查 / 切除 / 淋巴結構的單純切除術	小型
	頸淋巴結切開活組織檢查 / 幼針抽吸淋巴結活組織檢查	小型
	深淋巴結 / 淋巴管瘤 / 囊狀水瘤切除術	中型
	兩側腹股溝淋巴結切除術	中型
	頸淋巴結切除術	中型
	腹股溝及盤骨淋巴結切除術	大型
	根治性腹股溝清掃術	大型
	根治性盤腔淋巴結切除術	大型
	選擇性 / 根治性 / 功能性頸淋巴結切除術	大型
	腋淋巴結廣泛性切除術	大型
脾臟	開放式或腹腔鏡式脾切除術	大型
男性生殖系統		
前列腺	前列腺膿腫外部引流術	小型
	激光前列腺氣化術	大型
	等離子激光前列腺氣化術	大型
	前列腺活體組織檢查	小型
	經尿道微波電療法	中型
	經尿道前列腺切除術	大型
	開放式或腹腔鏡式前列腺切除術	大型
	開放式或腹腔鏡式根治性前列腺切除術	複雜
陰莖	包皮環切術	小型
	痛性陰莖勃起鬆解術	大型
	隱藏陰莖修補術 / 陰莖抽出術	中型
睪丸 [^]	附睪切除術	中型
	睪丸探查	中型
	腹腔鏡探查未降睪丸	大型
	睪丸固定術	中型
	腹腔鏡式睪丸切除術或睪丸固定術	大型
	睪丸扭轉復位及固定術	中型
	睪丸活體組織檢查	小型
	睪丸鞘膜積水高位結紮術	中型
	睪丸鞘膜積水抽液手術	小型
	精索靜脈曲張及睪丸鞘膜積液切除術	中型
	精索靜脈曲張切除術 (顯微外科)	大型
	[^] 如非特別說明·此類別應用於單側或兩側(睪丸)	
輸精管	輸精管結紮手術	小型
肌肉骨骼系統		
骨	單肢的手指 / 腳趾截肢術	中型
	單臂 / 單手 / 單腿 / 單腳截肢術	中型
	拇趾囊腫切除術	中型
	拇趾囊腫切除術並進行軟組織矯正及第一跖骨切除術	大型
	橈骨頭切除術	中型

程序 / 手術	分類	
	因良性疾病切除下頷骨	中型
	膝蓋骨切除術	大型
	部分面骨切除術	中型
	面部死骨切除術	中型
	腕 / 手 / 腿骨的楔形截骨術	大型
	上臂 / 下臂 / 大腿的楔形截骨術	大型
	肩胛骨 / 鎖骨 / 胸骨的楔形截骨術	大型
關節	關節鏡引流及清創手術	中型
	關節鏡移除關節內游離體	中型
	關節鏡檢查連或不連活體組織檢查	中型
	關節鏡輔助進行韌帶重建術	大型
	關節鏡班卡特修補術	大型
	經關節鏡肩關節上盂唇由前往後撕裂的修補術	大型
	關節鏡旋轉套修復術	大型
	肩峰切除術	大型
	肩關節融合術	大型
	肘關節融合術 / 三關節融合術	大型
	膝關節 / 髌關節融合術	複雜
	手 / 手指 / 足 / 足趾的關節置換連植入術	大型
	腕融合術	大型
	腕滑膜切除術	中型
	腳趾指骨間關節融合術	中型
	手指指骨間關節融合術	大型
	肩關節切除術 / 半肩關節置換術	大型
	髌關節 / 膝關節 / 手腕關節 / 肘關節切除術	大型
	髌關節 / 膝關節切除術連局部釋放抗生素	複雜
	顳顎關節成形術連或不連自體移植	大型
	關節抽吸術 / 注射	小型
	麻醉下進行關節鬆弛治療	小型
	金屬股骨頭置入術	大型
	前十字韌帶重建術	大型
	開放式或關節鏡式鏡半月板切除術	大型
	後十字韌帶重建術	大型
	副韌帶修復術	大型
	十字韌帶修補術	大型
	踝及足關節囊或韌帶的縫合術	大型
	全肩置換術	複雜
	全膝置換術	複雜
	全髌置換術	複雜
	部分髌關節置換術	大型
肌肉及肌腱	跟腱修補術	中型
	跟腱切斷術	中型
	肌肉或肌腱放鬆或收緊手術 (除手部以外) / 肌肉損傷組織切除術	中型
	手部肌肉或肌腱放鬆或收緊手術	大型

程序 / 手術	分類
肌肉損傷組織切除術	中型
肌腱延長，包括腱切斷術	中型
開放式肌肉活體組織檢查	小型
橈骨莖突狹窄性腱鞘炎	小型
板機指鬆解術	小型
網球肘（肱骨外上髁炎）鬆解術	小型
肌肉轉移 / 移植 / 再接合術	大型
不涉及手部的肌腱修復術 / 縫合術	中型
手肌腱修復術 / 縫合術	大型
腱鞘滑膜切除術 / 滑膜切除術	中型
手腕 / 手肌腱移位術	大型
二期肌腱修補術，包括移植、轉移及 / 或假體置入	大型
骨折及脫位	
顳顎 / 指間骨 / 肩峰關節脫位閉合復位術	小型
肩膀 / 肘 / 腕 / 踝骨脫位閉合復位術	中型
科雷氏骨折閉合復位術連經皮膚克氏線固定治療	大型
手臂 / 腿骨 / 髌骨 / 盤骨骨折閉合復位術連內固定術	大型
顎骨骨折閉合復位術連內固定術	中型
肩胛骨 / 鎖骨 / 指骨 / 髌骨骨折閉合復位術不連內固定術	小型
上臂 / 前臂 / 手腕 / 手 / 腿 / 足骨骨折閉合復位術不連內固定術	中型
鎖骨 / 手骨 / 踝骨 / 足骨骨折閉合復位術連內固定術	中型
股骨骨折閉合復位術連或不連內固定術	大型
關節窩骨折閉合 / 開放復位術連內固定術	複雜
顎骨骨折開放復位術連內固定術	大型
鎖骨 / 手 / 足骨骨折開放復位術（除腕骨 / 踝骨 / 跟骨外）連或不連內固定術	中型
手臂 / 腿骨 / 髌骨 / 肩胛骨骨折開放復位術連或不連內固定術	大型
股骨 / 跟骨 / 踝骨骨折開放復位術連或不連內固定術	大型
使用外固定支架及徹底傷口清創術的複合性骨折手術治療	中型
拆除因舊骨折而裝上的螺絲、釘、金屬板及其他金屬（股骨除外）	小型
脊椎	
人造頸椎間盤置換術	複雜
頸 / 頸胸 / C4/5 及 C5/6 前脊柱融合術連鎖定骨板	大型
除頸 / 頸胸 / C4/5 及 C5/6 以外的前脊柱融合術連鎖定骨板	複雜
前脊柱融合術連儀器設置	複雜
頸椎板成形術	大型
椎板切除術或椎間盤切除術	大型
椎板切除術連椎間盤切除術	複雜
胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 - 樞椎 後脊椎融合術	大型
(除胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 - 樞椎以外的) 後脊椎融合術	複雜
後脊椎融合術連儀器設置	複雜
脊椎活體組織檢查	小型
脊椎融合術，連或不連椎間孔切開術，連或不連椎板切除術，連或不連椎間盤切除術	複雜
脊椎截骨術	複雜
椎體成形術 / 椎體矯正術	中型
其他	
神經節 / 滑囊切除術	小型
掌腱膜攣縮的閉合式 / 經皮膚刺針筋膜切開術	小型

程序 / 手術		分類
	掌腱膜攣縮的根治性或全部筋膜切開術	大型
	開放式或內窺鏡式腕道或踝管鬆解術	中型
	周圍神經鬆解術	中型
	尺神經移位術	中型
	滑動式 / 復位式下巴整形術	中型
皮膚及乳房		
皮膚	皮膚或皮下病變組織切除術 / 冷凍術 / 電灼術 / 激光治療	小型
	指甲下血腫或膿腫引流術	小型
	脂肪瘤切除術	小型
	用於移植的切皮手術	小型
	皮膚膿腫切開術及 / 或引流術	小型
	皮膚及 / 或皮下組織切開術及 / 或異物清除	小型
	皮膚及皮下病變組織的局部切除術或破壞術	小型
	皮膚傷口縫合術	小型
	外科洗滌及縫合術	小型
	趾甲楔形切除術	小型
乳房	乳房腫瘤 / 腫塊切除術連或不連活體組織檢查	中型
	幼針抽吸乳房囊腫檢查	小型
	乳房活體組織檢查	小型
	改良式根治性乳房切除術	大型
	部分或簡易乳房切除術	中型
	部分或根治性乳房切除連腋窩淋巴切除術	大型
	全部或根治性乳房切除術	大型
	乳管內乳頭狀瘤切除術	中型
	男性乳腺增生切除術	中型
泌尿系統		
腎臟	因泌尿系統結石進行的體外衝擊波碎石術	中型
	腎石切除術 / 腎盂切開術	大型
	腎內窺鏡	大型
	經皮膚插入腎造口管手術	小型
	腎活體組織檢查	小型
	開放式或使用腹腔鏡或後腹腔鏡的腎切除術	大型
	部分 / 下端腎切除術	複雜
	腎移植手術	複雜
膀胱、輸尿管及尿道	膀胱鏡檢查連或不連活體組織檢查	小型
	膀胱鏡連輸尿管導管插入 / 經尿道膀胱清除術	小型
	膀胱鏡連電灼術 / 激光碎石術	中型
	尿道肉阜切除術	小型
	尿道或尿管支架植入	中型
	開放式或腹腔鏡式膀胱憩室切除術	大型
	經尿道切除膀胱腫瘤	大型
	開放式或腹腔鏡式部分膀胱切除術	大型
	開放式或腹腔鏡式根治性 / 全部膀胱切除術	複雜
	開放式或使用腹腔鏡或後腹腔鏡的尿管切石術	大型

程序 / 手術		分類
	尿道直腸瘻管閉合術	大型
	尿道瘻管修補術	大型
	膀胱陰道瘻管修補術	大型
	結腸膀胱瘻管修補術	大型
	尿道破裂修補術	大型
	應力性尿失禁修補術	大型
	迴腸導管建造 · 包括輸尿管植入	複雜
	迴腸或結腸代替輸尿管手術	大型
	單邊輸尿管再植入腸或膀胱	大型
	雙邊輸尿管再植入腸或膀胱	大型
牙科		
	任何因意外受傷而進行的牙科手術	小型

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司 (於瑞士註冊成立之有限公司)
香港港島東華蘭路 18 號港島東中心 25-26 樓



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