

COVID-19 Vaccine Cover Terms and Conditions

PART 1 - DEFINITIONS

For the purpose of this cover, the following terms shall have the meanings set out below:

Adverse Event Following Immunisation

Any untoward medical occurrence which follows immunisation and has a causal relationship with the usage of the *approved vaccine* that results in *confinement* or death.

Age/Aged

Age at last birthday.

Approved Vaccine

The *COVID-19* vaccines, including the first dose, subsequent dose and booster dose, which have been approved by the *Hong Kong* health authorities, prescribed by a *medical practitioner* in *Hong Kong* and administered in any *hospital*, *medical practitioner* clinic or offsite locations in *Hong Kong*.

Civil War

An internecine war or a war carried on between or among opposing citizens of the same country or nation.

Coincidental Events

The events occur after a vaccination has been given but are not caused by the vaccine or its administration as defined by the World Health Organization (WHO). Coincidental means that where two or more events occur around the same time the preceding event may or may not be causally related to the later one.

Confinement

The *insured person* is admitted to a *hospital* as a result of an *adverse event following immunisation* with *medical necessity* upon the recommendation of a *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement shall be evidenced by a daily room and board charge by the *hospital*.

Contraindication

A condition in a recipient that increases the risk for a serious adverse reaction or a situation where the risks of vaccine outweigh any potential therapeutic benefit.

COVID-19

COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. It was previously referred to as '2019 novel coronavirus' or '2019-nCoV.' A confirmed *diagnosis* of COVID-19 must be evidenced by a medical report issued by an official health authority or a health service provider authorized or recognized by an official health authority to conduct COVID-19 testing in *Hong Kong*.

Domestic Partner

An unmarried adult *aged* eighteen (18) or above who has chosen to live with the *insured person* in an intimate and committed relationship, and has resided with the *insured person* 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.

Diagnosis/Diagnose/Diagnosed

The definitive diagnosis made in writing by the *insured person's* treating *medical practitioner* based upon such specific evidence, radiological, clinical, histological and/or laboratory evidence. For the purpose of this cover, diagnosis shall mean the first-time diagnosis.

Hong Kong

The Hong Kong Special Administrative Region of the People's Republic of China

Hospital

An institution which

- (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 *medical practitioner* available at all times,
 - (iv) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the *medical practitioner* 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.

Household member

The person(s) living together with the *insured person* at the same residential address as the *insured person*.

Immediate Family Member

Insured person's spouse or *domestic partner*, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild or legal guardian.

Insurance Confirmation Email

The email sent to *insured person's* email address in *our* record, which is the confirmation for this COVID-19 Vaccine Cover.

Insured Person

The person named as insured person in the *insurance confirmation email*.

Medically Necessary/Medical necessity

The need to have medical service for the purpose of treating the relevant *sickness* in accordance with the generally accepted standards of medical practice and such medical service must:

- (a) require the expertise of, or be referred by, a *medical practitioner*;
- (b) be consistent with the *diagnosis* and necessary for the investigation and treatment of the *sickness*;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the *insured person*, *insured person's* family, caretaker or the attending *medical practitioner*;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending *medical practitioner*, can be safely and effectively provided to the *insured person*.

For the purpose of this cover, without prejudice to the generality of the foregoing, circumstances where a *confinement* is considered medically necessary include, but not limited to:

- (i) The *insured person* is having an emergency that requires urgent treatment in *hospital*;
- (ii) surgical procedures are performed under general anaesthesia;
- (iii) equipment for surgical procedure is available in *hospital* and procedure cannot be done on a day patient basis;
- (iv) there is significantly severe co-morbidity of the *insured person*;
- (v) taking into account the individual circumstances of the *insured person*, the attending *medical practitioner* has exercised his prudent professional judgment and is of the view that for the safety of the *insured person*, the medical service should be conducted in *hospital*;
- (vi) in the prudent professional judgment of the attending *medical practitioner*, the length of *confinement* of the *insured person* is appropriate for the medical service concerned; and/or
- (vii) in the case of diagnostic procedures or allied health services prescribed by a *medical practitioner*, such *medical practitioner* has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in *hospital*.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending *medical practitioner* shall have regard to whether the *confinement*:

- (aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending *medical practitioner*, not rendered primarily for the convenience or the comfort of the *insured person*, *insured person's* family, caretaker or the attending *medical practitioner*; and
- (bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Medical Practitioner

A person other than *insured person* or *immediate family member*, who is a registered *medical practitioner* under Medical Registration Ordinance, Chapter 161, Laws of Hong Kong.

Period of Insurance

The period of time as stated in the *insurance confirmation email* during which this cover is effective.

Precautions

A condition in a recipient that may increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce an optimal immune response.

Pre-existing Condition(s)

Any *sickness* or condition and/or directly related conditions for which the *insured person* showed symptoms or has received medical consultation, *diagnosis*, treatment or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which the *insured person* was aware of or could reasonably be expected to be aware of prior to the first date of the *period of insurance*.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state during the *period of insurance*.

Screening Questionnaire for Immunisation

The questionnaire issued by the Food and Health Bureau of *Hong Kong* Government or *vaccine manufacturer* which aims to provide the information for healthcare professionals about the *contraindications* and *precautions* to vaccines.

Terrorism

An act of terrorism refers to any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), carry out any act, preparation or threat of action which is intended to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation for political, religious, ideological, or similar purposes. An act of terrorism must be confirmed and announced to the public by the relevant government. However, any event arising from *war*, invasion, act of foreign enemy, hostilities (whether *war* is declared or not), *civil war*, rebellion, insurrection, military force or coup, or any act with the use of nuclear engineering shall be excluded from this definition.

Vaccine Manufacturer

The company which produces the *approved vaccine*.

War

A contest by force between two (2) or more nations, carried on for any purpose; or an armed conflict of sovereign powers, in either case whether such contest or armed conflict is declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of pacific relations and ii) a general contention by force, both authorized by the respective sovereigns of such nations.

We, Us or Our

Zurich Insurance Company Ltd, a company incorporated in Switzerland with limited liability.

PART 2 – BENEFIT

Table of benefits	
Geographical limit	<i>Hong Kong</i>
Vaccine covered	<i>COVID-19 approved vaccine(s)</i>
Item	Maximum benefits per <i>insured person</i> or <i>household member</i> (HKD)
1. <i>Hospital</i> allowance due to <i>adverse event following immunisation</i>	8,000
2. Post-vaccination <i>COVID-19</i> allowance	20,000
3. Death benefit	200,000

1. Hospital allowance due to adverse event following immunisation

If during the *period of insurance*:

- the *insured person* or the *household member* is *confined* in a *hospital* in *Hong Kong* and the *confinement* is deemed *medically necessary*;
- the *confinement* is a result of an *adverse event following immunisation*; and
- the *confinement* is within 30 days after receiving each dose of the *COVID-19 approved vaccine*,

we shall pay a lump sum allowance to the *insured person* in accordance with the table of benefits. This benefit is only payable once per *insured person* or *household member* during the *period of insurance*.

2. Post-vaccination COVID-19 allowance

If during the *period of insurance*, the *insured person* or the *household member* is *diagnosed* with *COVID-19* and *confined* in a *hospital* in *Hong Kong* within three (3) months after receiving the final dose of the *COVID-19 approved vaccine* based on the requirements for effective protection advised by the *vaccine manufacturer*, we shall pay this allowance to the *insured person* in accordance with the table of benefits. This benefit is only payable once per *insured person* or *household member* during the *period of insurance*.

3. Death benefit

We shall pay this benefit to the estate of the *insured person* or the estate of the *household member* in accordance with the table of benefits if during the *period of insurance*:

- (i) the *insured person* or the *household member* is *diagnosed* with an *adverse event following immunisation* within 30 days after receiving each dose of the *COVID-19 approved vaccine* based on the requirements for effective protection advised by the *vaccine manufacturer* and the *insured person* or the *household member* dies as a result of the *adverse event following immunisation*; or
- (ii) the *insured person* or the *household member* is *diagnosed* with *COVID-19* and *confined* in a *hospital* in *Hong Kong* within three (3) months after receiving the final dose of the *COVID-19 approved vaccine* based on the requirements for effective protection advised by the *vaccine manufacturer* and the *insured person* or the *household member* dies as a result of *COVID-19*.

PART 3 – OTHER CONDITIONS

- 1. This cover is only applicable to *insured person* aged eighteen (18) and seventy (70) years old or *household member* aged fifteen (15) days and seventy (70) years old on the first date of *period of insurance*.
- 2. In addition to the *insured person*, a maximum of six (6) *household members* will be covered.
- 3. The *insured person* or the *household member* must be a *Hong Kong* resident in *Hong Kong* holding a valid *Hong Kong* identity card (or a

- valid *Hong Kong* birth certificate for *household member* at or under the age of twelve (12)) with a residential address in *Hong Kong*.
4. Benefits under this cover are payable to the *insured person* after receipt of proof is accepted by *us*.
 5. This cover shall cease immediately:
 - upon the expiry of the *period of insurance*; or
 - upon the termination of the *insured person's* HomeChoice Insurance Plan, PAMultiple Personal Accident Insurance Plan, Pleasure Plus Personal Accident Insurance Plan, WiseCare Personal Accident Insurance Plan or Helpersafe Domestic Helper Insurance Plan (the insurance period of which is the same as the *period of insurance* of this cover), whichever is earlier.
 6. The terms and conditions herein shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of the *Hong Kong* courts.

PART 4 – GENERAL EXCLUSIONS

1. any *hospital confinement* or vaccine(s) administered outside *Hong Kong*;
2. any *hospital confinement* for cosmetic surgery, or for the purpose of rest and/or convalescence;
3. persons with a history of anaphylaxis to a vaccine, medicine or food;
4. persons who are pregnant or breastfeeding women when receiving the vaccine(s);
5. individuals previously infected with *COVID-19* or any mutated strains;
6. any adverse effects as a result of a vaccination that has yet to complete the full trial or is not approved by the *Hong Kong* Government;
7. any negligence or incompetence in following the medical advice related to the vaccination or any treatment related to the *adverse event following immunisation* (proof that the *insured person* or the *household member* intentionally did not consult *medical practitioners* or did not follow the *medical practitioner's* advice to improve their health);
8. vaccination having been administered to the *insured person* notwithstanding that the corresponding pre-administration screening for *contraindications* and *precautions* to vaccination shows positive result(s) as captured in the *screening questionnaire for immunisation*;
9. an *adverse event following immunisation* arising from anxiety about the vaccination, for example, vasovagal syncope (i.e. A neurovascular reaction that leads to fainting in a recipient during/following vaccination);
10. an *adverse event following immunisation* that is caused by *coincidental events*;
11. the *insured person* has *pre-existing condition(s)* where the vaccination has resulted in a relapse of the condition, caused other diseases or where any other complications or subsequent death which arose after each dosage of vaccines;
12. Where the *insured person* or *household member* deliberately went against any advice of a treating *medical practitioner* and/or did so in order to gain compensation;
13. An *adverse event following immunisation* that is caused or precipitated by a vaccine that is due to vaccination errors such as vaccine preparation, handling, storage and administration, one or more quality defects of the vaccine product including its administration device as provided by the *vaccine manufacturer*;
14. the *insured person's* participating in any illegal or unlawful acts;
15. suicide, attempted suicide or intentional self-injury, insanity, mental disorder of any kind, psychosis, stress or depression, any condition under the influence of alcohol or drugs (other than those prescribed

- by a qualified *medical practitioner*), childbirth, pregnancy, miscarriage or Acute Mountain Sickness;
16. *war*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), *civil war*, rebellion, revolution, insurrection, or military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of *terrorism*;
17. any illness, death, loss, expense or other liability attributable to HIV (Human Immune Deficiency Virus) and/or HIV-related illness including AIDS and/or any mutant derivative or variations thereof however caused or however named;
18. any expenses, consequential loss, legal liability or loss or damage directly or indirectly arising from:
 - i. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - ii. the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component;
19. Any cyber act that results in any *sickness*.

PART 5 – SANCTIONS

Notwithstanding any other terms herein contained, we shall not be deemed to provide coverage, or we will not 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 we deem applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

PART 6 - CLAIMS PROCEDURES

Notify *us* by completing a medical claim form and providing where possible the relevant supporting documents. Supporting documents include:

1. a diagnostic certificate issued by a *medical practitioner* proving that the *adverse event following immunisation* was caused by the *approved vaccine*;
2. the *confinement* invoice or death certificate;
3. a valid address proof issued within the last three months from the claims submission date is required for the *household member* (relationship proof is also acceptable if the *household member* cannot provide the address proof); and
4. proof of when the final dose of the *approved vaccine* was administered.

Please be advised that we may still request the *insured person* for additional information in order to assess the claim.

The documents may be sent by email: claims@hk.zurich.com or by post (Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong) within thirty (30) days from the date on which the *insured person* is *diagnosed* with *COVID-19* or is discharged from the *hospital*, whichever is later. In the event of death, immediate notice thereof must be given to *us*.

Customer Service Hotline:
+852 2968 2288 (Monday to Friday 9:00 a.m. to 5:30 p.m.)

Claims Enquiry:
please visit <https://www.zurich.com/hk/en/customer-services/contact-us/e-form/gi-claims>

Underwritten by Zurich Insurance Company Ltd

「新冠病毒」疫苗保障

條款及細則

第一部份 – 定義

就此保障而言，以下詞彙具有以下列明之含意：

「接種疫苗後的不良反應」

任何由於接種「認可疫苗」所致，而於接種疫苗後出現並需要「住院」或死亡的負面醫療症狀。

「年齡」

上次生日的年齡。

「認可疫苗」

「新冠病毒」疫苗包括首劑、後續劑量及加強劑均須受「香港」衛生當局認可，由「香港」「醫生」處方，並於「香港」「醫院」、「醫生」診所或「香港」境內的其他場地接種。

「內戰」

相同國家的公民或民族互相對抗而發生互相攻擊的戰爭或內部戰爭。

「偶合事件」

根據世界衛生組織定義，偶合事件是指在接種疫苗後發生，但不是由疫苗或疫苗接種所引起的事件。偶合是指大約在同一時間發生兩個或多個事件，而前一個事件可能與後面事件之間沒有因果關係。

「住院」

因「接種疫苗後的不良反應」而須遵照「醫生」囑咐入住「醫院」接受治療並在出院前一直逗留於「醫院」內。住院須以「醫院」發出的每日病房及膳食費用單據作證明。

「禁忌症」

是指某些疫苗接種者因其自身狀況而增加嚴重不良反應的風險，或者疫苗的風險超過任何潛在治療益處的情況。

「新型冠狀病毒」（「新冠病毒」）

是指一種新發現由冠狀病毒引致的傳染病。

「確診」新型冠狀病毒必須提交由「香港」的醫療機構，或所由政府授權的醫療機構認可進行新冠病毒測驗的醫療服務提供者所發出的醫療報告作為證明。

「同居伴侶」

一名「年齡」18歲或以上、選擇以親密和忠誠的關係與「受保人」共同生活的未婚成年人，與「受保人」同居於一起最少三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。

「確診」

必須由「受保人」之主診「醫生」根據指定的跡象證明，並通過放射結果、臨床病歷、細胞組織分析或試驗分析所作出的明確診斷並以書面形式確認。就此保障而言，確診為首次確診。

「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) 主要業務為收取報酬的情況下為受傷或患病人士提供診斷、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，駐有註冊護士每天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。

「家庭成員」

指與「受保人」一起居於同一居住地址內的人。

「直系親屬」

「受保人」的配偶、「同居伴侶」、父母、配偶父母、祖父母、子女、兄弟姊妹、孫兒女或合法監護人。

「保險確認電郵」

以電郵形式發送至「閣下」於「本公司」記錄內的電郵地址的電郵，用以確認本「新冠病毒」疫苗保障。

「受保人」

於「保險確認電郵」註明為受保人之人士。

「醫療所需」

是指按照一般公認的醫療標準，就診斷或治療相關「疾病」接受醫療服務的需要，而醫療服務必須符合下列條件 –

(a) 需要「醫生」的專業知識或轉介；

(b) 符合該「疾病」的「診斷」及治療所需；

(c) 按良好而審慎的醫學標準及主診「醫生」審慎的專業判斷提供，而非主要為對「受保人」、其家庭成員、照顧人員或主診「醫生」帶來方便或舒適而提供；

(d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及

(e) 按主診「醫生」審慎的專業判斷，以最適當的水平向「受保人」安全及有效地提供。

就本保障的釋義而言，在不抵觸上述一般條件下，符合醫療所需條件的「住院」情況包括但不限於以下例子 –

(i) 「受保人」因急症需要在「醫院」接受緊急治療；

(ii) 手術是在全身麻醉下進行；

(iii) 「醫院」具備手術或治療程序所需的設備，有關手術或治療程序並不能以日症病人的方式進行；

(iv) 「受保人」同時發生的傷病屬明顯嚴重；

(v) 主診「醫生」考慮到「受保人」的個人情況下，經過審慎的專業判斷及考慮「受保人」安全後，所需的醫療服務應在「醫院」內進行；

(vi) 經過主診「醫生」審慎的專業判斷，「住院」時間對「受保人」接受的醫療服務是合適的；及/或

(vii) 如屬「醫生」認為需要的診斷程序或專職醫療服務，經該「醫生」審慎的專業判斷及考慮「受保人」安全後，所需治療程序或服務應在「醫院」內進行。

在上文(v)至(vii)的情況下，主診「醫生」行使審慎的專業判斷時，應該考慮該「住院」是否 –

- (aa) 按照當地良好及審慎的醫療標準提供該醫療服務，而非主要為「受保人」、其家庭成員、照顧人員或主診「醫生」提供方便或舒適的環境；及
- (bb) 在環境最適宜及符合當地一般公認的醫療標準的設備下，提供該醫療服務。

「醫生」

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，惟「受保人」或「直系親屬」除外。

「保險期」

於「保險確認電郵」所訂明之本保障有效期。

「注意事項」

是指疫苗接種者的身體狀況，可能會增加發生嚴重不良反應的風險或可能導致疫苗受損不能使機體產生最佳免疫能力。

「已存在之傷疾」

在「保險期」第一日前已存在之任何「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。

「疾病」

在「保險期」內健康出現不正常之病理癥狀。

「免疫接種的調查問卷」

是指由「香港」政府轄下的食物及衛生局或「疫苗生產商」提供給醫療保健專業人員有關疫苗「禁忌症」和「注意事項」的問卷。

「恐怖活動」

任何個人或團體，不論獨自行動或代表任何組織或與任何組織有關連，為達到政治、宗教、信念或類似目的，作出任何意圖影響任何國家、政治部門，或由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇的行動。任何恐怖活動必須經有關政府確認及公開宣佈。惟本定義並不包括「戰爭」、侵略、外敵行動、敵對局面(不論曾正式宣戰與否)、「內戰」、叛亂、暴動、軍事力量或政變，或任何使用核子技術的行為。

「疫苗生產商」

生產「認可疫苗」的公司。

「戰爭」

兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而終止和平關係並陷入武裝敵對的局面。

「本公司」

蘇黎世保險有限公司(於瑞士註冊成立之有限公司)。

第二部份 – 保障

保障表	
地域限制	「香港」
覆蓋的疫苗	「新冠病毒」、「認可疫苗」
保障項目	每名「受保人」或「家庭成員」之最高賠償額(港元)
1. 「接種疫苗後的不良反應」、「住院」津貼	8,000
2. 接種疫苗後的「新冠病毒」津貼	20,000
3. 身故恩恤金	200,000

1. 「接種疫苗後的不良反應」、「住院」津貼

倘在「保險期」內，

- 「受保人」或「家庭成員」需於「香港」、「醫院」、「住院」，而該「住院」被認為是「醫療所需」的；
- 因「接種疫苗後的不良反應」而「住院」；及
- 接種每劑「新冠病毒」、「認可疫苗」後 30 日內「住院」，「我們」將根據保障表支付一次性津貼予「受保人」。每位「受保人」或「家庭成員」只可索償此保障一次。

2. 接種疫苗後的「新冠病毒」津貼

倘在「保險期」內，「受保人」或「家庭成員」根據「疫苗生產商」建議的有效疫苗療效的接種要求下，於接種最後一劑「新冠病毒」、「認可疫苗」後三個月內被「確診」「新冠病毒」並於「香港」、「醫院」、「住院」，「我們」將根據保障表支付此津貼予「受保人」。每位「受保人」或「家庭成員」只可索償此保障一次。

3. 身故恩恤金

倘在「保險期」內，

- 「受保人」或「家庭成員」根據「疫苗生產商」建議的有效疫苗療效的接種要求下，於接種每劑「認可疫苗」後 30 日內被「確診」、「接種疫苗後的不良反應」，並因「接種疫苗後的不良反應」而死亡；或
- 「受保人」或「家庭成員」根據「疫苗生產商」建議的有效疫苗療效的接種要求下，於接種最後一劑「認可疫苗」

後三個月內被「確診」「新冠病毒」並於「香港」、「醫院」、「住院」，並因「新冠病毒」而死亡，

「我們」將根據保障表支付此保障予「受保人」的遺產承繼人或「家庭成員」的遺產承繼人。

第三部份 – 其他條款

- 此保障只適用於在「保險期」第一日時，「年齡」介乎於 18 至 70 歲之「受保人」或「年齡」介乎於 15 日至 70 歲之「家庭成員」。
- 除「受保人」外，本保障最多為 6 位「家庭成員」提供保障。
- 「受保人」或「家庭成員」必須為「香港」居民及持有有效之「香港」身份證明文件(或「年齡」12 歲以下之「家庭成員」應持有有效之「香港」出世紙)，且具有位於「香港」的居住地址。
- 「本公司」接獲可接受的證明後，將會遵從本保障訂明之保障賠償予「受保人」。
- 本保障會於以下情況立即終止，以較早發生者為準：
 - 「保險期」屆滿後；或
 - 「受保人」持有的自選家居保險計劃、「樂在人生」個人意外保險計劃、「樂安保」個人意外保險計劃、「聰明之選」個人意外保障計劃或「僱易保」家傭保障計劃(而有關計劃的保險期限與此保障的「保險期」相同)終止。
- 本條款及細則受「香港」法律管轄及按其詮釋，並且服從「香港」的專有司法裁判權。

第四部份 – 一般不承保事項

1. 任何於「香港」以外的地點的「住院」或疫苗接種；
2. 任何以美容為目的之美容手術或整容手術或以休息及 / 或療養為目的之「住院」；
3. 有疫苗、藥物或食物過敏史的人；
4. 接種疫苗時為孕婦或哺乳期婦女的人；
5. 先前感染過「新冠病毒」，或任何突變株的人；
6. 因接種尚未完成完整試驗或尚未獲得「香港」政府批准的疫苗所產生的任何不良反應；
7. 任何有關疫苗或與「接種疫苗後的不利反應」相關的任何治療的疏忽以及不遵醫囑的行為（有證據證明「受保人」或「家庭成員」有意未諮詢「醫生」，或未遵照「醫生」的建議改善健康）；
8. 接種疫苗前，在「免疫接種的調查問卷」中提出免疫接種的「禁忌症」或「注意事項」為陽性，「受保人」卻仍然接受疫苗接種；
9. 由心因性反應引起的「接種疫苗後的不利反應」，例如：迷走神經性暈厥（在接種過程中 / 之後導致疫苗接種者暈厥的神經血管反應）；
10. 由「偶合事件」引起的「接種疫苗後的不利反應」；
11. 「受保人」已存在之傷疾，而在接種疫苗後復發、引起其他「疾病」或出現任何其他併發症或死亡；
12. 「受保人」或「家庭成員」為了獲得賠償而不遵從「醫生」之建議並進行疫苗接種；
13. 由疫苗製備、處理、儲存或管理中的一個或多個質量缺陷引起或促成的「接種疫苗後的不利反應」（包括「疫苗生產商」提供的給藥設備）；
14. 「受保人」參與任何非法或違法活動；
15. 自殺、企圖自殺或蓄意自我傷害、神經失常、任何神智不清、精神病、緊張或抑鬱、任何情況下受到酒精或藥物影響（除非由合格「醫生」處方）、任何性質之病症、分娩、任娠、流產、或急性的高山病；
16. 「戰爭」、侵略、外敵行動、敵對局面（不論曾正式宣佈「戰爭」與否）、「內戰」、叛亂、革命、暴動、軍事政變或篡權行動、直接參與罷工、暴動或內亂或以任何形式參與「恐怖活動」；
17. 人體免疫力衰竭病毒(HIV)及 / 或任何 HIV 有關「疾病」引起，包括愛滋病(AIDS)及 / 或由其引起或不論如何定名之變種、衍生或變故病體，所引致的「疾病」、損失、費用或責任；
18. 直接或間接由下列原因造成的任何費用、間接損失、法律責任或任何財產損失或損毀：

- i. 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；或
 - ii. 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；
19. 任何由網絡行為引致的「疾病」。

第五部份 – 制裁

若本保障提供的保險、款項、服務、保障及 / 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，不論本保障任何其他條款所列，「本公司」則不得被視為向任何「受保人」或其他一方提供任何保險或將向「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「本公司」視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

第六部份 – 索償程序

請填寫醫療索償申請表及在可能的情况下提供相關證明文件。證明文件包括：

1. 由「醫生」簽發的診斷證明以證明「接種疫苗後的不利反應」是由「認可疫苗」引起的；
2. 「住院」賬單或死亡證；
3. 為「家庭成員」提出的索償需要提交三個月內有效住址證明（於提交索償之日起計）（如「家庭成員」無法提供有效住址證明，「本公司」亦接受關係證明）；及
4. 列出接種最後一劑「認可疫苗」日期的證明。

請注意，我們仍有可能會要求「受保人」提供額外資訊，以便評估索償。

請於「受保人」或「家庭成員」「確診」「新冠病毒」或出院後 30 日內，以較後者為準，透過電郵 (claims@hk.zurich.com) 或郵寄 (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理賠部) 通知「本公司」。倘因死亡之索償，必須立即通知「本公司」。

客戶服務熱線：

+852 2968 2288 (星期一至星期五上午 9 時至下午 5 時 30 分)

索償查詢：

請瀏覽 <https://www.zurich.com.hk/zh-hk/customer-services/contact-us/e-form/gi-claims>

承保人：蘇黎世保險有限公司

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



在此展示的商標於全球多個司法轄區以蘇黎世保險有限公司的名義註冊。

