OneDegree

OneDegree Hong Kong Limited

無限護身保

保單

重要事項

本保單由 OneDegree Hong Kong Limited 承保。OneDegree Hong Kong Limited 獲保險業監管局（「保監局」）授權及受其監管，於香港特別行政區經營一般保險業務。你的保單將由 OneDegree Hong Kong Limited 提供保險保障及處理索償。

你於三十（30）天內取消保單的權利

若你不滿意或不再需要本保單，請於收到保單三十（30）天內經 OneDegree 網站通知我們，以便我們取消本保單及退還所有已付保費。否則，你將被視為接納此保障計劃，並受其條款及細則約束。

內容

本保單列明你與我們(OneDegree Hong Kong Limited)訂立的保險的條款及細則，你可於我們網站查閱本保單及保單承保表。如我們以書面方式確認接納任何保單的修正（即「保單批單」），該保單批單將構成保單的一部份。本保單所使用的字詞定義於第十三部分(「定義」)界定。

第一部份：保障條款

我們將根據本保單的條款及細則，提供下列保障：

1.1 早期危疾保障

在本保單有效期間，若受保人被診斷罹患保單承保表所列的早期危疾或接受保單承保表所列的早期危疾手術，我們在收訖有關證明後，將根據下列條款及細則支付保單承保表所列明的早期危疾賠償。支付金額以保額的百分比表示（設有金額上限）。

我們只支付早期危疾賠償一(1)次。支付早期危疾賠償後，早期危疾保障將自動終止。

我們按照第 1.2 條支付危疾賠償後，早期危疾保障將自動終止。

若在同一事件中被診斷罹患多於一(1)項早期危疾或接受多於一(1)項早期危疾手術， 我們只支付早期危疾賠償一(1)次。

1.2 危疾保障

在本保單有效期間，若受保人被診斷罹患保單承保表所列的危疾或接受保單承保表所列的危疾手術，我們在收訖有關證明後，將根據下列條款及細則支付保單承保表內列明的危疾賠償。支付金額以保額的百分比表示。

我們只支付危疾賠償一(1)次。支付危疾賠償後，危疾保障將自動終止。

若在同一事件中被診斷罹患多於一(1)項危疾或接受多於一(1)項危疾手術，我們只支付危疾賠償一(1)次。

若在支付危疾賠償前經已按照第 1.1 條支付早期危疾賠償，危疾賠償金額將扣除已支付的早期危疾賠償。

1.3 多重危疾保障

在本保單有效期間且一(1)項危疾賠償已經按照第 1.2 條支付時，若受保人被診斷罹患危疾或接受危疾手術，我們在收訖有關證明後，將根據下列條款及細則支付保單承保表所列明的多重危疾賠償（如有）。支付金額以保額的百分比表示。

多重危疾賠償只適用於以下情況：該危疾的診斷日期或危疾手術的手術日期，必須與最近一次的危疾診斷日期或危疾手術的手術日期相隔最少十二(12)個月；而我們已按照第 1.2 條支付危疾賠償或第 1.3 條支付多重危疾賠償予最近一次的危疾或危疾手術。

多重危疾保障所包含的危疾及危疾手術與危疾保障所涵蓋的範圍相同，惟多重危疾保障並不包含「末期疾病(Terminal Illness)」及「失去獨立生活能力(Loss of Independent Existence)」。

若受保人被診斷罹患危疾或接受危疾手術，而我們已就該危疾或危疾手術按照第 1.2 條支付危疾賠償或第 1.3 條支付多重危疾賠償時，則多重危疾保障將不再涵蓋該危疾或危疾手術。

若在同一事件中被診斷罹患多於一(1)項危疾，我們只就同一事件支付一(1)次多重危疾賠償。

第二部分：不保事項

本保單不適用於下列各項或任何因下列任何一項或數項所導致的情況：

2.1 保單承保表所列的危疾、早期危疾、危疾手術、或早期危疾手術以外的任何診斷或手術；

2.2 任何於保單生效日前已首次出現徵狀或病徵的危疾或早期危疾，或任何於保單生效日前已首次出現起因或觸發條件的危疾手術或早期危疾手術；

2.3 任何於保單生效日後等待期內已首次出現徵狀或病徵的危疾或早期危疾，或任何於保單生效日後於等待期內已首次出現起因或觸發條件的的危疾手術或早期危疾手術；

2.4 任何我們認為直接或間接因愛滋病(AIDS)或人體免疫力缺乏病毒(HIV)感染導致的疾病或手術，惟第九部分(「危疾」)列明的「因輸血而感染愛滋病(AIDS)或人體免疫力缺乏病毒(HIV)」及「因職業感染人體免疫力缺乏病毒(HIV)」除外；

2.5 任何由自殘引致的疾病或手術；

2.6 任何於保單生效日前已存在的身體或精神狀況所導致的任何疾病，而此等狀況並沒有在投保申請書或健康聲明內透露；

2.7 任何由受保人服用任何並非由註冊醫生處方的止痛藥引致的疾病或手術；

2.8 任何由受保人濫用任何藥物或酒精引致的疾病或手術；

2.9 任何在受保人死亡後診斷的危疾或早期危疾；及

2.10 任何直接或間接因從事非法活動、違法、企圖違法或拒捕而引起的疾病或手術。

第三部分：索償

3.1 索償證明

在受保人被診斷罹患危疾或早期危疾，或接受危疾手術或早期危疾手術的情況下，保單持有人須遞交有關疾病或手術的發生過程、性質、程度及狀況等的書面證明。我們僅在接獲該證明並確認符合要求後按照第一部分(「保障條款」)支付相關賠償。

若有需要，我們有權在確認索償申請前要求受保人接受血液檢查，包括檢測有否感染人體免疫力缺乏病毒(HIV)，作為此類危疾的證明。

3.2 遞交索償申請

索償申請必須在受保人被診斷罹患危疾或早期危疾，或接受危疾手術或早期危疾手術的六(6)個月內遞交給我們。

在此限期屆滿後遞交的索償申請，只有在保單持有人提供證據證明有充分合理理由未能依時遞交索償申請及已在合理的情況下盡快遞交索償申請，該索償申請才能被接納。

索償申請文件必須包含充足的個人資料以識別受保人身分。

遞交索償申請後，我們可要求提供額外的證明或文件，以便確認索償申請。

第四部分：保費

4.1 本保單規定繳付的保費，是根據保單承保表列明的受保人實際年齡而釐定的。

4.2 保費須以月繳或年繳，並於保單承保表列明。

4.3 若每月繳交保費，我們會按照保單承保表直接從你的信用卡賬戶或銀行戶口收取月繳保費。

第五部分：續保

5.1 除非你或我們按照第七部分(「保單終止」)條款終止保單，否則本保單將於保單週年日自動續保。

5.2 我們會直接從你的信用卡賬戶或銀行戶口收取續保保費。

5.3 本保單有效期間，受保人年滿保單承保表所列明的最高保障年齡後的首個保單週年日前，你毋須再遞交可保證明即可續保。有關保費金額將按續保時受保人年齡所適用的保費率計算。續保時，你接受我們在對計劃條款及細則作出的更改(如有)，而該更改是我們根據當時適用於所有與本計劃相同或大體相似的計劃之整體的條款及細則而制定。

5.4 我們有權不續保你的保單。本公司保留更改保費率與保單條款及細則的權利。

第六部分：保費寬限期

6.1 每次保費到期日起計三十(30)天為寬限期(「保費寬限期」)。保費寬限期內，本保單將維持有效。若在保費寬限期完結時仍有任何保費尚未繳交，本保單將自動終止。

第七部分：保單終止

7.1 本保單將於下列情況發生時（以較先發生為準）自動終止：

a. 受保人身故；

b. 受保人年滿保單承保表所列明的最高保障年齡後的首個保單週年日；或

c. 按照第六部分(「保費寬限期」)於寬限期期屆滿後失效。

7.2 我們可按下列任何一種原因終止本保單：

a. 你遞交任何有欺詐成分的索償申請；

b. 你對我們或我們的員工、承包商或財產作出暴力威脅、出言侮辱或使用粗言穢語，或作出攻擊性行為。

7.3 你可以透過 OneDegree 網站我們發出保單終止通知，以終止本保單。該保單終止將在下列情況下生效：

a. 若保費繳交方法為月繳， 保單將在我們收到保單終止通知後的首個保費到期日前終止。

b. 若保費繳交方法為年繳， 保單將在我們收到保單終止通知後翌日終止， 而保費將按以下計算方式局部退還：

當前保單年度中已受保的期間	保費退款
少於或等於 4 個月	當前年度保費的 50%
多於 4 個月但少於或等於 8 個月	當前年度保費的 25%
多於 8 個月	無退款

7.4 除非另有述明，否則保單終止不會影響該終止前產生的索償。

第八部分：一般條款

8.1 保單契約

本保單是你與我們之間一份可依據法律執行的協議，於保單生效日起生效。

我們依據你投保時提供的資料決定是否訂定本保單，並依據該等資料全權並絕對酌情決定本保單是否需要附加特別條款。我們將把你在投保時（在沒有欺詐的情況下）作出的所有聲明視作陳述而非保證。

若你的投保申請遺漏事實或包含實質上不正確或不完整之事實，我們有權宣布本保單無效，而我們於本保單下的責任將僅限於退還已繳交之保費（不包括利息）。我們亦可附加特別條款於本保單內，並由保單生效日批單開始適用。

如中、英文版本有任何抵觸或歧異，應以英文版本為準。

8.2 吸煙習慣

本保單根據受保人申報之吸煙習慣而發出。若受保人在截至保單生效日時為吸煙人士，而你或受保人並未向我們披露，則儘管本保單內另有其他條款及細則規定，我們仍可使本保單無效。

8.3 誤報年齡及／或性別

若你在投保時誤報受保人的年齡或性別，而你應根據正確年齡及性別繳付較高保費時，任何我們須按照本保單支付的金額將相應調整，扣減按正確年齡及性別計算的應繳保費與已繳保費之間的差額。

我們亦可按受保人的正確年齡或性別，相應降低已付保費的保障範圍內的保償額。

若根據正確年齡及性別，你應繳付較低之保費時，我們將退還任何多收的保費（不包括利息）。

若根據正確年齡及性別，受保人並不符合我們的可受保規定，則我們有權宣布保單無效，而我們於本保單項下的責任將僅限於退還已繳交之保費（不包括利息）。

當我們處理本保單項下任何索償申請或任何賠償支付時，有權要求你提供符合我們要求的受保人年齡證明。

8.4 更改

除非經由我們簽署的批單作實，否則對本保單作出的任何更改（或任何條款或細則之任何豁免）一概無效。

8.5 支付貨幣

本保單項下所有我們應支付或收取的金額均以港幣結算。

8.6 擁有權

保單持有人是唯一有權行使本保單項下任何權利或特權的人士。

本保單有效期間，你可使用我們的指定表格以書面形式通知我們更改保單擁有權。保單擁有權的任何更改，須符合客戶盡職審查(customer due diligence)及其他適用之指引，而任何相關更改須經由我們簽發之批單作實後才可告生效。

若保單持有人在受保人在生期間身故，受保人將成為本保單的保單持有人。

8.7 支付賠償

保單持有人在生期間，本保單項下的所有賠償將支付予保單持有人。若保單持有人在我們支付賠償時已身故，該賠償將撥至保單持有人的遺產。

我們在按本條款訂定的方式將保單項下應付之賠償支付予上述人士後，應被視為我們已妥為履行及完全解除我們於保單項下的責任。

8.8 轉讓保單

在符合客戶盡職審查(customer due diligence)及其他適用要求下，你可使用我們的指定表格或其他經我們同意的書面形式通知我們，將你在本保單項下的權益轉讓。除非我們已書面作實收到轉讓通知，否則我們將不會被視為已獲悉有關轉讓。對於保單持有人對本保單作出的任何轉讓，我們並無任何責任確認其有效性或合法性。

8.9 不設第三者權益

任何非本保單的一方之人士（包括但不限於受保人）均無權執行本保單的任何條款。

8.10 管制法律及司法管轄權

本保單受香港特別行政區法律管限，並依該地區之法律闡釋。

8.11 仲裁

凡因本保單所引起的或與之相關的任何爭議、糾紛或分歧，包括本保單的存在、效力、解釋、履行、違反或終止，或因本保單引起的或與之相關的任何非合同性爭議，均應提交由香港國際仲裁中心管理的機構仲裁，並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》最終解決。仲裁地應為香港特別行政區，仲裁程序應按照英語進行。

8.12 法律訴訟

你不得在我們收到本保單要求的所有索償證明之日起計首六十(60)天內提起法律訴訟，追討本保單項下的任何索償金額。

在適用法律的規限下，你只能在我們對本保單項下任何索償作出最終決定之日起計兩(2)年內，按照法律或衡平法對本保單作出任何追討行動。.

8.13 制裁限制和不保事項

若任何提供的保險、賠償支付或保障，可能使我們面臨聯合國決議的任何制裁、禁令或限制，或中華人民共和國的貿易制裁、經濟制裁、法律或法規，我們將不被視作提供該等保險，亦毋須承擔任何該等賠償或提供任何該等保障。

第九部分：危疾

1. 急性壞死及出血性胰腺炎(Acute Necrohemorrhagic Pancreatitis)
   急性胰腺實質發炎及壞死、胰腺脂肪酶病灶性壞死及因血管壞死而出血，並須符合下列所有準則：
   (a) 所需治療是以手術清除壞死組織或進行胰切除術；及
   (b) 診斷必須以組織病理學的特徵為準，並由胃腸病專科註冊醫生確定。
   因濫用藥物或酒精引致的胰腺炎並不受此保障。

2. 因輸血而感染愛滋病(AIDS)或人體免疫力缺乏病毒(HIV) (AIDS or HIV Infection due to Blood Transfusion)
   因輸血導致感染愛滋病(AIDS)或人體免疫力缺乏病毒(HIV)，並須符合下列各項條件：
   (a) 該輸血是醫療所需；
   (b) 受保人是在本保單生效後方接受輸血；
   (c) 確定受感染之源頭是用作輸血的受污染之血液，並可透過提供該受污染之血液的機構追查其來源；及
   (d) 受保人沒有罹患血友病。
   若已有任何療法可供醫治，則是項保障並不適用，亦不會作出任何賠償。「療法」是指任何可以使愛滋病(AIDS)或人體免疫力缺乏病毒(HIV) 感染變為不活躍或非傳染性的治療。

3. 亞爾茲默氏病 / 不可還原之器質性腦退化疾病 (Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders)
   經受保人的臨床狀態及認可標準問卷或測驗證明受保人的思考能力退化或喪失，或行為舉止之失常是由亞爾茲默氏病或其他不可逆轉之器質性腦退化疾病引致，並導致受保人之思維能力及社交活動能力嚴重退減，致使受保人須接受持續護理。亞爾茲默氏病或其他不可逆轉之器質性腦退化疾病的診斷必須由腦神經專科註冊醫生臨床確定。
   以下所列並不包括在內：(a) 非器質性腦疾病如神經機能疾病及精神病；及 (b) 任何濫用藥物或酒精引起的器質性腦疾病。

4. 植物人(Apallic Syndrome)
   指腦皮質全面壞死，惟腦幹仍保持完整。有關植物人之確實診斷必須經腦神經專科註冊醫生確定，並須附以醫生證明該情況已持續不少於一(1)個月。

5. 再生障礙性貧血 (Aplastic Anaemia)

永久及不可逆轉之骨髓衰竭而導致貧血、嗜中性白血球減少及血小板減少，並須接受下列最少兩(2)項治療：(a) 輸入血液製品； (b) 刺激骨髓藥物； (c) 免疫系統抑制性藥物；或 (d) 骨髓移植。再生障礙性貧血的診斷必須以骨髓穿刺細胞檢查確定。

6. 細菌性腦（脊）膜炎 (Bacterial Meningitis)

由細菌性腦（脊）膜炎引起包圍腦部或脊髓的內膜發炎，並導致永久性神經機能缺損。細菌性腦（脊）膜炎之診斷必須由以下所列確定：(a) 經腦神經專科註冊醫生確定；及 (b) 腰椎穿刺證實腦脊髓液受細菌感染。

7. 良性腦腫瘤 (Benign Brain Tumour)

腦部或腦膜內的良性腫瘤，並產生顯示顱內壓增高的徵狀，例如視神經乳頭水腫、精神症狀、癲癇及感覺障礙。良性腦腫瘤的存在必須由影像研究確定，例如電腦掃描(CT scan)或磁力共振(MRI)造影。

以下所列並不受此保障：

(a) 囊腫；

(b) 肉芽腫；

(c) 腦動脈或靜脈畸形；

(d) 血腫；

(e) 腦垂體或脊椎腫瘤；及

(f) 聽覺神經腫瘤。

8. 失明 (Blindness)

因疾病或受傷導致雙目視力不可逆轉損失，即須符合下列任何一(1)項條件：

(a) 根據斯內倫 (Snellen) 視力表或同等測試，每只眼睛的最佳矯正視力皆等同或低於2/60；或

(b) 每只眼睛的最佳矯正視野闊度皆等同或低於五(5)度。

失明必須經眼專科註冊醫生確定。

9. 癌 (Cancer)

癌是指：

(a) 任何經組織學確診為惡性之腫瘤，並須有惡性細胞已不受控制地生長並侵略其他細胞組織的特徵；或

(b) 任何經組織學報告證實為白血病、淋巴瘤或肉瘤。

以下所列並不受此保障：

(i) 任何在組織學中分類為癌前病變、非侵略性 、或原位癌，或邊緣性或低惡性潛力的腫瘤；

(ii) 根據 TNM 評級系統，任何在組織學上被界定為 T1N0M0 或以下級別的甲狀腺腫瘤；

(iii) 根據 TNM 評級系統，任何在組織學上被界定為 T1a 或 T1b 或以下級別的前列腺腫瘤；

(iv) 被分類為 RAI 級別 III 以下的慢性淋巴性白血病；

(v) 與人體免疫力缺乏病毒(HIV)感染同時存在的任何癌症；及

(vi) 任何非黑色素瘤的皮膚癌。

10. 心肌病 (Cardiomyopathy)

由心臟專科註冊醫生明確診斷為心肌病的心肌功能受損，並導致永久性損害，其程度須按下列之級別準則達美國紐約心臟病學會(New York Heart Association)心臟功能分級的第 III 或第 IV 級，或其同等級別，而該級別須已維持最少六(6)個月：

第 III 級：顯著功能限制，受影響病人於休息時感覺舒適，但在進行少於正常體力消耗之活動時則會引致出現充血性心臟衰竭的病徵。

第 IV 級：進行任何活動皆會引起不適。即使在休息時亦出現充血性心臟衰竭的病徵。增加任何體力活動，皆會感到不適。

心肌病的診斷必須由心臟超聲波結果證明心室功能受損。

即使符合上述情況，直接與濫用藥物或酒精有關的心肌病不受此保障。

11. 慢性腎上腺功能不全（阿狄森氏病）(Chronic Adrenal Insufficiency (Addison's Disease))

是指因自身免疫性疾病引致腎上腺逐漸受到破壞，導致終生需要糖皮質激素及礦皮質素補充療法。有關慢性腎上腺功能不全（阿狄森氏病）的診斷必須由：(a)內分泌專科註冊醫生及我們指派的一位獨立醫務專家確定；及(b)促腎上腺皮質激素測試證明。

此項僅保障由自身免疫性疾病引致的慢性腎上腺功能不全，所有其他原因引致的腎上腺功能不全並不受此保障。

12. 慢性肝病 (Chronic Liver Disease)

末期肝衰竭必須有下列所有的症狀證明：

(a) 持續性黃疸；

(b) 腹水；及

(c) 肝性腦病。

即使符合上述情況，由濫用藥物或酒精引起或與之相關的肝衰竭並不受此保障。

13. 復發性慢性胰臟炎 (Chronic Relapsing Pancreatitis)

胰臟持續性發炎，其病徵為不可逆轉的形態轉變及伴隨典型疼痛及 / 或永久性的功能損壞，並必須：

(a) 經腸胃科專科註冊醫生明確診斷為復發性慢性胰臟炎；及

(b) 由胰臟功能測試及放射與影像證據證實。

任何直接或間接、完全或部分由酒精引致的復發性胰臟炎並不受此保障。

14. 昏迷 (Coma)

昏迷是指一種失去知覺的狀態，對外來刺激或體內需求毫無反應，並與永久性神經機能缺損有關。狀態持續最少九十六(96)小時，並需要利用生命維持系統。昏迷必須由腦神經專科註冊醫生確定。

即使符合上述情況，因自致的傷害、濫用藥物或酒精引致的昏迷並不受此保障。

15. 庫賈氏病 (Creutzfeldt-Jakob Disease)

單獨因庫賈氏病或變種庫賈氏病導致相關的神經機能缺損，並使受保人永久性不能完成本保單內界定之「日常生活活動」的其中最少兩(2)項活動。

由人類生長激素治療引致的疾病並不受此保障。

16. 克羅恩氏病(Crohn's Disease)

指腸道慢性全壁發炎，並有證據證明即使接受最佳治療後仍然持續發炎，並已出現下列所有狀況：(a) 因腸道狹窄造成腸阻塞並需住院治療；(b) 腸道瘻管；及 (c) 最少切除一(1)段腸道。

克羅恩氏病之診斷必須經由腸胃科專科註冊醫生確定，並經組織病理學報告及 / 或直腸或大腸鏡檢查證實。

17. 夾層主動脈瘤(Dissecting Aortic Aneurysm)

主動脈內壁（內膜層）撕裂而引致血液進入主動脈壁並分開其內層的狀況。

就本定義而言，「夾層主動脈瘤」必須符合以下全部條件：

(a) 出現與夾層主動脈瘤一致的症狀；及

(b) 夾層主動脈瘤必須經電腦掃瞄(CT scan)、磁力共振(MRI)造影、磁力共振血管(MRA)造影或血管造影證實；及

(c) 需緊急修復手術

夾層主動脈瘤必須經相關專科註冊醫生作出診斷。

18. 伊波拉 (Ebola)

伊波拉病毒感染須符合下列條件：

(a) 由實驗室檢驗證明伊波拉病毒之存在；

(b) 不斷因感染引致併發症，並由出現有關病徵開始起計持續超過三十(30)天；及

(c) 該感染並不導致死亡。

19. 象皮病 (Elephantiasis)

指末期絲蟲病，其性質為身體組織因血液循環受阻或淋巴管堵塞而全面腫大。

象皮病的明確診斷必須：

(a) 由適合的專科註冊醫生臨床證實；

(b) 以微絲蚴的化驗結果確認；及

(c) 必須獲我們的醫務總監認同。

因任何其他疾病感染、外傷、手術後的疤或充血性心衰竭等情況引致的淋巴水腫不受此保障。

20. 腦炎 (Encephalitis)

因嚴重的腦實質炎症導致嚴重永久性神經機能缺損，並證明已持續最少三十(30)天。

腦炎的診斷必須獲腦神經專科註冊醫生確定。

由人體免疫力缺乏病毒(HIV)感染引致的腦炎不受此保障。

21. 末期肺病 (End-stage Lung Disease)

引致慢性呼吸衰竭的末期肺病，並須符合下列所有準則：

(a) 永久需要氧氣療法；

(b) 在第一秒最大呼氧量(FEV1)測試中的呼氧量每秒持續少於一(1)公升（即在用力呼氣的第一秒期間）；

(c) 基準動脈血氧分析顯示動脈氧分壓為 55mmHg 或以下的水平；及

(d) 靜止時呼吸困難。

22. 暴發性病毒性肝炎 (Fulminant Viral Hepatitis)

因肝炎病毒造成部份或廣泛性塊肝壞死，導致急劇肝衰竭，並須符合下列所有準則：

(a) 肝臟急劇縮小，並與整塊肝葉壞死有關；

(b) 肝酶急劇惡化；

(c) 黃疸持續加深；及

(d) 肝性腦病。

乙型肝炎感染或純屬帶菌狀態並不符合診斷準則。

23. 心臟病 (Heart Attack)

因心臟血液供應不足，引致部份心臟肌肉（心肌）壞死，並須符合下列所有準則：

(a) 典型的胸痛病歷；

(b) 在相關心臟事故期間心電圖顯示新近具急性心肌梗塞特徵的變化；及

(c) 以下其中一項：

(i) 心肌酵素(CPK-MB)提高至一般公認的實驗室水平的正常水平以上；或

(ii) 心肌旋轉蛋白水平達到心肌旋轉蛋白 I(Troponin I)>0.5ng/ml 或以上，或心肌旋轉蛋白 T(Troponin T)>1.0ng/ml 或以上。

心絞痛則明確不受此保障。

24. 偏癱 (Hemiplegia)

因疾病或受傷（自致之受傷除外）導致癱瘓，以致半邊身體完全及永久失去功能。

25. 傳染性心內膜炎 (Infective Endocarditis)

是指由感染性微生物引致的心臟內膜炎症，並須符合下列所有準則：

(a) 血液培植結果呈陽性反應，證明感染性微生物的存在；

(b) 出現由傳染性心內膜炎導致最少中度之心臟瓣膜功能不全（即返流部分達百分之二十(20%)或以上）或中度之心臟瓣膜狹窄（導致心臟瓣面積為正常值的百分之三十(30%)或以下）；及

(c) 傳染性心內膜炎的診斷及瓣膜受損的嚴重程度必須由心臟病專科註冊醫生確定。

26. 腎衰竭 (Kidney Failure)

兩個腎臟的功能已出現慢性及不可逆轉的末期衰竭情況，以致已開始進行定期之腎臟透析法或已接受腎臟移植手術。

27. 失聰 (Loss of Hearing)

因疾病或受傷導致雙耳不可逆轉地完全失去聽覺（即在所有頻率中損失的聽力達到最少八十(80)分貝）。

須提供包括聽力測驗和聲域測驗的醫學證明，而失聰之診斷必須由耳、鼻、喉專科註冊醫生確定。

28. 失去獨立生活能力 (Loss of Independent Existence)

失去獨立生活能力是指即使在專用設備的協助下也完全 / 徹底不能進行本保單內界定之「日常生活活動」的其中最少三(3)項活動，並且在整個活動過程中需要另一個人從旁實質協助，及已持續最少六(6)個月並永久不能完成有關活動。就此定義而言，「永久」一 詞的定義是指根據現時醫學知識及技術，已完全沒有復原的希望。失去獨立生活能力的診斷必須由註冊醫生確定。

失去獨立生活能力的保障將於受保人年滿六十五(65)歲生日後的首個保單週年日自動終止。所有與精神病有關的原因不受此保障。

29. 失去一肢及一眼 (Loss of One Limb and One Eye)

因疾病或受傷導致一(1)眼視力不可逆轉的損失，及一(1)肢於腕骨或踝骨部位或以上切斷。

就此定義而言，「損失視力」是指符合下列任何一(1)項條件：

(a) 根據斯內倫 (Snellen) 視力表或同等測試，一(1)只眼睛的最佳矯正視力相等或低於2/60；或

(b) 一(1)只眼睛的最佳矯正視野闊度相等或低於五(5)度。

損失視力必須經眼專科註冊醫生確定。

30. 喪失語言能力 (Loss of Speech)

因疾病或受傷導致完全喪失說話能力及不可復原，並持續十二(12)個月。必須由耳、鼻、喉專科註冊醫生提供醫療證明以確定聲帶受損引致喪失語言能力。

所有與精神病有關的原因不受此保障。

31. 失去兩肢 (Loss of Two Limbs)

因疾病或受傷導致任何兩(2)肢於腕骨或踝骨部位或以上切斷。

32. 嚴重燒傷 (Major Burns)

身體總表面最少有百分之二十(20%)的皮膚受到三級燒傷（皮膚全層燒傷）。

33. 嚴重頭部創傷 (Major Head Trauma)

因腦部受傷引致嚴重的永久性腦功能受損，並證明由受傷當日起計已持續最少三(3)個月。無論有否使用機械設備、特殊裝置或專為殘疾人士而設的其他輔助和調整設備，該永久性腦功能受損必須導致不能完成本保單內界定之「日常生活活動」的其中最少三(3)項活動。

嚴重頭部創傷的診斷必須由腦神經專科註冊醫生確定及獲得我們的醫務總監確認。

34. 腎髓質囊腫病 (Medullary Cystic Disease)

腎髓質囊腫病須符合下列準則：

(a) 於腎臟內發現腎髓質有多個囊腫並出現腎小管萎縮及間質纖維化等現象；

(b) 貧血、多尿及腎功能逐漸衰退之臨床證明；及

(c) 腎髓質囊腫病的診斷經由腎活組織檢查確定。

單獨或良性腎囊腫則明確不受此保障。

35. 腦膜結核病 (Meningeal Tuberculosis)

結核桿菌感染的腦膜炎並導致嚴重發炎及腦功能障礙，並符合下列所有準則：

(a) 有證據證明結核桿菌的存在；

(b) 腦膜結核病之診斷由腦神經專科註冊醫生確定，並經腦脊液或神經掃描造影證實；及

(c) 診斷後最少三(3)個月持續出現永久性神經系統受損並引致運動機能缺損或顱神經功能障礙。

36. 運動神經原疾病（包括脊髓性肌肉萎縮症、漸進延髓麻痺、肌萎縮性側索硬化症及原發性側索硬化症) (Motor Neurone Disease (including Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis and Primary Lateral Sclerosis))

皮質脊髓束和前角細胞或延髓傳出神經元逐漸退化，導致永久性神經機能缺損，並包括以下各種運動神經原疾病：脊髓性肌肉萎縮症、漸進延髓麻痺、肌萎縮性側索硬化症和原發性側索硬化症。

運動神經原疾病的診斷必須由腦神經專科註冊醫生確定。

37. 多發性硬化症 (Multiple Sclerosis)

經腦神經專科註冊醫生作出明確診斷為多發性硬化症，並確定下列各項：

(a) 有關神經束支（白質）的病徵，涉及視神經、腦幹和脊髓而引致可明確界定的神經機能缺損；

(b) 多次不連續不同位置的病灶；及

(c) 對上述病徵 / 神經系統缺損有詳細的病歷記錄，包括病情變壞及復原的病史。

38. 肌營養不良症 (Muscular Dystrophy)

腦神經專科註冊醫生根據下列四(4)項條件中的三(3)項確定的肌營養不良症的診斷：

(a) 家族史內有其他家庭成員受到相同疾病之影響；

(b) 臨床檢驗，包括無官感神經紊亂、正常腦脊液及輕微腱反射減退；

(c) 特殊的肌電圖；或

(d) 有肌肉活組織檢查加以證實的臨床推測。

39. 骨髓纖維化（原發性）(Myelofibrosis (Primary))

一般骨髓被纖維化，導致貧血、低白血球及血小板量及脾臟增大。

就本定義而言，「骨髓纖維化（原發性）」須符合以下全部條件：

(a) 進展到永久性骨髓纖維化（原發性）；及

(b) 受保人需要至少每月接受輸血治療。

骨髓纖維化（原發性）的診斷必須有骨髓活組織檢查術(Bone Marrow Biopsy)作證明，並必須由相關專科註冊醫生確定。

40. 壞死性筋膜炎 (Necrotising Fasciitis)

壞死性筋膜炎須符合下列各項條件：

(a) 符合有關壞死性筋膜炎的一般臨床標準；

(b) 所鑑別出之細菌乃是已知會導致壞死性筋膜炎的細菌；及

(c) 出現廣泛性肌肉及其他軟體組織損壞，並導致身體受影響部位完全及永久失去功能。

41. 因職業感染人體免疫力缺乏病毒 (HIV) (Occupationally Acquired HIV Infection)

受保人在進行其正常職務時發生意外，因而導致感染人體免疫力缺乏病毒 (HIV)。必須證明意外當日起計六(6)個月內血清轉變至人體免疫力缺乏病毒 (HIV)感染，該證明並須包括意外發生後七(7)天內所作之呈陰性反應的人體免疫力缺乏病毒 (HIV)抗體測試。必須在意外當日起計三十(30)天內將引致人體免疫力缺乏病毒 (HIV)感染的意外向我們報告。

由其他途徑導致之人體免疫力缺乏病毒 (HIV)感染，包括但不限於由性行為、受保人作為接受者接受輸血（上述界定的「2. 因輸血而感染愛滋病 (AIDS)或人體免疫力缺乏病毒 (HIV) 」除外），或靜脈注射毒品而導致的人體免疫力缺乏病毒 (HIV)感染，則明確不受此保障。

若已有任何療法可供醫治，則是項保障並不適用，亦不會作出任何賠償。「療法」是指任何可以使人體免疫力缺乏病毒 (HIV) 變為不活躍或非傳染性的治療。

42. 視神經萎縮(Optic Nerve Atrophy)

明確診斷為視神經萎縮，並導致雙目根據斯內倫 (Snellen)視力表，雙目矯正後視力都必須永久等同或低於 6/48 。

視神經萎縮及視力受損程度必須由相關專科註冊醫生確定。

因遺傳性疾病及濫用藥物或酒精引起的視神經萎縮，不受此保障。

43. 其他嚴重的冠狀動脈疾病 (Other Serious Coronary Artery Disease)

嚴重的冠狀動脈疾病是指有最少三(3)條主要冠狀動脈分別閉塞達最少百分之六十(60%)或以上，並只限以冠狀動脈造影術作證明（非創傷性之診斷程序並不符合此要求）。

就此定義而言，「主要冠狀動脈」是指任何左動脈主幹、左動脈前降支、迴旋動脈及右冠狀動脈（但不包括其分支血管）。

44. 癱瘓 (Paralysis)

因疾病或受傷引致癱瘓進而導致完全及永久失去雙手或雙腳、或一(1)手及一(1)腳的功能。

45. 柏金遜症 (Parkinson's Disease)

經腦神經專科註冊醫生明確診斷為柏金遜症，條件如下：

(a) 無法以醫藥療法控制；

(b) 有逐漸轉壞的症狀；及

(c) 經日常生活活動評估確定，不論有否使用機械設備、特殊裝置或專為殘疾人士而設的其他輔助和調整設備，受保人無法完成本保單內界定之「日常生活活動」的其中最少三(3)項活動。

保障只涵蓋不明起因的柏金遜症，因藥物或中毒導致的柏金遜症不受此保障。

46. 嗜鉻細胞瘤 (Pheochromocytoma)

指腎上腺或嗜鉻外組織出現神經內分泌腫瘤，並分泌過多的兒茶酚胺類，需要確實進行手術以切除腫瘤。

嗜鉻細胞瘤的診斷必須由內分泌專科註冊醫生確定。

47. 脊髓灰質炎 (Poliomyelitis)

受脊髓灰質炎病毒的感染而引致癱瘓性之疾病。因脊髓灰質炎引致的癱瘓必須由腦神經專科註冊醫生確定，而不涉及癱瘓的個案則不包括在內。

48. 進行性核上神經麻痺症 (Progressive Supranuclear Palsy)

進行性核上神經麻痺症在不涉及任何其他因素下出現，並引致永久性神經機能缺損，從而直接導致受保人永久不能完成最少兩(2)項日常生活活動。進行性核上神經麻痺症的診斷必須由腦神經專科註冊醫生確定。

49. 肺動脈高血壓 (原發性) Pulmonary Arterial Hypertension (Primary)

透過包括心導管檢查在內的檢查確定為原發性肺動脈高血壓並有右心室大幅擴大，導致永久不可逆轉的損害，其程度按下列之級別準則達美國紐約心臟病學會(New York Heart Association)心臟功能分級的第 III 或第 IV 級：

第 III 級 ： 顯著功能限制，受影響病人於休息時感覺舒適，但在進行少於正常體力消耗之活動時則會引致出現充血性心臟衰竭的病徵。

第 IV 級 ： 進行任何活動皆會引起不適。即使在休息時亦出現充血性心臟衰竭的病徵。增加任何體力活動，皆會感到不適。

肺動脈高血壓若不符合上述條件，則不受此保障。

50. 嚴重重症肌無力 (Severe Myasthenia Gravis)

指一種神經肌肉傳遞障礙之後天免疫性疾病，並導致波動性之肌無力及容易疲勞，且須符合下列所有準則：

(a) 出現肌無力，並根據下述美國重症肌無力基金會臨床分類(Myasthenia Gravis Foundation of America Clinical Classification)界定為第 III 級、第 IV 級或 第 V 級；及

(b) 重症肌無力的診斷由腦神經專科註冊醫生確定。美國重症肌無力基金會臨床分類(Myasthenia Gravis Foundation of America Clinical Classification) ：

第 I 級：任何眼部肌肉無力，上眼瞼可能下垂，而並無其他證據顯示其他部位出現肌無力

第 II 級：任何程度之眼部肌肉無力，及其他部位之輕度肌肉無力

第 III 級：任何程度之眼部肌肉無力，及其他部位之中度肌肉無力

第 IV 級：任何程度之眼部肌肉無力，及其他部位之嚴重肌肉無力

第 V 級：需要插管以維持氣管暢通

51. 嚴重突發性肺纖維化（Severe Idiopathic Pulmonary Fibrosis）

嚴重及彌漫性肺纖維化，並需要廣泛及永久地每天接受至少八(8)小時氧氣療法。

嚴重肺纖維化的明確診斷必須以肺活組織檢查術(Lung Biopsy)作證明，並必須由呼吸系統專科註冊醫生確定。

遺傳病並不受此保障。

52. 嚴重類風濕性關節炎 (Severe Rheumatoid Arthritis)

明確診斷為類風濕關節炎之免疫系統疾病，並符合下列所有準則：

(a) 須符合美國風濕病學會(American College of Rheumatology)就類風濕關節炎所界定之診斷準則；

(b) 永久性失去進行最少兩(2)項日常生活活動的能力；

(c) 廣泛性關節損壞及下列關節部位有三(3)個或以上出現嚴重臨床變形：手、手腕、手肘、膝、髖部、足踝、頸椎或足部；及

(d) 上述狀況已持續最少六(6)個月。

53. 嚴重潰瘍性結腸炎 (Severe Ulcerative Colitis)

急性爆發性潰瘍性結腸炎導致威脅生命的電解物質異常，並必須符合下列所有準則：

(a) 整條大腸受影響並有嚴重的帶血腹瀉；

(b) 需要接受的治療為完全切除大腸及迴腸造口術；及

(c) 嚴重潰瘍性結腸炎之診斷根據組織病理學的特徵並經腸胃科專科註冊醫生確定。

54. 中風 (Stroke)

由於任何腦血管意外或事故產生神經功能性障礙，該神經功能性障礙必須持續最少四(4)星期並從身體檢查中確定具有客觀神經異常症狀。中風包括腦組織梗塞、腦出血及由顱以外原因引致血栓塞。中風的診斷必須以電腦掃描(CT Scan)或磁力共振(MRI)造影作證明，並必須由腦神經專科註冊醫生確定該功能性障礙。

以下各項不在受保之列：

(a) 因短暫性腦缺血引致的腦部症狀；

(b) 因偏頭痛引致的腦部症狀；及

(c) 對眼或視神經或前庭系統功能造成影響的血管疾病。

55. 系統性紅斑狼瘡連狼瘡性腎炎 (Systemic Lupus Erythematosus (SLE) with Lupus Nephritis)

多系統自身免疫性疾病，特徵是產生自身抗體以對抗多種自身抗原。

就「危疾」之定義而言，系統性紅斑狼瘡僅限涉及腎臟的系統性紅斑狼瘡，並須經腎臟活檢確定為下述國際腎臟協會 / 腎臟病理協會 (Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS))的狼瘡性腎炎分類(2003)中的第 III 級、第 IV 級、第 V 級或第 VI 級。其他類型如盤狀紅斑狼瘡，以及只涉及血液和關節的系統性紅斑狼瘡，則明確不受此保障。

國際腎臟協會 / 腎臟病理協會 (Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS)) 的狼瘡性腎炎分類 (2003)：

第 I 級 - 微小系膜狼瘡性腎炎

第 II 級 - 系膜增生性狼瘡性腎炎

第 III 級 - 病灶性狼瘡性腎炎

第 IV 級 - 彌漫性節段性（IV-S 級）狼瘡性腎炎或全球性（IV-G 級）狼瘡性腎炎

第 V 級 - 膜性狼瘡性腎炎

第 VI 級 - 高度硬化性狼瘡性腎炎

56. 系統性硬皮病 (Systemic Scleroderma)

因結締組織疾病引致皮膚、血管及內臟器官逐步彌漫性纖維化，並達至全身受影響的程度已符合下列準則的其中兩(2)項：

(a) 肺受影響，證明一氧化碳肺擴散容量(DLCO)少於預測值的百分之七十(70%)，或第一秒最大呼氣量(FEV1)、 肺活量(FVC)或肺總量(TLC)少於預測值的百分之七十五(75%)；

(b) 腎受影響，證明腎小球過濾率(GFR)為每分鐘少於六十毫升(60ml/min)；及 / 或

(c) 心臟受影響，證明出現充血性心力衰竭、心律失常以致需服用藥物、或心包炎（中度至大量心包積液）。

承保範圍並不包括下列各項：

(i) 局部硬皮病（線性硬皮病或硬斑病）；及

(ii) 嗜酸性筋膜炎；及

(iii) CREST 綜合症。

系統性硬皮病必須經由風濕病專科註冊醫生明確診斷。

57. 末期疾病 (Terminal Illness)

由適當的專科註冊醫生確診（連同書面確認），預期受保人之狀況將導致其於十二(12)個月內死亡。受保人必須已並未再接受任何積極性治療，惟緩解疼痛或其他舒緩性的措施則除外。受保人需在確診末期疾病後存活不少於十四天。

第十部分：危疾手術

1. 須作手術之腦動脈瘤 (Cerebral Aneurysm Requiring Surgery)
   受保人確實已透過顱骨切開術進行顱內手術作夾剪、修復或切除腦動脈內一(1)條或以上的動脈瘤。導管及血管內所作之手術並不包括在內。

2. 冠狀動脈手術 (Coronary Artery Surgery)
   確實接受開胸手術進行冠狀動脈搭橋手術以矯正或治療冠狀動脈疾病。
   血管成形術及所有其他經動脈穿刺進行的手術、導管技術、鎖孔手術或激光手術程序，均不受此保障。

3. 心瓣置換及修補 (Heart Valve Replacement and Repair)
   因出現心臟瓣膜缺陷或異常而確實接受剖開心臟之手術以置換或修補心臟瓣膜。
   透過血管內的手術、鎖孔手術或其他類似手術程序進行的修補則明確不受此保障。

4. 主要器官移植 (Major Organ Transplant)
   受保人以器官接受者身份接受下列任何一項：
   (a) 在先進行全身骨髓消融後以造血幹細胞進行人體骨髓移植；或
   (b) 進行以下任何一項人體器官移植，以治療該器官之不可逆轉的末期衰竭：心臟、肺、肝、腎、或胰腺。
   除上述(a)項規定外，其他幹細胞移植及胰腺組織或細胞移植均不受此保障。

5. 主動脈手術 (Surgery to Aorta)
   確實經開胸或剖腹手術進行修補或矯正主動脈瘤或主動脈阻塞、縮窄或夾層的情況。
   就此定義而言，「主動脈」是指胸主動脈和腹主動脈，並不包括其分支血管。
   血管成形術及所有其他經動脈穿刺進行的手術、導管技術、鎖孔手術或激光手術程序，均不包括在主動脈手術之內。

第十一部分：早期危疾

1. 原位癌 (Carcinoma-in-situ)
   經組織學證實並局限在侵入性前之病變，即癌細胞並未穿透基底膜或侵入（即指滲入及／或活躍地破壞）環繞組織或基質，包括第三階段的子宮頸表層細胞癌變(CIN III)及第三階段的前列腺表層細胞癌變(PIN III)。

   為免生疑問，原位癌不包括以下任何一項：

(a) 第二階段的子宮頸表層細胞癌變(CIN II)或以下；及

(b) 第二階段的前列腺表層細胞癌變(PIN II)或以下；及

(c) 皮膚原位癌。

就本保單而言，原位癌疾病必須以活組織檢查術確定。

2. 早期惡性腫瘤 (Early Stage Malignancy)

出現以下任何一種惡性腫瘤情況：

(a) 根據 TNM 評級系統，甲狀腺腫瘤在組織學上被界定為 T1N0M0 級別；

(b) 根據 TNM 評級系統，前列腺腫瘤在組織學上被界定為 T1a 或 T1b 級別；

(c) 分類為 RAI 級別 I 或 II 的慢性淋巴性白血病；或

(d) 非黑色素瘤的皮膚癌。

診斷必須根據組織病理學的特徵由註冊醫生確定。除上述所列，惡性腫瘤前的病變及情況並不受此保障。

第十二部分：早期危疾手術

1. 於頸動脈進行血管成形術或內膜切除術 (Angioplasty or Endarterectomy for Carotid Arteries)

於頸動脈進行血管成形術或內膜切除術是指，經血管造影術證明一(1)條或以上的頸動脈有百分之五十(50%)或以上狹窄而對相關頸動脈進行的治療。必須同時符合以下(a)及(b)項的準則：

(a) 以下兩者其中之一：

(i) 確實進行動脈內膜切除術以減輕症狀；或

(ii) 確實進行血管介入治療，例如血管成形術及 / 或進行植入支架或動脈粥樣瘤清除手術，以減輕症狀；及

(b) 診斷及治療的必要性必須由相關專科的註冊醫生確定。

第十三部分：定義

「意外」(Accident) 是指本保單有效期間發生之不能預料及非自願的事故。

「愛滋病」(AIDS) 是指世界衛生組織不時就「愛滋病」一詞給予的涵義。

「日常生活活動」(Activities of Daily Living) 是指以下所列：

a) 移動：可以自行從一張椅子、床或輪椅站起來或坐下的能力；
b) 行動：可以自行在室內的平地上從一個房間移動至另一房間的能力；
c) 節禁：有控制膀胱及大腸功能的自發能力，以保持個人衛生；
d) 穿衣：可以自行穿著及脫下一切所需衣物、背帶、義肢或其他手術器具的能力；
e) 洗澡 / 淋浴：可以自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間），或使用其他方式自行清潔身體的能力；及
f) 進食：可以自行進食已預備好之食物的能力。

「危疾」(Critical Illness) 是指第九部分（「危疾」）所界定的所有疾病。

「危疾手術 」(Critical Illness Surgery) 是指第十部分（「危疾手術」）所界定的所有手術程序。

「診斷日期」(Date of Diagnosis) 是指第一次對某一危疾或早期危疾有診斷的日期 。

「手術日期」(Date of Surgery) 是指第一次進行某一危疾手術或早期危疾手術的日期 。

「診斷」(Diagnosis)或「確診」(Diagnosed)是指由註冊醫生作出的明確診斷，而註冊醫生須根據本保單內相關危疾、危疾手術、早期危疾或早期危疾手術定義所述的特定條件，或須在沒有該些特定條件的情況下根據我們可接受的放射結果、 臨床診斷、細胞組織或實驗分析作出明確的診斷。該診斷亦必須得到我們醫務總監的判斷認可，其判斷是根據受保人及 / 或保單持有人遞交的醫療證明及 / 或其要求的任何額外證明。在出現任何與診斷的適合程度及準確性相關的爭議或異議時，我們有權指派一位獨立並受認可的相關專科專家對受保人進行檢查或檢驗得出該診斷所使用的證明，而該位專家對該診斷所作出的判斷對受保人及我們均具有約束力。

「早期危疾」(Early Stage Critical Illness) 是指第十一部分（「早期危疾」）所界定的所有疾病。

「早期危疾手術 」(Early Stage Critical Illness Surgery) 是指第十二部分（「早期危疾手術」）所界定的所有手術程序。

「事件」(Event) 指導致出現多於一項可申請索償的危疾、早期危疾、危疾手術或早期危疾手術的 (i) 一件造成身體受傷的意外或 (ii) 一種疾病，而該些可申請索償的危疾、早期危疾、危疾手術或早期危疾手術具有同一診斷日期或手術日期。

「人體免疫力缺乏病毒(HIV)感染」(HIV Infection) 是指，我們判斷血液或其他有關檢驗中呈現出人體免疫力缺乏病毒(HIV)、其抗原或其抗體，而視受保人已受此病毒感染。

「受傷」(Injury) 是指純因意外而導致不正常的身體狀況，當中並不涉及任何其他原因，亦因此不能由疾病導致。

本保單的「受保人」(Insured Person) 於保單承保表上列明。

「醫療所需」(Medically Necessary) 是指根據我們判斷符合以下條件的醫療服務、程序或物品：

(a) 與一般認可接受之專業醫療標準一致；

(b) 為診斷及 / 或提供治療所需的；及

(c) 不可以在較低醫療護理水平的情況下安全妥善地提供予受保人。實驗性、普查及屬預防性質的服務或物品均不被視為醫療所需。

「保單週年日」(Policy Anniversary) 是指其後每年與保單生效日相同的日期。若保單生效日為閏年的 2 月 29 日，保單週年日於平年則為 2 月 28 日。

「保單生效日」(Policy Effective Date) 於保單承保表上列明，指保單開始生效的日期。保單週年日、保單年度、保單月份及保費到期日均根據此日期決定。

「保單承保表」(Policy Schedule) 指本保單內標題為「保單承保表」的部份。

「保單年度」(Policy Year) 指由保單生效日或最近一個保單週年日（以較後日期為準）起計時長十二(12)個月的時期。

「保單持有人」(Policyholder)、「你」(You) 或「你的」(Your) 是指持有本保單並於保單承保表上列明為「保單持有人」的人士，需符合本保單第 8.6 條（「擁有權」）的條款（如適用）。

「註冊醫生」(Registered Medical Practitioner) 是指任何獲取西方醫學學位及註冊以西方醫學執業的人士，並在其執業地區獲合法授權提供醫療或手術服務，惟註冊醫生不可為受保人本人、受保人之保險代理、商業合夥人或僱主 / 僱員，或受保人 的直系親屬、保單持有人或任何與保單持有人具有上述類似關係的人士。

「特別條款」(Special Terms) 是指經你同意為你保單所訂定的特別條款（如有）（包括但不限於就反映健康狀況而增加的承保風險所訂定的特別條款）。

「保額」(Sum Assured) 是指於保單承保表上列明為「保額」的金額，亦是在本保單簽發時計算危疾賠償及早期危疾賠償的依據，此金額可按你其後要求增加或減少保額而有所更改。

「等待期」(Waiting Period) 是指保單承保表上列明的期間。

「我們」(We/Us)、或「我們的」(Our) 是指設於香港的有限責任公司 OneDegree Hong Kong Limited。

OneDegree Hong Kong Limited

InfiniCare

Policy

Important Notes:

This policy is underwritten by OneDegree Hong Kong Limited, which is authorized and regulated by the Insurance Authority of the Hong Kong SAR. OneDegree Hong Kong Limited will be responsible for providing your insurance coverage and handling claims under your policy.

Your right to change your mind within 30 days

If you are not completely satisfied with this policy, or you do not need this policy anymore, please inform us within 30 days of receipt of this policy by cancelling through the OneDegree website. We will cancel this policy and refund any premium you have paid. Otherwise, we will assume you have accepted this policy subject to its terms and conditions.

Contents

The terms and conditions of your insurance with us, OneDegree Hong Kong Limited, are set out in this Policy. This Policy includes the Policy Schedule which may be accessed via our website. If we have agreed any amendments to the policy in writing (known as "endorsements"), they also form part of this Policy. Capitalized words used throughout this Policy are defined in Part 13 ("Definitions").

PART 1: BENEFITS

We will provide the following benefits, subject to the terms and conditions contained in this Policy:

1.1 Early Stage Critical Illness Benefit

While this Policy is in force, if the Insured Person is Diagnosed to be suffering from an Early Stage Critical Illness listed in the Policy Schedule or undergoes an Early Stage Critical Illness Surgery listed in the Policy Schedule, upon receipt of due proof of the same, we shall pay the Early Stage Critical Illness Benefit shown in the Policy Schedule, subject to the following terms and conditions. The payment amount is expressed as a percentage of the Sum Assured (subject to a maximum dollar amount).

Our liability to pay Early Stage Critical Illness Benefit is limited to and shall cease upon payment of one Early Stage Critical Illness Benefit.

Our liability to pay Early Stage Critical Illness Benefit shall cease upon payment of the Critical Illness Benefit under Clause 1.2.

If more than one Early Stage Critical Illness is Diagnosed or Early Stage Critical Illness Surgery is performed in the same Event, we shall pay the Early Stage Critical Illness Benefit only once.

1.2 Critical Illness Benefit

While this Policy is in force, if the Insured Person is Diagnosed to be suffering from a Critical Illness listed in the Policy Schedule or undergoes a Critical Illness Surgery listed in the Policy Schedule, upon receipt of due proof of the same, we shall pay the Critical Illness Benefit shown in the Policy Schedule, subject to the following terms and conditions. The payment amount is expressed as a percentage of the Sum Assured.

Our liability to pay Critical Illness Benefit is limited to and shall cease upon payment of one Critical Illness Benefit.

If more than one Critical Illness is Diagnosed or Critical Illness Surgery is performed in the same Event, we shall pay the Critical Illness Benefit only once.

If Early Stage Critical Illness Benefit has been paid under Clause 1.1 prior to the payment of Critical Illness Benefit, the Critical Illness Benefit shall be reduced by the amount of Early Stage Critical Illness Benefit that has been paid.

1.3 Multi-pay Benefit

While the Policy is in force and one Critical Illness Benefit has been paid under Clause 1.2, if the Insured Person is Diagnosed to be suffering from a Critical Illness or undergoes a Critical Illness Surgery, upon receipt of due proof of the same, we shall

pay the Multi-Pay Benefit shown in the Policy Schedule (if any), subject to the following terms and conditions. The payment amount is expressed as a percentage of the Sum Assured.

For the Multi-pay Benefit to become payable, the Date of Diagnosis of Critical Illness or the date of performance of Critical Illness Surgery must be at least 12 months after the most recent Date of Diagnosis of Critical Illness or performance of Critical Illness Surgery, for which either Critical Illness Benefit under Clause 1.2 or Multi-pay Benefit under Clause 1.3 has been paid.

The Critical Illness and Critical Illness Surgery covered under the Multi-pay Benefit are the same as those covered under Clause 1.2 Critical Illness Benefit above, except that Loss of Independent Existence and Terminal Illness are not covered under Multi-pay Benefit.

If the Insured Person has been Diagnosed with a Critical Illness or has undergone a Critical Illness Surgery, and we have paid either the Critical Illness Benefit under Clause 1.2 or the Multi-pay Benefit under Clause 1.3 related to such Critical Illness or Critical Illness Surgery, such Critical Illness or Critical Illness Surgery shall no longer be covered under the Multi-pay Benefit.

If more than one Critical Illness is Diagnosed in the same Event, we shall pay the Multi-pay Benefit only once for the same Event.

PART 2: EXCLUSIONS

This Policy does not apply to any of the following or any event which arises from any one or more of the following:

2.1 any illness other than a Diagnosis of Critical Illness, Early Stage Critical Illness, or any surgery other than a Critical Illness Surgery or Early Stage Critical Illness Surgery listed in the Policy Schedule;

2.2 any Critical Illness or Early Stage Critical Illness the signs or symptoms of which, or any Critical Illness Surgery or Early Stage Critical Illness Surgery the cause or triggering condition of which, first occurred prior to the Policy Effective Date;

2.3 any Critical Illness or Early Stage Critical Illness the signs or symptoms of which, or any Critical Illness Surgery or Early Stage Critical Illness Surgery the cause or triggering condition of which, first occurred within the Waiting Period following the Policy Effective Date;

2.4 any illness or surgery where in our opinion such disease was directly or indirectly due to AIDS or HIV Infection except “AIDS or HIV Infection due to Blood Transfusion” and “Occupationally Acquired HIV Infection” as defined in Part 9 ("Critical Illness”).

2.5 any illness or surgery caused by a self-inflicted injury;

2.6 any illness resulting from a physical or mental condition which existed before the Policy Effective Date and was not disclosed in the application for insurance or health statement;

2.7 narcotics used by the Insured Person unless taken as prescribed by a Registered Medical Practitioner;

2.8 any alcohol or drug abuse by the Insured Person;

2.9 any Critical Illness or Early Stage Critical Illness Diagnosed after the death of the Insured Person; and

2.10 any illness or surgery which is a direct or indirect result of illegal activity, violation or attempted violation of the law, or resistance to arrest.

PART 3: CLAIM

3.1 Proof of Claim

We will only pay the relevant benefit described in Part 1 (“Benefits”) upon receipt of written proof to our satisfaction of the occurrence, character and degree of a Diagnosis of a Critical Illness or an Early Stage Critical Illness, or the performance of Critical Illness Surgery or Early Stage Critical Illness Surgery, as the case may be.

Where necessary, we shall be entitled to require the Insured Person to undergo a blood test, including a test for the detection of HIV infection, before we are able to accept a claim based on such Critical Illness.

3.2 Claim Submission

A claim must be submitted to us within six months of the Diagnosis of Critical Illness or Early Stage Critical Illness, or performance of Critical Illness Surgery or Early Stage Critical Illness Surgery.

We can only accept claims submitted later than this time if you provide evidence to us that it was not reasonably possible to submit the claim on time and that you submitted the claim as soon as it was reasonably possible to do so.

The claim submission documents must include particulars sufficient to identify the Insured Person.

After you have submitted your claim, we may request you to provide further proof or documents to support the claim.

PART 4: PREMIUM

4.1 The premium required to be paid for this Policy is based upon the attained age of the Insured Person shown in the Policy Schedule.

4.2 The premium shall be paid either annually or monthly, as set out in the Policy Schedule.

4.3 If the premium is to be paid monthly, the monthly premium shall be payable according to the Policy Schedule by direct debit to your designated credit card account or bank account.

PART 5: RENEWAL

5.1 This Policy shall automatically renew on each Policy Anniversary, unless terminated by either you or us in accordance with Part 7 (“Termination”).

5.2 We shall collect the renewal premium by direct debit to your designated credit card account or bank account.

5.3 While this Policy is in force it may be renewed without further evidence of insurability until the Policy Anniversary immediately following the Insured Person attaining the Maximum Coverage Age shown in the Policy Schedule. The premium charged shall be determined in accordance with the applicable premium rate for the attained age of the Insured Person at the time of such renewal. You accept the changes in the Plan Terms and Conditions for Renewal that we offer (if any) having regard to the prevailing terms and conditions that we apply to the entirety of all of our customers covered under a plan that is the same or substantially similar to this Plan.

5.4 We reserve the right not to Renew your policy and to revise the premium rate under this Plan and the Plan Terms and Conditions on the date of such Renewal.

PART 6: GRACE PERIOD

6.1 A period of 30 days from the premium due date (“Grace Period”) will be allowed for payment of each subsequent premium. The Policy will remain in force during this period. If any premium remains unpaid at the end of the Grace Period, the Policy shall automatically terminate.

PART 7: TERMINATION

7.1 This Policy shall automatically terminate on the occurrence of the earliest of the following:

d. the death of the Insured Person;

e. the Policy Anniversary immediately following the Insured Person attaining the Maximum Coverage Age shown in the Policy Schedule; or

f. expiry of the Grace Period as set out in Part 6 (“Grace Period”).

7.2 We may terminate this Policy, for either of the following reasons:

c. Your submission of any fraudulent claims;

d. Your threat of violence, foul or abusive language, or aggressive behaviour against us, our employees, contractors or properties.

7.3 You may terminate this Policy by giving a termination notice to us through OneDegree website and such termination shall become effective:

c. If the Payment Mode is monthly, on the next premium due date immediately following our receipt of the termination notice.

d. If the Payment Mode is annual, on the next day following our receipt of the termination notice, and we shall refund the partial premium as below:

Period covered in current Policy Year	Premium refund
Less or equal to 4 months	50% current year annual premium
Over 4 months, and less than or equal to 8 months	25% current year annual premium
Over 8 months	Nil

7.4 Termination of your Policy will not affect any claim arising prior to such termination unless otherwise stated.

PART 8: GENERAL PROVISIONS

8.1 The Contract

This Policy is a legally enforceable agreement between you and us which comes into force on the Policy Effective Date.

We rely on the information you provide in your application in deciding whether or not to enter into this Policy. We also rely on such information to decide at our sole and absolute discretion whether or not we need to apply Special Terms to this Policy. We will treat all statements made in your application (in the absence of fraud) to be representations and not warranties.

If your application omits facts or contains materially incorrect or incomplete facts, We have the right to declare this Policy void and Our liability under the Policy will be limited to return of premiums paid (without interest). Alternatively, we may impose Special Terms on this Policy that will apply from the date on which the cover commences.

If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

8.2 Effective Smoking Habit

This Policy is issued on the basis of the Insured Person's declared smoking habits. If the Insured Person is a smoker as at the date of the application but neither you nor the Insured Person has disclosed this to us, this Policy shall be voidable by us notwithstanding any other terms and conditions of the Policy.

8.3 Misstatement of Age and/or Gender

If the Insured Person's age or gender was misstated in your application and a higher premium would have applied based on the correct age and gender, any amount payable by us under this Policy will be reduced by an amount equal to the difference between the premium paid and the premium that would have applied based on the correct age and gender.

We may also reduce the benefit payable to the benefit the premium paid would have provided had we known the Insured Person's correct age and gender.

Where a lower premium would have applied on the basis of the correct age and gender, we will refund any surplus premium paid without interest.

Where the Insured Person would not have satisfied our insurability requirements on the basis of the correct age and gender, we have the right to declare this Policy void and our liability under this Policy will be limited to return of premiums paid (without interest).

We have the right to require proof of the Insured Person's age to our satisfaction at the time of processing any claim or payment of any benefit under this Policy.

8.4 Modifications

No variation to this Policy (or any waiver of any term or condition of this Policy) will be binding unless evidenced by an endorsement signed by us.

8.5 Currency of Payment

All amounts payable under this Policy either to or by us shall be made in Hong Kong dollars.

8.6 Ownership provisions

The Policyholder is the only person entitled to exercise any right or privilege provided under this Policy.

While this Policy is in force, you may change ownership of this Policy by filing a written notice on our prescribed form. Any change of ownership of this Policy shall be conditional upon the satisfaction of customer due diligence and other applicable guidelines, and any such change will not be effective until such change is evidenced by an endorsement issued by us.

If the Policyholder dies while the Insured Person is still alive, the Insured Person will become the Policyholder of the Policy.

8.7 Payment of Benefits

All benefits payable under the Policy will be paid to the Policyholder if the Policyholder is alive, otherwise to the Policyholder's estate.

Payment of the benefits payable under this Policy to the above person(s) in the manner pursuant to this clause shall be deemed a good and full discharge of our obligations under this Policy.

8.8 Assignment

Subject to the satisfaction of customer due diligence and other applicable requirements, you may assign your rights to the benefits under this Policy by filing a written notice on our prescribed form or such other form of written notification as agreed by us. We shall not be deemed to have any knowledge of any assignment unless we have acknowledged in writing receipt of the notice of assignment. We are not responsible for the validity or legality of any assignment of this Policy by the Policyholder.

8.9 No Third Party Right

A person who is not a party to this Policy (including but not limited to the Insured Person) has no right to enforce any of the terms of this Policy.

8.10 Governing Law and Jurisdiction

This Policy is governed by and shall be construed in accordance with the laws of the Hong Kong SAR.

8.11 Arbitration

Any dispute, controversy or difference arising out of or relating to this Policy, including the existence, validity, interpretation, performance, breach or termination of this Policy or any dispute regarding non-contractual obligations arising out of or relating to it shall be referred to and finally resolved by 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 seat of arbitration shall be Hong Kong SAR and proceedings shall be conducted in English.

8.12 Legal action

No legal action shall be brought by you to recover any claim amount payable under this Policy within the first 60 days from the date we receive all proof of claims required by this Policy.

Subject to applicable law, any action at law or in equity to recover under this Policy shall only be brought within 2 years from the date of our final decision in respect of any claim herein.

8.13 Sanction Limitation and Exclusion Clause

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the People's Republic of China.

PART 9: CRITICAL ILLNESSES

1. Acute Necrohemorrhagic Pancreatitis

   Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:

   a. the necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
   b. the Diagnosis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a gastroenterologist.

   Pancreatitis due to alcohol or drug abuse is excluded.

2. AIDS or HIV Infection due to Blood Transfusion

   AIDS or HIV Infection due to a blood transfusion, provided that all of the following conditions are met:

   a. the blood transfusion was Medically Necessary;
   b. the blood transfusion was received by the Insured Person after the commencement of the Policy;
   c. the source of the infection is established to be contaminated blood provided for the blood transfusion, the origin of which can be traced through the institution providing such contaminated blood; and
   d. the Insured Person does not suffer from hemophilia.

   This insurance will not apply and no benefit will be payable whenever a Cure is available. “Cure” means any treatment that renders the AIDS or HIV Infection inactive or non-infectious.

3. Alzheimer’s Disease / Irreversible Organic Degenerative Brain Disorders

   Deterioration or loss of intellectual capacity or abnormal behavior, as evidenced by the Insured Person’s clinical state and accepted standardized questionnaires or tests, arising from Alzheimer’s Disease or other irreversible organic degenerative brain disorders, which results in significant reduction in the Insured Person’s mental and social functioning such that continuous supervision of the Insured Person is required. The Diagnosis of Alzheimer’s Disease or other irreversible organic degenerative brain disorders must be clinically confirmed by a Registered Medical Practitioner who is a neurologist.
   The following are excluded: (a) non-organic brain disorders such as neurosis and psychiatric illnesses; and (b) alcohol or drug abuse related organic brain disorder.

4. Apallic Syndrome

   Universal necrosis of the brain cortex with the brainstem remaining intact. A definite Diagnosis of apallic syndrome must be confirmed by a Registered Medical Practitioner who is a neurologist, and the condition must be medically documented for at least one month.

5. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two of the following: (a) blood product transfusion; (b) marrow stimulating agents; (c) immunosuppressive agents; or (d) bone marrow transplantation. The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy.

6. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis of bacterial meningitis must be confirmed by: (a) a Registered Medical Practitioner who is a neurologist; and (b) a lumbar puncture confirming the presence of bacterial infection in the cerebrospinal fluid.

7. Benign Brain Tumour

A non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as a computed tomography (CT) scan or magnetic resonance imaging (MRI).

The following are not included:

a. cysts;
b. granulomas;
c. malformations in, or of, the arteries or veins of the brain;
d. haematomas;
e. tumours in the pituitary gland or spine; and
f. tumours of the acoustic nerve.

8. Blindness

Irreversible loss of sight in both eyes as a result of illness or Injury, where any one of the following conditions is met:

a. the best corrected visual acuity in both eyes must be 2/60 or less using a Snellen Chart or equivalent test; or
b. the best corrected visual field in both eyes must be 5 degrees or less.

The blindness must be confirmed by a Registered Medical Practitioner who is an ophthalmologist.

9. Cancer

Cancer means:

a. Any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or
b. Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.

The following are not included:

(i) any cancer 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 tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system;
(iii) any tumour of the prostate histologically classified as T1a or T1b or a lower stage according to the TNM classification system;
(iv) chronic lymphocytic leukemia classified as less than RAI Stage III;
(v) any cancer where HIV Infection is also present; and
(vi) any skin cancer, other than malignant melanoma.

10. Cardiomyopathy

An impaired function of the heart muscle, unequivocally Diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six months based on the following classification criteria:
Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy must be supported by echographic findings of compromised ventricular performance.
Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

11. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: (a) confirmed by a Registered Medical Practitioner who is an endocrinologist and an independent medical expert appointed by us; and (b) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

12. Chronic Liver Disease

End stage liver failure as evidenced by all of the following:
a. permanent jaundice;
b. ascites; and
c. hepatics encephalopathy.

Irrespective of the above, liver failure due or related to alcohol or drug abuse is excluded.

13. Chronic Relapsing Pancreatitis

A continuing inflammatory disease of the pancreas characterised by irreversible morphological change and typically causing pain and/or permanent impairment of function, which is:

a. unequivocally Diagnosed as Chronic Relapsing Pancreatitis by a Registered Medical Practitioner who is a gastroenterologist; and
b. confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

14. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, which is associated with a permanent neurological deficit, persists continuously for at least 96 hours, and requires the use of a life support system. The Coma must be confirmed by a Registered Medical Practitioner who is a neurologist.

Irrespective of the above, Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.

15. Creutzfeldt-Jakob Disease

The occurrence of Creutzfeldt-Jakob Disease or variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two or more Activities of Daily Living.

Disease caused by human growth hormone treatment is excluded.

16. Crohn's Disease

A chronic, transmural inflammatory disorder of the bowel with evidence of continued inflammation in spite of optimal therapy, where all of the following have occurred: (a) stricture formation causing intestinal obstruction requiring admission to hospital; (b) fistula formation between loops of bowel; and (c) at least one bowel segment resection.

The Diagnosis of Crohn's Disease must be made by a Registered Medical Practitioner who is a gastroenterologist and be proven histologically in a pathology report and/or the results of sigmoidoscopy or colonoscopy.

17. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is torn so that blood enters the wall of the aorta and separates its layers.

For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the purpose of this definition, "Dissecting Aortic Aneurysm" refers to meeting all of the following conditions:

a. Symptoms consistent with dissecting aortic aneurysm are present;
b. Dissecting aortic aneurysm must be confirmed by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA) or angiogram; and
c. Emergency surgical repair is required

The Diagnosis of Dissecting Aortic Aneurysm must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

18. Ebola

Infection with the Ebola virus where the following conditions are met:

a. presence of the Ebola virus has been confirmed by laboratory testing;
b. there are ongoing complications of the infection persisting beyond 30 days from the onset of symptoms; and
c. the infection does not result in death.

19. Elephantiasis

The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

Unequivocal Diagnosis of elephantiasis must be:

a. clinically confirmed by a Registered Medical Practitioner in the appropriate medical specialty;
b. supported by laboratory confirmation of microfilariae; and
c. concurred in by our medical director.

Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, or congestive heart failure is excluded.

20. Encephalitis

Severe inflammation of brain substance, resulting in permanent neurological deficit which is documented for a minimum of 30 days. Diagnosis of Encephalitis must be confirmed by a Registered Medical Practitioner who is a neurologist.

Encephalitis as a result of HIV Infection is excluded.

21. End-stage Lung Disease

End-stage lung disease causing chronic respiratory failure, where all of the following criteria are met:

a. Permanent oxygen therapy is required;
b. A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation);
c. Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and
d. Dyspnea at rest.

22. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:

a. Rapid decrease in liver size associated with necrosis involving entire lobules;
b. Rapid deterioration of liver enzymes;
c. Deepening jaundice; and
d. Hepatic encephalopathy.

Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

23. Heart Attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:

a. A history of typical chest pain;
b. New characteristic electrocardiogram (ECG) changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
c. Either
    i. elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or
    ii. troponins recorded at a level of Troponin I>0.5ng/ml or higher, or at a level of Troponin T>1.0ng/ml or higher.

Angina is specifically excluded.

24. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

25. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

a. Positive result of the blood culture proving presence of the infectious organism(s);
b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

26. Kidney Failure

End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

27. Loss of Hearing

Total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in both ears as a result of illness or Injury.

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the Diagnosis of Loss of Hearing must be confirmed by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.

28. Loss of Independent Existence

Loss of Independent Existence refers to the total / complete inability to perform at least three of the six Activities of Daily Living even with the aid of special equipment, requiring the physical assistance of another person throughout the entire activity, for a continuous period of at least six months and leading to a permanent inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner.

The coverage for Loss of Independent Existence will automatically cease on the Policy Anniversary immediately following the 65th birthday of the Insured Person. All psychiatric related causes are excluded.

29. Loss of One Limb and One Eye

Irreversible loss of sight in one eye and loss by severance of one limb at or above the wrist or ankle as a result of illness or Injury.

For the purpose of this definition, "loss of sight" refers to meeting any one of the following conditions:

a. the best corrected visual acuity in one eye must be 2/60 or less using a Snellen Chart or equivalent test; or
b. the best corrected visual field in one eye must be 5 degrees or less.

The loss of sight must be confirmed by a Registered Medical Practitioner who is an ophthalmologist.

30. Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of 12 months as a result of illness or Injury. Medical evidence confirming damage to the vocal cords leading to loss of speech must be supplied by a Registered Medical Practitioner who is an ear, nose and throat (ENT) specialist.

All psychiatric related causes are excluded.

31. Loss of Two Limbs

Severance of two limbs at or above wrist or ankle as a result of illness or Injury.

32. Major Burns

    Third degree (full thickness skin destruction) burns covering at least 20% of the total body surface area.

33. Major Head Trauma

    Physical head Injury causing significant permanent functional impairment which is documented for a minimum period of three months from the date of the Injury. The resultant permanent functional impairment must result in an inability to perform at least three of the Activities of Daily Living, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. The Diagnosis of Major Head Trauma must be confirmed by a Registered Medical Practitioner who is a neurologist and supported by our medical director.

34. Medullary Cystic Disease

    Medullary Cystic Disease where the following criteria are met:

    a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
    b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
    c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

    Isolated or benign kidney cysts are specifically excluded from this benefit.

35. Meningeal Tuberculosis

    An infection of the meninges of the brain with tuberculosis bacterium causing severe inflammation and brain dysfunction, where all of the following criteria are met:

    a. there is proof of existence of tuberculosis bacteria;
    b. Diagnosis of Meningeal Tuberculosis is confirmed by a Registered Medical Practitioner who is a neurologist, and supported by analysis of the cerebrospinal fluid or neuro-imaging; and
    c. there is permanent residual neurological deficit with motor weakness or cranial nerve dysfunction that is present for at least three months after the Diagnosis.

36. Motor Neurone Disease (including Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis and Primary Lateral Sclerosis)

    Progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons resulting in a permanent neurological deficit and including the following forms of motor neurone disease: spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

    The Diagnosis of Motor Neurone Disease must be confirmed by a Registered Medical Practitioner who is a neurologist.

37. Multiple Sclerosis

Unequivocal Diagnosis of multiple sclerosis by a Registered Medical Practitioner who is a neurologist, and which confirms the following:

a. Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well-defined neurological deficits;
b. A multiplicity of discrete lesions; and
c. A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

38. Muscular Dystrophy

Diagnosis of Muscular Dystrophy by a Registered Medical Practitioner who is a neurologist based on three out of four of the following conditions:

a. Family history of other affected individuals;
b. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
c. Characteristic electromyogram; or
d. Clinical suspicion confirmed by muscle biopsy.

39. Myelofibrosis (Primary)

Normal bone marrow is replaced by fibrous tissue, causing anaemia, low levels of white blood cells and platelets and enlargement of the spleen.

For the purpose of this definition, "Myelofibrosis (Primary)" refers to meeting all of the following conditions:

a. Progressed to the point that Myelofibrosis (Primary) is Permanent; and
b. Life Insured Person requires a blood transfusion at least monthly.

The Diagnosis of Myelofibrosis (Primary) has to be supported by bone marrow biopsy and confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

40. Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:

a. the usual clinical criteria of necrotising fasciitis are met;
b. the bacteria identified is a known cause of necrotising fasciitis; and
c. there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

41. Occupationally Acquired HIV Infection

HIV Infection acquired as a result of an Accident occurring while the Insured Person is in the course of carrying out his normal occupational duties. Proof of sero-conversion to HIV Infection occurring within six months of the Accident is required, together with a negative HIV Infection test taken within seven days of the Accident. The Accident giving rise to the HIV Infection must be reported to us within 30 days of the Accident.

HIV Infection by any other means, including but not limited to HIV Infection resulting from sexual activity, blood transfusion(s) (except “2. AIDS or HIV Infection due to Blood Transfusion” defined as above) by the Insured Person as recipient, or recreational intravenous drug use, is specifically excluded.

This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV Infection inactive or non-infectious.

42. Optic Nerve Atrophy

The unequivocal Diagnosis of optic nerve atrophy affecting both eyes leading to a permanent best corrected visual acuity of 6/48 or less on the Snellen Chart in both eyes.

The Optic Nerve Atrophy and quantum of visual loss of sight has to be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

Optic nerve atrophy resulting from alcohol or drug abuse and hereditary disease are excluded.

43. Other Serious Coronary Artery Disease

Severe coronary artery disease in which at least three major coronary arteries are individually occluded by a minimum of 60% or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For the purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

44. Paralysis

Complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or Injury.

45. Parkinson’s Disease

Unequivocal Diagnosis of Parkinson’s Disease by a Registered Medical Practitioner who is a neurologist where the condition:

a. cannot be controlled with medication;
b. shows signs of progressive impairment; and
c. Activities of Daily Living assessment confirms the inability of the Insured Person to perform at least three of the Activities of Daily Living , either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons.

Only idiopathic Parkinson’s Disease is covered. Drug-induced or toxic causes of Parkinson’s Disease are excluded.

46. Pheochromocytoma

    Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

    The Diagnosis of pheochromocytoma must be confirmed by a Registered Medical Practitioner who is an endocrinologist.

47. Poliomyelitis

    Infection with the poliovirus, leading to paralytic disease. Paralysis due to poliomyelitis must be confirmed by a Registered Medical Practitioner who is a neurologist, and cases not involving paralysis are excluded.

48. Progressive Supranuclear Palsy

    Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two of the Activities of Daily Living. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Registered Medical Practitioner who is a neurologist.

49. Pulmonary Arterial Hypertension (Primary)

    Primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, and which results in permanent irreversible physical impairment to the degree of New York Heart Association (NYHA) classification Class III or Class IV, based on the following classification criteria:

    Class III – Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.

    Class IV – Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

    Pulmonary arterial hypertension which does not meet the above conditions is excluded.

50. Severe Myasthenia Gravis

    An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:

    a. Presence of muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
    b. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere
Class II: Eye muscle weakness of any severity, mild weakness of other muscles
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles
Class V: Intubation needed to maintain airway

51. Severe Idiopathic Pulmonary Fibrosis

Severe and diffuse type of pulmonary fibrosis requiring extensive and permanent oxygen therapy at least eight hours per day.

The unequivocal Diagnosis of Severe Pulmonary Fibrosis has to be supported by lung biopsy and confirmed by a Registered Medical Practitioner who is a specialist in respiratory medicine.

Hereditary disease is excluded.

52. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
b. Permanent inability to perform at least two Activities of Daily Living;
c. Widespread joint destruction and major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
d. The foregoing conditions have been present for at least six months.

53. Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances, where all of the following criteria are met:

a. the entire colon is affected, with severe bloody diarrhoea;
b. the necessary treatment is total colectomy and ileostomy; and
c. Diagnosis of Severe Ulcerative Colitis is based on histopathological features and confirmed by a Registered Medical Practitioner who is a gastroenterologist.

54. Stroke

Any cerebrovascular accident or incident producing neurological functional impairment, with objective neurological abnormal signs on physical examination, lasting at least four weeks. Infarction of brain tissue, hemorrhage and embolism from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a computed tomography (CT) scan or magnetic resonance imaging (MRI)and such functional impairment must be confirmed by a Registered Medical Practitioner who is a neurologist.

The following are excluded:

a. Cerebral symptoms due to transient ischaemic attacks;
b. Cerebral symptoms due to migraine; and
c. Vascular disease affecting the eye or optic nerve or vestibular functions.

55. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.

For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology / Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I – Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis
Class VI - Advanced sclerosing lupus nephritis

56. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two of the following criteria are met:

a. pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value;
b. renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and/or
c. cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:

a. Localised scleroderma (linear scleroderma or morphea); and
b. Eosinophilic fasciitis; and
c. CREST syndrome.

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Registered Medical Practitioner who is a rheumatologist.

57. Terminal Illness

Conclusive Diagnosis (with written confirmation) by a Registered Medical Practitioner in the appropriate medical specialty, of a condition that is expected to result in death of the Insured Person within 12 months. The Insured Person must no longer be receiving active treatment other than that for pain relief or other conservative palliative measures.

Terminal Illness will be paid after the Insured Person survives a period of not less than fourteen days following Diagnosis of Terminal Illness.

PART 10: CRITICAL ILLNESS SURGERIES

1. Cerebral Aneurysm Requiring Surgery
   The actual undergoing by the Insured Person of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm of one or more of the cerebral arteries. Catheter and intravascular technique are excluded from this condition.

2. Coronary Artery Surgery
   The actual undergoing of open-chest surgery to correct or treat coronary artery disease by way of coronary artery by-pass grafting.

   Angioplasty and all other intra-arterial, catheter-based techniques, keyhole or laser procedures, are excluded.

3. Heart Valve Replacement and Repair
   The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

   Repair via intra-vascular procedure, key-hole surgery or similar techniques is specifically excluded.

4. Major Organ Transplant
   The undergoing by the Insured Person as recipient of a transplant of any of the following:

   a. Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or
   b. Transplant of one of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney, or pancreas.

   Other than as provided in (a) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.

5. Surgery to Aorta
   The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coartation of the aorta or a dissection of the aorta. For the purpose of this definition, “aorta” shall mean the thoracic and abdominal aorta but not its branches.

   Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded from Surgery to Aorta.

PART 11: EARLY STAGE CRITICAL ILLNESSES

1. Carcinoma-in-situ

   A histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma. Cervical intraepithelial neoplasia grade III (CIN III) and prostatic intraepithelial neoplasia grade III (PIN III) are also included.

   For the avoidance of doubt, Carcinoma-in-situ does not include any of the following:

   a. Cervical intraepithelial neoplasia grade II (CIN II) or below; and
   b. Prostatic intraepithelial neoplasia grade II (PIN II) or below; and
   c. Skin Carcinoma-in-situ.

   For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

2. Early Stage Malignancy

   The presence of one of the following malignant conditions:

   a. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
   b. Tumour of the prostate histologically classified as T1a or T1b according to the TNM classification system;
   c. Chronic lymphocytic leukaemia classified as RAI Stage I or II; or
   d. Non melanoma skin cancer.

   The Diagnosis must be based on histopathological features and confirmed by a Registered Medical Practitioner. Pre-malignant lesions and conditions, unless listed above, are excluded.

PART 12: EARLY STAGE CRITICAL ILLNESS SURGERY

1. Angioplasty or Endarterectomy for Carotid Arteries

   Angioplasty or Endarterectomy for Carotid Arteries shall mean the treatment of stenosis of 50% or above, as proven by angiographic evidence, of one or more carotid arteries. Both criteria a. and b. below must be met:

   a. Either:
      (i) Actual undergoing of endarterectomy to alleviate the symptoms; or
      (ii) Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

   b. The Diagnosis and medical necessity of the treatment must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field.

PART 13: DEFINITIONS

"Accident" means an unforeseen and involuntary event that occurs while this Policy is in force.

"AIDS" shall have the meaning ascribed to such term by the World Health Organization from time to time.

"Activities of Daily Living" means the following:

a. Transfer: The ability to get in and out of a chair, bed or wheelchair;
b. Mobility: The ability to move from room to room on level surfaces;
c. Continence: The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
d. Dressing: The ability to put on and take off all necessary clothing, braces, artificial limbs or other surgical appliances;
e. Bathing/washing: The ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means; and
f. Eating: The ability to feed oneself once food has been prepared and made available.

"Critical Illness" means each of the illnesses defined in Part 9 ("Critical Illnesses").

"Critical Illness Surgery" means each of the operative procedures defined in Part 10 ("Critical Illness Surgeries").

"Date of Diagnosis" means the date of the first Diagnosis of a Critical Illness or an Early Stage Critical Illness.

"Date of Surgery" means the date of the first surgical performance of a Critical Illness Surgery or an Early Stage Critical Illness Surgery.

"Diagnosis" or "Diagnosed" means the definitive diagnosis made by a Registered Medical Practitioner, based upon such specific condition(s), as referred to herein in the definition of the particular Critical Illness, Critical Illness Surgery, Early Stage Critical Illness or Early Stage Critical Illness Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to us. Such Diagnosis must be supported by the our medical director who may base his / her opinion on the medical evidence submitted by the Insured Person and / or Policyholder and / or any additional evidence he / she may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, we shall have the right to call for an examination, of either the Insured Person or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by us and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and us.

"Early Stage Critical Illness" means each of the illnesses defined in Part 11 ("Early Stage Critical Illnesses").

"Early Stage Critical Illness Surgery" means the operative procedure defined in Part 12 ("Early Stage Critical Illness Surgery").

"Event" means either (1) an Accident causing bodily injury or (2) an illness that results in more than one claimable Critical Illness, Early Stage Critical Illness, Critical Illness Surgery, or Early Stage Critical Illness Surgery with the Date of Diagnosis or Date of Surgery of such claimable Critical Illness, Early Stage Critical Illness, Critical Illness Surgery, or Early Stage Critical Illness Surgery being the same.

“HIV Infection” shall be deemed to have occurred where blood or other relevant tests indicate, in our opinion, either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.

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

“Insured Person” of the Policy is shown in the Policy Schedule.

“Medically Necessary” is a medical service, procedure or supply, which in our opinion:

a. is consistent with generally accepted professional standards of medical practice;
b. is required to establish a Diagnosis and/or to provide treatment; and
c. cannot be safely delivered at a lower level of medical care. Experimental, screening and preventive services or supplies are not considered Medically Necessary.

“Policy Anniversary” means the same date of each subsequent year as the Policy Effective Date. If the Policy Effective Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in non-leap years.

“Policy Effective Date” as shown in the Policy Schedule, means the date on which the Policy came into force, from which Policy Anniversaries, Policy Years, policy months and premium due dates are determined.

“Policy Schedule” means the schedule to the Policy headed “Policy Schedule”.

“Policy Year” means each twelve-month period starting on the Policy Effective Date or the latest Policy Anniversary, whichever is latest.

“Policyholder”, “you” or “your” is the person who owns this Policy and shown on the Policy Schedule as the “Policyholder”, subject to section 8.6 (“Ownership Provisions”) of this Policy, if applicable.

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

“Special Terms” means the special terms you have agreed for your Policy, if any, (including, but not limited to, special terms to reflect increased risks in relation to health).

“Sum Assured” means the amount shown on the Policy Schedule as the “Sum Assured”, and is the basis for calculation of the Critical Illness Benefit and Early Stage Critical Illness Benefit when the Policy is issued, as amended by any subsequent increase or decrease in cover due to your request.

“Waiting Period” means the period set out in the Policy Schedule.

“We”, “us” or “our” means OneDegree Hong Kong Limited, a company incorporated in Hong Kong with limited liability.