

學生綜合意外保險



S T U D E N T
A C C I D E N T C A R E
I N S U R A N C E



ING General Insurance Company Limited

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Company Profile

Our presence in Hong Kong dates back to 1989 when The Netherlands Insurance Company established its general insurance operation in Hong Kong. **ING General Insurance Company Limited** is committed to offering customers a comprehensive range of quality general insurance services. The company's extensive scope of insurance products - which includes property, employees' compensation, motor vehicles, medical, personal accident, travel and marine, etc. - is tailored to meet the needs of individuals and businesses alike. Moreover, affiliated companies add further depth. **ING Life Insurance Company (Bermuda) Limited** provides quality services and offers most type of life insurance products; **ING Pension Trust Limited** is a registered trust company, which provides corporate trustee service to pension schemes and is committed to offering expert guidance on the Mandatory Provident Fund market and ORSO scheme in Hong Kong.

ING General Insurance Company Limited is a member of ING Group. ING Group is one of the first integrated financial service providers in the world resulting from a full merger of the largest insurance company in the Netherlands with one of the country's largest banks. Its roots could be traced back to the year 1845 when The Netherlands Insurance Company was established. The Group is active in the fields of banking, insurance and asset management in more than 50 countries. With its substantial worldwide experience and more than 115,000 employees, ING Group provides a full range of integrated financial services to over 60 million customers globally. The Group has total assets of over EUR1,159 billion*.

* Source: ING Group Annual Report 2005

公司簡介

我們在香港的發展開始於1989年荷蘭保險公司在香港建立一般保險業務。**ING General Insurance Company Limited**致力為客戶提供全面及優質的一般保險服務。所提供的保險產品包羅萬有，包括財產險、僱員賠償險、汽車險、醫療險、個人意外、旅遊及水險等等，充份照顧企業及個人客戶各方面不同需要。其在港之聯營機構：**ING Life Insurance Company (Bermuda) Limited**，致力為客戶提供多元化的壽險產品和優質服務；而**ING Pension Trust Limited**為註冊信託公司，為退休金計劃提供機構信託服務，致力為香港之強積金及職業退休金計劃市場貢獻其豐富經驗及專才。

ING General Insurance Company Limited為ING集團附屬成員。ING集團乃全球首家提供綜合性金融服務機構之一，由荷蘭最大的保險公司與荷蘭最大的銀行之一合併組成，其根源可追溯至1845年荷蘭保險公司之成立，於逾50個國家提供服務，活躍於銀行、保險及資產管理業。ING集團透過其豐富的環球經驗及逾115,000名員工，為全球超過6,000萬名顧客提供綜合金融服務；其資產總值達11,590億歐元*。

* 資料來源：ING集團年報2005

Student AccidentCare Insurance

PRODUCT HIGHLIGHTS

- Covers Accidental Death & Permanent Total Disablement, Hospital Cash Allowance and Accidental Medical Expenses
- 24 Hours Worldwide Protection

BASIC BENEFITS

1. Accidental Death & Permanent Total Disablement

A sum equal to the percentage of Capital Sum specified in the Policy is payable.

2. Daily Hospital Cash Allowance

In the event the Insured Person suffers bodily injury and is confined in hospital for treatment, a daily benefit is payable for the period of confinement subject to a maximum period not exceeding 365 days.

3. Accidental Medical Expenses

Reimbursement of the incurred fees for medical and surgical treatment for bodily injury to the Insured Person in respect of any one accident, not exceeding the amount of Sum Insured.

OPTIONAL BENEFITS

4. Chinese Bonesetter Treatment Expenses

Chinese acupuncture or bonesetter expenses incurred up to HK\$100 per visit per day subject to a maximum of HK\$1,000 per accident and HK\$3,000 per year.

MAJOR EXCLUSIONS

The following is only a summary of the major exclusions. Please refer to the Policy for details.

War; Invasion or Civil War; Act of Terrorism; Active Military Service; Professional Sports; Sickness and Disease; Suicide and Self-Inflicted Injury; Pregnancy or Childbirth; Flight or Ship Crew; Racing other than on foot or swimming; Diving to a sea-depth greater than 30 metres; Climbing or Mountaineering requiring use of ropes; Hang Gliding and Parachuting.

IMPORTANT NOTES

You are required to disclose all material facts which you know ING General Insurance Company Limited as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of the completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

學生綜合意外保險

保障特點

- 保障意外死亡及永久傷殘、住院現金津貼及意外醫療費用
- 24小時全球保障

基本保障

1. 意外死亡及永久傷殘

依照賠償表所列投保金額之百分率計算賠償。

2. 每天住院現金津貼

受保人如受傷入院留醫，於住院期間可獲每天住院現金津貼，惟以365天為限。

3. 意外醫療費用

賠償醫療費用，惟數額必須為合理的慣常收費，每次意外以不超過投保額為限。

自選保障

4. 中國跌打治療費用

賠償針灸或跌打醫師之費用，每次以HK\$100為限(每天祇限一次)。每次意外保額最高為HK\$1,000，而每年賠償限額為HK\$3,000。

主要不保事項

以下為不保事項之概略，詳細內容請參閱保單。

因戰爭、恐怖活動、從事或參與任何持械紀律部隊、職業運動、疾病、自殺、自我傷害行為、懷孕或生育、機艙工作人員或海員、速度競賽(徒步、游泳除外)、潛水深逾30米、須使用繩索的登山或攀山活動、滑翔及跳傘所引致的損傷。

重要事項

申請人必須提供所有可能影響ING General Insurance Company Limited 接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料(包括此投保書副本)作記錄，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.

本小冊子乃保障條款之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

Summary of Benefits for Major Injuries and Compensation Scale 保障利益賠償表(摘要)

Percentage of Compensation Payable
保額賠償百分率

1. Accidental Death 意外死亡	100%
2. Permanent Total Disablement 永久完全殘廢	100%
3. Permanent and Incurable Paralysis of all Limb 四肢永久癱瘓及無法痊癒	100%
4. Loss of or Permanent Total Loss of use of two Limbs 喪失雙肢或雙肢完全失去功能	100%
5. Loss of or Permanent Total Loss of use of one Limb 喪失任何一肢或任何一肢完全失去功能	50%
6. Permanent Total Loss of Sight of both Eyes 永久完全喪失雙眼視力	100%
7. Permanent Total Loss of Sight of one Eye 永久完全喪失一眼視力	50%
8. Permanent Total Loss of the Lens of one Eye 永久喪失一晶狀體	50%
9. Permanent Total Loss of Speech and Hearing 永久完全不能言語及失聰	100%
10. Permanent Total Loss of Hearing in 永久完全失聰	
a) both Ears 雙耳	75%
b) one Ear 單耳	15%
11. Permanent Total Loss of Speech 永久完全喪失言語能力	50%
12. Loss of or Permanent Total Loss of use of Thumb and four Fingers of one Hand 喪失或永久完全失去四隻手指及拇指功能	70%
13. Loss of or Permanent Total Loss of use of four Fingers of one Hand 喪失或永久完全喪失四隻手指功能	40%
14. Loss of or Permanent Total Loss of use of one Thumb 喪失或永久完全喪失一隻拇指功能	
a) both Joints 兩個拇指關節	30%
b) one Joint 一個拇指關節	15%
15. Loss of or Permanent Total Loss of use of Fingers 喪失或永久完全喪失手指功能	
a) three Joints 三個手指關節	10%
b) two Joints 兩個手指關節	7.5%
c) one Joint 一個手指關節	5%
16. Loss of or Permanent Total Loss of use of Toes 喪失或永久完全喪失腳趾功能	
a) All - one Foot 一隻腳所有腳趾	15%
b) Great - both Joints 大腳趾 - 兩關節	5%
c) Great - Joint 大腳趾 - 一關節	3%
d) other Toe 其他腳趾	2%
17. Shortening of Leg by at least 5cm 腳部縮短5厘米	7.5%
18. Any permanent disablement not specified above 任何未列於上表的永久完全殘廢	Refer to policy 請參閱保單

Schedule of Benefits 投保項目

Benefits 保障利益	Plan 1 計劃一 (HK\$)	Plan 2 計劃二 (HK\$)	Plan 3 計劃三 (HK\$)
1. Accidental Death or Permanent Total Disablement 意外死亡或永久傷殘	150,000	300,000	500,000
2. Daily Hospital Cash Allowance (maximum 365 days) 每天住院現金津貼	150	300	500
3. Accidental Medical Expenses (maximum per accident / year) 意外醫療費用(每次意外/每年最高賠償額)	8,000	10,000	12,000
4. Optional Benefits - Chinese Bonesetter Treatment Expenses (maximum per year) (HK\$100 per visit per day, maximum HK\$1,000 per accident) 附加保障 - 中國跌打治療費用(每年最高賠償額) (每次HK\$100為限, 每天祇限一次, 每次意外保障額為HK\$1,000)	3,000	3,000	3,000

Student AccidentCare Insurance Proposal Form 學生綜合意外保險投保書

Please complete in BLOCK LETTERS. 請以英文正楷填寫
*Please delete whichever is inappropriate *請刪去不適用

Details of Proposer 投保人資料

Full Name: *Mr./Ms/Miss
姓名: *先生/女士/小姐

HKID CARD No.
香港身份證號碼

Relationship with Student
與學生關係

Contact Tel No.
聯絡電話

Correspondence Address
通訊地址

Period of Insurance required 要求保單生效日期	From 由	dd/ 日	mm/ 月/	yyyy 年至	To 至	dd/ 日/	mm/ 月/	yyyy 年
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Details of Student to be Insured 受保學生資料

Full Name
姓名

Sex
性別

Date of Birth
出生日期

dd/
日/

mm/
月/

yyyy
年

Birth Certificate No. / HKID Card No.
出生證明書/香港身份證號碼

Eligibility 投保資格

All full-time unmarried student studying in Hong Kong between the ages of 2 years and 8 months to 23 years
年齡由2歲8個月至23歲在本港就讀的未婚全職學生。

Plan Selected for 所選投保計劃

Annual Premium Table (per student) 保費表(每個學生)

BENEFITS 保障項目	Plan 1 計劃一 (HK\$)	Plan 2 計劃二 (HK\$)	Plan 3 計劃三 (HK\$)
Item 保障 1-3	300 <input type="checkbox"/>	400 <input type="checkbox"/>	600 <input type="checkbox"/>
Item 保障 1-4	450 <input type="checkbox"/>	550 <input type="checkbox"/>	750 <input type="checkbox"/>

Please tick appropriate box 請在適當空格內

- In respect of Life, Accident or Medical insurance, has any insurer ever declined to insure the student to be insured or refused to renew the insurance or imposed special terms on the insurance or cancelled the insurance?
上列之受保學生有否在投保人壽、意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單?
 Yes是 No否
- In respect of Life, Accident or Medical insurance, has the student to be insured ever made any claims against any insurer during the last 5 years? 上列之受保學生曾否在過去五年內因任何疾病或身體損傷而向保險公司要求賠償?
 Yes是 No否
- Is the student to be insured suffering or ever suffered from any major medical conditions, mental disease, or physical defects or infirmity? 上列之受保學生之身體功能曾否有殘損或曾否患有任何精神病?
 Yes是 No否

If the answer to any of the question no. 1 to 3 (inclusive) above is "yes", please give details here.
如以上1至3之問題中，所選的答案為"是"，請詳細說明。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to ING General Insurance Company Limited ("ING") is collected to enable ING to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
 - any claim or investigation or analysis of such claim;
 - exercising any right of subrogation; and
 - may be transferred to:
 - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
 - any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
 - any members of the Federation by the Federation for any of the above or related purposes.
- Moreover, ING is hereby authorised to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.
You have the right to obtain access to and to request correction of any personal information concerning yourself held by ING. Requests for such access can be made to the Corporate Data Protection Officer at 1/F, ING Tower, 308 Des Voeux Road Central, Hong Kong.

閣下提供的資料，為ING General Insurance Company Limited ("ING")提供保險業務所需，並可能使用於下列目的：
• 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
• 任何索償、或該等索償的調查或分析；
• 行使任何代位權；及
可能轉移予：
• 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
• 現存或不時成立的任何保險公司的協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以使聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及
• 或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的。
此外，在此授權ING由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。
閣下有權查閱及要求更正由ING持有有關閣下的個人資料，如有此項要求，可向ING之資料保護主任提出，地址為香港中環德輔道中308號安泰金融中心1樓。

DECLARATION 聲明

I hereby declare that the particulars and statements given above are, to the best of my knowledge and belief, true and complete. I agree that this proposal shall be the basis of the contract between me and ING.
本人聲明上列資料乃本人所知一切真實填報，本人同意此投保書及聲明將構成本人與ING之間的合約根據。

Signature of Proposer 投保人簽署

Date 日期

Name of Agent / Broker 代理人/經紀 Account Code 賬戶號碼

***The Company has no liability until this proposal has been formally accepted.**

***本投保書在未獲得正式接納前，本公司不會負上任何保單責任。**

Payment Method 付款方法

Cheque 支票
Cheque should be crossed and made payable to
劃線支票抬頭請寫
"ING General Insurance Company Limited"

VISA MasterCard

Credit Card No. 信用卡號碼

Card Expiry Date 信用卡有效期至

____/____/____
M月 Yr年

Cardholder's Name

持卡人姓名 _____

I hereby authorise ING General Insurance Company Limited to charge my above credit card account for the premium of this insurance.

本人茲授權ING General Insurance Company Limited從本人上述之信用卡賬戶支取此保險所應繳之保費。

Cardholder's Signature 持卡人簽署

Date 日期